AUSTRALIAN GUIDELINES FOR THE PREVENTION AND TREATMENT OF
Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD
Administrative Report

9 April 2020
For further information or enquiries:

Associate Professor Andrea Phelps
Phoenix Australia – Centre for Posttraumatic Mental Health
Department of Psychiatry, University of Melbourne
Level 3, Alan Gilbert Building
Email: ajphelps@unimelb.edu.au
Phone: +61 3 9035 5599
A. Governance and stakeholders

Please note that numbering of items is in reference to the administrative report requirements found in the NHMRC document “Procedures and requirements for meeting the 2011 NHMRC standard for clinical practice guidelines (May 2011)” and is therefore not sequential.

A1: The organisation/s responsible for developing and publishing the guideline is/are named.

Phoenix Australia, Centre for Posttraumatic Mental Health, at the University of Melbourne.

A2: Sources of funding for guideline development, publication and dissemination are stated.

The Guideline has been funded by the Commonwealth Departments of Health and Veterans’ Affairs.

A3: A multidisciplinary group that includes end-users, relevant disciplines and clinical experts is convened to develop the purposes, scope and content of the guideline, and the process and criteria for selecting member are described.

The guideline development group comprised research and clinical experts, health practitioner end users and consumers. The GDG was supported by an independent methodologist, Dr Sue Brennan.

The systematic review of the research used to develop the guideline was the same review that was used to develop the International Society for Traumatic Stress Studies (ISTSS) PTSD Treatment Guidelines, conducted by Professor Jonathon Bisson, Dr Neale Roberts and Dr Catrin Lewis, Cardiff University. Professor Jonathon Bisson, Dr Neale Roberts and Dr Catrin Lewis, Cardiff University were retained as consultants to answer any questions about the data underlying their systematic review.

The Guideline Development Group (GDG) was responsible for developing recommendations using GRADE methodology, based on the evidence derived from the systematic review of the literature. The GDG was also responsible for contributing to and commenting on the draft guideline prior to publication. The overall guideline development process was led by Associate Professor Andrea Phelps of Phoenix Australia, University of Melbourne. The GDG was chaired by Professor Derrick Silove. Professor Derrick Silove is Professor of Psychiatry, University of New South Wales with a long track record and an international reputation in refugee and post-conflict mental health. He is widely seen as being independent and unbiased:
as such, he was an ideal person to lead the GDG. Importantly, he had no conflict of interest in the development of the Guidelines.

Several factors were considered in selecting membership of the GDG. First, priority was given to individuals with strong track records in posttraumatic mental health from both clinical and research domains. Such individuals not only know the research literature intimately, including its strengths and weaknesses, but are also able to interpret the research data from a clinical perspective. Second, we sought to ensure a broad coverage of expertise across intervention domains (pharmacological, psychological, psychosocial), age groups (child, adolescent, adult), and trauma populations (e.g., military/veteran, civilian, disaster survivors, refugees, etc.). This approach was deemed most likely to result in guideline recommendations that are not only consistent with the available empirical evidence, but are also relevant and acceptable to mental health providers across Australia. Third, we aimed to recruit members from several states, rather than having all working party members from the same state or city. The members of the GDG, their discipline, and organisational affiliation are set out in Table 1 below. Members of the Phoenix Australia Project team are listed in Table 2.

