

Review of William Yule's 'Treating Children and Adolescents with PTSD' Workshop

William Yule, very experienced in treating Post-Traumatic Stress Disorder (PTSD) particularly among children and adolescents, kindly came to Brisbane Australia to share his extensive knowledge and experience with local practitioners. He identified the limitations of applying adult diagnostic criteria for PTSD to children and adolescents. The major limitation is that children and adolescents are more likely to show arousal symptoms, but are less likely to show avoidance compared to adults.

Another important point made by William was that no country has been adequately prepared to provide screening and treatment for people affected by large-scale trauma, such as a natural disaster or terrorist attack. This is particularly important as although there is low prevalence of PTSD (number of people ever suffering PTSD), there can be extremely high incidence of PTSD (the number of new cases) as a result of large-scale traumatic events. Consequently, this can generate a sudden increase in demand for treatment and overwhelms existing treatment services.

William addressed what he calls the "debriefing debacle", where there is disagreement among many agencies about the potential harm caused by early response/psychological first aid. William presented evidence suggesting the usefulness of early intervention by practitioners, but stressed that intervention must not be forced upon victims.

William suggested PTSD-related assessment measures suitable for children and he very kindly provided free treatment protocols for childhood PTSD. He spoke about evidence-based treatment for childhood PTSD, which includes trauma-focused cognitive-behavioural interventions, but also includes Eye Movement Desensitisation and Re-processing (EMDR). William encourages all practitioners to set aside their scepticism of EMDR for treatment of PTSD and asks that the extensive literature supporting its use be considered. William also presented studies supporting the effectiveness of Narrative Exposure Therapy and writing in promoting recovery in children and adolescents with PTSD.

William stressed the importance of recognising and treating other anxiety symptoms, fears, depression and bereavement that are also commonly present in combination with PTSD symptoms.

To conclude the workshop, William presented the 'Stressbusters' program for treating adolescent depression. This innovative program makes use of interactive cognitive-behavioural intervention activities and is presented in an entertaining and engaging way, thanks to the use of excellent graphics. Considering that a large proportion of adolescents use computers, computer-delivered interventions may be appealing to them and potentially encourage their engagement in treatment. This program highlights the ability for practitioners to make use of modes of communication other than face-to-face for delivering treatment.

This workshop provided valuable insight into assessment, diagnosis and treatment of children and adolescents with PTSD and associated symptoms.

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