

Trauma-focused cognitive-behavioral therapy for posttraumatic stress disorder

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Posttraumatic Stress Disorder (PTSD) is a widespread condition, that affects near 20% of individuals, exposed to traumatic event. Moreover, recent studies suggest, that it has a tendency for chronic course and is associated with increased risk of cardiovascular events. According to clinical guidelines as first line therapy for PTSD *trauma-focused cognitive-behavioral therapy* or *eye movement desensitization and reprocessing therapy* must be used. In this educational course are presented highlights of 2-day trauma-focused cognitive therapy training, including PTSD symptoms, overall CBT methods overview, theoretical and practical implications.

Introduction. PTSD diagnosis

Introduction. Diagnostic criteria and PTSD prevalence. Traumatic events types and risk of PTSD. Association between traumatic events number, intensity and PTSD risk development. Differences between ICD-10, DSM-IV and DSM-5 diagnostic criteria. Clinical case example. PTSD spontaneously vs. therapy remission rates. Types of psychological interventions depending on the time elapse since the traumatic events. Is there a need in Debriefing ([video 1](#))?

Video 1.

Low intensity psychological interventions. Start of therapy

Low intensity psychological interventions after the trauma. Normalization process. When to start psychotherapeutic interventions? Clinical case example. Effectiveness of different PTSD-treatments, their theoretical basis overview. Is there a place for psychopharmacotherapy in PTSD? Similar components of different CBT strategies. Contraindication for trauma-focused psychotherapy. Therapeutic relationships ([video 2](#)).

Video 2.

Behavioral interventions

Prolonged Exposure Therapy for PTSD (Edna B. Foa). Narrative Exposure Therapy (Schauer M., Neuner F. & Elbert T.). Exposure therapy technics examples: imaginal exposure, facilitate fear exposure, etc. Clinical case example, practice ([video 3](#)).

Video 3.

Cognitive interventions

Situations often avoided after interpersonal traumatization. In vivo exposure technic. Exposure effectiveness in PTSD. Why isn't exposure successful in all PTSD patients? Cognitive restructuring. Cognitive strategies. Combining exposure and cognitive technics, hotspots. Typical postraumatic interpretations and automatic thoughts. Managing guilt. Clinical case example. Imagery rescripting and reprocessing therapy. Imaginal exposure, mastery imagery, nurturing imagery. Variations in IRRT ([video 4](#)).

Video 4.