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Pre-Conference Clinical Workshop: Cognitive Therapy for Childhood PTSD

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Title of Pre-Congress Workshop	Cognitive Behavioural Therapy for Children with Posttraumatic Stress Disorder and Other Emotional Reactions
Relevant Background	About 1 in 4 children exposed to a traumatic event will develop symptoms of PTSD, separation anxiety, obsessive-compulsive disorder, specific phobia, generalised avoidance and/or depression that persist more than one month after the trauma, and greatly interfere with individual and family functioning. Trauma-focused cognitive-behavioural therapy (TF-CBT) can reduce these symptoms and greatly improve overall functioning, with possible benefit to non-treated family members. The available treatment outcome studies suggest that some form of repeated <i>therapeutic</i> exposure (in situ, in vivo, imaginal) with attention to avoidance and sleep behaviours, are effective. This workshop will address current treatment approaches but emphasize explicitly <i>cognitive interventions</i> derived from the work of Ehlers & Clark (2000) that are suitable for use with children aged 10 years and above, and which have been subjected to a randomised controlled trial in this age group by the workshop presenter and colleagues. Interventions will also be addressed.
Key Learning Objectives	<ol style="list-style-type: none"> 1) Understanding of the cognitive and behavioural models of PTSD, their differences and overlap, and the implications for treatment 2) Assessment skills that leads to a cognitive-behavioural formulation that guides both client and therapist in treatment 3) how to enhance client and parent engagement in treatment 4) How to do exposure and behavioural experiments so that change occurs outside of the therapy room and reduces the risk of treatment drop-out 5) Methods for dealing with beliefs about risk for further harm, responsibility for the trauma and its effects, about the meaning of symptoms, and re-engagement with normal and enjoyable activities. 6) How and when to involve parents in treatments 7) Relapse prevention
Training Modalities (ie. experiential, didactic, role play etc)	Training will involve didactic work, modelling, role-plays, videotape example, and discussion of participant cases. Experience in CBT of anxiety and/or PTSD (in adults and/or children) is needed in order to obtain the maximum benefit of this workshop.
2 – 3 Key References	<p>Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. <i>Behaviour Research and Therapy</i>, 38, 319–345</p> <p>Perrin, S., Smith, P., & Yule, W. (2000). Assessment and treatment of PTSD in children and adolescents. <i>Journal of Child Psychiatry & Psychology</i>, 41, 277-289</p> <p>Dagleish, T., Meiser-Stedman, R. & Smith, P. (2005) Cognitive Aspects of Posttraumatic Stress Reactions and their Treatment in Children and Adolescents: An Empirical: Review and Some Recommendations. <i>Behavioural and Cognitive Psychotherapy</i>, 33, 459–486</p>
Brief Description of the Workshop Leader(s). Max 100 words	Sean Perrin leads the Child Traumatic Stress Clinic and works in the Anxiety Disorders Clinic at the Maudsley Hospital. His current research involves twin and family studies of anxious children, the impact of various forms of trauma on children and families, and randomised controlled trials of CBT for OCD and PTSD. He is the author of numerous papers on anxiety and trauma in children and families. Dr Perrin also leads the Postgraduate Diploma Course in CBT for Children & Adolescents at the Institute of Psychiatry, and has been providing workshops on CBT, anxiety and trauma on behalf of governmental and non-governmental organisations in war and disaster-affected areas for the past 11 years.

