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ASSESSMENT OF DOMINANT TRAUMA LEVELS AMONG INDIVIDUALS WITH PTSD SYMPTOMS THROUGH PSYCHOLOGICAL INTERVENTION

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ABSTRACT

This study focuses on the assessment of dominant trauma levels among individuals experiencing Post-Traumatic Stress Disorder (PTSD) symptoms through psychological intervention. PTSD may develop following exposure to traumatic events and can significantly affect emotional well-being, cognitive functioning, interpersonal relationships, and daily activities. The study aims to identify the prevailing levels of trauma severity and examine psychological responses associated with PTSD symptoms. Psychological assessment and intervention techniques are considered important for understanding the intensity of trauma and supporting individuals in managing distressing thoughts, emotions, and behavioural reactions. The study considers relevant dimensions such as anxiety, emotional distress, intrusive memories, avoidance, hyperarousal, and difficulties in psychological adjustment. Appropriate psychological interventions may contribute to improved emotional regulation, coping abilities, and overall psychological functioning. The findings are expected to provide a clearer understanding of dominant trauma levels among individuals with PTSD symptoms and highlight the importance of timely psychological assessment and intervention for effective trauma management and recovery.

Keywords: Post-Traumatic Stress Disorder (PTSD), Trauma Severity, Psychological Intervention, Trauma Assessment, Anxiety, Emotional Distress, Intrusive Memories.

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INTRODUCTION

Post-Traumatic Stress Disorder (PTSD) is a psychological condition that may develop after an individual experiences or witnesses a traumatic or life-threatening event. It can produce persistent emotional, cognitive, behavioural, and physiological difficulties that interfere with everyday functioning and quality of life. Individuals with PTSD symptoms may experience intrusive memories, nightmares, avoidance of trauma-related situations, anxiety, emotional distress, hyperarousal, irritability, and difficulties in concentration and interpersonal relationships. The severity and manifestation of trauma can differ considerably among individuals depending on the nature of the traumatic experience, personal circumstances, coping mechanisms, and available social support. Therefore, assessing dominant trauma levels is important for understanding the psychological needs of affected individuals. Psychological interventions, including cognitive-behavioural approaches, trauma-focused therapy, relaxation techniques, and supportive counselling, can assist in managing trauma-related symptoms and improving coping abilities. This study focuses on assessing dominant trauma levels among individuals with PTSD symptoms and examining the role of psychological intervention in supporting emotional adjustment and recovery.

REVIEW OF LITRETURE

Pino, Olimpia et al., (2024) Post-Traumatic Stress Disorder (PTSD) is a highly prevalent disorder and a highly debilitating condition. Although current theories focused on depressed mood and intrusion as critical dimensions, the mechanism through which depression increases the risk of PTSD remains unclear. Research usually concentrates on the hyperactive negative valence system (NVS) (e.g., increased fear and threat responses), but some evidence suggests a significant role for the hypoactive positive valence system (PVS) (e.g., less neural activation towards rewards). The main aim of the present research was to investigate whether probable PTSD leads to a different evaluation of the implicit processing in a refugee's sample. Ratings of arousal, dominance, and valence from 60 International Affective Picture System (IAPS) pictures (positive, neutral, and negative) were collected from 42 individuals with probable PTSD, and a group of 26 trauma-exposed individuals (Mage = 28.49 years, SD = ±7.78). ANOVA results revealed a main group effect ($\eta 2p = 0.379$) on arousal, dominance, valence dimensions, and pictures' categories ($\eta 2p = 0.620$), confirming evidence according to which PTSD origins a state of maladaptive hyperarousal and troubles the regulation of emotions, and not supporting the view that such difficulties arise only with negative stimuli.

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Participants with probable PTSD deemed negative stimuli as more threatening than they really are, reacting to unpleasant images with greater negative emotionality (i.e., enhanced arousal and lower valence ratings) compared with individuals without PTSD. Moreover, they rated positive stimuli as less pleasant. Furthermore, arousal ratings were negatively correlated with valence ($r = -0.709$, $p < 0.01$) indicating that pictures with high arousal (negative) were associated with lower valence. Discussion: Our findings supported evidence according to which PTSD caused a constant state of hyperarousal and difficulties in regulating emotions facing environmental stimuli. Positive stimuli are considered less pleasant, and this inhibits from completely benefiting from them. Our study provides evidence for a differential and potentially complementary involvement of NVS and PVS in PTSD development. Intervention for PTSD may, thus, target both negative and positive valence processing.

