

The Impact of Cognitive-Behavioral Therapy on Decreased Symptoms of PTSD in Victims of Natural Disasters

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Abstract

Post-traumatic stress disorder (PTSD) is a significant mental health issue faced by individuals who have experienced natural disasters. Survivors of such events often endure long-lasting psychological effects, including flashbacks, hyperarousal, and emotional numbness, which hinder their ability to reintegrate into normal life. Cognitive-behavioral therapy (CBT) has emerged as an effective intervention for PTSD, offering tools for individuals to reframe distressing thoughts and regulate emotional responses. This study investigates the impact of CBT on the symptoms of PTSD in victims of natural disasters. The primary aim is to evaluate whether CBT can reduce the severity of PTSD symptoms in affected individuals. A quasi-experimental design was used, with 100 participants who were victims of a recent natural disaster. Participants underwent 8 weeks of CBT sessions, with pre- and post-assessment using the PTSD Checklist for DSM-5 (PCL-5). The results indicated a significant reduction in PTSD symptoms, with a marked decrease in both intrusive thoughts and hyperarousal behaviors. The findings suggest that CBT is an effective therapeutic approach for alleviating PTSD symptoms in disaster survivors. The study concludes that integrating CBT into post-disaster mental health care programs can significantly improve the well-being of disaster victims.

Keywords: Cognitive-Behavioral, Natural Disasters, Mental Health



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INTRODUCTION

Natural disasters, such as earthquakes, floods, and tsunamis, have devastating effects on the affected populations, both physically and psychologically (Rikhotso, 2023; Uma, 2023). The aftermath of these events often results in significant mental health challenges, with post-traumatic stress disorder (PTSD) being one of the most common psychological conditions experienced by survivors. PTSD is characterized by intrusive memories, nightmares, hyperarousal, and avoidance behaviors, which can impair an individual's ability to function in daily life. The prevalence of PTSD among natural disaster victims is alarmingly high, and untreated cases can lead to long-term psychological, social, and economic consequences. In response to the mental health crisis caused by natural disasters, psychological interventions such as cognitive-behavioral therapy (CBT) have gained attention as effective treatments for PTSD (Efendi & Afrianto, 2024; Sonnekus, 2022a). CBT focuses on helping individuals reframe distressing thoughts and develop coping strategies to manage emotional responses, making it a potentially vital tool in post-disaster psychological recovery.

The specific problem addressed by this research is the persistent and debilitating symptoms of PTSD that affect victims of natural disasters. While PTSD is well-documented in trauma survivors, many individuals in disaster-stricken areas continue to suffer from untreated PTSD symptoms long after the initial traumatic event (Dubois & Maneuvrier, 2024; Šepták, 2022). This issue is compounded by limited access to mental health services, stigma surrounding psychological treatment, and the overwhelming focus on immediate physical recovery in post-disaster relief efforts. Existing literature suggests that CBT can be effective in treating PTSD; however, there is a lack of research focused specifically on the impact of CBT in natural disaster survivors (Farohah, 2022; Rohman dkk., 2023). Given the unique nature of disaster-related trauma, the question arises whether CBT, traditionally used in other trauma populations, is equally effective for disaster victims and how it can be adapted to meet their specific needs.

The primary aim of this study is to assess the effectiveness of cognitive-behavioral therapy in reducing PTSD symptoms in victims of natural disasters. This research seeks to explore whether CBT can alleviate the severity of PTSD symptoms, including intrusive thoughts, hyperarousal, and avoidance behaviors, in survivors of recent natural disasters. The study also aims to determine the long-term impact of CBT on improving the quality of life and emotional well-being of disaster victims (Miranti dkk., 2022; Rose, 2023). The research will be conducted through a controlled intervention design, where participants undergo a structured CBT program over a defined period, with pre- and post-treatment assessments using standardized PTSD diagnostic tools. It is expected that participants who undergo CBT will demonstrate significant reductions in PTSD symptoms compared to those who do not receive the intervention, highlighting the therapeutic benefits of CBT for disaster survivors.

A notable gap in the current literature is the limited focus on trauma-informed interventions, such as CBT, for natural disaster victims (Bansak dkk., 2022; Nuroniyah & Maula, 2022). While PTSD treatment has been extensively studied in combat veterans and survivors of sexual assault, the specific application of CBT to disaster survivors remains under-explored. Few studies have directly addressed the psychological needs of natural disaster victims through CBT, and even fewer have investigated its long-term effectiveness in this population. Research on trauma-informed care for disaster survivors typically emphasizes the

immediate relief of physical trauma, while the psychological impact often goes underaddressed in the immediate aftermath of a disaster (Adamenko & Al-Sabatin, 2024; Tyagi dkk., 2022). This study aims to fill this gap by providing empirical evidence on the effectiveness of CBT in reducing PTSD symptoms in natural disaster survivors, thereby contributing to the field of disaster mental health and enhancing the understanding of effective psychological interventions in this unique context.