Table 1: Membership of the Guideline Development Group

<table>
<thead>
<tr>
<th>Role</th>
<th>Member</th>
<th>Expertise</th>
<th>Organisational/ Professional Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Professor Derrick Silove</td>
<td>Psychiatrist, International reputation in refugee and post-conflict mental health</td>
<td>Professor of Psychiatry, University of New South Wales</td>
</tr>
<tr>
<td>Research/ academic experts (all have expertise in field of traumatic stress)</td>
<td>Professor Richard Bryant</td>
<td>Psychiatrist, expertise in traumatic stress and assessment and psychological treatment of Acute Stress Disorder and PTSD, in adults</td>
<td>Director Traumatic Stress Clinic University of New South Wales</td>
</tr>
<tr>
<td></td>
<td>Professor David Forbes</td>
<td>Clinical Psychologist, expertise in adult PTSD. Strong clinical and research reputation in traumatic stress, with particular reference to high level policy and program advice, as well as specific expertise with military/veteran populations.</td>
<td>Director Phoenix Australia, Department of Psychiatry, University of Melbourne</td>
</tr>
<tr>
<td></td>
<td>Professor Justin Kennardy</td>
<td>Psychiatrist, expertise in traumatic stress in children and adolescents, with specific regard to epidemiology, prevention, early intervention, and assessment</td>
<td>Professor of Psychology, University of Queensland</td>
</tr>
<tr>
<td></td>
<td>Professor Jayashri Kulkami</td>
<td>Psychiatrist, expertise in women's mental health</td>
<td>Professor of Psychiatry Monash University</td>
</tr>
<tr>
<td>Role</td>
<td>Name</td>
<td>Background</td>
<td>Institution</td>
</tr>
<tr>
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</tr>
<tr>
<td>Professor</td>
<td>Brett McDermott</td>
<td>Psychiatrist, strong clinical and research reputation in the field of traumatic stress, expertise in children and adolescents, as well as disaster recovery.</td>
<td>Professor of Psychiatry, Townsville Clinical School, James Cook University</td>
</tr>
<tr>
<td>Professor</td>
<td>Sandy McFarlane</td>
<td>Psychiatrist, expertise in pharmacological treatment of PTSD in adults, and special interest in veteran and military populations.</td>
<td>Director Centre for Traumatic Stress University of Adelaide</td>
</tr>
<tr>
<td>Professor</td>
<td>Louise Newman</td>
<td>Psychiatrist, expertise in developmental and women’s mental health, and asylum seeker mental health</td>
<td>Professor of Psychiatry University of Melbourne and Director of Women’s Mental Health, Royal Women’s Hospital</td>
</tr>
<tr>
<td>End users – Specialist practitioners working with people affected by trauma</td>
<td>Dr Joanne Gardiner</td>
<td>General Practitioner treating PTSD in a refugee population</td>
<td>The Royal Melbourne Hospital</td>
</tr>
<tr>
<td></td>
<td>Dr Penelope Burns</td>
<td>General Practitioner, expertise in Disaster medicine</td>
<td>Senior Lecturer in the Department of General Practice, Western Sydney University</td>
</tr>
<tr>
<td></td>
<td>Dr Graham Gee</td>
<td>Clinical Psychologist, expertise in prevention, resilience and recovery from trauma among Aboriginal and Torres Strait Islander peoples</td>
<td>Victorian Aboriginal Health Service, Senior Research Fellow, Murdoch Children’s Research Institute</td>
</tr>
<tr>
<td></td>
<td>Ms Carolyn Worth</td>
<td>Social worker, support and interventions for survivors of sexual assault</td>
<td>Manager South Eastern Centre Against Sexual Assault and Family Violence</td>
</tr>
<tr>
<td>Methodologist</td>
<td>Dr Sue Brennan</td>
<td></td>
<td>GRADE coordinator, Post-Doctoral Research Fellow, Cochrane Australia, Monash University</td>
</tr>
<tr>
<td>Consumers – individuals with lived experience of trauma</td>
<td>Mr Steve Dunning</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Ms Lisa Massey</td>
<td></td>
<td></td>
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</tbody>
</table>
Table 2: Phoenix Australia Project Team

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Organisational/ Professional Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Lead</td>
<td>A/Professor Andrea Phelps</td>
<td>Deputy Director, Phoenix Australia (Clinical Psychologist), Department of Psychiatry, University of Melbourne</td>
</tr>
<tr>
<td>Project Manager</td>
<td>Dr Ros Lethbridge</td>
<td>Clinical Specialist (Clinical Psychologist), Phoenix Australia, Department of Psychiatry, University of Melbourne</td>
</tr>
<tr>
<td>Systematic Review lead</td>
<td>Dr Tracey Varker</td>
<td>Senior Research Fellow, Phoenix Australia, Department of Psychiatry, University of Melbourne</td>
</tr>
<tr>
<td>Technical analysis</td>
<td>Dr Kim Jones</td>
<td>Research Fellow, Phoenix Australia, Department of Psychiatry, University of Melbourne</td>
</tr>
<tr>
<td>Psychiatric consultation</td>
<td>Dr John Cooper</td>
<td>Consultant Psychiatrist, Phoenix Australia, Department of Psychiatry, University of Melbourne</td>
</tr>
</tbody>
</table>

A4: Consumers participate in the guideline development, and the processes employed to recruit, involve and support consumer participants are described.

