



# National accreditation standards

for trauma recovery programmes  
— posttraumatic stress disorder

Day programmes

Version 1.0

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2015

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## SHORTENED FORMS AND GLOSSARY

ACPMH	Australian Centre for Posttraumatic Mental Health
ADF	Australian Defence Force
CAPS	clinician-administered PTSD scale
CA-PTSD	clinical assessment – posttraumatic stress disorder questionnaire
carers	Includes partners and significant others that provide support to the veteran
CD-PTSD	clinical discharge – posttraumatic stress disorder questionnaire
DVA	Australian Government Department of Veterans’ Affairs
EMDR	eye movement and desensitisation reprocessing
GP	general practitioner
NSMHS	National Standards for Mental Health Services (2010)
participant	A serving member of the Australian Defence Force or a first responder who participates in a TRP
Phoenix Australia	Phoenix Australia Centre for Posttraumatic Mental Health
POM	programme-outcome monitoring
PTSD	posttraumatic stress disorder
TF-CBT	trauma-focused cognitive behavioural therapy
TRP	trauma recovery programme
V3-PTSD	veteran 3-month follow-up – posttraumatic stress disorder questionnaire
V9-PTSD	veteran 9-month follow-up – posttraumatic stress disorder questionnaire
VI-PTSD	veteran intake – posttraumatic stress disorder questionnaire
VD-PTSD	veteran discharge – posttraumatic stress disorder questionnaire
veterans	Includes all former serving members of the Australian Defence Forces eligible for DVA treatment services
VVCS	Veterans and Veterans Families Counselling Service

# INTRODUCTION

The Department of Veterans' Affairs (DVA) contracts mental health hospitals (providers) throughout Australia to provide evidence-based trauma recovery day programmes (TRP) – posttraumatic stress disorder (PTSD).

Former members of the Australian Defence Force (ADF) who are DVA clients are eligible for the TRP.

Current serving members of the ADF and first responders (such as police, ambulance officers or fire service personnel) may also access the programmes, where funded by their respective organisations.

For the purposes of these standards, all clients will be referred to as 'veterans'.

The TRPs are not intended to be stand-alone services, nor will they meet all the treatment needs of veterans. Rather, they aim to provide highly specialised, time-limited, evidence-based treatment for PTSD and its common comorbidities.

## TRAUMA RECOVERY PROGRAMME TREATMENT POPULATION

The TRP standards reflect the wide variety of veteran cohorts who might access the programmes. Currently, about 50% of programme users are veterans from the Vietnam era (mostly retired). However, increasing numbers are contemporary veterans (i.e. post-1999 East Timor, Iraq and Afghanistan veterans, as well as veterans from peacekeeping periods post-Vietnam and pre-1999).

The standards also reflect the different types of trauma experienced by veterans. Whereas some of their trauma experience can arise during deployment, a significant proportion may be attributed to incidents like training accidents or sexual trauma, or experiences during peacekeeping or disaster relief. It is worth noting that about 20% of DVA clients are women.

## THE TRAUMA RECOVERY PROGRAMME STANDARDS

The standards provide a framework for improving the quality of services to veterans. They draw upon best-practice evidence presented in the *Australian guidelines for the treatment of acute stress disorder and posttraumatic stress disorder* (ACPMH 2013) and are adapted for group-based PTSD treatment programmes.

Treatment components specified in the TRP standards are based on evidence-based interventions for PTSD and its common comorbidities. **The TRP standards prioritise individual trauma-focused therapy as the cornerstone of the programme's treatment.**

Six TRP standards address key components of a quality service:

1. Clinical governance
2. Access and targeting
3. Veterans' rights and providers' responsibilities
4. Clinical pathways
5. Treatment
6. Clinical data collection.

The following sections in this document present each of the six TRP standards and their criteria. They also outline what each standard is trying to achieve.

The TRP standards are aligned with the current *National Standards for Mental Health Services* (NSMHS) (Australian Government 2010). The Australian Commission on Safety and Quality in Health Care has indicated that version 2 of the National Safety and Quality Health Service Standards will incorporate the key safety elements of the NSMHS. DVA will review the current TRP standards in the context of these standards.