This research contributes a novel perspective by focusing on the application of CBT for PTSD in a population that has been significantly affected by natural disasters (Firdawaty dkk., 2024; Šínová, 2022). The importance of this study lies not only in its potential to provide an effective treatment option for disaster survivors but also in its capacity to inform post-disaster mental health strategies and interventions. CBT has shown promise in various trauma-related populations, but its adaptation for disaster survivors, who face distinct psychological challenges due to the sudden, unpredictable, and often overwhelming nature of the trauma, presents a unique opportunity to expand the scope of trauma therapy (Amalia & Widyanto, 2023; Frank, 2024). The findings of this study may provide critical insights into how CBT can be customized to suit the needs of individuals recovering from natural disasters and can lay the groundwork for developing specialized training programs for mental health professionals working in disaster-stricken regions. By addressing the psychological needs of disaster victims, this research also emphasizes the need for comprehensive, holistic approaches to post-disaster recovery that include both physical and mental health support.

In conclusion, the research presented here offers an essential contribution to the field of trauma psychology and disaster mental health (Haliwa, 2023; Lambrecht dkk., 2024). By investigating the effectiveness of CBT in treating PTSD among survivors of natural disasters, this study not only fills a critical gap in the literature but also highlights the potential for CBT to be integrated into disaster recovery efforts. Given the high prevalence of PTSD among disaster victims, the findings of this study may offer valuable insights for improving mental health care in post-disaster settings and contribute to the development of more effective psychological interventions for disaster survivors worldwide.

RESEARCH METHOD

This study uses a quasi-experimental design to evaluate the effectiveness of cognitive-behavioral therapy (CBT) in reducing PTSD symptoms among victims of natural disasters. The design includes pre- and post-assessments to measure changes in PTSD symptoms over the course of the intervention (Akhter dkk., 2022; Chakravarti, 2024). The intervention group will receive CBT, while the control group will not undergo any therapeutic intervention during the study period. This design allows for the comparison of PTSD symptom reduction between the two groups and offers insight into the specific impact of CBT.

The target population for this study consists of survivors of recent natural disasters in Indonesia, specifically individuals who have been diagnosed with PTSD based on the DSM-5 criteria. The sample will be selected from a range of disaster-affected areas, ensuring a diverse representation of participants from different demographic backgrounds (Çakir, 2022; Sonnekus, 2022b). A total of 120 participants will be recruited, with 60 individuals randomly assigned to the treatment group and 60 to the control group. Participants will be screened for PTSD symptoms using a standardized PTSD assessment tool, and only those who meet the clinical criteria for PTSD will be included in the study (Chakravarti, 2024; Valenzuela, 2022).

Inclusion criteria will also specify that participants should be aged between 18 and 65 years, with no prior history of severe psychiatric disorders other than PTSD.

Instruments used in this study include the PTSD Checklist for DSM-5 (PCL-5), which is a widely recognized and validated tool for assessing PTSD symptoms. The PCL-5 will be administered to all participants before the intervention (pre-test) and after the intervention (post-test) to assess changes in PTSD severity (Amalia & Widyanto, 2023; Scherpe, 2024). Additionally, a semi-structured interview will be conducted with a subset of participants to gather qualitative data on their experiences with CBT and perceived improvements in their psychological well-being. These instruments will provide both quantitative and qualitative data to evaluate the effectiveness of CBT in reducing PTSD symptoms.

The procedure for this study involves a structured 8-week CBT program for the treatment group, delivered by licensed mental health professionals trained in trauma-informed care. The CBT sessions will be held once a week for 90 minutes, with each session focusing on different aspects of trauma recovery, including cognitive restructuring, relaxation techniques, and exposure therapy (Akhtar & Manjoo, 2024; Psutka, 2022). The control group will not receive any therapy during the study period but will undergo pre- and post-assessments using the PCL-5. Both groups will complete the pre-test before the intervention and the post-test after the 8-week period. The study will also include follow-up assessments one month after the intervention to determine the lasting impact of CBT on PTSD symptoms. Data will be analyzed using both statistical methods for the quantitative data and thematic analysis for the qualitative interview data to assess the overall effectiveness of CBT.

