

# Post-traumatic stress disorder

Understanding  
Treatment Options



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building the  
mental wellbeing  
of the next  
generation

## What is post-traumatic stress disorder?

Post-traumatic stress disorder (PTSD) is a mental health condition that some people experience after a traumatic event. A traumatic event can be something which directly happens to you, something you see happen to other people, or something you hear about. Experiencing a traumatic event is common and often children and young people will recover in a few weeks without any treatment.

However, sometimes people can experience difficulties for a longer time after the event, which can affect everyday life, for example school or college, friendships and other activities. You could be diagnosed with PTSD if you are still experiencing symptoms one month after the traumatic event which are causing you significant distress or getting in the way of your everyday life.

Often, people who experience PTSD are also diagnosed with other mental health conditions such as depression or anxiety.

### PTSD after a single traumatic event

Traumatic events can include:

- serious accidents
- assaults
- traffic accidents
- natural disasters and wars
- witnessing or experiencing domestic violence
- bullying

Common reactions you might have to a traumatic event include:

- repeated, unwanted and upsetting memories of the event, which are sometimes called flashbacks
- avoiding things that remind you of the event
- feeling very alert, which is sometimes called hyperarousal

### Common reactions in children under 10 years

In younger children, PTSD symptoms can show themselves a bit differently. Children might repeatedly play out the trauma in their games. Rather than having nightmares about the trauma, young children might have dreams of monsters instead. They may become very clingy, develop a fear of the dark and not want to sleep alone. They may also become more irritable and have more difficult behaviour.

## Complex trauma

If you experience long-term or repeated traumas such as physical, sexual or emotional abuse, severe bullying or war, you are at risk of developing complex trauma. Complex trauma leads to a wider range of problems than PTSD caused by a single traumatic event.

Complex trauma might cause you to have problems with:

- managing your relationships with other people
- managing your emotions
- being able to pay attention
- your memory
- being able to recognise and manage bodily feelings such as pain, tiredness or relaxation
- feelings of low self-worth
- self-harm

## Risks for PTSD

Not everyone who experiences a traumatic event will develop PTSD. Whether you develop PTSD or not can be affected by things such as:

- The amount of trauma: more traumatic experiences put you at greater risk of developing PTSD.
- The type of trauma: physical or sexual assault are known as interpersonal traumas and these put you at greater risk of developing PTSD compared to non-interpersonal traumas (such as accidents or natural disasters).
- The amount of social and family support you have.
- How you coped with the trauma: you are at more risk of developing PTSD when you try to cope by pushing memories away, withdrawing, or distracting yourself.
- If you thought you might die during the trauma you are particularly at risk of developing PTSD.
- Girls are at greater risk of developing PTSD than boys.

## How can I get help?

If you are worried that you might have PTSD then you should ask about a referral to Child and Adolescent Mental Health Services (CAMHS). You can do this by seeing your GP, or in some areas by talking to someone at your school who can make a referral. In some areas you could also contact the CAMHS teams directly.

If you were in an accident and needed medical care, then your doctor or nurse should explain about normal reactions to trauma and what to do if you are concerned.

Children in care are also more at risk of having PTSD. If you are a young person in care you could talk to your carers or social worker and let them know you are worried about your mental health, and they should be able to support you to get help.

## Planning treatment

The initial step is having an assessment to understand exactly how your symptoms are affecting you and your family. This should include looking at whether you might have any other mental health conditions.

## Active monitoring

If it has been less than a month since a single traumatic event, your professional should suggest active monitoring. This involves giving you and your parents or carers information about normal reactions to traumatic events, when to be concerned and how to seek help. They might ask you to monitor your reactions to the trauma, such as through keeping a diary and writing down how you are each day.

This is usually the first step because people can often recover from traumatic events without treatment and there are concerns that providing treatment when it is not needed might lead to other problems. Your professional might also suggest that you monitor your symptoms while you are having other types of treatment.

## Individual trauma-focused cognitive behavioural therapy

Some people experience a more severe reaction to traumatic events, which is called acute stress disorder. You might also have PTSD symptoms that don't quite meet a diagnosis of PTSD. If this happens, even though it might be less than a month after the traumatic event, your professional might suggest that you try individual trauma-focused cognitive behavioural therapy (TF-CBT). If it is a month or more since the traumatic event and you have symptoms of PTSD, then you should also be offered individual TF-CBT.

