Mental health, learning disability and neurodevelopmental care



# Treating Post-Traumatic Stress Disorder (PTSD) and Complex Post-Traumatic Stress Disorder (C-PTSD)

An information pack for parents & carers

Sussex CAMHS





## **WE ARE WITH YOU**

This leaflet is probably in your hands right now because a child or young person close to you has been through an extremely upsetting or frightening experience - or perhaps even several. As a result they may be living with the symptoms of post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder (C-PTSD).

Watching a child or young person suffer in this way can be confusing, distressing, and sometimes even frightening for you too. You may feel lost as to how to help and support them while they wait for treatment for these problems. But there are ways you can help.

## PTSD and C-PTSD

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## This guide aims to:

Help you
understand
what they (and
you) are
experiencing
and why

Help you realise that these are normal and common reactions

Explain what treatment involves and how you might help









## WHAT IS POST-TRAUMATIC STRESS DISORDER?

PTSD is a common reaction to traumatic events where a person feels extremely frightened, helpless or horrified about what they experience. Common examples of traumas include being assaulted, severe accidents, witnessing someone die, or experiencing domestic or physical abuse. Around 1 in 4 young people who have suffered trauma will develop PTSD, impacting their functioning long after the event has passed.

What makes it traumatic is how it felt to the person going through it at that time. For example - if they thought they were going to die during the event, however unlikely this may seem with hindsight, the event will have been traumatic.

Such stressful events come as a big emotional shock and it is normal to be very churned up afterwards

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#### **HOW TO HELP?**

You can help by reminding the person you are close to that they are safe, the danger has passed and that it is normal to have these kinds of memories whilst they are still recovering.



PTSD often gets better with time. But for 25% of young people, things stay the same or even get worse. They are often very worried by the thoughts, feelings and physical symptoms that they are experiencing and try to avoid the things that make them feel that way or remind them of the trauma. Things just seem stuck. Sometimes young people fear they're going mad or 'losing it'. But this is not the case. These are typical trauma reactions.

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#### **HOW TO HELP?**

Even though it is very well-meaning, most young people we treat say that they don't like it when others say "I know how you feel" or compare the traumatic event to some experience of their own. Usually, it is better to simply listen to what the young person says when they are feel able to talk about their experience, and just try and empathise with them.



## COMMON SYMPTOMS, EMOTIONS AND REACTIONS...

PTSD symptoms and emotions vary from person to person. However, some reactions that friends and families often observe are described below:

## **Flashbacks and Memories**

Flashbacks are very strong memories where it seems like the event is happening again. They can be visual, tactile or involve other senses and are very common after a trauma. Memories can pop up out of the blue and make you feel like you are reliving the trauma in the moment. They can be uncontrollable, overwhelming and terrifying.

During treatment with CAMHS, the child or young person to will be encouraged not to push these memories away or avoid reminders of the event. In fact, they will be gently encouraged to think about what happened with their therapist in order to sort through these memories and put them away.

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## **Fear and Anxiety**

After a traumatic event the world seems like a much more frightening place, as if there is danger around every corner. It takes a while to put danger in perspective when it has been experienced first-hand.

As a result, you may notice that your young person tries to overprotect you and others and goes out of their way to avoid risk. They may, for example, phone you often or ask you to take special care when you go out. They may be jumpy and jittery, especially when reminded of what happened.

This may be frustrating or even frightening for you. You may find it hard to know what to do when they are scared.

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#### **HOW TO HELP?**

You can help them by gently reminding them that the traumatic event is in the past and that they are safe now.



## **Sleep Problems**

Sleep problems are very common after a trauma including difficulties getting to sleep, waking during the night, nightmares and cold sweats, and waking early in the morning.

It is as if the body has remained on "red alert", ready to **flee**, **fight or freeze** in the face of the danger that was present at the time of the trauma. This makes sleep difficult as it is hard to relax.

Once asleep, nightmares related to the trauma are common and the fear and other emotions that come with them can make a person wake drenched in sweat or even shouting or screaming.

These problems may keep you awake too if you share a room or are nearby. It is important to look after yourself and make sure you get rest when you can.

