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.

Sources:


Knowledge

<table>
<thead>
<tr>
<th>An ability to draw on knowledge of the phenomenology, and natural course, of PTSD in children &amp; adolescents.</th>
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<tbody>
<tr>
<td>an ability to draw on knowledge of common co-morbidities associated with the presentation of PTSD in young people</td>
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<td>an ability to draw on knowledge of developmental differences in the presentation of PTSD</td>
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<table>
<thead>
<tr>
<th>An ability to draw on knowledge of cognitive models of PTSD, and particularly the emphasis of these models on cognitive and behavioural maintaining factors</th>
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<td>an ability to draw on knowledge of the ways in which these models are adapted for young people by taking developmental and family considerations into account</td>
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### Assessment

#### Engagement of young people and carers

An ability to foster a safe environment for the disclosure and discussion of traumatic events:

- an ability to identify and modify aspects of a therapeutic setting that may be threatening for children and adolescents given the nature of their prior traumas
- an ability to explain the rationale for the intervention and the procedures it employs
- an ability to convey hope about the possibility of change
- an ability to manage high levels of emotion in the young person and their carers
- an ability for the therapist to manage their own reactions to hearing distressing accounts of traumatic events

#### Assessment of PTSD and associated problems (ongoing through the course of therapy)

An ability to assess symptoms of PTSD, taking account of the young person’s developmental level, and using:

- multiple informants (e.g. the young person and carers)
- multiple methods, e.g.:
  - semi-structured diagnostic interviews such as the Anxiety Disorders Interview Schedule for Children, ADIS-C
  - self and carer report instruments such as the Child Posttraumatic Stress Scale, CPSS

An ability to use using multiple informants and multiple methods to screen for conditions that are commonly comorbid with PTSD and which will differ according to child’s developmental level (such as other anxiety disorders and/or depression)).

An ability to formulate the relationship between PTSD and any co-morbid conditions in a way that informs treatment

An ability to assess the impact of symptoms on functioning (e.g. on family life, school attendance and attainment, and relationships with peers)

An ability to determine whether PTSD is the primary problem in need of treatment

When the young person and their carers have been exposed to the same trauma, an ability to assess the carers’ post-trauma reactions (including symptoms of PTSD, anxiety, and depression) and to refer to adult services if appropriate

An ability to administer and interpret appropriate symptom measures to monitor progress and treatment outcome
### Assessment of maintaining factors (ongoing through the course of therapy)

An ability to assess memory factors likely to be relevant to the maintenance of symptoms of PTSD, i.e.:
- the nature of the trauma
- the degree of coherence/fragmentation in the trauma memory
- the triggers for intrusive memories (based on interview, self-report measures and observation)

An ability to assess unhelpful appraisals of the trauma and its consequences using developmentally appropriate interview and self-report measures:
- peri-traumatic misappraisals (arising during or immediately after the traumatic event) of events in the narrative which are associated with intense emotion ("emotional hotspots")
- global themes, such as guilt or shame
- negative self-appraisals concerning reactions (e.g. “I’m going crazy, I’m weak”).

An ability to identify how the young person manages when experiencing intrusive memories

An ability to identify current coping which is unhelpful because it perpetuates the problem (e.g. behavioural and cognitive avoidance, thought suppression, rumination, or hypervigilance).

An ability to assess family factors which may contribute to the maintenance of the problem e.g.:
- carers’ own reactions if they have been directly exposed to trauma (for example, PTSD anxiety, depression)
- carers’ reactions to young person’s exposure (e.g. anxiety, anger, or guilt)
- carers’ beliefs about trauma and the young person’s reactions
- carers’ adopting unhelpful strategies for coping with the young person’s problems (for example, avoiding talking about the trauma).