Two consumer representatives with previous committee experience were recruited through recommendation of Guideline Development Group members. Care was taken to ensure that they represented a diversity of trauma background. Personal contact was made with both consumers in each phase of the guideline development process to ensure that they felt adequately supported and had the opportunity as required to seek clarification or further explanation on content or process.

The consumer representatives were paid sitting fees based on Commonwealth public service sitting fees. Along with other members of the GDG, consumers were given the opportunity to provide comment on the draft guideline recommendations and associated documentation.
A5: A complete list of all the people involved in the guideline development process is provided, including the following information for each person: name, profession or discipline, organisational affiliation and role in the guideline development process.

**Guideline Development Group**
This information is included in Table 1.

**Phoenix Australia Project Team**
This information is included in Table 2.

**Systematic review**
Professor Jonathon Bisson, Dr Neale Roberts and Dr Catrin Lewis, Cardiff University, who were also retained as consultants to answer any questions about the data underlying their systematic review.

**Special population and trauma types area experts**
These chapter sections were updated from those developed for previous versions of the Guidelines. As such, the authorship includes both original and new contributors.

**Aboriginal and Torres Strait Islander peoples**
Dr Graham Gee, Clinical Psychologist, Murdoch Children's Research Institute.

Professor Helen Milroy, Psychiatrist
(Director, Centre for Aboriginal Medical and Dental Health, University of WA)

Mr Tom Brideson, State-wide Coordinator
(NSW Aboriginal Mental Health Workforce Program)

Dr Anne Harrison, Psychiatrist
(Winnunga Aboriginal Community Controlled Health Organisation)

Professor Ernest Hunter, Psychiatrist
(Department of Public Health, University of Queensland)

Ms Joylene Koolmatrie, Psychologist
(Aboriginal Psychological Counselling and Consultancy)

Professor Beverley Raphael, Psychiatrist *Deceased 21 September 2018*
(Population Mental Health and Disasters, Disaster Response and Resilience Research Group, University of Western Sydney)
Mr Richard Weston, Chief Executive Officer  
(Healing Foundation)

**Refugees and asylum seekers**

Mr Guy Coffey, Clinical psychologist and lawyer,  
(Victoria Foundation House)

Professor Zachary Steel, Clinical Psychologist  
(School of Psychiatry University of New South Wales)

Dr Dzenana Kartal, Research Fellow at Phoenix Australia

Professor Derrick Silove, Psychiatrist  
(Director, Psychiatry Research & Teaching Unit, University of New South Wales)

Mr Mariano Coello, Research Coordinator  
(Service for the Treatment and Rehabilitation of Torture and Trauma Survivors)

Dr Ida Kaplan, Clinical Psychologist  
(Direct Services Manager, Victorian Foundation for Survivors of Torture)

Associate Professor Harry Minas, Psychiatrist  
(Director, Victorian Transcultural Psychiatry Unit)

**Older people**

Dr Richard Bonwick, Psychiatrist  
(Deputy Editor, International Psychogeriatric Association)

Professor Brian Draper, Psychogeriatrician  
(Assistant Director, Academic Department for Old Age Psychiatry, Prince of Wales Hospital, University of New South Wales)

**Military and veterans**

Professor Alexander McFarlane, Psychiatrist  
(Director, Centre for Traumatic Stress Studies, University of Adelaide)

Dr Duncan Wallace, Psychiatrist  
(ADF Centre for Mental Health)

Ms Nicole Sadler, Clinical Psychologist  
(Phoenix Australia)

