

# *Psychological Intervention on Postoperative Disease Treatment and Patients' Psychological Shadow Treatment*

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**Abstract:** Post-traumatic psychological disorders can lead to a series of clinical syndromes of physiological and psychological trauma reactions, which belong to a serious psychological shadow reaction state. In studying the occurrence, development and related factors of traumatic mental disorders, people pay more and more attention to the importance of stress factors. Therefore, there are many long-term changes in personality. Post-traumatic stress disorder can also lead to obvious psychological and social disabilities, and bring a serious financial burden to patients and their families. In order to minimize the negative impact of traumatic events on individuals and society, it is necessary to not only improve the medical level of physiological diseases, but also observe the psychological and psychological development results of individuals during stress events from the perspective of mental health. Based on the above background, this study aims to explore the impact of psychological intervention on post-traumatic stress disorder. This article explores the differences in resilience of different traumatic outcomes through research on factors that affect the resilience of the wounded, in order to reduce the incidence of post-traumatic stress disorder and promote the mental health of the wounded. Provide a theoretical basis for establishing an effective and feasible intervention model. The simulation results showed that the total score of psychological intervention was negatively correlated with the total score of SCL-90 and the total score of anxiety and horror ( $P<0.05$ ;  $P<0.01$ ), and negatively correlated with obsessive-compulsive symptoms, depression, hostility, paranoia, and mental illness ( $P<0.05$ ) The level of psychological intervention directly affects the incidence of post-traumatic stress disorder, and individuals with low elasticity are more likely to suffer from post-traumatic stress disorder than individuals with high elasticity.

## **1. Introduction**

Psychology is a subject about everyone. Specifically, it mainly faces three tasks: treat mental illness, make all ordinary people live a happier and more fulfilling life, and explore and cultivate people with extraordinary talents is the ultimate goal of psychology. However, since World War II, due to some subjective and objective reasons, psychology has focused on psychotherapy, making psychology a discipline specializing in psychotherapy, and the value of psychology theory is not

balanced.

Since the 19th century, the study of post-traumatic psychological shadows has become a hot research topic in disciplines such as psychology, epidemiology, social medicine, and disaster science [1]. The American Diagnostic and Statistical Manual of Mental Disorders (5th edition) defines post-traumatic psychological shadow as a strong psychological response to accidents or serious injuries that result in death or serious physical injury to oneself or others due to personal experience or other reasons [2]. The most common psychological shadow events are life-threatening events and witnessing others being injured. However, many later studies have found that severe traffic accidents, cancer, interpersonal attacks, and even occupational stress and other low-level and high-frequency events can lead to persistent post-traumatic psychological shadow symptoms [3]. Early studies on the causes of psychological shadows mostly emphasized the "dose effect" of the source of psychological shadows, that is, the higher the intensity of psychological shadows, the more obvious the symptoms of corresponding psychological shadows [4-5]. However, not everyone who has experienced the same trauma will become a post-traumatic psychological shadow patient, and the source and intensity of stress are often unpredictable and uncontrollable. At present, other factors that affect the psychological shadow response are also getting more and more attention, but most studies have focused on the factors that promote the formation of psychological shadows [6-7]. Previous studies have been devoted to exploring the risk factors for the formation of post-traumatic psychological shadows, and little attention has been paid to how people who successfully cope with traumatic events self-adjust and gradually recover from stress [8-9].

Figueroa evaluated 11 patients in the Mexican Cardiology General Hospital with the aim of determining the effectiveness of psychological intervention programs for the use of portable pacemakers to treat anxiety and depression in patients with potentially fatal arrhythmias. Cognitive behavioral interventions are conducted once a week for 6 weeks and are used to treat anxiety and depression [10]. Julio analyzed the psychological intervention model of common mental disorders in primary care. Julio interviewed 566 users with two clinical psychologists and four residents to treat mild to moderate anxiety / depression, bereavement or non-organ insomnia. A standardized assessment will lead to a phased intervention: no treatment is performed in the primary medical center (PCC), a short group or individual intervention or referral to mental health [11]. Mensorio conducted a psychological intervention program for patients eligible for bariatric surgery. Mensorio evaluated coping strategies, anxiety performance and lifestyle changes, and compared it with obese patients who did not undergo intervention [12]. Due to the effectiveness of psychological intervention, this article attempts to explore the impact of psychological intervention on post-traumatic stress disorder diseases.

