**PTSD**

* Follows a traumatic event/s that are perceived to be potentially life threatening
* Recurrent intrusive traumatic memories (flashbacks)
* Sensory cues/triggers
* Intense anxiety
* Attempts to avoid triggers
* Hyper arousal and/or disassociation

**Avoidance and exposure**



Graded exposure

Cognitive Behavioural Therapy

**Trauma therapies**

* First phase is stability and therapies that assist function or coping (eg CBT)
* Trauma–focussed therapies address the source of trauma (eg EMDR, psychotherapy or non-verbal therapies.
* Trauma needs to be released in safe, measured ways or re-traumatisation occurs (Babette Rothschild)
* Trauma therapies are ineffective (or even dangerous) while the person is still exposed to the trauma

**Art Therapy**

* Connects ‘logical’ left brain with ‘emotional’ right brain

Childhood PTSD diagnosis is complicated as there are constant changes in the individual. Many childhood traumas are not included in DSM -5 (like developmental trauma disorder). This may lead to misdiagnosis and mistreatment. Also they are co-morbidity issues (Shmid et al., 2013).

Trauma symptoms include re-experiencing past symptoms. Multisensory mindfulness offer skills to remain in the present. It can help emotion regulation and anxiety symptoms (Vujanovic et al. 2009).