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APS Response to Public Consultation

Draft Australian Clinical Practice Guidelines for the Management of Psychosocial Difficulties for Adults with Moderate-to-Severe Traumatic Brain Injury (TBI)

Submitted via survey to: https://redcap.utas.edu.au/surveys/?s=T7M7FPPHWFL88FTH

Response to the consultation/survey questions

1. **Do you have any feedback about the draft recommendations or practice points contained in the guidelines? If yes, please detail your feedback below with reference to the specific page number, section name, and clinical question.**
The APS commends the draft recommendations and practice points in the Guideline. It is grounded in a rigorous methodology integrating psychological science, professional expertise and lived experience insights. The APS supports the emphasis on psychosocial interventions addressing mental health, behaviour, social cognition and involvement of close others. Additionally, the APS acknowledges the important themes woven throughout the Guideline, including cultural factors, tailored approaches, involvement of close others, clinician competence and valid/reliable assessments. Furthermore, we commend the inclusion of supplementary chapters/documents and practice points for underrepresented subgroups, such as First Peoples, individuals from CALD backgrounds and those in rural and remote communities. Based on member feedback, the APS recommends more explicitly emphasising within the mental health section of the Guideline, or other appropriate stream/s, the importance of psychosocial interventions in addressing the following key areas of psychosocial difficulties experienced by people living with moderate-to-severe TBI: • **Psychological adjustment to profound psychosocial change:** This includes challenges related to employment, daily activities and life roles. Psychosocial interventions, such as employment and vocational rehabilitation, as well as approaches to grief, acceptance, and identity redefinition and meaning, can play a vital role in supporting individuals and close others to adjust to these changes ([1–3]). • **Co-occurrence of TBI and chronic pain**: Chronic pain, including persistent headaches, whiplash or other musculoskeletal issues, often exacerbates psychosocial difficulties for people with TBI. Effective psychosocial approaches to pain and pain management are compelling. Evidence has shown psychosocial interventions address the psychological and emotional impacts of chronic pain, improve coping mechanisms and enhance overall quality of life and functional outcomes for individuals living with TBI ([4]). • **Psychosocial barriers created by stigma:** Stigma associated with TBI can create significant barriers to seeking help, engaging in rehabilitation and psychosocial intervention, and reintegrating into the community. Including guidance about stigma and non-stigmatising support can foster understanding, acceptance and inclusivity for individuals living with TBI, enhancing their overall psychological and social wellbeing ([5]).

The APS acknowledges that at the present time there may be limited evidence to support specific psychosocial intervention recommendations for these difficulties. However, including guiding practice points even in the absence of a formal recommendation - like the approach used for interventions involving close others throughout the Guideline (e.g., p. 44 Mental Health Interventions Involving Close Others) - would offer valuable and consistent guidance for practitioners on these significant for people with moderate-to-severe TBI and close others.

2. **Do you have any comments about the strength of the recommendations being made in the guidelines (e.g., strong vs. conditional vs. consensus)? If yes, please detail your feedback below with reference to the specific page number, section name, and clinical question.**

The APS is satisfied with the use of strong, conditional and consensus recommendations within the Guideline to reflect the varying levels of evidence.

Where recommendations are classified as conditional or consensus, we suggest explicitly cross-referencing to the parts of the Guideline that highlight the research gaps and priority areas for further investigation (from p. 82). This approach facilitates ready access to more details about the areas requiring further evidence to help practitioners inform treatment planning and also focus researcher efforts on addressing these gaps to strengthen future practice.

3. **Do you believe there is any high-quality evidence we have omitted that would change the recommendations? If yes, please detail your feedback below with reference to the specific page number, section name, and clinical question.**

The APS is confident in the rigor of the process undertaken in the development of the Guideline and we are not aware of any other relevant evidence that would change the recommendations.

4. **Do you have any general comments for us to consider regarding the implementation of these recommendations?**

The APS endorses the strategies for Guideline implementation outlined in the dissemination plan and offer the following additional recommendations to enhance effective implementation:

1. **Targeted Professional Education, Training and Resources**
   Structured professional workshops, CPD modules, roadshows and resources that align with the Guideline can increase awareness of the Guideline and enhance practitioner skills and confidence in delivering evidence-based psychosocial interventions for TBI.