Melegkovits, Eirini et al., (2022) We retrospectively evaluated the effectiveness of trauma-focused psychotherapy (TF-P) versus stabilization and waiting in a civilian cohort of patients with an 11th version of the international classification of disease (ICD-11) diagnosis of complex post-traumatic stress disorder (CPTSD). We identified patients with CPTSD treated at a specialist trauma service over a 3-year period by triangulating evidence from self-report questionnaires, file review, and expert-clinician opinion. Patients completed a phase-based treatment: stabilization consisting of symptom management and establishing safety, followed by waiting for treatment (phase 1); individual TF-P in the form of trauma-focused cognitive behavioral therapy (TF-CBT), or eye movement desensitization and reprocessing (EMDR) or TF-CBT plus EMDR (phase 2). Our primary outcome was PTSD symptoms during phase 2 versus phase 1. Secondary outcomes included depressive symptoms, functional impairment, and a proxy CPTSD measure. Exploratory analysis compared outcomes between treatments. Adverse outcomes were recorded. Fifty-nine patients were included. Compared to receiving only phase 1, patients completing TF-P showed statistically significant reductions in PTSD [$t(58) = -3.99$, $p < 0.001$], depressive symptoms [$t(58) = -4.41$, $p < 0.001$], functional impairment [$t(58) = -2.26$, $p = 0.028$], and proxy scores for CPTSD [$t(58) = 4.69$, $p < 0.001$]. There were no significant differences in outcomes between different treatments offered during phase 2. Baseline depressive symptoms were associated with higher PTSD symptoms and functional impairment. This study suggests that TF-P effectively improves symptoms of CPTSD. However, prospective research with validated measurements is necessary to evaluate current and new treatments and identify personal markers of treatment effectiveness for CPTSD.

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Goldstein, Ellen et al., (2019) Posttraumatic stress disorder (PTSD) and pain often co-occur, introducing clinical challenges and economic burden. Psychological treatments are considered effective for each condition, yet it is not known which therapies have the potential to concurrently address PTSD and pain-related symptoms. To conduct a systematic review and meta-analysis, databases were searched for articles published between January 2007 and December 2017 describing results from clinical trials of interventions addressing PTSD and pain-related symptoms in adults. Two independent reviewers finalized data extraction and risk of bias assessments. A random-effects model was used for meta-analysis and to calculate pooled and subgroup effect sizes (ESs) of psychological-only (single modality) and multimodal interventions. Eighteen trials (7 uncontrolled, 11 randomized controlled trials, RCTs), totaling 1583 participants, were included in the systematic review. RCT intervention types included exposure-based, cognitive-behavioral, and mindfulness-based therapies. Data from 10 RCTs (N=1, 35) were available for meta-analysis, which demonstrated moderate effect for reduced PTSD severity (ES=−0.55, confidence interval [CI]: −0.83, −0.26) and nonsignificant effect for pain intensity (ES=−0.14, CI: −0.43, 0.15) and pain interference (ES=−0.07, CI: −0.35, 0.20) outcomes. Findings from uncontrolled trials supported meta-analytic results from RCTs. Using GRADE assessment, the quality of evidence was deemed as moderate for RCTs and low for non-RCTs. Findings indicated that the majority of the interventions appeared to have a greater impact on reducing PTSD rather than pain-related symptoms. There remains a need to further develop interventions that consistently impact PTSD and pain-related outcomes when these 2 conditions co-occur.

Atwoli, Lukoye et al., (2013) South Africa's unique history, characterised by apartheid, a form of constitutional racial segregation and exploitation, and a long period of political violence and state-sponsored oppression ending only in 1994, suggests a high level of trauma exposure in the general population. The aim of this study was to document the epidemiology of trauma and posttraumatic stress disorder (PTSD) in the South African general population. The South African Stress and Health Study is a nationally representative survey of South African adults using the WHO's Composite International Diagnostic Interview (CIDI) to assess exposure to trauma and presence of DSM-IV mental disorders. The most common traumatic events were the unexpected death of a loved one and witnessing trauma occurring to others. Lifetime and 12-month prevalence rates of PTSD were 2.3% and 0.7% respectively, while the conditional prevalence of PTSD after trauma exposure was 3.5%. PTSD conditional risk after trauma exposure and probability of chronicity after PTSD onset

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were both highest for witnessing trauma. Socio-demographic factors such as sex, age and education were largely unrelated to PTSD risk. The occurrence of trauma and PTSD in South Africa is not distributed according to the socio-demographic factors or trauma types observed in other countries. The dominant role of witnessing in contributing to PTSD may reflect the public settings of trauma exposure in South Africa and highlight the importance of political and social context in shaping the epidemiology of PTSD.

