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ESTSS Curriculum „Therapy of Posttraumatic Disorders in Adults“

The curriculum “Therapy of Posttraumatic Disorders in Adults” consists of 6 compulsory modules (120 hours) and 20 hours of supervised clinical cases addressing trauma-related issues (in total 140 hours).

All parts of the curriculum should include as much practical experience as possible, lecturers should focus on teaching clinical skills through practical exercises.

The curriculum involves two different levels:

a) *Basic level (Module I-III): duration 48 hours.*

The basic level is suitable for:

- Participants who have completed their masters degree in disciplines that enable them to enrol in a psychotherapy training in their countries.
- Psychologists, physicians and other professionals who practice in disciplines or fields that would allow them to become psychotherapists in their countries. This entry criterion is determined by the rules and regulations of each country in which a member society operates. In those countries in which the basic level can only be attained by specific professionals (e.g., psychologists and physicians with a specialisation in psychiatry etc.), an alternative ESTSS certification pathway will be made available for the other professionals.

The basic level also functions as a mandatory training for psychotherapists to enter the advanced training. Upon the completion of the basic level, participants will gain a level I certification (*Level I ESTSS Certification in Psychotraumatology*).

b) *Advanced training (Module IV-VI): duration 72 hours plus 20 hours of supervision.* This second level leads to the advanced certification intended for professionals who practice as psychotherapists in their own countries

The completion of both Levels will lead to the *Level II ESTSS certification in psychotraumatology*.

Basic level (Module I - III)

Module I (24 hours)

Historical and Theoretical foundations

- History of psychotraumatology.
- History of stress theory.
- History of treatments: Hypnosis, Psychodynamic therapies, Cognitive-behavioral therapies.
- General definitions of traumatic events.
- Characteristics of specific traumatic events (childhood trauma, sexual violence, migration, torture, war).

Neurobiological and psychological theories

- Physiology of trauma and posttraumatic stress disorder (PTSD) (para-/sympathetic activity, neuroendocrine stress response).
- Neuroscience and findings from imaging studies (role of hippocampus, amygdala, insula, cingulate and prefrontal cortex; imbalances of brain areas activity during traumatic stress).
- Epigenetic knowledge on trauma.
- Sensitivity for trauma through human lifespan.
- Role of memory processes.
- Cognitive theories of trauma-related disorders.
- Other psychological theories (e.g., role of emotions in the development of disorders).

Diagnostic categories and their assessment

- Definitions of Acute Crisis, Acute Stress Reaction, Acute Stress Disorder, (Sub-threshold) PTSD, Complex PTSD. Detailed diagnostic classifications of these disorders according to ICD-10/-11 and DSM V.
- Dissociative Disorders. Detailed diagnostic classifications of these disorders according to ICD 10/-11 and DSM V.
- Co morbid Disorders: Depression, Anxiety Disorders, Eating Disorders, Pain (acute or chronic), sleep disorders, mild traumatic brain injury, high-risk behaviours. Frequent behavioral and psychosocial problems (re victimisation, domestic violence and abuse, aggression, suicidality).
- Diagnostic issues (all disorders should be assessed in all patients with PTSD), differential diagnosis between Complex PTSD and personality disorders.
- Assessment of the respective disorders (including practical exercises): Screenings, self-reports, interviews.

Regional laws relevant to survivors of trauma

- E.g., criminal laws, civil laws, social legislation (compensation issues etc.; at least 2 hours).



Module II (16 hours)

Techniques of resource activation and emotional stabilisation

- Psychoeducation related to resource activation and emotional stabilisation.
- Anti-dissociative skills.
- Affect regulation techniques (e.g., breathing exercises, other techniques focused on the body, focusing attention and mindfulness techniques, vagal stimulation techniques).

Module III (8 hours)

Self-awareness and mental hygiene

- Self-diagnosis of secondary traumatisation and burnout
- Methods for self-protection for caregivers

Advanced level (Module IV-VI 72 hours plus 20 hours of supervision)

Requirements

- 1) Completion of the Basic level (Module I-III; 48 hours)
- 2) The candidate must fulfil the legal requirements for clinical practice or psychotherapy (e.g., psychologists, psychiatrists). It is acknowledged that legal requirements for clinical practice or psychotherapy are not the same in different countries and this will be considered as part of the application process.

Module IV (8 hours)

Treatment of acute trauma and crisis intervention

- Definition of psychosocial emergency care, crisis intervention and psychotherapy for adults with acute stress reactions/acute stress disorder.
- Phases and appearance of acute trauma.
- Knowledge of protective factors and risk factors.
- Psychoeducation after acute traumatic events.