## PROGRAMME EVALUATION

DVA will evaluate the clinical effectiveness of the TRPs by collecting outcome data from veterans through Phoenix Australia Centre for Posttraumatic Mental Health, under contract arrangements, at the following time points:

- > assessment
- > intake
- > discharge
- > 3 months post-discharge (relapse prevention)
- > 9 months post-discharge.

Standard 6 (Clinical data collection) provides details on the TRP services requirements to meet this standard.

## ACCREDITATION

TRP accreditation will be integrated into the current providers' accreditation systems. The TRP service will be required to demonstrate that their programme meets the specific actions under each criterion to at least a satisfactory level.

## HOW TO USE THE STANDARDS WORKBOOK

The TRP standards are supported by the standards workbook (the workbook) (Australian Government 2015). The workbook will assist providers to determine if there is sufficient evidence to support and demonstrate that their systems and processes meet the accreditation requirements.

The TRP workbook:

- > provides questions and evidence examples for providers to consider when preparing for accreditation
- > outlines what is required for the clinical data collection.

**TRP services need to be aware that satisfying the TRP accreditation criteria will not qualify them for accreditation of their entire service.**



## STANDARD 1

# CLINICAL GOVERNANCE

### ▶ INTENT

The TRP service complies with the governance framework that supports a skilled clinical workforce in the delivery of evidence-based treatment.

### ▶ DELIVERABLES

#### What will this standard deliver?

- > TRPs that are reliable.
- > TRPs that are monitored, reviewed and improved.
- > A clinical workforce that has relevant skills and qualifications, and is supervised, trained and supported.
- > A clinical workforce that is maintaining and/or improving its skill set.

### ▶ CRITERIA AND ACTIONS

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#### 1.1 GOVERNANCE

##### Corresponding NSMHS criteria

##### Standard 8 – Governance, leadership and management

Criteria 8.1, 8.3, 8.5, 8.8, 8.10, 8.11

- 1.1.1 The TRP service complies with National Safety and Quality Health Service Standard 1: Governance, and Standard 8 of NSMHS.
- 1.1.2 The TRP service has a system in place to review the programme annually, and update it if required.
- 1.1.3 The TRP service implements a system to identify, record, monitor and report on organisational and clinical risks related to the programme.
- 1.1.4 The TRP service engages the clinical workforce in the management of programme risks.



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## 1.2 CLINICAL WORKFORCE

### Corresponding NSMHS criteria

#### Standard 3 – Consumer and carer participation

Criterion 3.5

#### Standard 6 – Consumers

Criterion 6.18

#### Standard 8 – Governance, leadership and management

Criteria 8.6, 8.7

#### Standard 9 – Integration

Criteria 9.1, 9.2

- 1.2.1 The TRP service ensures that the clinical mental health workforce understands the impact that military service and culture has on treatment planning.
- 1.2.2 The TRP service has a clinical mental health workforce with relevant qualifications, including accreditation and/or national registration with relevant professional organisations.
- 1.2.3 The TRP service ensures that individual trauma-focused therapy – either trauma-focused cognitive behavioural therapy (TF-CBT) or eye movement and desensitisation reprocessing (EMDR) – is provided by the clinical workforce that has completed the required clinical training.
- 1.2.4 The TRP service ensures that past programme participants involved in formal advocacy and/or support roles receive mentoring, supervision and support from an identified clinical staff member.
- 1.2.5 The TRP service ensures that:
  - > there are administrative staff to support the programme
  - > a psychiatrist is engaged as a clinical director to oversee the programme
  - > there is a nominated programme coordinator from the clinical workforce
  - > there is a minimum of three clinicians involved during the delivery of the programme.

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## 1.3 CLINICAL WORKFORCE SUPPORT AND SUPERVISION

### Corresponding NSMHS criteria

#### Standard 8 – Governance, leadership and management

Criteria 8.5, 8.6, 8.7

- 1.3.1 The TRP service has systems in place to ensure that the clinical workforce is supported by trained senior clinicians, including:
  - > individual clinical supervision
  - > attendance at scheduled clinical case reviews and group supervision meetings
  - > supervision and support in the provision of TF-CBT or EMDR treatment interventions.
- 1.3.2 The TRP service provides access to professional development for the clinical workforce relevant to the TRP.