Although the research results can verify the cause of psychological shadows to a certain extent, research on the relationship between psychological intervention and post-traumatic psychological shadows is relatively scattered, and there is a lack of comprehensive analysis of the relationship between the two, especially for domestic psychological research. It is in the exploration stage. The research on the influencing factors of psychological shadow is not comprehensive, especially for the psychological exploration of special groups, and there is a lack of empirical research on psychological intervention models and clinical diseases of trauma groups. Therefore, this study analyzed the intervention mechanism of psychological shadow after psychological trauma in the form of questionnaire.

## **2. Psychological Intervention Methods**

### **2.1 Post-Traumatic Psychological Shadow**

Post-traumatic psychological shadow refers to the abnormal psychological response to severe

stress factors such as trauma. It is a delayed and persistent mental and physical disease. Post-traumatic psychological shadow is a state of post-traumatic psychological imbalance, caused by unusual threatening psychological trauma and catastrophic psychological trauma, leading to late-onset and long-term psychological disorders. Psychological trauma refers to serious life events, such as life-threatening traffic accidents in the event of violence, adults fleeing natural disasters and wars, and children are often imprisoned, tortured and abused, and often leave psychological trauma. The consequences of trauma are light and heavy: some victims can digest the trauma without the help of professionals, while others have more or less psychological disorders. This disorder is sometimes as difficult to cure as a physical injury. Year after year, various psychological diseases emerge one after another, which obviously affects the social functions of the parties and reduces the quality of life of the parties.

Psychological shadow is a group of psychological disorders caused by psychosocial factors, which can be generally divided into acute psychological shadow, post-traumatic psychological shadow and adaptive psychological shadow. Among them, the most serious consequence is the appearance of "post-traumatic psychological shadow" or "post-traumatic psychological shadow syndrome", which leads to long-term changes in personality, such as thinking style, emotional expression, value orientation, life beliefs, and life values. Post-traumatic psychological shadow (Post-traumatic psychological shadow) is a long-term delayed and persistent psychological disorder due to unusual threatening or catastrophic psychological trauma. Trauma events include wars, natural disasters, serious accidents, violent crimes, sexual assault and sexual abuse. Survivors, eyewitnesses and rescuers who are in direct contact with traumatic events are most likely to suffer from post-traumatic psychological shadows. The main manifestations are: repeated invasive trauma experience reproduction, repeated dream trauma situation reproduction, or painful and involuntary repeated recall due to similar or related situations; continuous improvement of vigilance; continuous intentional avoidance is easy to associate people with traumatic activities and situations. The incubation period of post-traumatic psychological shadows varies from weeks to months.

Psychological shadow is a chronic psychogenic disease, which is caused by long-term stressors or difficult conditions, plus the patient's personality defects, leading to emotional disorders such as anxiety and depression, as well as maladaptive behavior and physical dysfunction, which impair social function caused. Major life events lead to individual psychological imbalance, also known as crisis. Timely treatment or intervention is called psychological crisis intervention. Crisis intervention is to restore the psychological balance before the crisis occurs, mainly to take some targeted measures to correct the emotional imbalance.

## 2.2 Intervention Method

The time of psychological crisis intervention is generally hours, days or weeks after the crisis, and the best prime time is from 24 hours to 72 hours after the crisis. In the actual research work, due to the widespread psychological crisis of disasters, its intervention targets should not only be limited to disaster survivors, but also include disaster rescuers, caregivers, witnesses, relatives and friends of the victims and other disaster witnesses. After timely psychological assistance, if the victim does not receive sufficient social support, the incidence of psychological shadows will also increase. On the one hand, good social support can alleviate various stress responses caused by mental stress; on the other hand, it is of great significance to reduce the prevalence of some diseases.

The higher the individual's satisfaction with social support, the lower the risk of PTSD. Good family and social support are protective factors for the occurrence of post-traumatic stress disorder. For the victims, from the care and support of family and friends, the early intervention of

psychologists, the enthusiastic assistance of all walks of life to the government's comprehensive promotion of post-disaster reconstruction measures, these can become powerful social support forces that can greatly alleviate the victims' Psychological pressure, experience warmth, which makes them feel, understood and supported.

