Evidence-based treatment for an adult after a traumatic event: A Guide for GPs

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

no

Consider second line treatment options

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

Other referral options

- Online TF-CBT
- Present-centered therapy
- Stress inoculation training
- Group TF-CBT

Medication options

- SSRIs: sertraline, paroxetine, fluoxetine
- SNRI: venlafaxine

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