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#### **HOW TO HELP?**

You can help a young person by encouraging them to keep a normal bedtime routine and, if they do wake up upset, reassuring them that they are safe. You can also use soft lights, fairy lights, lavender sprays, pictures and reminders to help a young person 'feel at home' more quickly if they wake from a nightmare.



## **Anger**

Anger is a common reaction to trauma. It is normal to feel angry when someone or something causes us harm or distress. As a result, you may notice that the person you are close to is angrier in general and snappier and more irritable with those they love most, including you.

As the young person discusses their anger in treatment things should start to improve.

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#### **HOW TO HELP?**

It may help you to remind yourself that usually it is not really you they are angry at. Where young people consent to it, conversations with school staff and others may help, too.



## Loss of Interest

Loss of interest in things is linked to feeling sad and low in mood and can be particularly upsetting for friends and family. You may notice the young person doesn't want to do the things they used to enjoy before the trauma. Younger siblings may notice that the young person doesn't want to play with them anymore.

These problems can put a strain on relationships and family life, but it is important that you know that the symptoms are not due to your relationship itself but rather are caused by the trauma.

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#### **HOW TO HELP?**

Again, you can help your young person by encouraging them gently to slowly engage in the things they enjoyed or were interested in before the trauma happened.



## **Seeming Distant or Unloving**

Appearing distant or cut off from loved ones and difficulties concentrating are common reactions to trauma. It is normal to have difficulty experiencing positive emotions and focussing on the here and now when constantly flooded by fear and anxiety from a terrifying experience.

They may feel like they don't deserve your affection and support. As a result, it can seem like the person you are close to no longer cares, is unloving or can't be bothered to listen to you or other family members.

These symptoms may be confusing, upsetting or frustrating, but it may be helpful to know that the person you are close to does not care any less about you - they just can't feel warm and happy emotions right now.

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#### **HOW TO HELP?**

You can help by reassuring them that you are there for them and that you still care about them.



## Feeling Sad and Low in Mood

Feeling sad and low is common after a trauma, because a young person may have lost their sense of confidence and have been impacted hard by what has happened. This is really common when young people have sadly been affected by sexual trauma or trauma involving people they trusted or were close too. We know that for many young people, suicidal thoughts and urges to self-harm may occur.

This can be upsetting and frightening. But with treatment, as they start to process the trauma and make sense of what has happened, things will start to improve.

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#### **HOW TO HELP?**

You can help them by encouraging them to talk to people they trust and try to do things that make them feel a tiny bit better. Do talk with CAMHS too about the safety plan you've developed together to make sure it's working well.



## **Alcohol and Drugs**

Some young people use alcohol or other drugs to help them cope with their reactions to a trauma - such as fear or sleeplessness - or to try to block out what has happened to them because it just feels so awful to think about it. Using alcohol or drugs makes treating PTSD much harder.

During treatment the young person will be asked to cut back on these things and that can be tough.

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#### **HOW TO HELP?**

You can help by praising them when they do cut back. And it may be helpful to encourage them by not drinking yourself. As a family or network, it is also important to keep following the safely plan you have developed with CAMHS.



## **Shame and Guilt**

It's very common for people who have PTSD to feel misplaced shame or guilt. This is because we as humans can often interpret things as being our fault and often feel what we have been through just can't be talked about.

A key part of our therapeutic work is to help address this head-on and help the victim shake off any misplaced shame or guilt.

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#### **HOW TO HELP?**

Validate that it is natural for young people to feel misplaced senses of shame or guilt. However, these feelings are unfairly put on the young person – they should be felt by the people who perpetrated the trauma. Trauma and the reactions to it are not the fault of the young person in any way.



#### WHAT DOES TREATMENT INVOLVE?

Young people will receive a special treatment developed for PTSD which we know is really helpful for the kind of problems described above. Young people will usually be offered Trauma-Focussed Cognitive Behaviour Therapy which has the best evidence for being effective.

## The treatment has two main strands:



## Sorting out the memory:

talking about the traumatic experience and working through the negative thoughts and feelings about the trauma that have stopped them carrying on as normal.



## **Reclaiming your life:**

helping them get back to the activities and life that they had before the trauma occurred or rebuild their life.

This treatment can be tough because it involves talking about the very things the person with PTSD most wants to forget about.