The higher the individual's satisfaction with social support, the lower the risk of psychological shadows. Good family and social support are protective factors for psychological shadows. For the victims, from the care and support of relatives and friends at home, the early intervention of psychologists, the enthusiastic help of all walks of life and the suggestions on understanding of psychology, these can all become strong social support. Can greatly reduce the psychological pressure of victims, feel warm, and make them feel understanding and support. Faced with sudden disasters, there are individual differences in people's psychological stress responses. Therefore, when evaluating individual stress levels, their emotional and cognitive responses should be fully considered. The reactions of fear, anxiety and frustration can seriously damage people's cognitive function, and even lead to cognitive dysfunction, make people fall into difficulties, suddenly lose their goals, feel that life has no value and meaning, lose their ability and interest in activities, and even produce Hatred, self-blame and suicide are all the result of impaired cognitive function under stress. The cognitive assessment of a single event largely determines its subsequent behavior. Whether post-traumatic patients develop into psychological shadows or whether they will become chronic psychological trauma is related to personal cognitive patterns.

### 2.3 Psychological Intervention

The mainstream traditional psychology mainly takes the phenomenological point of view as the starting point, refuses to grasp the sense materials through reason, believes that through the induction of phenomena can obtain scientific laws and logical empirical philosophy as the basis, believes in internal laws and eternal universal laws, humans understand reality The only method of universal law in the world is experience. In mainstream psychology, action psychology and cognitive psychology have unique characteristics, but these beliefs are very consistent and are typical empirical psychology. Activism hopes to clarify the relationship between stimulus and action through reinforcement, while cognitive psychology reveals the facts and rules of the information processing process of the human brain through computer simulation to speculate general, abstract, and general theorems or conclusions. Another feature is the reductionism of methodology, believing that life processes or thinking activities follow the laws of physics and chemistry. Psychology tends to use relatively simple principles to explain complex psychological phenomena and structures. Action psychology causes human psychology to be caused by the association between "stimulation and response", and cognitive psychology causes human psychology to be generated from the same information processing as "input, preservation, processing, and output" of computers. The two characteristics of traditional mainstream psychology are that while Western psychology shows great enthusiasm for science, Western psychology penetrates and expands to all fields of modern society.

Psychological adaptability model includes compensation model, prevention model and protection factor model. Among them, the compensation model takes the protection factor as the main impact factor, has a direct impact on the result, and has no interaction with the risk factor. The prevention model takes risk factors as the main influencing factors, and considers the curvilinear relationship between risk factors and results: exceeding a certain limit is regarded as a challenge. It can enhance an individual's psychological ability to overcome adversity under appropriate pressure. If the risk factor exceeds a certain limit, the individual will be placed in a high-pressure environment, and the intellectual ability will be reduced; the protective factor model considers the

interaction between protective factors and risk factors, and believes that protective factors are adjusting and reducing Risk factors play a role in the possibility of negative consequences. After being affected by various internal and external protection factors and risk factors, a person's body, mind and spirit will be in a temporary state of balance. When protection factors cannot resist the influence of risk factors, system interference will occur. At this time, the balance of the individual will be broken, and functional reorganization will occur in the conscious or unconscious area, resulting in the following four situations: psychological resilience: the individual's biological psychological system not only returns to its original level, but also improves its original principle; Regression and reorganization: the individual's biological and psychological system is restored to its original state; lack of reorganization: the individual gives up the original motivation, ideal or belief when reaching a new equilibrium state; dysfunctional reorganization: the individual relies on dangerous behavior to deal with dangerous Life events.

When a person is subjected to psychological pressure, it involves the secretion and transmission of hormones, neurotransmitters and neuropeptides in many bodies and their effects vary from person to person. The thalamus-pituitary-adrenal axis releases corticotropin-releasing hormone from the hypothalamus under pressure, thereby activating the adrenal axis and releasing cortisol. Although short-term release of cortisol can promote and protect the body's adaptability, long-term large amounts of cortisol abnormalities are harmful and may cause high blood pressure, which makes the body's immune suppression, causing cardiovascular diseases and other health problems. In addition, it also affects the hippocampus and amygdala of human and animal brains, and is related to atrophy of certain types of neurons. Therefore, the release of CRH and CRH and the reduction of CRH receptor activity may increase the individual's adaptability to stress. Stress also causes the release of norepinephrine. Continuously elevated norepinephrine levels can cause anxiety and cardiovascular disease. When  $\beta$ -adrenergic receptors are inhibited, it can reduce the memory development of unpleasant events in humans and animals. Reducing the release of norepinephrine or inhibiting the activity of norepinephrine receptors helps increase the individual's psychological flexibility. Neuropeptide Y is a neuropeptide widely distributed in the brain and is considered to have anti-anxiety and cognitive enhancement effects in rodent models. Under strict training, the high level of NPY is related to their higher mental flexibility. NPY can promote the formation and development of mental flexibility and inhibit anxiety-like behavior.

### **3. Object and Setting of Psychological Intervention Experiment**

#### **3.1 Test Subject**

In this paper, stratified sampling method was used to investigate 489 patients aged 20 to 70 in the orthopedics, thoracic surgery, neurosurgery, internal medicine, and emergency trauma rehabilitation period in general hospitals. According to the time point of differential diagnosis of acute and chronic mental diseases, the observation period of this article is five months. The specific observation time is: two and five months after the traumatic event as the end point. During the observation, patients with psychological shadow screening results scores greater than or equal to 40 points were used as the case group, and patients with scores less than 40 points five months later were used as the control group. Exclude brain tumors or metastases, chronic diseases, family history without a history of mental illness, alcohol dependence and drug abuse.

#### **3.2 Experimental Setup**

This article uses the PTSD screening scale, PCL-C is a commonly used psychological shadow screening tool. The scale is composed of seventeen items, corresponding to the seventeen symptoms



in the four editions of the Mental Disorder Diagnostic and Statistical Manual of the United States. Each item of the questionnaire was divided into "1=no occurrence; 2=slight; 3=moderate; 4=severe; 5=extremely severe". The questionnaire was designed according to the DSM-IV post-traumatic stress disorder symptom standard, which is designed for non-war-induced post-traumatic stress disorder. The total score of the questionnaire is simple and easy to use. It can be used for the initial screening of post-traumatic psychological shadows, which is helpful to find high-risk groups as soon as possible, and provides continuous score data for the frequency and severity of the three symptom groups of post-traumatic psychological shadows. The questionnaire has good reliability and validity. Symptomatic analysis: positive criteria for single symptoms: item score is greater than or equal to three points. Seventeen symptoms were divided into three symptom groups, namely, re-experience symptom group, avoidance / numbness symptom group, and enhanced alertness symptom group. The positive criteria were: one of the first to fifth re-experience symptom groups was positive; three of the sixth to twelve items were positive for avoidance / numbness symptoms; two of the thirteenth to seventeen items were alert. The symptom group is positive. Scale total score: The higher the score, the greater the likelihood of psychological shadows. However, the positive threshold for screening is still controversial. When the total score of PCL-C is 40, the maximum value of Jordan index is 0.812, the sensitivity is 0.946, and the specificity is 0.865. Therefore, the best positive threshold of PCL-C is forty. This article divides forty points into screening thresholds.

#### 4. Results of Psychological Intervention Experiments

##### 4.1 Comparative Analysis of PCL-C Scale Scores of Patients before and after Intervention

The total PCL-C scores of the patients in each group were forty to eighty three, forty two to seventy eight, and forty two to seventy six points; The total PCL-C scores of the psychological intervention group were 83, 42 to 78, 42 to 76 respectively; the intervention group and the control group were 15 to 54 and 34 to 5 respectively. Seventeen, thirty-seven to seventy-five, the total score of PCL-C for patients under the age of forty is twenty-five, twenty-one and two points respectively. The total score of PCL-C scale and the scores of various factors of comprehensive intervention group, supportive psychological intervention group and control group are shown in Table 1.

*Table 1: The total scores of PCL-C scale and the scores of various factors in the three groups of patients before intervention*

|   | Total score | Experience<br>agai | symptoms | Avoidance/numbne<br>ss symptoms | Symptoms<br>of<br>increased alertness |
|---|-------------|--------------------|----------|---------------------------------|---------------------------------------|
| Comprehensive intervention<br>group (N=40)              | 55.08±11.05 | 17.85±3.57         |          | 21.08±6.09                      | 16.11±4.44                            |
| Supportive psychological<br>intervention group (N = 40) | 52.96±6.44  | 17.56±2.64         |          | 20.15±3.84                      | 15.32±3.53                            |
| Control group (N = 40)                                  | 52.37±8.35  | 16.56±3.67         |          | 19.96±5.28                      | 15.85±3.54                            |
| F   | 1.035       | 1.633              |          | 0.526                           | 0.464                                 |
| P   | 0.356       | 0.204              |          | 0.593                           | 0.627                                 |

It can be seen from Table 1 that before the intervention, there was no statistically significant difference in the total PCL-C scores and scores of various factors between the comprehensive intervention group, the supportive psychological intervention group and the control group ( $P > 0.05$ ). The total score of PCL-C scale and the scores of various factors in the comprehensive intervention group, supportive psychological intervention group and control group after intervention are shown in Figure 1.

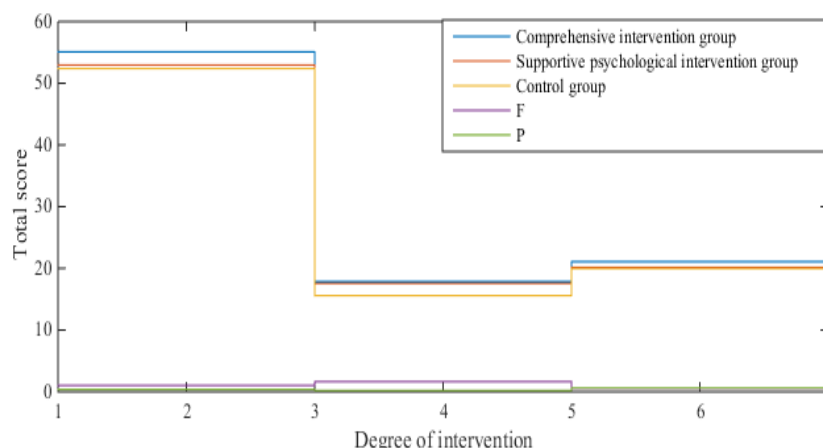


Figure 1: Comparison of the total score of PCL-C scale and the scores of various factors in the three groups of patients after intervention

After the intervention, the PCL-C total score and each factor score of the three groups were statistically significant ( $P < 0.01$ ). The PCL-C total score and each factor score of the comprehensive intervention group were lower than those of the supportive psychological intervention group and the control group. The total PCL-C score and each factor score of sexual psychological intervention group were lower than those of control group, the difference was statistically significant ( $P < 0.05$ ). The three groups of psychological shadow patients in the comprehensive intervention group had no difference in all aspects. The supportive psychological intervention group and the control group had comparable data on trauma-related data. Comprehensive intervention and psychological intervention can reduce PCL-C total score and re-experience, avoidance / numbness, and improve alertness in patients with post-traumatic psychological shadow; psychological intervention is more ideal than comprehensive intervention to reduce post-traumatic psychological shadow symptoms; control group of psychological shadow patients Symptoms will not alleviate over time.

#### 4.2 Comparison and Analysis of HAMA Scores of Patients in each Group before and after Intervention

Before the intervention, 28 patients (70%) and 32 (80%) had HAMA scores over 15 in the comprehensive intervention group, supportive psychological intervention group, and control group. ), 30 people (75%); after the intervention, the comprehensive intervention group, the supportive psychological intervention group, and the control group of patients with psychological shadow HAMA scored more than 15 points were 14 (30%) (5) Twelve people (forty percent) and thirty-two people (forty percent). The HAMA scores of the comprehensive intervention group, supportive psychological intervention group and control group before intervention are shown in Table 2.

Table 2: HAMA scores of the three groups of patients before intervention

|  | Total score   | Body        | Spirit       |
|--|---------------|-------------|--------------|
| Comprehensive intervention group (N = 40)            | 21.44 ± 11.15 | 9.66 ± 6.33 | 11.76 ± 5.39 |
| Supportive psychological intervention group (N = 40) | 19.14 ± 7.83  | 7.86 ± 4.74 | 11.29 ± 3.85 |
| Control group (N = 40)                               | 19.95 ± 6.77  | 7.59 ± 3.92 | 12.36 ± 3.93 |
| F  | 0.714         | 1.995       | 0.586        |
| P  | 0.491         | 0.143       | 0.554        |

It can be seen from Table 2 that before the intervention, there was no significant difference in the

total score of HAMA and the score of each factor between the patients in the comprehensive intervention group, supportive psychological intervention group and control group ( $P > 0.05$ ). The total score of the HAMA scale and the scores of each factor after intervention are shown in Figure 2.

