# Post-Traumatic Stress Disorder (PTSD)

This section describes the knowledge and skills required to carry out individual cognitive behavioural therapy for PTSD in children and adolescents.

It is not a 'stand-alone' description of technique and it should be read as part of the CAMHS competency framework. Cross-referencing to the CBT competence framework (accessible at www.ucl.ac.uk/CORE/) will also be helpful.

Effective delivery of this approach depends on the integration of this competence list with the knowledge and skills set out in the other domains of the CAMHS competence framework, and with the adult cognitive behavioural therapy competence framework.


## Knowledge

<table>
<thead>
<tr>
<th>An ability to draw on knowledge of PTSD:</th>
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<tbody>
<tr>
<td>an ability to draw on knowledge of common comorbidities associated with the presentation of PTSD in young people</td>
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<tr>
<td>an ability to draw on knowledge of developmental differences in the presentation of PTSD</td>
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| An ability to draw on knowledge of the Trauma-Focused CBT model and its emphasis on psycho-education, cognitive coping and processing of the trauma narrative |

## Assessment

<table>
<thead>
<tr>
<th>An ability to develop a trusting relationship with children and parents, conveying accurate empathy and genuineness</th>
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<tbody>
<tr>
<td>An ability to assess symptoms of PTSD, along with symptoms commonly comorbid with PTSD in young people:</td>
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<tr>
<td>in relation to the child’s developmental level</td>
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<tr>
<td>using multiple informants (e.g. young person, carers, and teachers)</td>
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<td>using multiple methods (e.g. clinical interview and self report instruments)</td>
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<table>
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<tr>
<th>An ability to assess the impact of symptoms on functioning</th>
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<tr>
<td>An ability to conduct a broad assessment:</td>
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<tr>
<td>across multiple domains (including cognitive, affective, behaviour, somatic)</td>
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<tr>
<td>family and relationship problems</td>
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| An ability to identify and assess any post traumatic stress reactions in the carer, (including the use of parental-report measures) |
| An ability to assess the carers’ ability to serve as role models and a supportive resource for their children |
Assessing suitability for treatment

An ability to determine whether PTSD is the primary problem in need of treatment
An ability to determine when other problems need to be addressed before treating the PTSD (e.g. intervening to reduce severe behaviour problems)
An ability to assess the young person’s capacity to give a narrative accounts of past (non-traumatic) events
An ability to assess whether the family is sufficiently stable to engage in trauma-focussed CBT

Intervention

An ability, throughout the intervention, to conduct joint child-parent sessions (to review psycho-educational material, to share the child’s narrative, and to encourage open communication)
An ability to give the young person and their family information about the nature of trauma and PTSD (psychoeducation):
- an ability to provide information about traumatic events, and common emotional and behavioural reactions in children, including the use of children’s fiction and other literature in order to help normalise reactions
- an ability to explain the child’s PTSD diagnosis to the young person and their carers, and to answer any of their questions
- an ability to provide information about the nature of the intervention, and how effective it is likely to be

Ability to work with parents to enhance their parenting skills:
- an ability to specify how to give praise effectively (i.e. making it specific, contingent, immediate, and consistent)
- an ability to specify how to provide selective attention for desired behaviours and selective inattention (e.g. “active ignoring” for problem behaviours)
- an ability to help carers to implement effective time out procedures
- an ability to help carers to implement contingency reinforcement programs (e.g. selecting appropriate targets for change, use of behaviour charts and rewards)

Ability to provide strategies to manage current symptoms

Ability to help the young person and their carers to learn relaxation techniques (using progressive muscle relaxation, focused breathing, and meditation techniques)
An ability to help the young person express and learn to manage feelings (affective expression and modulation):
- an ability to help children to label and discuss a range of feelings using age-appropriate games and activities
- an ability to help children use thought stopping techniques as a temporary measure to demonstrate control over intrusive recollections and associated cognitions
- an ability to teach children imagery based affect regulation skills (e.g. asking children to visualise or draw a “safe place” to use after thought stopping, or as part of general self-soothing)
- an ability to help children to use positive self talk (e.g., “I can get through this”) so that they recognise and focus their attention on their ability to cope
- an ability to enhance the child’s sense of safety by providing information and by developing a clear and specific safety plan with parents
an ability to help children manage common difficulties in peer relationships and social interactions by enhancing their problem-solving (e.g. by brainstorming and testing out potential solutions) and social skills (e.g. by modelling and role play)

an ability to use these techniques with carers who are experiencing high levels of anxiety

An ability to focus on the role of cognitions (cognitive coping and processing)

an ability to explain the link between thoughts, feelings and behaviour (the “cognitive triangle”)

an ability to work with the young person to make links between this description and their experience

an ability to discuss common cognitive distortions with the young person and with their carers, and to relate these to the young person’s experience

an ability to help children to identify inaccurate or unhelpful trauma-related thoughts, and to change these using cognitive processing techniques such as age-appropriate guided discovery and Socratic questioning

Ability to help the young person develop a trauma narrative:

an ability to present the rationale for developing a trauma narrative (i.e., that this will help desensitise the child to traumatic reminders, decrease avoidance and hyper-arousal, and enable them to integrate the traumatic event into the totality of their life)

An ability to use metaphor when presenting the rationale for treatment (e.g., ignoring a physical wound may result in it becoming infected and getting worse; whereas attending to it and cleaning it may be painful, but allows healing to take place)

an ability to help the young person write or draw the trauma narrative in a personalised book, and to help them add further detail in subsequent sessions

an ability to use cognitive processing techniques such as Socratic questioning to explore and modify inaccurate or unhelpful cognitions which are part of the narrative

an ability to help children to revise their trauma narrative as new perspectives emerge

an ability to use SUDS scales to quantify the level of distress associated with trauma narrative recall within sessions

an ability to help the young person share the trauma narrative with carers

An ability to design and implement a graded exposure program for desensitisation to traumatic reminders which are objectively harmless

Where there are concerns about future risk, an ability to teach practical personal safety skills

An ability to review the intervention to identify:

those aspects of therapy that have been helpful
to address termination and closure issues