

Treating posttraumatic stress disorder (PTSD)

A guide to psychological treatments

The psychological treatments in this handout are the recommended evidence-based (or, 'first line') treatments for PTSD. All of these treatments have been found to be effective to treat people with PTSD. There is quite a lot of overlap between the different approaches but there are also some important differences that might help you to decide which you would prefer.

What is cognitive behavioural therapy (CBT)?

Most of the therapies in this handout involve CBT techniques. Cognitive behavioural therapy is a talking therapy that can help you manage your problems by changing the way you feel, think and act. CBT can help you think in more realistic and helpful ways. Your therapist may ask you to write down your thoughts and behaviour patterns. When you have worked out what would be helpful to change, your therapist may ask you to practise some of those changes in everyday life.

1. Trauma-focused cognitive behavioural therapy (TF-CBT)

Trauma-focused CBT is a particular type of CBT for people with PTSD. When you see a therapist for TF-CBT, you will learn about common responses people have to trauma and techniques to manage them, and how to think in more helpful ways. Avoiding situations that make you fearful is a common response for someone who has experienced trauma. Unfortunately, avoiding situations can affect your quality of life and make PTSD persist or get worse. Your treatment may include exposure therapy, which involves gradually confronting the situation you fear by imagining yourself in the situation, or approaching it in everyday life. Your therapist will show you how to manage your anxiety and how to cope in the feared situation.

"Trauma-focused CBT was sometimes hard but I worked with my therapist to reclaim my life"

2. Prolonged exposure (PE)

Prolonged exposure is a therapy where you will mainly focus on the trauma you have experienced. The therapy may include approaching safe situations in between sessions that you are avoiding in everyday life. Prolonged exposure is retelling your trauma memories over a number of sessions until they become less and less distressing. Your therapist may ask you to describe parts of your trauma in detail. They may also suggest you listen to recordings made during therapy sessions. Your therapist will help you to 'process' traumatic experiences, by discussing your thoughts and feelings related to the exposure exercises.

"I learnt that my memories aren't dangerous and don't need to be avoided"

3. Cognitive processing therapy (CPT)

Cognitive processing therapy is a cognitive behavioural treatment focused on helping people who are “stuck” in their thoughts about a trauma in a way that gets in the way of their recovery. You may find your beliefs about the world and yourself change after your trauma. You may believe that the world is dangerous and other people can’t be trusted or you may have unhelpful thoughts like I am a bad person or I did something to deserve this. Your therapist will help you identify and address stuck points and unhelpful thoughts and teach you skills to gather evidence for and against these thoughts or stuck points. These skills will help you decide whether there are more helpful ways to think about your trauma. You will be given writing tasks to do between sessions.

“Using CPT I was able to find new and more helpful perspectives about my trauma”

4. Trauma-focused cognitive therapy

Trauma-focused cognitive therapy is a cognitive behavioural talking therapy. The idea behind this treatment is that your thoughts and memories about your trauma make you feel unsafe or under threat, and the strategies you use to try and stop feeling unsafe maintain your symptoms. Your therapist will help you identify your thoughts and memories about your trauma, as well as unhelpful thoughts and coping strategies. They will help you identify ‘triggers’ – things that remind you of what happened before or during your trauma. You might be asked to talk or write about your trauma, and gradually confront any situations you are avoiding or fear. You might also work with your therapist on rebuilding areas of your life that have changed since your trauma, such as your relationships, work, exercise, and leisure activities.

“This helped me understand what I was avoiding and get back to doing the things I enjoy”

5. Eye movement desensitisation and reprocessing (EMDR)

EMDR aims to reduce distressing emotions associated with your traumatic memories. In an EMDR session, you will be asked to select an image in your mind relating to the memory you wish to work on. You will also be asked to focus on any negative beliefs about yourself, or negative emotions associated with the traumatic event. Your therapist will move their fingers back and forth in front of your eyes and ask you to follow their hand motions (some therapists use alternatives to finger movements, such as hand or toe tapping or musical tones). At the same time, they will ask you specific questions about your memory of your trauma. This may include recalling the emotions and body sensations that go along with the event. Gradually, the therapist will guide you to shift your thoughts or emotions about the event to more positive ones.

“EMDR helped me make sense of my trauma without spending a lot of time talking about it”

Your GP may suggest other treatment options, including medication, especially if you:

- don’t want to try or can’t access psychological treatment
- have tried psychological therapy previously and it hasn’t helped