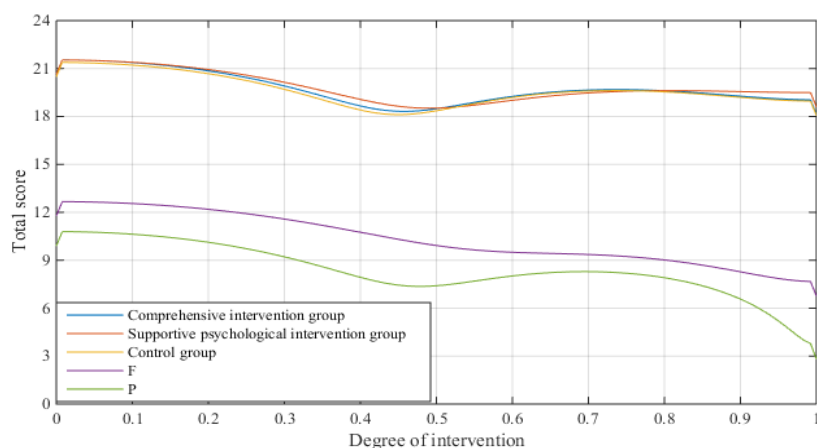


Figure 2: Comparison of total score of HAMA scale and scores of various factors after intervention

After intervention, there was a significant difference in the total HAMA scores and factor scores of the comprehensive intervention group, supportive psychological intervention group, and control group ( $P < 0.01$ ); the comprehensive intervention group had lower psychological factor scores than the supportive psychological intervention group, and the difference was statistically significant. There is no significant difference between the comprehensive intervention group and the supportive psychological intervention group in total HAMA scores ( $P > 0.05$ ). The total HAMA score and each factor score in the comprehensive intervention group and the supportive psychological intervention group are lower than those in the control group, the difference was statistically significant ( $P < 0.05$ ). Comprehensive intervention and psychological intervention can reduce the total HAMA score and psychological and physiological factor scores of patients with psychological shadows; the total HAMA score, physiological and psychological factor scores of the control group and patients with psychological shadows have no difference in pre-test and follow-up.

### 4.3 Correlation Analysis of Psychological Intervention and Scl-90

The correlation analysis results of psychological intervention and Scl-90 are shown in Figure 3.

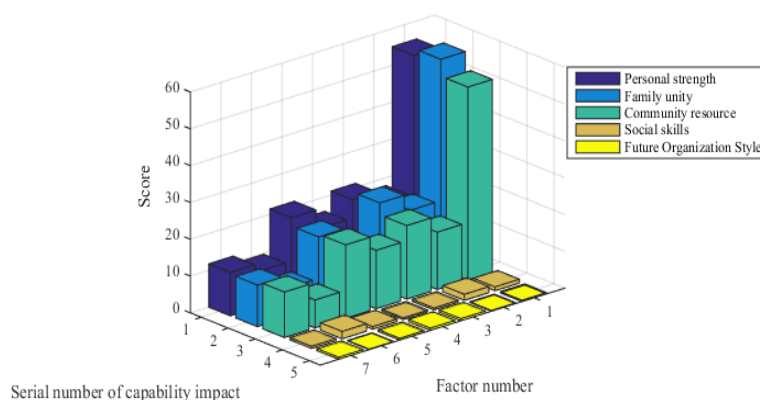


Figure 3: Result of correlation analysis between psychological intervention and Scl-90



The total score of psychological intervention decreased with the increase of the total score of SCL-90 and the total score of anxiety and terror ( $P < 0.05$ ,  $P < 0.01$ ), and was negatively correlated with obsessive-compulsive symptoms, depression, hostility, paranoia, and psychosis ( $P < 0.05$ ), Negatively correlated with the personal intensity table ( $P < 0.05$ ,  $P < 0.01$ ), negatively correlated with anxiety, terror, depression ( $P < 0.05$ ,  $P < 0.01$ ), anxiety, terror ( $P < 0.05$ ,  $P < 0.01$ ), With the decrease of somatization, obsessive-compulsive symptoms, and mental illness scores ( $P < 0.05$ ); the total score of SCL-90 decreases with the increase of personal strength, social ability, and future organizational style scores ( $P < 0.05$ ).

