

Putting the Guidelines into practice

Our graduated training program will help you put the Guidelines into practice. We can:

Assess your organisation against best practice

Conduct workshops to demonstrate the practical application of the Guidelines for policy, program, training and clinical settings

Undertake quality assurance and outcome monitoring

Provide skills development workshops and expert supervision to assist practitioners apply the recommendations

How do you get a copy?

There are four versions of the Guidelines to suit different needs:

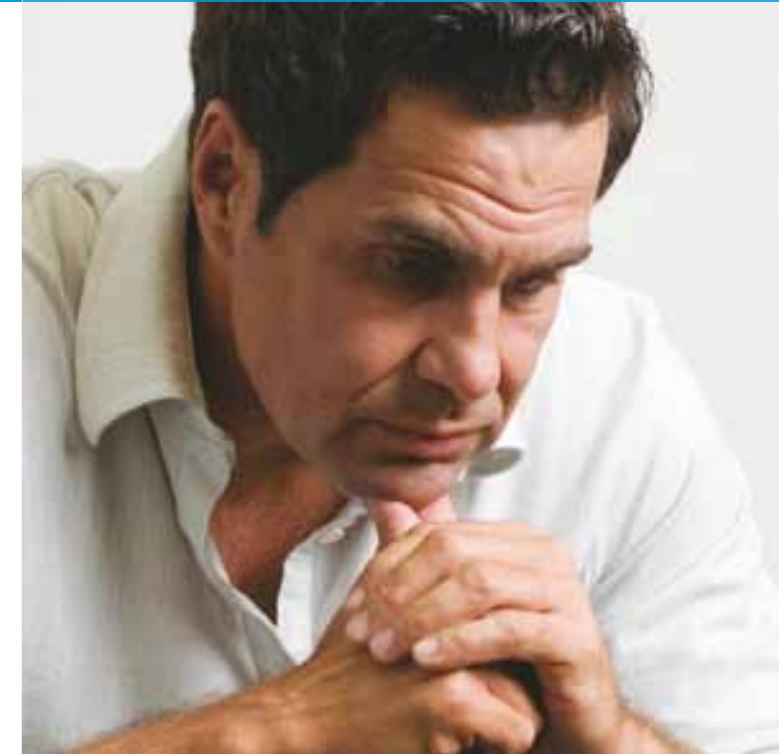
The full guidelines, a reference version, includes a systematic review of the literature

A brief practitioner guide for easy use

A summary of the key treatment recommendations for practitioners

A guide to treatment for people diagnosed with asd or ptsd, their families and carers

Visit our website www.acpmh.unimelb.edu.au to download



To order copies or discuss training opportunities

www.acpmh.unimelb.edu.au

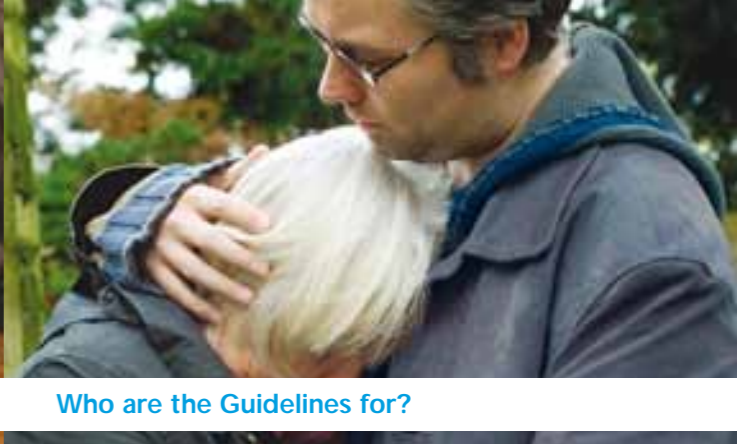
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What's the best approach for helping people affected by trauma?

When is the right time for different interventions?

What training is available for health practitioners?



Why do we need Guidelines?

Treatment works

Who are the Guidelines for?

Australia's first treatment guidelines for acute stress disorder and posttraumatic stress disorder (asd and ptsd) are now available. They will help policy makers and health practitioners make decisions about the best approaches to screening, assessment and treatment of posttraumatic mental health problems. They will also help people affected by trauma make informed choices about their care.

The Australian Centre for Posttraumatic Mental Health developed the Guidelines in consultation with trauma experts from a range of disciplines, as well as people affected by trauma.

Endorsed by the National Health and Medical Research Council, the Guidelines provide practical recommendations applicable in all healthcare settings.

Over a quarter of a million Australians experience ptsd in any one year. Without effective treatment ptsd can become a chronic and debilitating condition. It carries a higher suicide risk than any other anxiety disorder.

There is currently a gap between proven treatments for asd and ptsd and routine clinical care. The guidelines aim to bridge this gap by promoting evidence-based interventions such as trauma-focussed therapies.

The Guidelines include comprehensive recommendations, but a few simple principles underpin the delivery of evidence-based care:

Initial assistance involves practical and emotional support tailored to individual needs

People should be encouraged to return to their usual social and work routines

Mental health interventions should only be offered when a person is not recovering

Trauma-focussed psychological interventions are strongly supported by research

Some people will need both psychological help and medication

It's never too late to start dealing with the psychological aftermath of trauma

Health practitioners supporting people affected by trauma or treating those who have gone on to develop mental health problems as a result

Organisations funding programs which help survivors of accidents, sexual assault, natural disasters, crime or torture; emergency workers; veterans and the military

People experiencing asd or ptsd, and their families making decisions about their care



i wasn't sure what was wrong with me. All I knew was that I didn't want to leave the house and that I was starting to have three or four beers every night to help me get to sleep. My wife kept telling me that I'd changed since the bushfire.



i was incredibly nervous the first time i went to get help. My counsellor taught me how to relax when I got scared and how to confront bad memories. It's been a hard journey but I know how to deal with my demons now.

