

Child and adolescent post traumatic stress disorder (PTSD)

Priory offers a range of outpatient therapies to provide the best possible treatment for mental health conditions.

The information below provides you with the clinical specification of our child and adolescent PTSD treatment pathway, along with information about outcome measures, ongoing care options and details of the therapy itself.

We strive to deliver innovative treatment plans which can be paid for on a session-by-session basis. The prices at our wellbeing centres are as follows:

- 1:1 therapy starts from £109 per session (£132 in London)
- Consultant psychiatrist assessments start from £300
- Consultant psychiatrist follow-ups start from £150
- Group therapy starts from £65 per session (£77 in London)

Priory also offers an outpatient package for child and adolescent PTSD, which provides a fixed price, includes a discount and provides you with certainty of cost for your initial treatment programme.

A simple GP referral process with 24/7 support

We have a simple process for GPs who would like to refer a patient, and our GP enquiry team can support you with any queries that you may have.

To make an online referral, visit priorygroup.com/gp-referral

The treatment that is offered across our wellbeing centre network varies. To discuss which Priory facility offers this specialism, please contact us today:

Call our 24/7 GP support line on 0800 090 1354

Email priory.referral@nhs.net

Fax 0844 770 6206

For more information visit priorygroup.com/gp

Referrer guidance	<ul style="list-style-type: none"> + PTSD can occur in anyone after they have been exposed to an event which they have considered threatening. Symptoms normally occur within 6 months of the traumatic event and include flashbacks, nightmares, distress, avoidance of situations, poor concentration and lack of sleep. + Studies show that about 15% to 43% of girls and 14% to 43% of boys experience at least one traumatic event. Of those children and teens who have experienced trauma, 3% to 15% of girls and 1% to 6% of boys develop PTSD
Goals of assessment and treatment	<ul style="list-style-type: none"> + To clarify diagnosis and rule out co-morbidity + Assist in early detection of PTSD and to reduce the adverse effects + Reduce anxiety and distress and improve functioning + To provide skills for future self-management of distress
Referral criteria	<ul style="list-style-type: none"> + Age 5-12: <ul style="list-style-type: none"> - Young children who keep repeating trauma in their play - Changes in behaviour following trauma, such as carrying items to protect themselves, becoming withdrawn, avoiding certain places, struggling to separate from parents - Young children who are struggling to sleep following trauma or having nightmares + Age 12-18: <ul style="list-style-type: none"> - Young people having flashbacks, nightmares, high levels of arousal, distress, poor concentration, poor sleep or anger/aggression following trauma - Fear, worry, sadness, low self-esteem, self-harm or use of harmful substances

Evidence base: NICE or other guidance / references	<ul style="list-style-type: none"> + NICE Guidance: <ul style="list-style-type: none"> - The management of PTSD in adults and children in primary and secondary care (2005) NICE CG26
Team	<ul style="list-style-type: none"> + Assessment: <ul style="list-style-type: none"> - A comprehensive psychiatric history is taken by a consultant child and adolescent psychiatrist - If complex, a psychologist may be engaged for further assessment and they may use specific assessment tools to assist in identifying symptoms + Treatment: <ul style="list-style-type: none"> - This will depend on the young person and carer's preferences for treatment but all treatments are evidence-based and meet NICE guidance - Psychoeducation of young parents and carers, emotional support and coping strategies + Psychological therapies on offer: <ul style="list-style-type: none"> - Individual cognitive behavioural therapy (CBT). Parental involvement is likely - Eye movement desensitisation and re-processing (EMDR) - Further specialised intervention may be offered for complex presentations such as sexualised behaviour or substance misuse - Play therapy may be offered to very young children who are not cognitively developed sufficiently to access the other therapies or to deal with the trauma directly + Medication: <ul style="list-style-type: none"> - Medication may be considered as an option - this would be closely monitored by a consultant child and adolescent psychiatrist if prescribed by 30 minute regular reviews - Risk assessment is completed throughout contact with clinicians - A clear relapse prevention plan is formed with the therapist prior to discharge
Time	<ul style="list-style-type: none"> + Diagnosis: <ul style="list-style-type: none"> - Full psychiatric history: 90 minutes including initial psychoeducation - A further 60-120 minute psychological assessment may be required in some complex cases + Treatment: <ul style="list-style-type: none"> - 50 minute session for psychological therapy on a bespoke basis - 30 minute psychiatric reviews of any medication prescribed on a bespoke basis - Number of sessions will vary depending on individual need but can be discussed at the first treatment appointment (usually an initial 6 sessions)
Process of care	<ul style="list-style-type: none"> + Comprehensive diagnostic assessment + Forming of a therapeutic alliance, psychoeducation and involvement of young person and carers in choosing treatment options + Psychological therapy and or/medication management (bespoke packages of care are formed depending on individual and family need)
Outcome measure	<ul style="list-style-type: none"> + Individual patient satisfaction questionnaires + HoNOSCA and CGAS + Bespoke measures might be used by individual psychologists, such as the Becks Anxiety Inventory
Options for ongoing care	<ul style="list-style-type: none"> + Further outpatient care and multi-agency meetings e.g. at schools + Discharge to GP or CAMHS + Signpost to voluntary sector organisations

Priory offers an extensive number of evidence-based therapy treatments for a range of conditions.

Because every individual is unique we have a bespoke approach to helping people through their most difficult times, offering mental health assessments, individual, group and family therapies. Not all of these interventions will be appropriate or necessary for all people and collaborative tailored treatment options will be explored with referrals at the first assessment.

First, we assess and understand the particular needs of a person and then recommend an appropriate course of treatment that is underpinned by clinical specifications based on the latest research and guidance.