

# PTSD FRAMEWORK ANALYSIS

**Posttraumatic stress disorder (PTSD)** is a psychiatric disorder associated with development of characteristic symptoms after an exposure to a traumatic event that leads to significant distress or functional impairment. Distinguishing symptoms include intrusive thoughts and memories, avoidance of triggering reminders, changes in cognition or mood, and altered states of arousal (American Psychological Association, 2017).



In 2019, the Government of Canada established **The Federal Framework on Posttraumatic Stress Disorder** (the “Framework”). The Framework provides vision, guiding principles, and actions to address occupation-related PTSD.

The Framework is intended to address:

### Priority Area 1

Improved tracking of the rate of PTSD and its associated economic and social costs

### Priority Area 2

Promotion of guidelines and sharing of best practices related to the diagnosis, treatment and management of PTSD.

### Priority Area 3

Creation and distribution of educational materials related to PTSD to increase national awareness and enhance diagnosis, treatment, and management.



In response to Priority Area 2, the Public Health Agency of Canada funded this project to identify existing **Clinical Best Practice Guidelines** for PTSD treatment and to identify common aspects of recommended treatment guidance.



Overall, the most commonly recommended psychosocial treatment for PTSD is **Cognitive Behavioral Therapy (CBT)**, including variants of CBT that include **Trauma Focused CBT (TF-CBT)**, **Cognitive Processing Therapy (CPT)**, **Cognitive Therapy (CT)**, and **Prolonged Exposure (PE)**.

Additional emerging recommended treatments included **Eye Movement Desensitization and Reprocessing (EMDR)** and **Narrative Exposure Therapy (NET)**.



**Gaps and limitations in these Best Practice Guidelines for PTSD treatment were also identified and include:**

- 1 Equity, Diversity, and Inclusion Factors:** Current guidelines do not acknowledge the impact of age, sex, gender, ethnicity, culture, race, and socioeconomic factors on trauma.
- 2 Patient Preferences and Values:** Current guidelines place little emphasis on the importance of patient preferences for treatment and personal values when choosing a treatment.
- 3 Therapist Preferences and Experiences:** Guidelines rely on randomized control trial (RCT) evidence but neglect to incorporate the importance of therapist experience and therapeutical alliance on treatment responsiveness.
- 4 Guidance for Trainees:** Most Guidelines provide little to no guidance for trainees working in clinical settings.



- 5 Vicarious trauma and PTSD:** Guidelines address direct trauma, but do not address vicarious trauma.
- 6 Harms of Psychotherapy:** Little research exists on the harms of psychotherapy and, as a result, guidelines do not include this information.
- 7 Essential Service Providers** (e.g., first responders, healthcare providers, military members) are at increased risk of developing PTSD. However, little consideration has been given to developing treatment guidelines for these populations.
- 8 Concurrent Disorders:** Despite PTSD being highly co-morbid with other mental health conditions (e.g., depression, anxiety, substance abuse), guidelines do not incorporate the outcomes, potential harms or risks of PTSD treatment on these other conditions.
- 9 Stepped-Care and Evidence-Based Staging Treatment:** In many guidelines, it is unclear as to when or how a treatment should be administered.