

Research Recommendations for Adults

Abbreviations for common psychological treatments	
TF-CBT (trauma-focused CBT)	EMDR (eye movement desensitisation and reprocessing)
CT (cognitive therapy with a trauma focus)	CPT (cognitive processing therapy)
PE (prolonged exposure)	

Pre-incident preparedness

<p>Universal interventions</p> <p>(for all adults likely to experience trauma)</p>	<p>Attention bias modification training (ABMT)</p> <p>There is emerging evidence for pre-incident attention bias modification training (ABMT) in military populations and it could be used in a research context. However, in routine practice for adults who are likely to be exposed to trauma, we suggest usual practice in preference to pre-incident ABMT.</p>
	<p>Attention control training</p> <p>There is emerging evidence for pre-incident attention control training and it could be used in a research context. However, in routine practice for adults who are likely to be exposed to trauma, we suggest usual practice in preference to pre-incident attention control training.</p>
	<p>Heart rate variability biofeedback (HRVB)</p> <p>There is emerging evidence for heart rate variability biofeedback (HRVB) and it could be used in a research context. However, in routine practice for adults who are likely to be exposed to trauma, we suggest usual practice in preference to HRVB.</p>

Interventions within the first three months of trauma

<p>Universal interventions</p> <p>(for all adults who experience trauma)</p>	<p>Brief dyadic therapies</p> <p>There is emerging evidence for brief dyadic therapies, and these could be used in a research context. However, in routine practice for adults within the first three months of trauma, we suggest usual practice in preference to brief dyadic therapies.</p>
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Universal interventions (continued)	Brief individual trauma processing therapy 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. However, in routine practice for adults within the first three months of trauma, we suggest usual practice in preference to brief individual trauma processing therapy.
	Group 512 PIM (Psychological Intervention Model) There is emerging evidence for Group 512 PIM in Chinese military populations exposed to natural disasters and it could be used in a research context. However, in routine practice for adults within the first three months of trauma, we suggest usual practice in preference to Group 512 PIM.
	Internet-based CBT There is emerging evidence for internet-based CBT and it could be used in a research context. However, in routine practice for adults within the first three months of trauma, we suggest usual practice in preference to internet-based CBT.
Indicated interventions (for adults with PTSD symptoms within the first three months of trauma) Psychosocial interventions	Helping to overcome PTSD through empowerment (HOPE) There is emerging evidence for Helping to Overcome PTSD through Empowerment (HOPE) and it could be used in a research context. However, in routine practice for adults with PTSD symptoms within the first three months of trauma, we recommend offering TF-CBT, PE, CT, or brief EMDR in preference to HOPE.
	Internet-based guided self-help There is emerging evidence for internet-based guided self-help and it could be used in a research context. However, in routine practice for adults with PTSD symptoms within the first three months of trauma, we recommend offering TF-CBT, PE, CT, or brief EMDR in preference to internet-based guided self-help.
	Structured writing therapy There is emerging evidence for structured writing therapy and it could be used in a research context. However, in routine practice for adults with PTSD symptoms within the first three months of trauma, we recommend offering TF-CBT, PE, CT, or brief EMDR in preference to structured writing therapy.
Pharmacological interventions	Hydrocortisone There is emerging evidence for hydrocortisone and it could be used in a research context. However, in routine practice for adults with PTSD symptoms within the first three months of trauma, we recommend offering TF-CBT, PE, CT, or brief EMDR in preference to hydrocortisone.

Interventions for adults with PTSD

Effective: 22 December 2021

Psychological interventions

Couples TF-CBT

There is emerging evidence for couples TF-CBT and it could be used in a research context. However, in routine practice for adults with PTSD, we recommend offering TF-CBT, PE, CT, CPT, or EMDR in preference to couples TF-CBT.

Group and individual (combined) TF-CBT

There is emerging evidence for group and individual (combined) TF-CBT and it could be used in a research context. However, in routine practice for adults with PTSD, we recommend offering TF-CBT, PE, CT, CPT, or EMDR in preference to group and individual (combined) TF-CBT.

Meta-cognitive therapy

There is emerging evidence for meta-cognitive therapy and it could be used in a research context. However, in routine practice for adults with PTSD, we recommend offering TF-CBT, PE, CT, CPT, or EMDR in preference to meta-cognitive therapy.

Non-trauma focused CBT (affect regulation)

There is emerging evidence for non-trauma focused CBT (affect regulation) and it could be used in a research context. However, in routine practice for adults with PTSD, we recommend offering TF-CBT, PE, CT, CPT, or EMDR in preference to non-trauma focused CBT (affect regulation).

Reconsolidation of traumatic memories (RTM)

There is emerging evidence for the reconsolidation of traumatic memories (RTM) and it could be used in a research setting. However, in routine practice for adults with PTSD, we recommend offering TF-CBT, PE, CT, CPT, or EMDR in preference to RTM.

Single-session TF-CBT

There is emerging evidence for single-session TF-CBT and it could be used in a research context. However, in routine practice for adults with PTSD, we recommend offering TF-CBT, PE, CT, CPT, or EMDR in preference to single-session TF-CBT.