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## 1.4 CLINICAL WORKFORCE SKILLS AND EXPERTISE

### Corresponding NSMHS criteria

#### Standard 8 – Governance, leadership and management

Criteria 8.5, 8.7

#### Standard 9 – Integration

Criterion 9.2

- 1.4.1 The TRP service has systems in place to ensure that the clinical workforce:
  - > maintains its skills and knowledge in evidenced-based practice
  - > provides best-practice treatment interventions consistent with current clinical guidelines
  - > is informed on new developments in best-practice treatment interventions, including clinical guidelines.
- 1.4.2 The TRP service monitors and reports to management and the clinical workforce on the use of best-practice treatment interventions and programme clinical outcomes.

## STANDARD 2

# ACCESS AND TARGETING

### ▶ INTENT

The TRP reflects, and is accessible to, the target population.

### ▶ DELIVERABLES

#### What will this standard deliver?

- > Information that meets the assessed needs of veterans.
- > Minimised treatment delays, and actions taken to provide interim support if there is a delay.
- > TRPs that are designed and delivered in a way that considers the needs of veterans.

### ▶ CRITERIA AND ACTIONS

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#### 2.1 INFORMATION PROVISION

##### Corresponding NSMHS criteria

##### Standard 6 – Consumers

Criterion 6.9

##### Standard 7 – Carers

Criterion 7.13

##### Standard 10 – Delivery of care

10.2 – Access: Criterion 10.2.2

10.3 – Entry: Criteria 10.3.1, 10.3.2

10.5 – Exit and re-entry: Criteria 10.5.3, 10.5.7

2.1.1 The TRP service provides information to the veteran community that is:

- > accessible, accurate and up to date
- > available via a number of sources, including social media
- > promoted to local organisations and services.

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## 2.2 PROGRAMME CRITERIA

### Corresponding NSMHS criteria

#### Standard 6 – Consumers

Criterion 6.9

#### Standard 7 – Carers

Criterion 7.13

#### Standard 10 – Delivery of care

10.3 – Entry: Criteria 10.3.1, 10.3.2, 10.3.3

- 2.2.1 The entry process to the TRP, including inclusion and exclusion criteria, is documented and transparent.
- 2.2.2 The TRP service responds to and prioritises all referrals according to risk, urgency, distress, dysfunction and disability.
- 2.2.3 The TRP service facilitates access to alternative care for veterans not accepted by the service.
- 2.2.4 TRP cohorts must be a minimum of 5 and a maximum of 10.

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## 2.3 ACCESSIBILITY

### Corresponding NSMHS criteria

#### Standard 6 – Consumers

Criteria 6.5, 6.7, 6.8, 6.9, 6.10

#### Standard 10 – Delivery of care

10.2 – Access: Criteria 10.2.1, 10.2.3

10.3 – Assessment and review: Criterion 10.3.5

10.5 – Treatment and support: Criteria 10.5.3, 10.5.5, 10.5.7, 10.5.12

- 2.3.1 The TRP service has a system in place that maximises timely access to the TRP, to reduce the risks of duplication in assessment, treatment, care and recovery planning.
- 2.3.2 The TRP service has a system in place to manage veteran mental health problems where there are delays in the commencement of a treatment programme.
- 2.3.3 The TRP schedule is flexible and based on the needs of the cohort.
- 2.3.4 The TRP service provides information on how to access 24-hour, non-TRP acute care services.



## STANDARD 3

# VETERANS' RIGHTS AND PROVIDERS' RESPONSIBILITIES

### ▶ INTENT

The TRP provides a high-quality clinical service that respects the rights of veterans and their carer(s).

### ▶ DELIVERABLES

#### What will this standard deliver?

- > Veterans who are well informed about treatment options, and have given informed consent.
- > Carers who are correctly identified, and involved and informed throughout the treatment.
- > Veterans and carers who have their rights and responsibilities respected.
- > TRPs that meet the needs of a range of veterans.

### ▶ CRITERIA AND ACTIONS

#### 3.1 CARERS

##### Corresponding NSMHS criteria

##### Standard 1 – Rights and responsibilities

Criteria 1.11, 1.12

##### Standard 3 – Consumer and carer participation

Criteria 3.1, 3.2

##### Standard 6 – Consumers

Criteria 6.1, 6.8, 6.11

##### Standard 7 – Carers

Criteria 7.1, 7.2, 7.7, 7.8, 7.9, 7.10, 7.11, 7.12, 7.13, 7.17

##### Standard 10 – Delivery of Care

10.5 – Treatment and support: Criterion 10.5.8

- 3.1.1 The TRP service gains informed consent from the veteran before obtaining or seeking information from the carer about that veteran.
- 3.1.2 The TRP service helps carers to access external psycho-educational services that can help optimise their wellbeing.