As a practical way forward, we recommend initiating a collaborative project with the relevant professional associations, such as the APS, alongside researchers/experts and people with lived experience to audit existing education, training and resources on psychosocial interventions for people with moderate-to-severe TBI. This would identify gaps and opportunities to better align offerings with the Guideline and could also promote multidisciplinary learning and practice approaches critical for effective psychosocial care for people with TBI.

2. **Equitable Care for First Peoples**
   We commend the inclusion of a dedicated supplementary chapter/document with practice points for psychosocial interventions for First Peoples with moderate-to-severe TBI. Access to mainstream services for appropriate care is often inequitable, particularly due to the ongoing impacts of colonisation and intergenerational trauma, compounded by unique social determinants such as racism, disconnection from country, service inequities, educational and health disparities, higher rates of substance use and interaction with the criminal justice system. We also acknowledge the limited availability of rigorous research on psychosocial interventions for First Peoples with TBI (e.g., p. 28).

   Given this, we commend the establishment of a First Peoples Advisory Group to inform the Guideline development. To support the implementation and ongoing relevance and effectiveness of the Guidelines, we recommend continued support for the First Peoples Advisory Group. Their sustained involvement will ensure culturally safe, tailored approaches to implementation and the identification of further opportunities to improve access to appropriate care for First Peoples with moderate-to-severe TBI.

3. **Regional and Remote Communities**
   We commend the inclusion of a dedicated supplementary chapter/document with literature review regarding psychosocial interventions for people with moderate-to-severe TBI living in rural and remote communities. This, alongside practice points on telehealth, community-based programs and professional education, training and supervision, is a valuable addition.

   To further strengthen these efforts, we recommend partnering with the National Rural Health Alliance to refine the practice points and develop targeted recommendations effective dissemination and implementation of the Guideline, ensuring it meets the unique needs of practitioners in rural and remote areas.

5. **Do you have any other comments you wish to make about these guidelines?**

- The APS notes and supports the identified gaps and research priorities for TBI psychosocial care (from p. 82). We know that the evidence will evolve and appreciate that the Guideline acknowledges this and the need for ongoing research.
- The APS concurs with a recommended update of the Guideline in 2030 (as per p. 3) to ensure it remains current and reflects the developing evidence-base over that time.
- Minor comment: Correct the suggested citation (p. 3) to 2025 as the year of publication, rather than 2024 for consistency with the cover date.
- Thank you for the opportunity to provide feedback on the Guideline. The APS appreciates the high-quality work reflected in the draft and looks forward to reviewing the final NHMRC-approved version as per your request for endorsement. We also welcome any opportunities for ongoing collaboration as the Guideline is disseminated and evolves.

References

1. Vaghela, R., Santoro, C., & Braham, L. (2023). The psychological adjustment needs of individuals following an acquired brain injury: A systematic review. *Applied Neuropsychology: Adult*, *30*(5), 469–482.
2. Igoe, A., Twomey, D. M., Allen, N., Carton, S., Brady, N., & O'Keeffe, F. (2024). A longitudinal analysis of factors associated with post traumatic growth after acquired brain injury. *Neuropsychological Rehabilitation*, *34*(3), 430–452.
3. Mac Conaill, S., McGrath, A., & Fortune, D. G. (2024). Experiences of loss and grief in adults with acquired brain injury (ABI): A systematic review and meta synthesis of qualitative studies. *Neuropsychological Rehabilitation*, 1–28.
4. Argyriou, A. A., Mitsikostas, D.-D., Mantovani, E., Litsardopoulos, P., Panagiotopoulos, V., & Tamburin, S. (2021). An updated brief overview on post-traumatic headache and a systematic review of the non-pharmacological interventions for its management. *Expert Review of Neurotherapeutics*, *21*(4), 475–490.
5. Poritz, J. M. P., Harik, L. M., Vos, L., Ngan, E., Leon-Novelo, L., & Sherer, M. (2019). Perceived stigma and its association with participation following traumatic brain injury. *Stigma and Health*, *4*(1), 107–115. https://doi.org/10.1037/sah0000122