Condensed Clinical Practice Guideline for the Treatment Of Posttraumatic Stress Disorder (PTSD) in Adults

I. Key Points
   a. Many individuals exposed to traumatic events experience a range of posttraumatic psychophysiological reactions
   b. If reactions persist criteria for one or more posttraumatic diagnoses might be met
   c. Criteria for Posttraumatic Stress Disorder can be found in the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders, DSM-5*
   d. PTSD can range from relatively mild to debilitating and has been found to create vulnerability for re-victimization and re-traumatization
   e. For treating PTSD in adults the guideline strongly recommends cognitive behavioral therapy (CBT), cognitive processing therapy (CPT), cognitive therapy (CT), and prolonged exposure therapy (PE)
   f. For treating PTSD in adults the guideline suggests the use of brief eclectic psychotherapy (BEP), eye movement desensitization and reprocessing (EMDR), and narrative exposure therapy (NET)
   g. The guideline also suggests the use of fluoxetine, paroxetine, sertraline, and venlafaxine; no medication received strong recommendations

II. Treatment Outcomes Considered in the Guideline
   a. PTSD symptom reduction
   b. Remission
   c. Loss of PTSD diagnosis
   d. Prevention or reduction of comorbid psychiatric or medical conditions
   e. Quality of life
   f. Disability or functional impairment
   g. Return to work or return to active duty

III. Process and Methods of Guideline development
   a. Systematic review of the literature
      i. Methodical and organized search for studies of evidence of efficacy and effectiveness regarding PTSD
      ii. Variety of scientific data-bases were searched using selective search terms in order to identify relevant studies

IV. Comparative Effectiveness of Psychological Interventions and of Pharmacological Interventions (See Table 5c in the Clinical Practice Guideline Document pages 4-5)
   a. Suggest clinicians offer prolonged exposure therapy rather than relaxation when both are being considered
   b. Recommends clinicians offer either prolonged exposure or exposure plus cognitive restructuring when both are being considered
   c. Suggests clinicians offer CBT rather than relaxation when both are being considered

   d. Concludes that the evidence is insufficient to recommend for or against clinicians offering seeking safety versus active controls
   e. Recommends clinicians offer either venlafaxine ER or sertraline when being are being considered

V. Impact of New Trials on Recommendations (See Table 6 in the Clinical Practice Guideline Document pages 60-61)
   a. Strong recommendations for CBT, CPT, CT and PE were unlikely to change based on the new trials
   b. There is insufficient information to determine whether the conditional recommendation for EMDR would be likely to change based on the new trials
   c. The recommendation of prolonged exposure instead of relaxation are unlikely to change based on evidence from new trials
   d. The recommendation that clinicians offer prolonged exposure or prolonged exposure plus cognitive restructuring is unlikely to change

VI. Considerations for Treatment Implementation
   a. Factors that contribute to ethical and effective implementation of treatments
      i. Informed consent
      ii. Patient characteristics
         1. Stages of change
         2. Coping styles
         3. Culture
         4. Religion/spirituality
      iii. Patient therapist relationship factors
         1. Therapeutic alliance is associated with positive outcomes in treatment
      iv. Therapist competence, diversity, and socio-economic and demographic vulnerability issues
         1. Specialized training in specific techniques is needed before their application in clinical practice

References

American Psychological Association. (2017). Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults.