Youthline Changing lives.

Youthline's approach to Post Traumatic Stress Disorder

2011

The Youthline approach is to protect the safety of staff, clients and others and to provide therapeutic interventions for clients in accordance with current best practice research and guidelines, Youthline Ethics and Youthline's policies and procedures.

Post-traumatic stress disorder (PTSD) is a psychological reaction to experiencing or witnessing a significantly stressful, traumatic or shocking event.

Mental Health Foundation of New Zealand

PTSD IN MORE DETAIL

Feelings of intense fear, horror and helplessness are common following a threatening or catastrophic trauma or stressful event. While for some people these feelings will abate soon after the event; for others these feelings may persist and interfere with their daily functioning.

The following stressors may result in the development of symptoms associated a severe stress disorder (2):

- Serious accident
- Natural disaster
- Criminal assault
- Serving in the military in active combat
- Sexual assault
- Child sexual abuse
- Child physical abuse or severe neglect
- Being taken hostage/imprisoned
- Witnessing or learning about traumatic events
- Sudden unexpected death of a loved one

This list is not exhaustive and not everyone who experiences trauma will develop PTSD.

WHAT ARE THE SYMPTOMS?

Up to 30% of people experiencing a traumatic event may develop PTSD

Approximately 50% of rape victims will develop PTSD

NICE Guidelines

Severe stress responses vary depending on the nature of the event and individual differences. If the symptoms have been present for less that 1 month, this is understood as an **Acute Stress Response** (ASD). Symptoms that are present for between 1 and 3 months are considered to be **Acute PTSD** and those who experience difficulties for 3 months and beyond are treated for **Chronic PTSD** (2).

In mental health research and therapy the American Psychiatric Association's Diagnostic and Statistical Manual - 4th Edition (DSM IV) is widely used to define particular types of difficulty (3). As delineated in the DSM IV, these stress disorders all involve three main sets of difficulties:

1) Re-experiencing: repetitive and distressing intrusive memories of the traumatic event, for example persistent frightening thoughts, nightmares or 'flashbacks'. In children, these symptoms may include: reenacting the experience, repetitive play or frightening dreams without recognisable content (3).

2) Avoidance: of people, situations and places associated with the trauma and which may trigger symptoms (3).

3) Hyper-arousal: being very alert (hyper-vigilant) to potential stressors, difficulty sleeping, irritability, outbursts of anger (3).

People with PTSD often feel that they are 'reliving' the trauma. They might become jumpy and on edge, they may withdraw from others, go to great lengths to avoid reminders of the event and find it difficult to relax, to make decisions and to get on with life (3).

> People with PTSD may not present for treatment for months or years after onset of symptoms
>
> *NICE Guidelines*

BEST PRACTICE GUIDELINES

This information sheet outlines Youthline's approach to working with clients with PTSD. The information comes from best practice resources available from NICE Guidelines; the American Psychological Association (APA); the British Medical Journal (BMJ); the New Zealand Ministry of Health Best Evidence information, and other resources listed in the 'References and Information' section of this sheet. Please note that different approaches may be more or less effective depending on the client.

Many Youthline clients will present with symptoms associated with ASD or PTSD. Other clients, however, will have stress symptoms not related to a specific trauma. Treatment for this group may vary from the recommendations in this guideline.

HELPFUL APPROACHES

As a continually emerging area of research, not all possible treatments for PTSD have been evaluated rigorously and few have been tested in multiple settings.

Available evidence (4) displays that the following trauma focused interventions are effective in the treatment of PTSD:

- Trauma focused Cognitive Behavioural Therapy (TFCBT),
- Eye movement desensitisation and reprocessing (EMDR),
- Stress management
- Group TFCBT

Evidence is strongest for TFCBT and EMDR (4). A recent study of Individual TFCBT found it to be an effective treatment for PTSD in children and young people (5).

Some pharmacological treatments, such as certain anti-depressant and anti-anxiety medications, may improve symptoms in people with PTSD (3).

APPROACHES FOR WHICH THERE IS INSUFFICIENT/NO EVIDENCE

As of yet, there is no convincing evidence for the efficacy of other forms of psychological therapies within the context of PTSD . For example supportive counselling does not seem to help stop people from developing PTSD and has been shown to be less helpful than CBT or EMDR as a treatment (6). This also applies for non-directive therapy, hypnotherapy, psychodynamic therapy and systemic psychotherapy (6). When treating young people, this is also the case for play therapy, art therapy or family therapy (6).