Wrenn, Glenda et al., (2011) Posttraumatic stress disorder (PTSD) has previously been associated with increased risk for a variety of chronic medical conditions and it is often underdiagnosed in minority civilian populations. The current study examined the effects of resilience on the likelihood of having a diagnosis of PTSD in an inner-city sample of primary care patients (n=767). We measured resilience with the Connor-Davidson Resilience Scale, trauma with the Childhood Trauma Questionnaire and Trauma Events Inventory, and assessed for PTSD with the modified PTSD symptom scale. Multiple logistic regression model with presence/absence of PTSD as the outcome yielded 3 significant factors: childhood abuse, nonchild abuse trauma, and resilience. One type of childhood abuse in moderate to severe range (OR, 2.01; p = .0001), 2 or more types of childhood abuse in moderate to severe range (OR, 4.00; p < or = .0001), and 2 or more types of nonchildhood abuse trauma exposure (OR, 3.33; p < or = .0001), were significantly associated with an increased likelihood of PTSD, while resilience was robustly and significantly associated with a decreased likelihood of PTSD (OR, 0.93; p < or = .0001). By understanding the role of resilience in recovery from adverse experiences, improved treatment and interventional methods may be developed. Furthermore, these results suggest a role for assessing resilience in highly traumatized primary care populations as a way to better characterize risk for PTSD and direct screening/psychiatric referral efforts.

ROLE OF PSYCHOLOGICAL INTERVENTION IN MANAGING TRAUMA-RELATED PTSD SYMPTOMS

Psychological intervention plays an important role in managing trauma-related symptoms among individuals experiencing Post-Traumatic Stress Disorder (PTSD). Traumatic experiences can produce persistent psychological responses, including intrusive memories, nightmares, avoidance, anxiety, emotional distress, negative thoughts, irritability, sleep disturbances, and heightened physiological arousal. Without appropriate support, these symptoms may interfere with interpersonal relationships, occupational functioning, social participation, and overall quality of life. Psychological interventions provide structured

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approaches for helping individuals understand their trauma responses and develop healthier ways of coping with distress. Trauma-focused cognitive behavioural therapy can assist individuals in identifying and modifying unhelpful thoughts, beliefs, and behavioural patterns associated with traumatic experiences. Exposure-based approaches may gradually help individuals process trauma-related memories and reduce excessive fear and avoidance when delivered appropriately by trained professionals. Other approaches, such as supportive counselling, relaxation training, mindfulness-based techniques, and stress-management strategies, may contribute to emotional regulation and improved coping abilities. Psychological intervention also provides a safe and supportive environment in which individuals can discuss difficult experiences without judgment. Regular assessment during intervention can help identify changes in symptom intensity and determine areas requiring additional support. Furthermore, interventions can strengthen self-awareness, resilience, communication skills, and adaptive coping mechanisms. Family and social support may complement professional psychological care by reducing isolation and encouraging positive adjustment. The effectiveness of intervention may vary according to individual needs, trauma characteristics, symptom severity, treatment engagement, and available support systems. Therefore, individualized assessment is essential when selecting appropriate therapeutic strategies. Overall, psychological intervention can contribute to reducing trauma-related distress, improving psychological functioning, and supporting gradual recovery among individuals with PTSD symptoms. A comprehensive approach that combines assessment, evidence-based therapy, emotional support, coping-skills development, and continued monitoring can provide a meaningful framework for addressing the complex psychological consequences associated with traumatic experiences.

TRAUMA ASSESSMENT, COPING RESPONSES, AND PSYCHOLOGICAL RECOVERY IN PTSD

Trauma assessment, coping responses, and psychological recovery are closely connected components in understanding Post-Traumatic Stress Disorder (PTSD). Trauma assessment involves systematically examining the intensity, frequency, and nature of trauma-related symptoms experienced by an individual. Common areas of assessment include intrusive memories, nightmares, avoidance, negative emotional responses, anxiety, hyperarousal, sleep difficulties, and problems with concentration or interpersonal functioning. A comprehensive assessment can help identify the dominant psychological manifestations and provide a basis

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for developing appropriate intervention strategies. Coping responses refer to the cognitive, emotional, and behavioural methods individuals use to manage trauma-related distress. Adaptive coping strategies may include seeking social support, maintaining healthy routines, practicing relaxation techniques, expressing emotions constructively, and participating in psychological therapy. In contrast, persistent avoidance, social withdrawal, emotional suppression, or other unhelpful coping patterns may interfere with adjustment and recovery. Psychological recovery is a gradual process through which individuals work toward reducing distress, improving emotional regulation, rebuilding confidence, and restoring everyday functioning. Psychological interventions can support this process by helping individuals understand their trauma responses, develop effective coping skills, process distressing memories, and strengthen resilience. Recovery may differ considerably between individuals depending on trauma severity, personal circumstances, coping resources, social support, and engagement with treatment. Continuous assessment and individualized psychological support are therefore important for addressing changing needs. Overall, integrating systematic trauma assessment with adaptive coping strategies and appropriate psychological intervention provides a comprehensive framework for supporting psychological adjustment and recovery among individuals experiencing PTSD symptoms.

