

Psychosocial Rehabilitation

Description

Traditional posttraumatic stress disorder (PTSD) treatments target the internal life of the individual; psychosocial rehabilitation operates at the nexus of the person and the larger community. Many persons with trauma histories show significant impairments in multiple life functioning domains—kin relationships, romantic relationships, employment, friendships, and so forth, and psychosocial rehabilitation techniques can address these difficulties. A class of eight psychosocial rehabilitation techniques has been reviewed here: (1) health education and psychoeducational techniques; (2) supported education; (3) self-care/independent living skills training; (4) supported housing; (5) family skills training; (6) social skills training; (7) vocational rehabilitation; and (8) case management. These interventions are grounded in learning theory and utilize techniques that emanate from this framework (model coaching, shaping, prompting, programmed generalization, etc.). Psychosocial rehabilitation techniques are recommended for the treatment of PTSD in traumatized adults with deficits in community functioning. These techniques may be especially relevant to persons who have been multiply traumatized or have had a more chronic course of PTSD.

General Strength of the Evidence

With rare exception, psychosocial rehabilitation techniques have been evaluated primarily in persons with serious psychiatric illnesses. Although it is fair to assume that many participants in existing studies have co-occurring (and often undiagnosed) PTSD, results from randomized trials targeting persons with PTSD are sorely lacking. Some controlled data suggest that educational

interventions in PTSD may improve outcomes, whereas the one randomized trial of family intervention for PTSD found that family treatment did not confer statistically significant benefits over exposure treatment alone. In short, education about PTSD meets the Level A category of evidence of the Agency for Health Care Policy and Research (AHCPR)—several randomized trials. All the other psychosocial rehabilitation domains are still at Level C—case reports, naturalistic studies, clinical observations and recommendations, and the like. The major impediment here is a dearth of studies testing these interventions with well-diagnosed samples of persons for whom PTSD is a primary problem.

Course of Treatment

Consistent with the fundamentals of offering learning-based interventions, the provision of psychosocial rehabilitation interventions is grounded in a thorough assessment of the individual with PTSD. The needs of individuals with PTSD vary widely. A person who was recently assaulted on the job may decide to find another place to work; here, a supported employment program may be helpful, whereas a homeless combat veteran who has been struggling with chronic PTSD and co-occurring substance use problems may need housing assistance. It is also important to recognize that individuals differ greatly in the outcomes that are of value to them. A key tenet of the recovery model of serious mental illness is consumer-directed treatment, wherein the clinician serves as a consultant to the person with the disorder, helping him or her clarify treatment goals and select effective interventions' to meet those goals. Furthermore, the relative importance of treatment goals may vary over time. For example, a person with PTSD may initially want to go back to school, in which case participation in a supported education program may be in order; however, going to school may strain his or her marriage and exacerbate PTSD symptoms, in which case participation in a family program to strengthen relationships may be a subsequent important goal. Although the length of psychosocial interventions may vary, the skills development and practice, which are key components of these programs, tend to require months, and sometimes years, of treatment. For example, family psychoeducational programs for serious psychiatric illnesses generally must be provided for at least 9 months to achieve optimal benefits, and evidence-based supported employment programs are considered "time-unlimited").

Recommendations

Two sets of recommendations follow from the literature on psychosocial rehabilitation in PTSD. In the clinical domain, it is becoming increasingly apparent that PTSD may be associated with a wide array of disabilities that may not

improve with treatments that focus exclusively on ameliorating core PTSD symptoms. More comprehensive interventions, in line with the psychosocial interventions outlined here, may be needed. It is imperative that a clinician working with a person with PTSD conduct a comprehensive assessment to identify deficiencies in role functioning, and to determine whether the person with the disorder wished to engage in interventions to remediate these problems. In considering whether to embark on a psychosocial rehabilitation program, the individual with the disorder should be encouraged to consider the appropriate staging and timing of intervention, so that he or she is not overwhelmed by the requirements of multiple, concurrent treatment activities. If the individual with the disorder deems that effort toward a particular goal is warranted and timely, the clinician should help that person access the treatment, either by providing it him- or herself (e.g., conduct social skills training or family psychoeducation) or by liaising with a facility that can provide the intervention (e.g., a Veterans Administration [VA]–supported employment program, a community college–supported education program).

It is clear that there is much work to be done in the research domain to evaluate the efficacy of extant psychosocial rehabilitation techniques with PTSD, and to modify and to test them systematically. Although controlled studies of these interventions are finally being conducted with samples whose primary problem is PTSD, the state of this research is in its infancy. With the increasing prevalence of PTSD diagnoses, and high rates of comorbidities and disabilities, more work is urgently needed

Summary

Many persons with PTSD have difficulties meeting their social roles as worker, student, partner, parent, friend, or family member. There has been increasing emphasis on improving community functioning in person with serious psychiatric illnesses, and many of the techniques developed as part of this effort may be effective for person with PTSD. Research is needed in this area; meanwhile, clients and clinicians should collaboratively adapt proven psychosocial rehabilitation services to address consumer-identified problems and undertake systematic comparisons of their relative effectiveness for PTSD.

Suggested Readings

- Bond, G. R. (2004). Supported employment: Evidence for an evidence-based practice. *Psychiatric Rehabilitation Journal*, 27, 345–359.
- Glynn, S. M., Cohen, A. N., Dixon, L. B., & Niv, N. (2006). The potential impact of the recovery movement on family interventions for schizophrenia: Opportunities and obstacles. *Schizophrenia Bulletin*, 32(3), 451–463.