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## 3.2 INFORMED CONSENT TO PARTICIPATION

### Corresponding NSMHS criteria

#### Standard 1 – Rights and responsibilities

Criteria 1.1, 1.3, 1.4, 1.7, 1.8, 1.10, 1.11, 1.12, 1.16

#### Standard 3 – Consumer and carer participation

Criteria 3.1, 3.2

#### Standard 6 – Consumers

Criteria 6.3, 6.7, 6.8, 6.9, 6.10

#### Standard 7 – Carers

Criteria 7.4, 7.7, 7.9, 7.10, 7.13

#### Standard 10 – Delivery of care

10.5 – Treatment and support: Criteria 10.5.3, 10.5.8, 10.5.11

- 3.2.1 The TRP service ensures that, before the start of any treatment or participation in a carer support group, veterans and/or their carer(s):
- > are informed about the role and function of the TRP service
  - > have provided written informed consent to participate
  - > are provided with an up-to-date programme summary outlining the treatment programme and/or carer support group that they have consented to being a part of.

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## 3.3 VETERANS' RIGHTS TO PROGRAMME SERVICES

### Corresponding NSMHS criteria

#### Standard 1 – Rights and responsibilities

Criteria 1.1, 1.3, 1.4, 1.7, 1.8, 1.10, 1.11, 1.12, 1.16

#### Standard 3 – Consumer and carer participation

Criteria 3.1, 3.2, 3.5

#### Standard 6 – Consumers

Criteria 6.3, 6.4, 6.14, 6.15, 6.17, 6.18

#### Standard 7 – Carers

Criteria 7.4, 7.7, 7.11, 7.12

#### Standard 10 – Delivery of care

10.5 – Treatment and support: Criteria 10.5.3, 10.5.8, 10.5.11

The TRP service ensures that:

- 3.3.1 Veterans and their carer(s) are informed of their rights and responsibilities, in both written and verbal form.
- 3.3.2 Veterans and their carer(s) are able to provide feedback about the TRP service, and have any complaints or grievances addressed.
- 3.3.3 A complaints and grievances system is in place that:
- > is accessible by veterans, carers and staff
  - > reports to the governance body
  - > informs service improvement
  - > reports to veterans, carers and staff.
- 3.3.4 Veterans and their carer(s) are involved in all aspects of treatment care and recovery planning.

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## 3.4 DIVERSITY

### Corresponding NSMHS criteria

#### Standard 4 – Diversity responsiveness

Criteria 4.1, 4.2, 4.3, 4.4, 4.5, 4.6

#### Standard 7 – Carers

Criteria 7.5, 7.6

- 3.4.1 The TRP service identifies and considers the needs of the multicultural groups that access the services.

## STANDARD 4

# CLINICAL PATHWAYS

### ▶ INTENT

The TRP service has a routine clinical system in place to manage the veteran's clinical pathway, from referral into the service to post-discharge.

### ▶ DELIVERABLES

#### What will this standard deliver?

- > Care that is coordinated and continuous.
- > Treatment that is evidenced based and time limited.

### ▶ CRITERIA AND ACTIONS

#### 4.1 CONTINUITY OF CARE

##### Corresponding NSMHS criteria

##### Standard 9 – Integration

Criteria 9.1, 9.2, 9.3, 9.4, 9.5

##### Standard 10 – Delivery of care

10.3 – Entry: Criterion 10.3.8

- 4.1.1 The TRP service ensures that a coordinating clinician is allocated to each veteran at intake, which is documented and made known to the veteran and/or their carer(s).
- 4.1.2 The TRP service ensures that a system is in place to facilitate, communicate and document internal and external referral processes.
- 4.1.3 The TRP service ensures that the clinical workforce has a comprehensive knowledge of local community services and resources.
- 4.1.4 The TRP service ensures that there are links between its referral process and other service providers, including the Veterans and Veterans Family Counselling Service, to ensure continuity of care.
- 4.1.5 The TRP service engages with relevant clinicians or services at critical points throughout the programme, to ensure continuity of care.

