Specific Objectives of the PTSD course are to enable participants competently to:

1. Assess whether a child has PTSD.
2. Assess the child's readiness and suitability and choose a method to use.
3. Display competence in how to adapt the method to suit a particular child, for example, through the reasoning as to why a particular stage may be omitted for that child.
4. Demonstrate the successful implementation of all the stages of the CATT method by:

    i. Creating a comfortable setting for the child
    ii. Ensuring a sense of safety
    iii. Systemic working (as agreed with the child) with those in sustainable relationships with the child, so they can aid recovery and assist in a plan to meet any previously unmet needs
    iv. Psycho education – ensuring the child and relevant others understand how the method works and whether to choose to try it
    v. Identifying the difficulty in a child-centred way and upholding children's rights
    vi. Conducting a needs assessment and making a plan with the child and family and significant others to address any unmet needs.
    vii. Set and agree goals – what does the child want to change and to be able to do after successful treatment?
    viii. Apply phase 1 of the trauma treatment – ask the child to act the traumatic event (with figures made by the child) from a 'safe place before the event to a safe place after it'. Then ask them to act it backwards to the first safe place like a film rewinding. This is so difficult to do that the memory has to be transferred to the thinking part of the brain to do so, enabling realisation that the event is past and no longer needs to hold fears for them. Then ask them to repeat this forward and backwards until the child no longer finds it traumatic, as the memory has been transferred.
    ix. Apply phase 2 of the trauma treatment – involving an imaginary figure who intervenes in the traumatic event and puts it right.
    x. Rehearsal (guided imagery) and progressive desensitisation – develop with the child exercises and a programme to enable them to face things avoided previously due to the PTSD.
    xi. Trial and evidence – assess with the child and family whether the PTSD symptoms have gone and whether the child has achieved all the goals they set for themselves.
    xii. Return to the needs assessment, review the needs of the child and reassess what is still required, developing and implementing a plan with relevant others to achieve that.

5. Treat multiple traumas one by one when the child is ready to do so, with the child always choosing which one to address.
6. Considering when it is appropriate to use CATT.
7. Prevention of compassion fatigue and secondary trauma (care of oneself as the therapist).