Treatment of acute stress disorder

- Knowledge of screening methods in the area of acute trauma disorders.
- Risk assessment / prognosis for the development of posttraumatic disorders.
- Acute measures to provide external security and ensure secondary care.
- Development of individually appropriate psychoeducational interventions.
- Specific skills to intervene on site (e.g. outreach assistance, case management)
- Specific trauma crisis intervention, including at major incidents.
- Prevention of post traumatic disorders: critical use of acute interventions (based on the results of current meta-analyses).
- Procedures, manuals and information on the evidence-base of different methods.
- Therapeutic interventions for the reduction of acute stress: communication skills, imaginative, behavioural, cognitive, narrative techniques and Eye Movement Desensitization Reprocessing (EMDR).
- Co-operation and networking with victim support organisations and services.

Module V (32 hours)

Treatment of (non complex) PTSD *

- Evidence-base of trauma-focused treatments (i.e., meta-analyses, guidelines).
- Integration of trauma-focused treatment into a comprehensive plan of care including social, physical and emotional stabilisation (if necessary).
- Critical appraisal of the debate concerning the need of stabilisation techniques.

- At least one of the two trauma-focused treatments, with the strongest evidence-base, (e.g., Trauma Focused Cognitive Behavioural Therapy [TF-CBT] or EMDR) must be taught in theory (i.e., disorder model, contraindication) and practice (i.e., extensive practical exercises, mastering of the treatment protocol, planning treatment; at least 24 hours).
- At least one other trauma-focused treatment should be presented as an overview (e.g., Narrative Exposure Therapy [NET], Brief Eclectic Psychotherapy [BEP]).

Module VI (32 hours)

Treatment of Complex PTSD and PTSD with Co morbidities **

- Overview of studies on treatments for complex PTSD and co-morbid populations: Randomised controlled trials in patients with PTSD after childhood trauma and patients with PTSD and co-morbid disorders such as psychosis, substance abuse and borderline personality disorder.
- Integration of trauma-focused treatment into a comprehensive plan of care with consideration of common difficulties in patients with complex PTSD (e.g., emotional dysregulation, relationships with others, dissociation, self-perception, systems of meaning, and distorted perceptions of the perpetrator).
- Critical appraisal of the debate concerning the role of stabilisation techniques.
- At least one promising treatment approach for complex PTSD, for example: Dialectic-Behavioural Therapy for PTSD (DBT-PTSD), Skills Training in Affective and Interpersonal Regulation (STAIR/Narrative Therapy), TF-CBT (including CPT, NET).

These approaches must be taught both in theory (disorder model, contraindication), and in practice (extensive practical exercises, mastering of the treatment protocol and the treatment planning) for a minimum of 24 hours).

Supervision (20 hours)

20 hours of certified supervision by qualified supervisors of at least three cases. The cases must include patients with classic PTSD, complex PTSD and, if possible, reactions and disorders after acute traumatisation. In two of the cases, at least three diagnostic measures must have been applied.

Final colloquium

To qualify for the final colloquium, the candidate must complete all modules and three documented therapy cases under on-going supervision (in total at least 20 hours of supervision). These three cases must be presented and discussed at the final colloquium.

Addendum

**In line with current guidelines, two psychological treatments are recommended for the treatment of PTSD, these are TF-CBT and EMDR. Guidelines (e.g., Australian guidelines, 2013) for TF-CBT specify the use of prolonged exposure (PE; Foa et al.1991, 1999, 2005; Shnurr et al. 2007), cognitive therapy (CT; Ehlers et al.2003, 2005,) and Cognitive Processing Therapy (CPT; Forbes et al.2012, Monson et al.2006, Resick et al., 2002) for the treatment of PTSD; however, PE has gathered the most research evidence/empirical findings to date.*

***At present, TF-CBT approaches (McDonagh et al., 2005) including Cognitive Processing Therapy (CPT; e.g., Chard K.M. 2005) and STAIR/Narrative Therapy (Cloitre et al, 2002; 2010) are considered promising approaches for childhood abuse complex PTSD. Dialectic-Behavioral Therapy combined with trauma focused techniques (DBT-PTSD; Bohus et al., 2013) could also offer a promising inpatient treatment for PTSD with comorbid disorders and BPD. Studies in refugee populations, which often include a significant proportion of patients with complex PTSD, suggest that NET (Neuner, 2004,2010) could also be a promising approach for more complex populations.*