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## 4.2 INTAKE AND ASSESSMENT

### Corresponding NSMHS criteria

#### Standard 6 – Consumers

Criteria 6.7, 6.8, 6.9, 6.10, 6.11

#### Standard 7 – Carers

Criteria 7.10, 7.12

#### Standard 10 – Delivery of care

10.3 – Entry: Criteria 10.3.1, 10.3.2, 10.3.3, 10.3.5

10.4 – Assessment and review: Criteria 10.4.1, 10.4.2, 10.4.3, 10.4.4

- 4.2.1 The TRP service implements systems to ensure that the programme outcome monitoring (POM) requirements at assessment and intake.
- 4.2.2 The TRP service conducts and documents comprehensive evidenced-based clinical assessment that informs:
  - > individual treatment plans
  - > risk assessment and management plans
  - > treatment review cycles
  - > discharge plans.

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## 4.3 REVIEW AND DISCHARGE

### Corresponding NSMHS criteria

#### Standard 2 – Safety

Criteria 2.1, 2.3, 2.10, 2.11, 2.12, 2.13

#### Standard 6 – Consumers

Criteria 6.5, 6.7, 6.8, 6.9, 6.10, 6.11, 6.12, 6.13

#### Standard 7 – Carers

Criteria 7.9, 7.10, 7.11, 7.12

#### Standard 10 – Delivery of care

10.4 – Assessment and review: Criteria 10.4.4, 10.4.5, 10.4.6, 10.4.8

10.6 – Exit and re-entry: Criteria 10.6.1, 10.6.2, 10.6.3, 10.6.4, 10.6.7

4.3.1 The TRP service implements systems to meet POM requirements at discharge.

- 4.3.2 The TRP service conducts regular clinical case reviews to monitor treatment progress, and to review treatment outcomes and modify treatment plans.
- 4.3.3 The TRP service provides direct clinical contact with the referring agency on the veteran's treatment outcomes and the discharge plan.
- 4.3.4 The TRP service provides a written comprehensive discharge plan to the veteran's external treatment providers/referrers and includes:
  - > clinical assessment and treatment outcomes
  - > risk assessment
  - > ongoing treatment requirements
  - > referrals to support services.

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## 4.4 RELAPSE PREVENTION

### Corresponding NSMHS criteria

#### Standard 2 – Safety

Criteria 2.1, 2.11, 2.12, 2.13

#### Standard 6 – Consumers

Criteria 6.5, 6.7, 6.8, 6.9, 6.10, 6.11, 6.12, 6.13

#### Standard 7 – Carers

Criteria 7.9, 7.10, 7.11, 7.12

#### Standard 10 – Delivery of care

10.4 – Assessment and review: Criteria 10.4.6, 10.4.8

10.6 – Exit and re-entry: Criteria 10.6.1, 10.6.2, 10.6.7

- 4.4.1 The TRP service at the beginning of each action implements systems to meet the POM requirements at post-discharge relapse prevention.
- 4.4.2 The TRP service implements processes and systems to ensure veterans attend the relapse prevention programme 3 months post-discharge.
- 4.4.3 The TRP service provides a one-day evidence-based group programme, with a focus on symptom management.

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## 4.5 NINE-MONTH POST-DISCHARGE FOLLOW-UP

- 4.5.1 The TRP service implements processes and systems to meet the POM requirements at 9 months post-discharge.

# STANDARD 5

# TREATMENT

## ▶ INTENT

The TRP provides best-practice treatment for PTSD and its common comorbidities.

## ▶ DELIVERABLES

### What will this standard deliver?

- > TRPs that provide evidence-based treatment for PTSD and comorbidities.
- > TRPs that provide evidence-based individual therapy and psycho-educational group treatment.
- > TRPs that do not use alternative therapies as a first-line treatment.

