

## Treatment of PTSD and CPTSD

### Treatment Guidelines

There are 2 treatment guidelines where all the available and up to date research is collated, appraised and assessed so that we know which interventions are likely to be most effective in helping children and young people with Post Traumatic Stress Disorder (PTSD) and Complex Post Traumatic Stress Disorder (CPTSD).

#### NICE and ISTSS

The 2 different treatment guidelines are produced by the National Institute for Health and Care Excellence Committee in England and Wales (NICE) and the International Society for Traumatic Stress Studies Committee (ISTSS).

#### Psychoeducation

There is emerging evidence that some forms of psycho-education helps prevent the development of PTSD. This is an area of active research ; the goal of Psychoeducation is to provide accurate information about Trauma and Traumatic Stress and also to offer a hopeful message that recovery is possible.

#### Psychological Debriefing

Both NICE and ISTSS agree that Psychological Debriefing (which provides formal psychological support immediately following a traumatic event) is not recommended and it may be potentially harmful.

### Psychological Therapies for the Treatment of PTSD

#### Summary of the evidence

Both guidelines broadly agree that Cognitive Behavioural Therapy (CBT) with a trauma focus (CBT-T or TF-CBT) is recommended as a first line treatment of PTSD in children and young people. ISTSS also recommend Eye Movement Desensitisation and Reprocessing (EMDR) as effective as a first line treatment. NICE recommends EMDR Therapy as a second line intervention and only if CBT-T is ineffective.

#### Trauma Focussed CBT (CBT-T or TF-CBT)

CBT-T is a talking therapy provided by a skilled therapist which is effective for treating PTSD in children, young people and adults. CBT-T has a number of core components and the aim is to help give parents or carers the skills and resources needed to help their child to cope with the symptoms of traumatic stress and therefore improve their overall wellbeing and functioning. CBT or cognitive behaviour therapy involves looking at your thoughts and looking at how thoughts effects emotions and behaviours. CBT-T can lead to reduction in PTSD symptoms like re-experiencing the traumatic

event or avoidance behaviours and lead to a change in behaviours like anger and irritability. These improvements are sustained over time. The components of CBT-T are:-

- Psychoeducation and parenting skills (including learning what normal trauma responses are)
- Relaxation
- Affective regulation
- Cognitive processing of the trauma
- Trauma narrative
- In vivo mastery of trauma reminders
- Conjoint child-parent sessions
- Enhancing future safety and development

### Eye Movement Desensitisation and Reprocessing or EMDR

EMDR is a psychotherapy which can be effective for the treatment of PTSD in adults and in children.

The brain can store traumatic memories in an unprocessed or incorrect way so that triggers of the trauma may result in us re-experiencing the traumatic event as if it is still happening, such as through flashbacks or nightmares. EMDR therapy helps to process the memory so that it no longer holds the same emotional 'charge'. EMDR therapy is delivered by a skilled EMDR Therapist who uses bilateral stimulation such rapid eye movements (but it could be through bilateral taps or sounds) to reduce distress from bad memories. It does not involve medication and EMDR is not hypnosis.

### Psychological Therapies for the Treatment of Complex PTSD

As yet is not clear from research whether children and young people with CPTSD need a different type of treatment from those with PTSD in order to recover. This is an area of active research and development.

Current recommendations support that the interventions for PTSD in children and young people may be also be helpful for the treatment of CPTSD.

more research studies needed to clarify which medications may be helpful for children and young people with traumatic stress symptoms.

