

Research Recommendations for Children and Adolescents

Interventions within the first three months of trauma

Universal interventions

(for all children and
adolescents who
experience trauma)

Self-directed online psychoeducation for caregivers and children

There is emerging evidence for self-directed online psychoeducation for caregivers and children following traumatic physical injury and it could be used in a research context. However, in routine practice for children and adolescents within the first three months of trauma, we suggest continuation of treatment as usual in preference to self-directed online psychoeducation for caregivers and children.

Self-directed online psychoeducation for children

There is emerging evidence for self-directed online psychoeducation for children following an acute medical event and it could be used in a research context. However, in routine practice for children and adolescents within the first three months of trauma, we suggest continuation of treatment as usual in preference to self-directed online psychoeducation for children.

Interventions for children and adolescents with symptoms of PTSD

Psychological interventions

Group trauma-focused cognitive behavioural therapy (CBT) for child

There is emerging evidence for group trauma-focused CBT for child following exposure to traumatic events and it could be used in a research context. However, in routine practice for children and adolescents with symptoms of PTSD, we suggest doing trauma-focused CBT in preference to group trauma-focused CBT for child.

Individual and group trauma-focused CBT for caregiver and child

There is emerging evidence for individual and group trauma-focused CBT for caregiver and child following exposure to traumatic events and it could be used in a research context. However, in routine practice for children and adolescents with symptoms of PTSD, we suggest doing trauma-focused CBT in preference to individual and group trauma-focused CBT for caregiver and child.

Psychological interventions (continued)	Narrative Exposure Therapy for children (KidNET) There is emerging evidence for narrative exposure therapy for children (KidNET) following exposure to traumatic events and it could be used in a research context. However, in routine practice for children and adolescents with symptoms of PTSD, we suggest continuation of treatment as usual in preference to KidNET.
	Parent–child relationship enhancement (play therapy) There is emerging evidence for parent–child relationship enhancement (play therapy) for children with symptoms of PTSD and it could be used in a research context. However, in routine practice for children and adolescents with symptoms of PTSD, we suggest continuation of treatment as usual in preference to parent–child relationship enhancement (play therapy).
Non-psychological and non-pharmacological interventions	Mind–body skills group There is emerging evidence for mind–body skills group in refugee populations exposed to war-related traumatic events and it could be used in a research context. However, in routine practice for children and adolescents with symptoms of PTSD, we suggest continuation of treatment as usual in preference to mind–body skills group.

Alternative treatment delivery modalities

Early psychosocial prevention interventions (for all children and adolescents who experience trauma)	Self-directed online psychoeducation for caregivers and children There is emerging evidence for self-directed online psychoeducation for caregivers and children following traumatic physical injury and it could be used in a research context. However, in routine practice for children and adolescents within the first three months of trauma, we suggest continuation of treatment as usual in preference to self-directed online psychoeducation for caregivers and children.
	Self-directed online psychoeducation for children There is emerging evidence for self-directed online psychoeducation for children following an acute medical event, and it could be used in a research context. However, in routine practice for children and adolescents within the first three months of trauma, we suggest continuation of treatment as usual in preference to self-directed online psychoeducation for children.

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.