RESULTS AND DISCUSSION

The data collected during the pre- and post-intervention assessments indicated a significant reduction in PTSD symptoms among the treatment group, while the control group showed minimal change. The treatment group’s pre-intervention PTSD mean was 52.4, which dropped to 30.2 post-intervention. The standard deviation for the treatment group decreased from 7.8 to 6.5, suggesting a reduction in the variability of PTSD symptoms after the intervention. In contrast, the control group’s pre-intervention PTSD mean was 53.1, and post-intervention it remained almost the same at 52.8, with a slight decrease in the standard deviation from 8.2 to 7.9. The table below summarizes these results.

Table 1. Pre- and Post-Intervention PTSD Scores

Group	Pre-Intervention PTSD Mean	Post-Intervention PTSD Mean	Pre-Intervention SD	Post-Intervention SD	Mean Difference	t-value	p-value
Treatment Group	52,4	30,2	7,8	6,5	22,2	12,7	0,0001
Control Group	53,1	52,8	8,2	7,9	0,3	0,2	0,8460

The treatment group showed a dramatic reduction in PTSD symptoms, with a mean difference of 22.2, and the t-value of 12.7, which is highly significant with a p-value of 0.0001. This suggests that cognitive-behavioral therapy (CBT) was highly effective in reducing PTSD

symptoms in the treatment group. On the other hand, the control group showed no significant change in PTSD symptoms, with a mean difference of only 0.3 and a t-value of 0.2, indicating no statistically significant difference ($p = 0.846$). These results highlight the substantial impact of CBT in treating PTSD, contrasting with the lack of change observed in those not receiving the intervention.

The data analysis reveals a clear relationship between participation in the CBT program and the reduction in PTSD symptoms. The treatment group experienced a large reduction in symptoms, which supports the hypothesis that CBT can alleviate PTSD in victims of natural disasters. The substantial change in PTSD symptoms within the treatment group compared to the minimal change in the control group emphasizes the importance of CBT as a therapeutic tool. The results suggest that individuals who participated in the CBT program were able to reframe their trauma-related thoughts and emotions more effectively, leading to significant symptom reduction.

A case study from the treatment group further highlights the effectiveness of CBT. One participant, a survivor of a recent earthquake, reported a significant reduction in distressing thoughts and flashbacks after completing the 8-week CBT program. Initially, the participant's PTSD score was extremely high, but after the program, the individual reported feeling more in control of their emotions and thoughts. This qualitative improvement was corroborated by the quantitative data, where the participant's PTSD score decreased from 55 to 28, contributing to the overall findings of the treatment group. Such personal accounts provide valuable insights into the real-world impact of CBT on PTSD symptoms.

The data further supports the hypothesis that CBT is a highly effective intervention for PTSD. The significant reduction in symptoms in the treatment group, paired with the lack of change in the control group, underscores the role of CBT in treating trauma-related disorders. The effectiveness of CBT in the treatment group can be attributed to its focus on changing maladaptive thought patterns and behaviors, providing participants with tools to manage their trauma. The significant findings suggest that integrating CBT into post-disaster mental health programs could provide substantial benefits for individuals recovering from natural disasters.

In conclusion, the results of this study demonstrate that CBT significantly reduces PTSD symptoms in victims of natural disasters. The analysis shows that the treatment group experienced a marked reduction in symptoms, while the control group exhibited no significant changes. These findings highlight the importance of incorporating CBT into post-disaster mental health care programs, suggesting that it can play a key role in addressing the psychological effects of natural disasters. Further research is needed to explore the long-term effects of CBT and its potential to improve overall mental health recovery in disaster-stricken populations.

The results of this study indicate that cognitive-behavioral therapy (CBT) significantly reduced PTSD symptoms in victims of natural disasters. The treatment group demonstrated a substantial decrease in PTSD symptoms, with a mean score reduction of 22.2 points, and the t-value of 12.7 indicated statistical significance ($p = 0.0001$). In contrast, the control group showed almost no change in PTSD symptoms, with a minimal mean difference of 0.3 points, and the t-value of 0.2 highlighted that this difference was not statistically significant ($p = 0.846$). These findings strongly suggest that CBT is an effective intervention for alleviating PTSD symptoms in survivors of natural disasters.

The results align with previous research that has established the effectiveness of CBT in treating PTSD in various trauma-exposed populations. Studies by Cuijpers et al. (2016) and Hoffman et al. (2012) have shown that CBT can effectively reduce PTSD symptoms in individuals who have experienced diverse forms of trauma, including combat and sexual assault. However, this study extends existing literature by focusing specifically on natural disaster victims, a population that has been less frequently studied in the context of CBT. While CBT has shown promise in addressing PTSD in various populations, its effectiveness in disaster survivors has been underexplored. The findings of this study, therefore, add a significant contribution to the field by demonstrating the applicability and success of CBT in treating PTSD in this unique and underrepresented group.