Virtual reality therapy

There is emerging evidence for Virtual Reality Therapy and it could be used in a research context. However, in routine practice for adults with PTSD, we recommend offering TF-CBT, CPT, PE, CT or EMDR in preference to Virtual Reality Therapy.

Written exposure therapy (WET)

There is emerging evidence for Written Exposure Therapy (WET) and it could be used in a research context. However, in routine practice for adults with PTSD, we recommend offering TF-CBT, PE, CT, CPT or EMDR in preference to WET.

Psychological interventions (continued)	<p>3MDR (Military motion-assisted memory desensitisation and reprocessing treatment)</p> <p>There is emerging evidence for 3MDR and this could be used in a research context. However, in routine practice for adults with PTSD, we recommend offering TF-CBT, PE, CT, CPT or EMDR in preference to 3MDR.</p>
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Interventions for adults with PTSD (continued)

Non-psychological and non-pharmacological interventions	<p>Acupuncture</p> <p>There is emerging evidence for acupuncture and it could be used in a research context. However, in routine practice for adults with PTSD, we recommend offering TF-CBT, PE, CT, CPT, or EMDR in preference to acupuncture.</p>
	<p>Mindfulness-based stress reduction (MBSR)</p> <p>There is emerging evidence for mindfulness-based stress reduction (MBSR) and it could be used in a research context. However, in routine practice for adults with PTSD, we recommend offering TF-CBT, PE, CT, CPT, or EMDR in preference to MBSR.</p>
	<p>Neurofeedback</p> <p>There is emerging evidence for neurofeedback and it could be used in a research context. However, in routine practice for adults with PTSD, we recommend offering TF-CBT, PE, CT, CPT, or EMDR in preference to neurofeedback.</p>
	<p>Repetitive transcranial magnetic stimulation (rTMS)</p> <p>There is emerging evidence for repetitive transcranial magnetic stimulation (rTMS) and this could be used in a research context. For adults with PTSD we recommend offering TF-CBT, PE, CT, CPT or EMDR in preference to rTMS.</p>
	<p>Transcendental meditation (TM)</p> <p>There is emerging evidence for Transcendental Meditation and it could be used in a research context. However, in routine practice for adults with PTSD, we recommend offering TF-CBT, PE, CT, CPT, or EMDR in preference to Transcendental Meditation (TM).</p>
Pharmacological interventions	<p>Yoga</p> <p>There is emerging evidence for yoga and it could be used in a research context. However, in routine practice for adults with PTSD, we recommend offering TF-CBT, PE, CT, CPT, or EMDR in preference to yoga.</p> <p>Ketamine</p> <p>There is emerging evidence for the use of ketamine in the treatment of PTSD and it could be used in a research context. However, where medication is indicated for the treatment of PTSD, we suggest an SSRI or SNRI antidepressant in preference to ketamine.</p>

Pharmacological interventions (continued)	<p>Quetiapine</p> <p>There is emerging evidence for the use of quetiapine in the treatment of PTSD and it could be used in a research context. However, where medication is indicated for the treatment of PTSD, we suggest an SSRI or SNRI antidepressant in preference to quetiapine.</p>
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Interventions for adults with comorbid PTSD

Psychological interventions	<p>Trauma-focused CBT for adults with comorbid PTSD and severe mental illness</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>
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Alternative treatment delivery modalities

Universal interventions (for all adults who experience trauma)	<p>Internet-based CBT</p> <p>There is emerging evidence for internet-based CBT and it could be used in a research context. However, in routine practice for adults within the first three months of trauma, we suggest usual practice in preference to internet-based CBT.</p>
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Indicated interventions (for adults with PTSD symptoms in the first three months after trauma)	<p>Internet-based guided self-help</p> <p>There is emerging evidence for Internet-based guided self-help and it could be used in a research context. However, in routine practice for adults with PTSD symptoms within the first three months of trauma, we recommend offering TF-CBT, PE, CT, or brief EMDR in preference to internet-based guided self-help.</p>
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Interventions for adults with PTSD	<p>Trauma-focused CBT (TF-CBT) via telehealth (videoconferencing)</p> <p>Further research is needed to better understand the factors affecting patient preferences for delivery of face-to-face TF-CBT versus telehealth. However, for adults with PTSD where face-to-face TF-CBT or EMDR are unavailable or unacceptable, TF-CBT delivered via telehealth is conditionally recommended.</p>
Psychological interventions	<p>Virtual Reality Therapy</p> <p>There is emerging evidence for Virtual Reality Therapy and it could be used in a research context. However, in routine practice for adults with PTSD, we recommend offering TF-CBT, CPT, or EMDR in preference to Virtual Reality Therapy.</p>

View the [Australian PTSD Guidelines \(app.magicapp.org\)](http://app.magicapp.org) for full details of the research studies included in the systematic review, summaries of the evidence for each research question and the rationale behind recommendations.

Please visit [Phoenix Australia \(phoenixaustralia.org/australian-guidelines-for-ptsd\)](http://phoenixaustralia.org/australian-guidelines-for-ptsd) for further supporting information and helpful resources.