There is emerging research that Dialectic Behavioural Therapy (DBT) is a potential treatment for PTSD but evidence is currently limited in this area (7).

Mentalisation is another emerging area, particularly for complex cases of PTSD; however research is yet to underpin this method (7).

Given the current state of knowledge, a good deal more research on the effectiveness of acute interventions for children and adolescents impacted by a traumatic event is needed.

UNHELPFUL APPROACHES

A range of psychological interventions have been developed with the aim of preventing individuals exposed to trauma from developing PTSD. To date, no intervention of this kind has been found to be effective (7).

Furthermore, some interventions may actually increase the risk of PTSD onset, exacerbation of symptoms and depression; for example, single session psychological "debriefing" (8).

YOUTHLINE'S APPROACH

Youthline utilises a variety of approaches with an individualised assessment and plan using a consistent strength-based approach:

Healthy youth development is pivotal to Youthline's approach, which is aligned with the Youth Development Strategy Aotearoa (YDSA). When a young person experiences a trauma their development is likely affected. Following is an exploration of the 6 YDSA Principles, considering each within the context of PTSD and associated stress disorders.

1. Youth development is shaped by the 'big picture'

Youthline counsellors and therapists recognise the importance of a young person's environment and will often involve family members in the treatment plan.

It is likely that the traumatic experience precipitating the clients stress disorder will have had either a direct or an indirect impact on other family members. If others were witness to, or involved in the event, they may also benefit from talking to someone about their experience. This might also prepare them to be of assistance to the client.

Indirectly, the client's behaviour as a result of their stress response may have impacted on family relationships. TFCBT can equip the client with the skills to engage positively in relationships with others.

2. Youth development is about young people being connected

Healthy development depends on young people engaging in pro-social relationships and as part of a client's treatment plan, Youthline might encourage the young person to get involved in activities, events, development programmes etc. to increase their connections with others.

For some clients the use of medication or referral to a specialist mental health service will be appropriate, particularly if the disorder is complex or chronic.

3. Youth development is based on a consistent strengths-based approach

Positive reinforcement is an important element in a client's recovery process and Youthline therapists maintain a consistent strengths-based approach during therapy sessions to nurture healthy development and wellbeing.

This is particularly important for people who have experienced interpersonal trauma through abuse, sexual assault, neglect etc. Sexually abused young people have experienced violation and therefore it is likely that their trust of others is diminished. Youthline work together with young people and their non-abusive support networks to re-establish a sense of trust and self-worth. The damage caused by the stigma of abuse can begin to be repaired through the strengths-based approach employed.

4. Youth development happens through quality relationships

This principle is fundamental to the progress made in Youthline therapy and counselling sessions. The strength of the client-therapist relationship helps determine the efficacy of the treatment; therefore, to create the best opportunity for recovery, clients are carefully matched to therapists/counsellors. To further ensure a productive therapeutic relationship is founded, clients can request a change in therapist during the initial phase. This

relationship should be based on safety and establishing trust. It is important that a positive relationship is developed prior to discussing in depth the client's experiences, particularly if help is sought soon after the traumatic event.
Healthy relationships in all areas of the young person's life are also promoted and supported during the individual's time at Youthline. Treatments for PTSD must focus on identifying and building relationships between the client and their support networks
To achieve this, the involvement of others such as family members, partners or friends, is an option. This need is carefully considered with the client and issues of privacy, safety, client wishes and Youthline's policies are taken into account.

5. Youth development is triggered when young people fully participate

A sense of empowerment is important for all young people. Experiencing a traumatic event is likely to render an individual powerless during that situation, a feeling that may persist beyond the traumatic event. Youthline provide opportunities for young people to participate in a range of activities and youth development programmes which may increase the young person's sense of autonomy and provide opportunities to expand their connections.

6. Youth development needs good information

To ensure best practice is achieved at all times, Youthline's approach is to engage in evidence based practice that is informed by current research. Youthline also conduct research projects to contribute to the ever expanding field of youth development and mental health. To help the client to understand their experiences, information will be provided about PTSD and ASD, treatment and recovery and a discussion will be conducted advising of the available options for support.
Therapy for ASD and PTSD based on the client's needs and wishes, current best practice and evidence and resources available within Youthline or beyond include:

- Trauma Focused Cognitive Behavioural Therapy (TFCBT)
- Stress management
- Building relationship skills

Regular review – Youthline therapists review their therapeutic work with professional supervisors and or the clinical services manager. All Youthline clients are reviewed between 6-10 sessions. If positive progress has not been made an alternative plan is developed with the client.

