

# Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD



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## Plain Language Statement

These Guidelines provide recommendations on the best interventions for children, adolescents, and adults who have been exposed to potentially traumatic events as well as those who have developed acute stress disorder (ASD) or posttraumatic stress disorder (PTSD). The Guidelines also recognise the new diagnosis of complex posttraumatic stress disorder (CPTSD, see Chapter 5) in the World Health Organization's 11th revision of the International Classification of Diseases (ICD-11). As CPTSD is a new diagnosis there is currently no direct evidence about how to treat it.

The Guidelines have been designed to be used by:

- the range of general and mental health practitioners planning and providing treatment across clinical settings
- people affected by trauma making decisions about their treatment
- funding bodies making service purchasing decisions.

The intended outcome of the Guidelines is increased recognition of ASD, PTSD, and CPTSD, increased uptake of evidence-based care, and ultimately, better outcomes for people affected by trauma. Importantly, the Guidelines are intended to guide practice rather than be used prescriptively. Each person's unique circumstances and their overall mental health care needs must be considered.

The Guidelines were developed by 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. Recommendations were based on best practice evidence found through a systematic review of the Australian and international trauma literature.

Some of the key recommendations are:

- Following a potentially traumatic event, routine psychological debriefing is not recommended. The best approach to helping people following a potentially traumatic experience is to offer information, emotional support and practical assistance, consistent with the set of interventions collectively referred to as 'psychological first aid'.
- For adults with PTSD symptoms within the first three months of a trauma, a stepped or collaborative care model is recommended. Within a stepped care model, people receive evidence-based treatment tailored to the severity and complexity of their symptoms.
- For adults who develop PTSD, the best approach to psychological treatment involves confronting the memory of the traumatic event in order to come to terms with the experience. Recommended treatments include trauma-focussed cognitive behavioural therapy and its variants, cognitive processing therapy (CPT), cognitive therapy (CT), and prolonged exposure (PE), as well as eye movement desensitisation and reprocessing (EMDR).

- For adults, medication should not be used in preference to trauma-focussed therapy but may be considered when the person is not ready or willing to engage in, or has no access to, trauma-focussed therapy, or has additional mental health problems such as depression, or has not benefited from trauma-focussed therapy. When medication is considered, the first choice would be selective serotonin reuptake inhibitors (SSRIs) or venlafaxine, a serotonin noradrenaline reuptake inhibitor (SNRI).
- For school age children and adolescents, the best approach to treatment is trauma-focussed cognitive behavioural therapy. However, this should be appropriately tailored to the developmental stage of the individual child or adolescent.
- Engaging parents and/or caregivers is very important when working with children and adolescents as they are typically the ones to bring them in for assessment and treatment. Furthermore, children are part of a system (typically a family) and assessment and treatment needs to take the whole system into consideration.

In the absence of a current evidence base for the treatment of complex PTSD (CPTSD), and therefore the absence of any treatment recommendations, the Guidelines includes a chapter on CPTSD that considers conceptual, diagnostic, assessment, management, and treatment issues, and presents a snapshot of the research currently under way.

The final chapter provides advice to health practitioners about issues to consider in applying the Guidelines to particular groups or types of trauma. The groups include Aboriginal and Torres Strait Islander peoples, refugees and asylum seekers, military and ex-military personnel, emergency services personnel and older people and the types of traumatic events include motor vehicle accidents, crime, sexual assault, intimate partner violence, disasters, and terrorism.