It's a bit like cleaning a wound. It stings whilst it is getting cleaned but it heals better afterwards. As a result, you may notice that things don't seem much better at first; sometimes the memories are even stronger in the first couple of weeks. It's hard work, but things will gradually get better.

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In the course of therapy, they will work with the therapist on doing things that they have avoided since the trauma (for example, being in cars after a road traffic accident, or leaving the house after dark after an assault).

It takes real courage to face the things we are frightened of and love and support from friends and relatives can make all the difference in the world.

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#### **HOW TO HELP?**

You can help by encouraging young person to keep going. Working through therapy can be emotionally tiring. Your support and understanding will be helpful to them.

They may want to tell you about their work in therapy or just need your help to find time and space to work through important treatment tasks during the week. You may be asked to accompany them on some of these tasks.

When doing so, it will be important to remember how hard this is for them, even if they did not have any problems doing these things before the trauma.



## What if TF-CBT isn't helpful?

The evidence shows TF-CBT is highly effective and that TF-CBT should usually be offered first as per national guidance.

However, we will sometimes offer a different approach if we think it will be more beneficial for a young person's specific needs.

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We may offer EMDR (eye movement desensitisation reprocessing), art therapy, systemic therapy, psychoanalytic psychotherapy, or another intervention. We will always talk this through with the young person first to see if it's right for them.

A doctor may also offer to help review a young person. Research shows medication is usually not helpful for PTSD in those who are under 18 years old. We might sometimes discuss medication with a young person if there are other difficulties such as depression which is impacting on their recovery.



## WHAT CAN I EXPECT FROM THE FUTURE?

We work hard for things to get better, and research shows that most young people do get better during treatment. With time, PTSD has less and less impact on your life.

Young people may still feel angry about what has happened, but will feel more able to live more happily and look ahead more optimistically.

## Sometimes things change in really positive ways:



Young people can learn and grow through trauma and tragedy, and this can shape the way they want to live in the future.

Sometimes they learn new ways of coping with emotions such as anger or sadness that bothered them even before the trauma occurred; they may find it easier to talk about their feelings or relate to others who feel upset or distressed.

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What you can hope for is that the young person is much better able to deal with the memories of the event and more able to re-engage with the things they enjoyed before.

And as a parent, carer, or other adult close to the young person, your support through treatment can make all the difference.



## LOOKING AFTER YOURSELF

Supporting someone with PTSD or C-PTSD can be very demanding. You may feel quite exhausted if you have been doing so for a very long time before they started treatment. So, it is important to make sure you have the support and care of others and time out for relaxation and fun. You may have experienced or witnessed the same traumatic event as the person you are supporting and have your own difficulties to deal with it. If you recognise the symptoms mentioned above in yourself, you may wish to consider visiting your GP for help.

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## Support while you wait:

We know that it is incredibly difficult waiting for therapy to start, with mixed emotions whilst you wait. You may be feeling relieved at knowing that there is an evidence-based treatment for PTSD, which has been shown to be really effective, and also frustrated that you are having to wait for this.

There are a number of different places that can offer some support whilst you wait, and there are places that you can go to learn more about PTSD, both as a young person with PTSD and a parent. Some of these support services and resources are outlined on the next page:



'Helping Your Child with Loss and Trauma' by David Trickey and Vicky Lawson is a good self-help book for

Young Minds is an excellent charity providing a parent line to support parents and carers, and also chat support for young people. It also includes helpful information on PTSD and C-PTSD. www.youngminds.org.uk

The Anna Freud Centre also has lots of resource and support for families and young people. www.annafreud.org

The Anna Freud Centre's UK Trauma Council has an excellent series of short videos and resources that help explain what PTSD is, and how TF-CBT can help. www.uktraumacouncil.org

Sussex Partnership Foundation Trust has a Padlet website with lots of resources and information, too. https://www.sussexpartnership.nhs.uk - search for PTSD.

parents and carers.

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Please note that none of these support services are a replacement for treatment, but they can be a good way to connect with others with common experiences and continue working towards your goals. They are also not there to provide urgent help.

If there is a change in your mental health presentation, or an increase in risk, please follow your safety plan, and contact your CAMHS Duty Team. If needed, please take your young person to hospital or call 999.

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