SAFETY OF CLIENTS AND OTHERS

At the forefront of Youthline's practice is the safety and wellbeing of everyone involved in therapy sessions.

Given the highly sensitive nature of PTSD, the Youthline approach is to progress at a pace suitable for the client. It is particularly important to ensure that the client leaves the session feeling prepared to re-enter their routine.

The safety of the counsellor must also be ensured; therefore boundaries are established to clarify the nature of the therapeutic relationship.

All counsellors will clearly explain confidentiality and its limits when they enter into a new counselling relationship.

All Youthline counsellors are familiar with and utilise Youthline Policies and Procedures to underpin their practice. These policies and procedures are assessed by Child Youth and Family and Youthline is an accredited provider under the Children, Young Persons and their Family Act 1989.

CONFIDENTIALITY

All information about the client is treated with confidence within Youthline and not passed on without the client's prior consent, unless the safety of the client or of others is threatened.

If a Youthline worker assesses that a client or another person's safety is threatened and they need to contact an outside agency they will inform the client of this step if at all possible.

If clients prefer, Youthline will help them to find someone

from their own culture to talk to.

Youthline is able to refer clients to other community agencies if it is appropriate. Clients have the right to choose whether they see a counsellor alone, with a friend, or with family members. A translator can be arranged if required.

REFERENCES AND INFORMATION

- **1.** National Institute for Health and Clinical Excellence. Post-traumatic stress disorder (PTSD): the management of PTSD in adults and children in primary and secondary care. Clinical guideline 26. March 2005. Available at www.nice.org.uk/pdf/CG026NICEguideline.pdf

- **2.** American Psychiatric Association (2004). Practice Guideline for the Treatment of Patients with Acute Stress Disorder and Post-traumatic Stress Disorder. *Practice Guideline for the Treatment of Patients with Acute Stress Disorder and Post-traumatic Stress Disorder.* Arlington, VA: American Psychiatric Association Practice Guidelines.

- **3.** BMJ (British Medical Journal)- BMJ Best Treaments and clinical evidence for PTSD http://www.besttreatments.co.nz/btgeneric/conditions/2000122703.html

  clinicalevidence.bmj.com/ceweb/besttreatments/abc/1005/1005_background.jsp?btuk=1

- **4.** Mental Health Foundation of New Zealand. Post –Traumatic Stress Disorder. May 2004 http://www.mentalhealth.org.nz/file/downloads/pdf/file_197.pdf

- **5.** Smith. P., Yule. W., Perrin. S., Tranah. T, Dalgleish. T., and Clark. D.M. Cognitive-behavioral therapy for PTSD in children and adolescents: a preliminary randomized controlled trial. **:** Journal of the American Academy of Child and Adolescent Psychiatry. 2007 Aug;46(8):1051-61.

- **6.** Bisson J, Andrew M. Psychological treatment of post-traumatic stress disorder (PTSD) (2007). Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD003388. DOI: 10.1002/14651858.CD003388.pub3.

- **7.** Roberts NP, Kitchiner NJ, Kenardy J, Bisson J. (2009) Multiple session early psychological interventions for the prevention of post-traumatic stress disorder. *Cochrane Database of Systematic Reviews* 2009, Issue 3. Art. No.: CD006869. DOI: 10.1002/14651858.CD006869.pub2.

- **8.** Rose S, Bisson J, Churchill R, Wessely S. Psychological debriefing for preventing post traumatic stress disorder (PTSD). Cochrane Database of Systematic Reviews 2002, Issue 2. Art. No.: CD000560. DOI: 10.1002/14651858.CD000560.

SELF-HELP INFORMATION FOR CLIENTS

- **Youthline:**
  Youthline support line: **0800 37 66 33**
  Free txt: **234**
  E-mail: **talk@youthline.co.nz**

- **Auckland Sexual Abuse Help Crisis:** 24 hrs: 09 623 1700
  E-mail: **crisisteam@sexualabusehelp.org.nz**