How recently did your patient experience a potentially traumatic event (PTE)?

- **in the last two weeks**
  - Provide psychological first aid, including:
    - Monitor wellbeing and stabilise if needed
    - Provide self care advice
    - Encourage social support
    - Encourage limiting substance use
  - Review in 1-2 weeks

- **in the last three months**
  - If the patient has PTSD symptoms, consider early referral to a practitioner for trauma-focused cognitive behavioural therapy (TF-CBT) or Eye Movement Desensitisation and Reprocessing
  - Administer Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) or the PCL-5

Does the screen result indicate probable PTSD?

- **no**
  - Continue usual support & care

- **yes**
  - Are first-line psychological treatment options acceptable?
    - **yes**
      - Provide a referral for first line psychological treatment
        - Refer to a practitioner trained in:
          - TF-CBT
          - Prolonged exposure (PE)
          - Cognitive processing therapy (CPT)
          - Trauma-focused cognitive therapy (TF-CT)
          - Eye movement desensitisation and reprocessing (EMDR)
      - Is this treatment option acceptable to the patient?
        - **yes**
          - Refer for psychological treatment and continue usual support and care
        - **no**
          - Consider second line treatment options
            - Other referral options
              - Online TF-CBT
              - Present-centered therapy
              - Stress inoculation training
              - Group TF-CBT
            - Medication options
              - SSRIs: sertraline, paroxetine, fluoxetine
              - SNRI: venlafaxine
          - If the patient does not want or can’t access psychological treatment, or has a comorbid condition that needs to be treated first or is not sufficiently stable

If you refer your patient for psychological treatment, consider providing them with the patient guide.
For more information on this and other PTSD resources and training, please visit phoenixaustralia.org