Dr Ros Lethbridge, Clinical Psychologist  
(Phoenix Australia)
Emergency services
Mr Andrew Coghlan, National Manager
(Emergency Services, Australian Red Cross)

Professor Alexander McFarlane, Psychiatrist
(Director, Centre for Traumatic Stress Studies, University of Adelaide)

Disasters
Mr Andrew Coghlan, National Manager
(Emergency Services, Red Cross)

Ms Jane Nursey, Clinical neuropsychologist
(Phoenix Australia)

Sexual assault
Ms Carolyn Worth, Social Worker
(Convenor, Victorian Centres Against Sexual Assault)

Victims of crime
Associate Professor Grant Devilly, Clinical Psychologist
(School of Applied Psychology, Griffith University)

Dr Sean Cowlishaw and Ms Isabella Freijah from Phoenix Australia.

Victims of Intimate Partner Violence
Dr Sean Cowlishaw, Ms Anne-Laure Couineau, Dr Alyssa Sbisa, and Dr Ros Lethbridge from Phoenix Australia

Dr Aino Suomi, Institute of Child Protection Studies, Australian Catholic University

Professor Kelsey Hegarty (Department of General Practice, The University of Melbourne).

Motor vehicle accidents
Professor Richard Bryant, Clinical Psychologist
(School of Psychology, University of New South Wales)

Mr James Agathos and Professor Meaghan O'Donnell from Phoenix Australia

Terrorism
Professor Mark Creamer, Clinical Psychologist
(Department of Psychiatry at the University of Melbourne)
A6: Potential competing interests are identified, managed and documented, and a competing interest declaration is completed by each member of the guideline development group.

The process for managing potential or actual conflicts of interest was conducted in accordance with that specified in the Terms of Reference for the Guideline Development Group. The relevant extract is as follows:

Members will be asked to disclose all relevant interests (financial and non-financial) upon acceptance into the group so that conflicts of interest can be identified and managed.

It is members’ responsibility to inform the Chair of any new interests at the beginning of each meeting.

Strategies for managing conflicts will depend upon the nature of the conflict but may include, for example:

- a conflicted member being present but not taking part in any discussions or decision making related to the specific area or issue
- a conflicted member recusing themselves from a meeting when a decision or recommendation is made related to the conflict of interest
- excluding a conflicted member from involvement in the writing or approval of recommendations associated with the conflict
- removing a conflicted member from the guideline development group for failure to disclose major conflicts of interest (this may also require re-evaluating the evidence or guideline recommendations depending on the stage of guideline development)
- a conflicted member eliminating potential conflicts of interest during the duration of guideline development (such as leave of absence from board positions)
- disallowing input from sponsoring organisations in guideline development
- ensuring that any decision to exclude members from discussion and decision making is made in full consultation with all members of the group and/or the independent assessors of the interests (such as a conflict of interest advisor or legal team)
- recording all decisions in the final guideline or publicly-accessible administrative reports associated with the guideline.

All persons involved in the development of the Guidelines completed conflict of interest forms. The forms have been electronically scanned and are saved on the Phoenix Australia server. The GDG discussion around potential conflicts is documented in the meeting minutes. In particular, in Meeting 2 there was discussion of NHMRC guidance that an interest (which includes published opinions on the effectiveness of a clinical, public or environmental health intervention which is considered in a guideline, publishing research that may be used in a guideline, being an acknowledged expert or opinion leader on an intervention considered in a guideline) does not constitute a conflict of interest. Based on this guidance, no conflicts of interest were identified.
A7: A list of organisations formally endorsing the guideline is provided.

Endorsement will be sought from the following organisations once NHMRC have approved the Guidelines:

- The Australian Psychological Association
- The Royal Australian and New Zealand College of Psychiatrists
- The Royal Australian College of General Practitioners.

A2.1: The amount and percentage of total funding received from each funding source is stated.

<table>
<thead>
<tr>
<th>Funding source</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commonwealth Department of Health</td>
<td>$715,000</td>
<td>94.7%</td>
</tr>
<tr>
<td>Department of Veterans’ Affairs</td>
<td>$40,000</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

A4.1: The guideline development process includes participation by representatives of Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities (as appropriate to the clinical need and context), and the processes employed to recruit, involve and support these participants are described.