An ability to assess maintaining factors throughout therapy in order to inform treatment

### Ability to assess suitability for treatment

An ability to assess risk of harm to self or others

An ability to identify any threats to implementing the intervention, and to adjust the nature and timing of intervention appropriately e.g.:
- current threats, such as domestic violence, ongoing bullying, dangerous or hazardous social circumstances
- imminent threats, such as a risk of deportation

An ability to take into account any ongoing legal issues when planning the timing of intervention (e.g., the young person acting as a witness in criminal trial)

An ability to discuss expectations of the treatment with the young person and carers

### Formulation

An ability to develop an individualised formulation of current problems, based on the four maintaining factors seen as central to the cognitive model (i.e. the nature of the trauma memory, misappraisals, coping which unintentionally maintains the problem, and family factors, such as parental overprotection)

An ability to share this formulation with the young person and their family, as a basis for treatment
### Intervention

#### Establishing working relationships
An ability to foster a safe environment for detailed discussion of traumatic events by helping to ‘regulate’ distress (e.g. by conveying empathy, or pacing sessions appropriately)
An ability to question the young person’s perceptions without invalidating or trivialising their experience
An ability to judge the young person’s engagement with the trauma memory (e.g., dissociation, avoidance) and to adapt procedures accordingly
An ability to maintain working relationship with the young person’s family by providing clear rationale for treatment, and (within limits of confidentiality) information about session content and the young person’s progress

#### Giving a rationale for treatment
An ability to discuss the rationale for intervention in a manner which is appropriate to the young person’s developmental level
An ability to discuss the rationale for intervention with carers
- an ability to help the young person and their carers understand the rationale for aspects of the intervention which may appear counter-intuitive and emotionally demanding (e.g. reliving)
- an ability to convey the treatment rationale using behavioural experiments (e.g. thought suppression experiment) and metaphor (e.g. of memory as an over-full cupboard which requires opening up and sorting in order to prevent items falling out)

#### Psycho-education
An ability to provide information about PTSD reactions in young people and families (including the use of written information leaflets) to help “normalise” reactions

#### Reclaiming life
An ability to help the young person identify any activities they have dropped in response to the trauma:
An ability to work with the young person to identify activities which are appropriate to resume, using:
- self-monitoring diaries
- activity scheduling
- graded task assignment
An ability to involve parents in facilitating an increase in the young person’s activities

#### Arousal reduction
An ability to train the young person in relaxation techniques if needed (e.g. to facilitate optimal engagement with the trauma memory)
### Revisiting the trauma: Imaginal reliving and other methods of accessing trauma memories

<table>
<thead>
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<tr>
<td>An ability to help the young person relive the event as completely as possible, prompting for thoughts, feelings, sensory impressions and body sensations while ensuring that the young person stays aware that they are experiencing a memory in a safe environment</td>
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<td>An ability to help the young person revisit the trauma using methods that are developmentally appropriate (e.g. imaginal reliving, talking (for older children), drawing or playing (for younger children), writing a narrative or developing a story board)</td>
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<td>An ability to help the young person recount the worst parts of the memory (i.e. “emotional hotspots”), and associated cognitions, while maintaining an optimal level of engagement with the memory</td>
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<td>An ability to help the young person access detailed sensory and semantic aspects of the memory by pacing the imaginal reliving appropriately, and by use of prompts and questions during and after reliving</td>
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<td>An ability to track the young person’s distress levels and level of emotional engagement during reliving, with the aim of ensuring that the young person is neither disengaged from, nor overwhelmed by, the memories</td>
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<td>An ability to monitor distress and arousal through use of SUDS ratings (or for younger children, the use of a “Feelings Thermometer”)</td>
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<td>An ability to carry out reliving of those parts of the narrative which are associated with intense emotion (“emotional hotspots”)</td>
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<td>An ability to detect and discuss with the young person personal meanings which emerge from young person's description of the trauma (e.g. specific examples of misperceptions of the traumatic event which contribute to current appraisal of the event)</td>
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<td>An ability to respond with appropriate empathy when eliciting meanings</td>
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<td>An ability to plan use of imaginal reliving so that the young person does not leave the session distressed, e.g. by:</td>
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<td>planning longer sessions</td>
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<td>carrying out reliving at the beginning of sessions</td>
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<td>allowing sufficient time after a reliving for arousal to diminish</td>
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<td>An ability to develop a “trauma narrative” with the young person:</td>
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<td>to help young people who initially find it too difficult to undertake reliving</td>
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<td>to help the young person establish a clearer sequence of the course of the event</td>
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<td>to help consolidate reliving</td>
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<td>as a means of sharing key aspects of the trauma memory with carers</td>
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### Cognitive restructuring

An ability to help the young person identify appraisals both of the trauma and the aftermath of the trauma that induce a sense of current threat by helping them:

- to identify appraisals in an explicit and concrete manner,
- to identify the evidence (often the memories) they use to support the appraisal
- to consider how well the appraisal fits with reality

An ability to formulate the maintenance cycle between appraisals, sense of current threat, and the strategies the client uses to control the sense of threat.