#### 4.4 Multiple Regression Analysis of Influencing Factors on Psychological Intervention

Since the result of individual psychological intervention is the result of a combination of multiple factors, rather than the result of a single factor, this article uses multiple regression analysis method to analyze the influencing factors of the psychological resilience of the research object. Because the analysis data must obey the normal distribution, the normal test (P-P chart) is first used to test the psychological elasticity score. The results show that the score basically conforms to the normal distribution, so multiple linear regression methods can be used for analysis. The results of multiple regression analysis of various influencing factors on psychological intervention are shown in Figure 4.

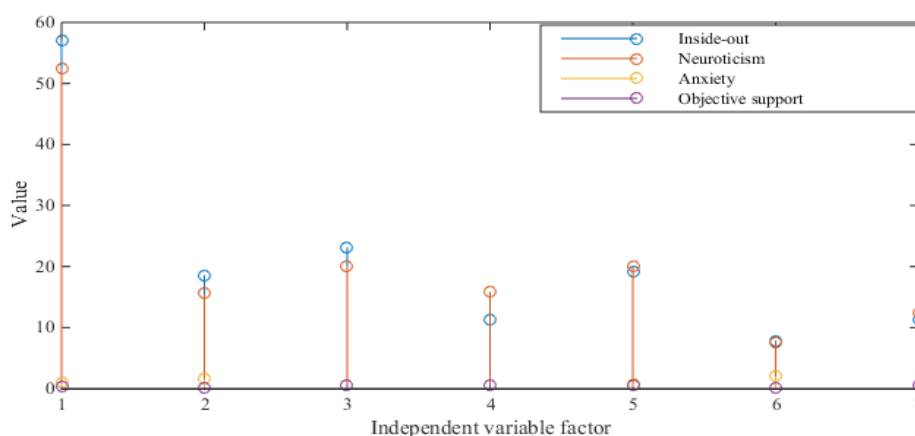


Figure 4: Multiple regression analysis of influencing factors on psychological intervention

Regression analysis results show that the influencing factors of psychological resilience include cheerful personality, shy personality, nervousness, anxiety and objective support. Studies have shown that the degree of social support and psychological resilience an individual receives is directly proportional to the personality of the individual. The degree of related symptoms and psychological resilience of an individual is positively correlated with the degree of emotional stability of the individual. The incidence of psychological shadow decreased with the increase of psychological intervention score ( $P < 0.01$ ). The results show that the degree of psychological intervention directly affects the occurrence of psychological shadows, and individuals with low elasticity are more susceptible to psychological shadows than individuals with high elasticity.

## 5. Conclusions

Post-traumatic psychological shadows have a great impact on individuals, families, and society with severe clinical symptoms and severely impaired social functions. Therefore, people pay more attention to the symptoms and psychological characteristics of the disease. This article provides a

reference for how to alleviate the symptoms of post-traumatic psychological shadows and negative emotions of anxiety and depression, and improve the quality of life of patients with psychological shadows.

This article analyzes the influencing factors of post-traumatic psychological shadows and the theoretical feasibility of psychological intervention. On this basis, explore the impact of psychological intervention on post-traumatic psychological shadows. Through case analysis, psychological intervention measures are more ideal than comprehensive intervention measures, which can alleviate the symptoms and anxiety of post-traumatic psychological shadow patients.

There are still some shortcomings in this article. Due to the limited sample size and location selection, this article cannot be followed up for a long time, nor can more detailed group intervention. As far as the types of trauma are concerned, there are only two types, namely, experienced trauma and physical trauma, which have not been divided in more detail. For small samples, sampling is also single. Sampling is conducted in hospitals. If conditions permit, the incidence of morbidity will be closer to that of the total sample, so the morbidity of hospitals at all levels will be closer to the total sample.

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