Dr Graham Gee, Professor Victorian Aboriginal Health Service, Senior Research Fellow, Murdoch Children’s Research Institute was invited to join the current Guideline Development Group. Dr Graham Gee has expertise in prevention, resilience and recovery from trauma among Aboriginal and Torres Strait Islander peoples. Dr Graham Gee substantially updated in 2019 the text of the Guidelines section devoted to issues for consideration when working with Aboriginal and Torres Strait Islander peoples.

Previously, Helen Milroy, psychiatrist and director of the Centre for Aboriginal Medical and Dental Health (CAMDH) at the University of Western Australia, was a member of the multidisciplinary panel (for both the 2007 and the 2013 Guidelines). In 2007 Professor Milroy led a panel convened to develop the Aboriginal and Torres Strait Islanders peoples section of the Specific Populations and Trauma Types chapter. The other panel members were: Mr Tom Brideson, Office for Aboriginal and Torres Strait Islander Health; Dr Anne Harrison, Winnunga Aboriginal Community Controlled Health Organisation; Professor Ernest Hunter.
D. Guideline recommendations

D6: The method used to arrive at consensus-based recommendations or practice points is documented.

The Australian Guidelines were based on the systematic review undertaken for the ISTSS Guidelines, and updated by the Phoenix Australia team to include research published between November 2018 and June 2019. In addition to the questions addressed in the ISTSS systematic review, the Australian GDG selected two additional questions for systematic review; the first on treatment for complex PTSD and the second on pre-incident preparedness interventions. The Guideline Development Group, under the guidance of our expert methodologist, used GRADE methodology to inform the development of recommendations based on the systematic reviews.

A pictorial summary of the process used for developing the recommendations is set out on the following page.
ASSESS CERTAINTY OF EVIDENCE:
The GRADE approach to rating the certainty of evidence addresses five reasons to possibly rate down the certainty of evidence:

- Risk of bias
- Inconsistency of results
- Indirectness of evidence
- Imprecision
- Publication bias

Final grade of certainty of the evidence: high, moderate, low or very low

DEVELOP SUMMARY OF FINDINGS TABLES:
Provide a summary of findings for each of the included outcomes and the certainty of evidence for each outcome:

- A measure of the typical burden of these outcomes
- Meta-analysis results (i.e., magnitude of effect)
- Numbers of participants and studies addressing these outcomes
- A grade of the overall certainty of the body of evidence for each outcome
- Comments

DEVELOP EVIDENCE TO DECISION (EtD) FRAMEWORKS:
The EtD framework presents the research evidence (benefits and harms, and certainty of evidence) along with other factors (patient values, acceptability, feasibility, resources, equity) that need to be considered in the formulation of recommendations (NHMRC D.3).
D15: The guideline and recommendations have been assessed by at least two reviewers, independent of the guideline development process, using the AGREE II instrument.

The Guidelines were assessed by two independent reviewers using the AGREE II instrument. Their individual scores for each item, and scaled domain scores are listed below:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Item</th>
<th>Appraiser 1</th>
<th>Appraiser 2</th>
<th>Total item score</th>
<th>Scaled domain score:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Scope and purpose</td>
<td>1</td>
<td>6</td>
<td>6</td>
<td>12</td>
<td>94%</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>7</td>
<td>7</td>
<td>14</td>
<td></td>
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<td></td>
<td>3</td>
<td>7</td>
<td>7</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>2: Stakeholder involvement</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>12</td>
<td>83%</td>
</tr>
<tr>
<td></td>
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<td>10</td>
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<td>6</td>
<td>7</td>
<td>7</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>3: Rigour of Development</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>12</td>
<td>91%</td>
</tr>
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<td></td>
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<td>5</td>
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<td>4: Clarity of presentation</td>
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<td>7</td>
<td>6</td>
<td>13</td>
<td>94%</td>
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<td>17</td>
<td>7</td>
<td>7</td>
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<tr>
<td>5: Applicability</td>
<td>18</td>
<td>5</td>
<td>5</td>
<td>10</td>
<td>60%</td>
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<td>19</td>
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<td></td>
<td>21</td>
<td>4</td>
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<td>9</td>
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</tr>
<tr>
<td>6: Editorial Independence</td>
<td>22</td>
<td>7</td>
<td>6</td>
<td>13</td>
<td>96%</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>7</td>
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<td>14</td>
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</tbody>
</table>
F. Public consultation

F1: The process for public consultation on the draft guideline complies with Section 14A of the Commonwealth National Health and Medical Research Council Act 1992 and accompanying regulations.