## ▶ CRITERIA AND ACTIONS

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### 5.1 TREATMENT STANDARDS

#### Corresponding NSMHS criteria

##### Standard 6 – Consumers

Criteria 6.5, 6.7, 6.8, 6.9, 6.10, 6.11, 6.12, 6.13

##### Standard 7 – Carers

Criteria 7.9, 7.10, 7.11, 7.12

##### Standard 10 – Delivery of care

10.5 – Treatment and support: Criteria 10.5.1, 10.5.2, 10.5.3, 10.5.5, 10.5.6, 10.5.7, 10.5.11, 10.5.12, 10.5.13, 10.5.15, 10.5.17

- 5.1.1 The TRP service provides evidenced-based treatment for PTSD consistent with the *Australian guidelines for the treatment of acute stress disorder and posttraumatic stress disorder* (ACPMH 2013).
- 5.1.2 The TRP timetable, and the clinician and participant manuals reflect the ‘*principles of recovery oriented mental health practice*’ from the *National standards for mental health 2010* (Australian Government 2010), including individual therapy.



- 5.1.3 Alternative therapies are not offered as a first-line treatment by the TRP service. If the veteran chooses to participate in alternative therapies, the TRP must follow specific guidelines.
- 5.1.4 TRP treatment is:
- > based on veterans' preferred approach to evidence-based treatment options
  - > responsive to the changing assessed clinical needs of veterans.
- 5.1.5 The TRP individual treatment plans are developed and reviewed collaboratively with the veteran and their carer(s), as appropriate.
- 5.1.6 The TRP provides information to veterans about self-care programmes or interventions that support the TRP's treatment protocol.
- 5.1.7 The TRP facilitates access to vocational support systems, and education and employment programmes.

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## 5.2 EVIDENCE-BASED TREATMENT: INDIVIDUAL THERAPY

### Corresponding NSMHS criteria

#### Standard 10 – Delivery of care

- 10.5 – Treatment and support: Criteria 10.5.1, 10.5.2, 10.5.3, 10.5.4, 10.5.5, 10.5.7
- 5.2.1 The TRP's individual treatment is evidenced-based TF-CBT or EMDR, and includes:
- > engagement and preparatory work of up to 6 sessions, as required
  - > TF-CBT, for a minimum of 8 and up to 12 sessions
  - > relapse prevention, for a minimum of 2 and up to 4 sessions, as required.
- 5.2.3 The TRP's weekly individual therapy sessions are provided during the programme at times agreed with the veteran.

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## 5.3 EVIDENCE-BASED TREATMENT: GROUP TREATMENT

### Corresponding NSMHS criteria

#### Standard 10 – Delivery of care

- 10.5 – Treatment and support: Criteria 10.5.1, 10.5.2, 10.5.3, 10.5.4, 10.5.5, 10.5.7, 10.5.8, 10.5.10, 10.5.11, 10.5.13, 10.5.14, 10.5.15, 10.5.17
- 5.3.1 The TRP group interventions are evidenced based and include symptom management and skills training, and information and links as specified in the workbook.
- 5.3.2 TRP service offers carer and or veteran cojoint groups as part of the programme.
- 5.3.3 The TRP relapse prevention programme is scheduled for 3 months post-discharge.

## STANDARD 6

# CLINICAL DATA COLLECTION

### ▶ INTENT

The TRP service complies with the programme outcome monitoring requirements for monitoring, reviewing and improving programme quality.

### ▶ DELIVERABLES

#### What will this standard deliver?

- › TRP services that collect clinical outcome data that are used for service improvement.

### ▶ CRITERIA AND ACTIONS

#### 6.1 PROGRAMME DATA COLLECTION AND MONITORING

##### Corresponding NSMHS criteria

##### Standard 8 – Governance, leadership and management

Criteria 8.4, 8.9, 8.11

- 6.1.1 The TRP service has systems in place to comply with DVA's data requirements.
- 6.1.2 The TRP service has 100% compliance with the following data collection at intake, assessment and discharge:
  - › veteran consent forms
  - › clinical assessment questionnaire (CA-PTSD)
  - › veteran intake questionnaire (VI-PTSD)
  - › clinical (CD-PTSD) and veteran (VD-PTSD) discharge questionnaires.

Data are submitted within two weeks of programme completion to the data collection agency.

- 6.1.3 The TRP service has 90% compliance with the relapse prevention programme questionnaire (V3-PTSD), which is submitted within 2 weeks of programme completion to the data collection agency.
- 6.1.4 The TRP service has 50% compliance with data collection for the 9-month post-discharge questionnaire (V9-PTSD), which is submitted within 2 weeks of the TRP service receiving it to the data collection agency.



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