An ability to help the young person test-out predictions or change strategies using a range of developmentally appropriate behavioural and cognitive techniques, applied in a collaborative manner, e.g.:

- memory work
- guided discovery and Socratic questioning
- behavioural experiments
- reclaiming life assignments

An ability to employ specific techniques to support the process of testing out predictions (e.g. pie charts, surveys, video feedback, cost-benefit analyses)

An ability to integrate discussion and modification of appraisals with trauma memory work

An ability to track change in appraisals through belief ratings and discussion of remaining doubt

### Updating memories

An ability to help the young person identify information that updates the personal meaning of the worst moments of the traumatic event, using reconstruction of the order of events, detailed discussion of the event and/or cognitive restructuring.

An ability to help the young person update the idiosyncratic personal meanings laid down at the time of the trauma (using either verbal information, appropriate incompatible sensory stimulation and/or guided imagery to convey the updated meanings), and helping them to:

- access the worst moments of the event and their meanings in memory,
- simultaneously access updating information through reliving or reading the narrative

An ability to update trauma memories systematically for each hotspot.

An ability to use a probe reliving of the whole traumatic event to check whether any hot spots remain

An ability to help the young person to update a written narrative of the traumatic event by including new information which conveys the updated meaning

### Working with triggers

An ability to help the young person identify triggers for intrusive memories using a range of methods (e.g. discussion, observation, diary-keeping/ self–monitoring, in vivo sessions, and using age-appropriate language and strategies (e.g. introducing the idea of them becoming “trigger detectives”)

An ability to help the young person become aware of the importance of sensory cues as triggers, to help them identify relevant cues and to link these to the trauma memory

An ability to help the young person identify triggers to intrusions by accompanying them in situations where intrusions are likely to be triggered
An ability to help the young person break links between triggers and trauma memory by helping them learn techniques for stimulus discrimination (e.g. helping them to refocus attention on their immediate present, and identifying similarities and differences between current context and trauma event)
An ability to use these techniques in relation to identified discrete triggers, and also in planned visits to the site of the trauma

**Revisiting the site of trauma**
An ability to help the young person revisit the site of trauma, with the aim of providing the young person with updating information (e.g. that the trauma is over, to reconstruct what happened, to test predictions about the site)
An ability to help the young person use stimulus discrimination techniques when revisiting the site of the trauma
An ability to identify when the young person is ready for a visit, to prepare them for the visit and to use approximations of the site if the original is not accessible or too overwhelming
An ability to help the young person deal with unexpected events which occur during a site visit, utilising discrimination techniques.

**Identifying and desisting from maintaining behaviours**
An ability to use guided discovery to help the young person understand
- the link between safety behaviours, hypervigilance and the maintenance of a sense of threat
- the link between maintenance of symptoms and other maintaining behaviours (such as rumination, substance use or social withdrawal)
An ability to help the young person use behavioural experiments to drop or reverse the use of strategies that maintain symptoms
An ability to help the young person distinguish between intrusive memories of the trauma and rumination, and to help them reduce rumination about the trauma.

**Working with parents and carers**
An ability to work with carers, including
- providing a treatment rationale
- providing information about the treatment approach, and the young person’s progress
- enabling carers to help with between session homework
- holding joint family sessions to facilitate discussion of the event, and/or to provide information to help update the memory
- providing specific instruction and advice to parents about responding to the young person’s difficulties (e.g. anxiety, anger, sleep problems, avoidance etc)
- initiating referrals for carers, if appropriate

**Relapse prevention**
An ability to develop a relapse prevention plan with young people
An ability to provide “certificates” of achievement for younger children
An ability to write therapeutic letters for adolescents to provide a written summary of what was most useful during therapy