

Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD

Summary of recommendation changes

Intervention	2020 recommendation	2021 recommendation
<p>Brief Individual Trauma Processing therapies</p>	<p>Insufficient evidence</p> <p>For adults within the first three months following exposure to a potentially traumatic event, there was insufficient evidence to make a recommendation on brief individual trauma processing therapy.</p>	<p>Research recommendation</p> <p>For adults within the first three months following exposure to a potentially traumatic event, we suggest usual practice in preference to brief individual trauma processing therapy.</p> <p>There is emerging evidence for brief individual trauma processing therapy for adults within the first three months following exposure to a potentially traumatic event, and this could be used in a research context.</p>
<p>Exercise for adults with PTSD</p>	<p>Research recommendation</p> <p>For adults with PTSD we recommend offering TF-CBT, PE, CT, CPT or EMDR in preference to exercise.</p> <p>There is emerging evidence for exercise and this could be used in a research context.</p>	<p>Practice statement</p> <p>The Guideline Development Group supports the use of exercise to promote general wellbeing.</p>

<p>Brief 3MDR for adults with PTSD</p>	<p>N/A</p>	<p>Research recommendation</p> <p>For adults with PTSD we recommend offering TF-CBT, PE, CT, CPT, or EMDR in preference to 3MDR.</p> <p>There is emerging evidence for 3MDR and this could be used in a research context.</p>
<p>TF-CBT for adults with PTSD delivered via telehealth (videoconferencing)</p>	<p>N/A</p>	<p>Conditional</p> <p>For adults with PTSD where face-to-face trauma-focused cognitive behavioural therapies or EMDR are unavailable or unacceptable, we suggest offering TF-CBT delivered via telehealth.</p> <p>Research recommendation</p> <p>Further research is needed to better understand the factors affecting patient preferences for delivery of face-to-face TF-CBT versus telehealth.</p>
<p>TF- CBT for adults with comorbid PTSD and severe mental illness</p>	<p>N/A</p>	<p>Research recommendation</p> <p>There is emerging evidence for TF-CBT for adults with comorbid PTSD and severe mental illness, and this could be used in a research context.</p>
<p>TF- CBT for adults with comorbid PTSD and Substance Use Disorder</p>	<p>N/A</p>	<p>Conditional</p> <p>For adults with comorbid PTSD and Substance Use Disorder, we suggest TF-CBT in preference to treatment as usual.</p>
<p>Non-TF-CBT for adults with comorbid PTSD and Substance Use Disorder</p>	<p>N/A</p>	<p>Conditional</p> <p>For adults with comorbid PTSD and Substance Use disorder, where TF-CBT is unavailable or unacceptable, we suggest non-TF-CBT (Seeking Safety or Integrated CBT).</p>

NHMRC note - these recommendations are designed to be viewed in MAGICApp, an online guideline development and publication tool (app.magicapp.org) where the acronyms used above are explained. For clarity the acronyms used are: 3MDR - Multi-modular Memory Desensitization and Reconsolidation, EMDR - Eye Movement Desensitization and Reprocessing, TF-CBT – Trauma-focussed cognitive behavioural therapy, PE – Prolonged Exposure, CT – Cognitive Therapy, CPT – Cognitive Processing Therapy