

Quick Guide

for ASD and PTSD

If the person reports having experienced a potentially traumatic event:

Is it a recent trauma (within the first 2 weeks)?

If yes, provide Psychological First Aid:

- **Monitor** mental state and stabilise if required
- **Encourage** re-engagement in routines and use of social supports
- **Ensure** basic needs are met (e.g., housing, safety)
- **Review** in a week or two

If symptoms do not settle following the first 2 weeks, or if the trauma is not recent:

- **Assess** for ASD or PTSD (ASD can be diagnosed between 2 days and 4 weeks; PTSD from 4 weeks onwards) – see brief screen below
- **Consider** comorbidity e.g., depression, substance abuse (see *PTSD with Comorbidity* for treatment sequencing)
- **Ensure** stabilisation and safety
- **Refer** for (or provide if appropriate) trauma-focussed therapy (see *Additional Information*)
- **Consider** pharmacotherapy
- **Encourage** resumption or maintenance of family and work roles as far as functioning allows

Screen for PTSD

(Prins, et al., 2004, *Primary Care Psychiatry*)

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to?
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
3. Were constantly on guard, watchful, or easily startled?
4. Felt numb or detached from others, activities, or your surroundings?

If two or more are answered with “yes”, a diagnosis of PTSD is probable.

A copy of the screen for PTSD is available at www.acpmh.unimelb.edu.au/trauma/ptsd.html#screening

For a more complete scale including all 17 PTSD symptoms see the PTSD Checklist (PCL).

This scale is useful for diagnostic purposes and monitoring change over time.

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How do I make a referral?

Referrals to psychiatry, psychology, and allied health care can be made under Medicare arrangements. This should include completion of a mental health plan.

Referral for mental health care under third party funding arrangements should be considered where appropriate.

To whom?

Practitioners trained in trauma-focussed interventions (e.g., CBT) are preferred.

- **Psychologists:** A list of psychologists can be found at: www.psychology.org.au/findapsychologist
- **Psychiatrists:** A list of psychiatrists can be found at: www.racgp.org.au/scriptcontent/ranzcpcomplex.cfm?section=psychiatrist_referral_directory
- **Social workers** and other allied health professionals with mental health training

Mental health plan

- Consider recommendations regarding trauma-focussed CBT for required treatments. See *Additional Information* when completing mental health plans.
- In addition to the K10, consider including the PTSD Checklist (PCL). It can also be used for re-assessment to monitor progress at treatment review.
- Focus on psychosocial rehabilitation: emphasise functional outcomes (e.g., social and vocational goals) from the outset.

Screening for traumatic events

GPs should also ask about past traumatic events where a person has repeated non-specific health problems.

A good opening question is: *Have you ever experienced a particularly frightening or upsetting event?* It is often useful to ask about specific events that the person may have experienced, such as the following:

- Serious accident (like a car accident or industrial accident)
- Natural disaster (like a fire or flood)
- Physical attack or assault
- Sexual assault
- Seeing somebody being badly hurt or killed
- Domestic violence or abuse
- Physical or emotional abuse as a child
- Being threatened with a weapon or held captive
- War (as a civilian or in the military)
- Torture or an act of terrorism
- Any other extremely stressful or upsetting event