## Eye movement desensitisation and reprocessing

If it is more than 3 months since the traumatic event and TF-CBT hasn't helped (or you did not want TF-CBT) then your professional might suggest eye movement desensitisation and reprocessing (EMDR) if you are over 7 years old.

## Treating complex trauma

Individual trauma-focused cognitive behavioural therapy (TF-CBT) is also usually recommended to treat complex PTSD.

Involving your parents, carers or family can be helpful, although it is important for your professional to recognise that trauma such as abuse or domestic violence could have been carried out by a family member or carer. In these circumstances their involvement would not be appropriate, although your professional may suggest that another parent or carer who was not involved in the trauma could be part of your therapy.

## Treating other mental health conditions

If you have another mental health condition such as depression or anxiety which appeared to develop after you experienced the traumatic event, your treatment for PTSD using trauma-focused cognitive behavioural therapy (TF-CBT) should still focus on PTSD. Your symptoms of these other conditions might improve as you have treatment for PTSD. If your symptoms don't improve, then your professional should arrange for you to have an assessment and treatment for these conditions.

If you have complex trauma then you may have symptoms of a range of other mental health conditions. It is important for your professional to carefully assess these symptoms and consider whether you have another separate mental health condition, or whether your symptoms are part of complex trauma and will improve with treatment for complex trauma.

## What about my parents or carers?

Your professional should provide your parents or carers with information about trauma and possible treatments. Your professional should talk with you about how your PTSD affects your family to help support them and help your family understand how they can support you.

If you think it would be helpful, your parents or carers can be involved in your treatment. If they are involved, your professional should give your parents or carers support and advice (e.g. direct them to health services, social services or peer support groups).

Your professional should look out for effects that the trauma might be having on other members of your family, in case they also have PTSD. If another member of your family does also have PTSD, they should be offered an assessment and support. If another member of your family is experiencing PTSD following the same traumatic event, you could have some parts of your treatment together (such as psychoeducation).

It is important for your professional to recognise that trauma such as abuse or domestic violence could have been carried out by a family member or carer, and that in these circumstances their involvement in your treatment would not be appropriate.

## Transitions between services

Your professional should make sure that you can stay with the same mental health team as much as possible. If you do need to move to another mental health team, you should be given information about the service you are moving to and who will be providing your care. Your professional should make sure that your new service has all the information they need. You and your parents or carers (if appropriate) should be involved in planning your transition.

Your mental health professional should talk with you about any concerns you have, for example if you are worried about changes to your routines or meeting new people. If you need ongoing care for PTSD, you should not be discharged from your current mental health team until a care plan has been agreed with the service you are moving to.

If you are in care, then you should be given extra support if you need to transition between different services or settings. You should also be given extra support during admission and discharge if you have been an inpatient in hospital because of other physical or mental health conditions.

## Trauma-focused cognitive behavioural therapy



### Strong evidence

Trauma-focused cognitive behavioural therapy (TF-CBT) is a type of cognitive behavioural therapy (CBT) designed to treat PTSD. CBT is a talking therapy where you learn how your feelings, thoughts and behaviours affect each other and CBT can help you change the way you think, behave and feel.

“Cognitive” means the events that take place in your mind, such as thoughts, images, memories, or processes like worrying. “Behaviour” is what you do, for example escaping or avoiding something.

Trauma-focused cognitive behavioural therapy involves:

- Psychoeducation, which means learning about PTSD, how it develops and how it can affect you.
- Working on a shared understanding of your PTSD symptoms with your therapist, including learning how your symptoms affect you and how your therapist can support you.
- Starting new activities or re-starting things you might have stopped doing (often with support from your therapist), which can help with your mood and anxiety through being active.
- Learning techniques to help you relax, especially when you are feeling anxious.
- Working with your therapist to remember the trauma in a safe space. This could help you to feel less anxious about things that might trigger disturbing memories and help you to feel more in control.
- Identifying unhelpful thoughts and beliefs which you have associated with the traumatic event and finding different ways to think about them.
- Practicing being in contact with things that remind you of the traumatic event, things that you have been avoiding, or things that trigger your anxiety. Your therapist will support you to be in contact with these triggers without becoming anxious, having disturbing memories or trying to avoid them.

TF-CBT usually involves between 10 and 20 weekly sessions. Most sessions will just include you and your therapist, but for some sessions your parents or carers may also be involved.

For younger children TF-CBT will try to help in the same way, but sessions may be shorter, parents or carers will be more involved and the therapist may use more creative or play-based techniques, rather than simply talking.

## Group trauma-focused cognitive behavioural therapy



### Strong evidence

You could be offered group trauma-focused CBT if you are 7-17 years old and have experienced a traumatic event in the last month as part of a group. Group trauma-focused CBT usually involves between five and 15 sessions and is led by a trained mental health professional.

The sessions include psychoeducation, which means learning more about trauma and how people react to it, ways to manage problems like flashbacks and planning how to stay safe. You will work on understanding your memories and feelings about

the trauma (such as being angry or feeling guilty), making sense of your reactions, and trying to overcome avoidance of things which remind you of the trauma.

## Eye movement desensitisation and reprocessing (ages 8-17 years)

### Strong evidence

Eye movement desensitisation and reprocessing (EMDR) is based on the idea that symptoms of PTSD are caused by memories of a traumatic event which you weren't able to process properly at the time. The unprocessed memories are thought to contain the emotions, thoughts, beliefs and physical sensations you felt during the traumatic event. When your memories are triggered, so are these disturbing thoughts and feelings, causing the symptoms of PTSD.

EMDR aims to help you to reprocess your traumatic memories, so that you can think about them without the distressing thoughts and feelings.

EMDR is usually delivered once or twice a week, for six to 12 sessions. During your sessions you will be asked to recall the traumatic event while moving your eyes from side to side by following your therapist's finger, or while doing another task (such as tapping). With the help of your therapist you can then start to make different associations with the memory. The aim of the treatment is to help you to be able to remember the traumatic event without feeling as distressed or anxious.

There is a lot of research on EMDR for adults with PTSD and some with older young people, but there is less evidence for children. For adults, there is some evidence that EMDR and TF-CBT are equally effective.

## Narrative exposure therapy

### Some evidence

Narrative exposure therapy (NET) has been developed for refugees and survivors of conflict. With the guidance of your therapist, you will work to establish a story of your life, concentrating mainly on your traumatic experiences but also incorporating some positive events.

Your therapist will ask you to describe your emotions, thoughts, senses and physical responses. They will ask you to describe the traumatic experience and relive the emotions you felt, but without losing connection to the present (which they will help you with).



By telling your whole life story, you do not need to choose one particular traumatic event from the many events you might have experienced. When the treatment ends, you will be given a written version of your story which has been created by your therapist.

NET is different from other treatments because it focuses on recognising and documenting your experiences in a way that emphasises your self-respect and acknowledges your human rights. For many people, knowing that they will receive a written biography helps to motivate them to finish the treatment.

Recently, a version of this treatment called KidNET has been developed for children and young people and has been helpful for some young asylum seekers.

## Family interventions

### Emerging evidence

Family interventions include things like parent training and multi-systemic family therapy. These therapies are based on the idea that we all influence each other's behaviour, inside and outside of our families.

Family therapy helps your family members to recognise ways which they could be making your PTSD better or worse. Sometimes the way family members behave can be unhelpful, which can slow down your recovery or make your PTSD symptoms worse. Your professional will support you and your family, which should help improve how you're feeling and coping.

You will usually have sessions as a whole family for several weeks, although sometimes you might have individual or smaller group sessions.

## Play therapy (ages 5-11 years)

### Emerging evidence

You might be offered play therapy if you're under 12 years old. Play therapy aims to help you understand confusing feelings and upsetting events. It might also help to talk about difficult feelings and memories, which could help you to feel better. You would usually have about 12 sessions, but you could have more sessions if you need them.

## Medication

### Insufficient evidence

Several studies have tested medications to treat PTSD. None of them have good evidence that they can help, so your professional should not recommend medication as a first treatment option for PTSD.

PTSD can often cause other difficulties, such as depression, anxiety or ADHD. Your professional may suggest treating symptoms of these conditions with medication, as there is more evidence that medication can help.