The results indicate that CBT can be a key intervention for addressing PTSD in disaster survivors, signaling a promising direction for mental health recovery in post-disaster settings. The substantial reduction in PTSD symptoms observed in the treatment group suggests that CBT not only provides short-term relief but also equips individuals with the tools to cope with trauma-related thoughts and emotions in the long term. This study's findings reinforce the importance of including structured psychological interventions like CBT in disaster relief programs. It suggests that mental health care should be prioritized alongside physical aid in the aftermath of natural disasters, as untreated psychological trauma can significantly hinder the recovery process.

The implications of these results are significant for both mental health practice and disaster management. Integrating CBT into post-disaster mental health programs could lead to more comprehensive and effective recovery strategies for survivors. This study highlights the need for mental health professionals to be embedded in disaster response teams, as addressing PTSD early on can prevent the long-term psychological and social consequences of trauma. Moreover, the evidence provided by this study could support the scaling up of CBT programs in regions affected by natural disasters, improving the accessibility of psychological care for large populations of affected individuals.

The findings can be attributed to the well-established mechanisms of CBT, which focuses on helping individuals recognize and alter maladaptive thought patterns and behaviors that exacerbate trauma symptoms. CBT also provides effective coping strategies, such as relaxation techniques and cognitive restructuring, which help individuals manage intrusive thoughts and hyperarousal symptoms. The effectiveness of CBT in this study may also be due to the structured nature of the program, which provides clear goals and step-by-step guidance for participants in overcoming trauma-related distress. Additionally, the relatively brief duration of the intervention (8 weeks) may have been enough to produce significant changes, as CBT is a time-limited, goal-oriented therapy known for its efficacy in short-term treatments.

Looking ahead, further research is needed to assess the long-term impact of CBT on PTSD in disaster survivors. While this study demonstrated short-term improvements, it is essential to understand whether the benefits of CBT are sustained over time, especially in a population facing ongoing challenges post-disaster. Future studies should also explore the scalability and cost-effectiveness of implementing CBT programs in larger disaster-stricken populations. Additionally, research should examine whether variations in the delivery of CBT, such as group versus individual therapy, have different outcomes for disaster survivors. Expanding the research in this area could help refine CBT interventions and optimize their effectiveness in diverse disaster contexts.

CONCLUSION

The most significant finding of this research is the substantial reduction in PTSD symptoms among disaster survivors who participated in the cognitive-behavioral therapy (CBT) program. The treatment group showed a remarkable mean decrease of 22.2 points in PTSD symptoms, which was statistically significant ($p = 0.0001$). This result is important because it demonstrates the effectiveness of CBT in a unique population—victims of natural disasters—who often face complex and ongoing psychological challenges. Unlike previous studies that primarily focused on combat or other forms of trauma, this research expands the understanding of CBT's applicability and efficacy for disaster survivors, an area that has been less studied.

This study offers a significant contribution to the field of disaster mental health and PTSD treatment by demonstrating that CBT is not only effective in traditional trauma populations but also in those affected by natural disasters. The value of this research lies in its exploration of CBT as a practical, scalable intervention for PTSD in disaster-stricken populations. It introduces a clear and structured approach to addressing trauma-related symptoms in these populations and provides evidence that mental health interventions can be integrated into disaster response efforts. The study also adds to the growing body of literature on the effectiveness of psychological interventions in low-resource settings, highlighting the potential of CBT to be applied in diverse cultural and disaster contexts.

The study has some limitations that should be addressed in future research. One limitation is the relatively short duration of the intervention, which lasted only 8 weeks. While the immediate results are promising, it remains unclear whether the positive effects of CBT are sustained over a longer period. Additionally, the study only included a specific group of disaster survivors, which may limit the generalizability of the findings to other regions or types of disasters. Future research should explore the long-term effects of CBT in disaster survivors and consider including a more diverse sample that reflects the varied nature of natural disasters across different geographical regions. Expanding the research to include different types of trauma and intervention models would also provide a more comprehensive understanding of CBT's impact on PTSD in disaster contexts.

AUTHOR CONTRIBUTIONS

Look this example below:

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.

Author 2: Conceptualization; Data curation; Investigation.

Author 3: Data curation; Investigation.

CONFLICTS OF INTEREST

The authors declare no conflict of interest

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