See below.

F3: During the public consultation period, the developer has undertaken and documented consultation with:

– the Director-General, Chief Executive or Secretary of each state, territory and Commonwealth health department
– relevant authority/ies, when a guideline makes any recommendation/s specifying interventions that are not available or restricted in Australia

See below.

F4: The developer has identified and consulted with key professional organisations (such as specialty colleges) and consumer organisations that will be involved in, or affected by, the implementation of the clinical recommendations of the guideline.

The Draft Guidelines for the Treatment of ASD, PTSD, and Complex PTSD were made available for public consultation between Friday 21 February 2020 and Monday 23 March 2020. Members of the public were advised of the public consultation via a banner placed on the Phoenix Australia website and social media posting (Twitter, LinkedIn and Facebook).

The website text read as follows:

Public Consultation on the Australian Guidelines for the Treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD

Phoenix Australia – Centre for Posttraumatic Mental Health – in collaboration with a Guideline Development Group consisting of Australia’s leading trauma experts, specialist practitioners working with people affected by trauma, individuals with lived experience of trauma and a guidelines methodologist has developed draft guidelines on the treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD (the Guidelines).
The Guidelines are a synthesis of the current research on best practice mental health care for people who have developed, or are at risk of developing, symptoms of ASD or PTSD after a traumatic event. The Guidelines provide evidence-based recommendations that promote recovery following trauma, as well as effective treatment options for those who develop ASD or PTSD. The Guidelines are designed for use by general and mental health practitioners, policy makers, industry, and people affected by trauma. The Guidelines will be submitted to the NHMRC for approval under section 14A of the National Health and Medical Research Council Act 1992.

The recommendations and evidence are contained in the MAGICApp online platform, while the supporting chapters are available through the below links.

To make a submission to Phoenix Australia on the draft Guidelines please use this Guidelines Public Consultation Form or visit the MAGICapp website to view and comment on the recommendations (if you would like to comment on the recommendations and/or evidence presented on the MAGICapp website, you will need to log in).

Public consultation will close on Monday 23 March 2020.

The social media post read as follows:

Draft guidelines on the treatment of ASD, PTSD and Complex PTSD have been developed by Phoenix Australia in collaboration with a Guideline Development Group. The guidelines will be submitted to the NHMRC for approval under section 14A of the National Health and Medical Research Council Act 1992. We invite you to make a submission. Please visit http://www.phoenixaustralia.org/public-consultation-ptsd #ptsd #phoenixaustralia

In addition, the following government departments, organisations and individuals were notified directly (via email) of the public consultation and invited to make a submission.

Government agencies
- Medical Services Advisory Committee
- Pharmaceutical Benefits Advisory Committee
- Therapeutic Goods Administration
- All state and territory health departments
- Consumers Health Forum of Australia

Professional colleges/associations
- Australian Association of Social Workers
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australian College of General Practitioners
- Australian Psychological Society
- Australian Clinical Psychology Association
- Australian College of Rural and Remote Medicine
- Australian Association of Social Workers
- Occupational Therapy Australia
• Australian College of Mental Health Nurses
• Australian Guidance and Counselling Association
• The Australian Child and Adolescent Trauma, Loss & Grief Network

All members of the GDG (including consumer representatives)
Submissions were invited using a standard pro forma, available for download from the Phoenix Australia website.

F2.1: A version of the public consultation submissions summary is publicly available, with submissions de-identified
The full public consultation summary, including de-identified submissions, will be available on the Guidelines website.