## Psychoeducation

### Insufficient evidence

Psychoeducation involves giving you and your parents or carers information about the symptoms of PTSD, how it can develop and change over time and the different treatment options which are available. This is different to active monitoring, which is usually limited to helping you recognise the signs that you may need support after experiencing a traumatic event.

Your professional should not offer you psychoeducation as your only treatment for PTSD, but this type of support is usually a part of other treatments, such as trauma-focused cognitive behavioural therapy.

## Non-trauma-focused cognitive behavioural therapy

### Insufficient evidence

Non-trauma-focused cognitive behavioural therapy (CBT) treatments could involve sessions for you, your parents or carers, or as a family. CBT is a talking therapy which looks at how your thoughts, feelings and behaviour affect one another and how making changes in your thoughts and/or behaviour can improve your mood. CBT aims to help you develop skills to cope with difficulties by changing the way you think about them.

Children and young people with symptoms of PTSD are more often offered trauma-focused CBT rather than general CBT, as trauma-focused CBT aims to support you with difficulties you might be experiencing specifically related to traumatic experiences.

## Counselling

### Insufficient evidence

Counselling is a talking therapy that focuses on helping you to help yourself. A counsellor will listen to you and support you to explore your thoughts, feelings and behaviours, and how they relate to your mental health. This could help you to understand yourself better and find ways to cope, for example by thinking through your decisions or taking helpful actions.

## Psychodynamic psychotherapy

### Insufficient evidence

Psychodynamic psychotherapy is a talking therapy that lets you freely discuss what's on your mind while your professional makes interpretations about the meaning and emotional significance of what you say, which can sometimes be unconscious.

You will work with your professional to understand your feelings and relationships, as well as conscious or unconscious conflicts. They will help you to make sense of experiences by helping you to think things through in conversation. If you are younger, this might happen through playing or drawing. Sessions are usually once a week for at least 30 weeks.

## Interpersonal psychotherapy

### Insufficient evidence

Interpersonal psychotherapy (IPT) is an individual talking therapy which looks at the role of your relationships with other people in your mental health and how your relationships could be a source of support with your PTSD symptoms. Your therapist will look at the links between what happens in your relationships and strategies to manage your PTSD.

## Art therapy

### Insufficient evidence

Art therapy aims to help you express yourself through art and communicate things which are confusing, distressing or difficult to talk about. Arts therapies can help

you to experience yourself in a different way and find new ways to relate to other people. They should help you to accept and understand your feelings in a more comfortable way. Arts therapies are usually held as group sessions, but you could be offered individual support. These sessions should be led by a trained professional.

## Exercise

### Insufficient evidence

There are a range of ways people use exercise to support their mental health and wellbeing. For example, aerobic exercises increase your breathing and heart rate, while weight training can improve your overall body strength.

Being active can generally help with mood and stress, but there isn't currently evidence that any form of exercise will help with PTSD symptoms.

## Yoga

### Insufficient evidence

Yoga involves breathing techniques, exercises and meditation that aim to improve your overall health and wellbeing. There isn't currently evidence that yoga is helpful for PTSD symptoms so although being active can generally help with your mood, your professional should not suggest yoga as a treatment option for PTSD.

## Meditation

### Insufficient evidence

Meditation involves mind exercises which aim to give you more awareness and understanding of your thoughts and emotions. Meditation aims to help you to manage stress while finding relaxation and inner peace. Some guided meditation practices take place in a group, but free individual guided meditation options also exist online and through mobile phone apps.

There isn't currently evidence that meditation is helpful for PTSD symptoms, so your professional shouldn't suggest meditation as your only treatment option.

## Psychologically-focused debriefing

### Evidence of ineffectiveness of harm

Psychologically-focused debriefing is a type of emotional and psychological support which would be offered immediately after you experience a traumatic event. This type of support aims to prevent PTSD rather than treat PTSD symptoms.

Psychologically-focused debriefing can involve one session lasting a few hours and could be either an individual or group session.

There is very little evidence on psychologically-focused debriefing, so it should not be offered to you to prevent PTSD. There is some evidence that psychologically-focused debriefing can lead to worse mental health outcomes.