CONCLUSION

The assessment of dominant trauma levels among individuals with PTSD symptoms highlights the complex psychological effects associated with traumatic experiences. Trauma may be expressed through intrusive memories, avoidance, anxiety, emotional distress, hyperarousal, sleep difficulties, and challenges in everyday functioning. Systematic psychological assessment is therefore important for identifying the intensity and dominant manifestations of trauma and for understanding the specific needs of affected individuals. Psychological interventions can provide structured support by promoting emotional regulation, adaptive coping, cognitive restructuring, and gradual adjustment to trauma-related experiences. Approaches such as trauma-focused therapy, cognitive-behavioural techniques, relaxation practices, and supportive counselling may assist individuals in managing distress and improving psychological functioning. The study emphasizes that trauma responses vary across individuals and require appropriate, individualized attention. Early identification, professional psychological support, continued monitoring, and supportive social environments can contribute to better adjustment and recovery. Overall, integrating trauma

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assessment with suitable psychological interventions provides an important framework for addressing PTSD symptoms and supporting individuals toward improved emotional well-being and recovery.

REFERENCES

1. Goldstein, Ellen & McDonnell, Christina & Atchley, Rachel & Dorado, Kathleen & Bedford, Carter & Brown, Roger & Zgierska, Aleksandra. (2019). The Impact of Psychological Interventions on Posttraumatic Stress Disorder and Pain Symptoms: A Systematic Review and Meta-Analysis. The Clinical Journal of Pain. 35(5) 703-712.
2. Atwoli, Lukoye & Stein, Dan & Williams, David & Petukhova, Maria & Kessler, Ronald & Koenen, Karestan. (2013). Trauma and posttraumatic stress disorder in South Africa: analysis from the South African Stress and Health Study. BMC Psychiatry. 13(1) 1-12.
3. Wrenn, Glenda & Wingo, Aliza & Moore, Renee & Pelletier, Tiffany & Gutman, Alisa & Bradley, Bekh & Ressler, Kerry. (2011). The Effect of Resilience on Posttraumatic Stress Disorder in Trauma-Exposed Inner-City Primary Care Patients. Journal of the National Medical Association. 103(7) 560-566.
4. Melegkovits, Eirini & Blumberg, Jocelyn & Dixon, Emily & Ehntholt, Kimberley & Gillard, Julia & Kayal, Hamodi & Kember, Tim & Ottisova, Livia & Walsh, Eileen & Wood, Maximillian & Gafoor, Rafael & Brewin, Chris & Billings, Jo & Robertson, Mary & Bloomfield, Michael. (2022). The effectiveness of trauma-focused psychotherapy for complex post-traumatic stress disorder: A retrospective study. European Psychiatry. 66(1) 1-36.
5. Pino, Olimpia & Rossi, Maurizio & Malvezzi, Matteo. (2024). Does Trauma Change the Way Individuals with Post-Traumatic Stress Disorder (PTSD) Deal with Positive Stimuli?. Behavioral Sciences. 14(12) 11-95.
6. He, Ziyi. (2023). Potential Aetiologies of PTSD and Possible Interventions and Treatment. Lecture Notes in Education Psychology and Public Media. 23(1) 208-214.
7. Merians, Addie & Spiller, Tobias & Harpaz-Rotem, Ilan & Krystal, John & Pietrzak, Robert. (2022). Post-traumatic Stress Disorder. Medical Clinics of North America. 107(8) 1-17.
8. Kip, Ahlke & Ritter, Linnea & Hoppen, Thole & Papola, Davide & Ostuzzi, Giovanni & Barbui, Corrado & Morina, Nexhmedin. (2025). Psychological interventions for adult

Online ISSN: 2456-1495
CODEN (USA): JSLOBJ

posttraumatic stress disorder: A systematic review of published meta-analyses. Journal of Anxiety Disorders. 2(1) 47-63.

9. Mavranezouli, Ifigeneia & Megnin-Viggars, Odette & Grey, Nick & Bhutani, G. & Leach, Jonathan & Daly, Caitlin & Dias, Sofia & Welton, Nicky & Katona, Cornelius & El-Leithy, Sharif & Greenberg, Neil & Stockton, Sa & Pilling, Stephen. (2020). Cost-effectiveness of psychological treatments for post-traumatic stress disorder in adults. PLOS ONE. 15(4) 1-22.
10. Abramowitz, MZ & Knobler, HY & Lindert, Jutta. (2016). The limits of psychological and psychiatric interventions in the prevention and the treatment of PTSD. European Journal of Public Health. 26(1) 1-12.
11. Bisson, Jonathan & Cosgrove, Sarah & Lewis, Catrin & Roberts, Neil. (2015). Post-traumatic stress disorder. BMJ. 351(1) 25-64.