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## THE APPLICATION OF REBONDING OF THE BODY TO A WOMEN'S SUBSTANCE ABUSE PROGRAM

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Women who have experienced Intimate Partner Violence are at a greater risk of physical and mental health problems, including posttraumatic stress disorder and substance dependence (Campbell, 2002, Ziberman, Tavares, Blume & El Guebaly, 2003). The incidence of alcohol dependence is higher in people with a history of trauma than in those without such history and this risk is intensified for those with PTSD (Diaz, Simatov & Ricker, 2000). Two thirds of women with substance have mental health problems that include PTSD (Ziberman, et al., 2003, Mulvihill et al, 2009). These women have difficulty benefiting from present treatment programs (Miller et al 2000, Chase et al 2003). Alcohol and other substance are used to cope with the symptoms of PTSD (Brady et al. 2005). Both trauma and substance abuse make neurohormonal changes in our body. During a 4-month intersubjective ethnographic study using hermeneutic dialogue and participant observation of women and staff in a treatment center, it was documented that all the women had a history of trauma, including the staff, the trauma of the clients was documented and discussed during the admission assessment but was not considered as part of the treatment plan (Mulvihill, 2009). Both the staff and the client were asked about their understanding of PTSD and what to do if a person showed symptoms. Few knew what to do despite giving personal experience. Many pf the interventions that were part of regular groups were triggering the clients with PTSD (Mulvihill et al 2009). Rebonding of the Body is multimodality structured program which consists of eight 3-hour sessions which was originally developed for children who were sexually abuse (Mulvihill 1988) and has showed promising results with persons who have experience a wide range of traumatic experiences (2016). This promising technique needs clinicians and researchers to build treatment teams to build the evidence for this promising technique.

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