ADDENDUM TO THE SPECIAL POPULATIONS SECTION: NICE GUIDELINE RECOMMENDATIONS FOR THE RECOGNITION AND MANAGEMENT OF PTSD IN CHILDREN AND YOUNG PEOPLE

As noted in Chapter 1, the current guidelines did not include a systematic review of the literature on children. As a guide to assist practitioners, however, we include the following recommendations made by the United Kingdom National Institute for Clinical Excellence (NICE) in their Clinical Practice Guidelines for PTSD. The full NICE Guidelines are available from their website (http://www.nice.org.uk).

Recognition in primary care

For children, particularly younger children, consideration should be given to asking the child and/or the parents about sleep disturbance or significant changes in sleeping patterns. c

Specific recognition issues for children

Children, particularly those aged under 8 years, may not complain directly of PTSD symptoms, such as re-experiencing or avoidance. Instead children may complain of sleeping problems. It is therefore vital that all opportunities for identifying PTSD in children should be taken. Questioning the children as well as parents or guardians will also improve the recognition of PTSD. PTSD is common (up to 30%) in children following attendance at emergency departments for a traumatic injury. Emergency department staff should inform parents or guardians of the risk of their child developing PTSD following emergency attendance for a traumatic injury and advise them on what action to take if symptoms develop.

- When assessing a child or young person for PTSD, health care professionals should ensure that they separately and directly question the child or young person about the presence of PTSD symptoms. They should not rely solely on information from the parent or guardian in any assessment. gpp
- When a child who has been involved in a traumatic event is treated in an emergency department, emergency staff should inform the parents or guardians of the possibility of the development of PTSD, briefly describe the possible symptoms (sleep disturbance, nightmares, difficulty concentrating and irritability) and suggest that they contact their GP if the symptoms persist beyond one month. gpp

Early intervention

The treatments for children with PTSD are less developed, but emerging evidence provides an indication for effective interventions.

- Trauma-focussed CBT should be offered to older children with severe posttraumatic symptoms or with severe PTSD in the first month after the traumatic event. b

PTSD where symptoms have been present for more than three months after a trauma

- Children and young people with PTSD, including those who have been sexually abused, should be offered a course of trauma-focussed cognitive behavioural therapy adapted appropriately to suit their age, circumstances and level of development. b
- The duration of trauma-focussed psychological treatment for children and young people with chronic PTSD should normally be 8–12 sessions when the PTSD results from a single event. When the trauma is discussed in the treatment session, longer sessions than usual are usually necessary (eg., 90 minutes). Treatment should be regular and continuous (usually at least once a week) and should be delivered by the same person. c
- Drug treatments should not be routinely prescribed for children and young people with PTSD. c
- Where appropriate, families should be involved in the treatment of PTSD in children and young people. However, treatment programs for PTSD in children and young people that consist of parental involvement alone are unlikely to be of any benefit for PTSD symptoms. c
- When considering treatments for PTSD, parents and, where appropriate, children and young people should be informed that, apart from trauma-focussed psychological interventions, there is at present no good evidence for the efficacy of widely-used forms of treatment of PTSD such as play therapy, art therapy or family therapy. c