# Evidence-based treatment for a child/adolescent after a traumatic event: A Guide for GPs

## How recently did your patient experience a potentially traumatic event (PTE)?

### in the last two weeks

Provide psychological first aid, including:

- Monitor wellbeing
- Encourage parent or caregiver to:
  - Reassure child they are safe and cared for
  - Discuss their feelings and concerns

Review in 1 - 2 weeks

### in the last three months

- If the patient has PTSD symptoms, consider referral to a practitioner specialising in child / adolescent PTSD for family support and coping skills in preference to supportive counselling.
- For 7+ children, administer screen such as the 4-item Child Stress Disorders Checklist Short Form or 10-item Child Trauma Screen (self-report)

## Does the screen result indicate probable PTSD?

**no** → Continue usual support & care

**yes**

## Are first-line trauma-focused treatment options available?

**yes**

### Provide a referral for first line trauma-focused treatment

- Refer to a practitioner trained in trauma-focused cognitive behavioural therapy (TF-CBT)
- TF-CBT can be provided to the child/ adolescent alone or together with caregiver

## Is this treatment option acceptable to the patient?

**yes**

**Refer for psychological treatment and continue usual support and care**

**no**

**no**

## Consider second line treatment options

### Other referral options

- Eye Movement Desensitisation and Reprocessing (EMDR)

**If medication is indicated and the patient is aged 12-18 years, follow treatment guidelines for depression**

### Medication options

- Consider SSRI: fluoxetine

For more information on this and other PTSD resources and training, please visit phoenixaustralia.org