Review and Commentary

15-12-2014

Complex Trauma versus CPTSD

Nique
CE at the Dutch Top Referent Trauma Center (TRTC) Assen-Drenthe, The Netherlands
Diagnosed, Educated and Treated by the national Dutch mental health department
GGZ Traumatology & research & education

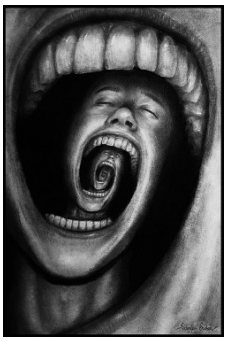
REVIEW and my own commentary to

COMPLEX TRAUMA EN COMPLEXE PTSS
(link to Dutch Journal)

A Complex-Trauma and a Complex-PTSD is not the same

Lots of people suffer a Complex Trauma (traumatic experiences),
but not all of them meet also the criteria (symptoms) of a Complex PTSD (clinical diagnose)

* * *



Psych-traumatology handles three terms to define and indicate a Psychologically-trauma.

1. PTSD, Post-traumatic stress disorder
2. Complex Trauma (multiple and divers traumatic experiences)
3. C-PTSD or CPTSD, a clinical condition: a Complex-Trauma with typical PTSD symptoms which is indicated for Complex-PTSD treatment

Although the upcoming ICD-11 will also carry a category to classify CPTSD, the DSM-5 carries no record to the classification of a Complex - Post Traumatic Stress Disorder (CPTSD or C-PTSD). As results one is bound to the diagnose of PTSD to diagnose a CPTSD. However, the guidelines for the treatment of a PTSD and a CPTSD vary enormously.

If we talk about a 'Complex Trauma'

we talk about multiple traumatic experiences, in other words; the traumatic experiences were multiple and complex, but this doesn't mean one is automatically suffering a clinical PTSD condition.

If we talk about a Complex-PTSD

we talk about a clinical (diagnostically) PTSD condition, in other words; the symptoms of a PTSD needs a more complicated treatment policy (complex).
And here the misunderstanding starts, because a Complex-Trauma does not automatically mean one is suffering a Complex Post Traumatic Stress Disorder; many patient groups this is not examined or are the prevalence's relatively low. So it is very important to understand and use these terms proper. And it is also very important to specify both, a complex-trauma (and possible dissociative symptoms) and or PTSD (complex), in a descriptive diagnosis.
To do so we need to know 'What do we define as complex' ?

1. The traumatic experience (Single Trauma or Complex Trauma - multiple traumatic experiences)
2. The consequences of the Trauma (the symptoms mild, complex or multiple complex (comorbidity disorders).
3. And which treatment policy is needed

In order of this line you can define:

1. PTSD treatment is indicated if a client suffers PTSD symptoms (often caused by a single Traumatic-experience)
2. A Complex Trauma:
   Is characterized by long duration, repetition, interpersonal context and the disruption of development phases.
   But… if one suffered a Complex Trauma, this means not automatically one also suffers a CPTSD.
   And here misunderstandings often arise !
3. CPTSD is classified if one suffers complex-PTSD symptoms

Lots of times these terms get confused with each other because one know no distinction between a Complex Trauma 'and' a Complex PTSD and that brings consequences for treatment. The most characteristic difference between the treatment of a PTSD and a CPTSD is in the can or cannot lift avoidance and in the confrontation with traumatic memories.

Also the concept of a Complex Trauma (multiple experiences) says nothing about whether one suffers a Post-Traumatic Stress symptoms/disorder (clinical condition).

Commentary note Nique:

Co-morbidity or multiple diagnoses

Someone can suffer autism, or a Borderline personality disorder (or other mental disorder) and at the same time suffered multiple traumatic experiences throughout his or her life (Complex Trauma) which causes mild to severe Dissociative Symptoms, however, symptoms do not fit or automatically lead to a diagnosis PTSD with the treatment indication Complex (CPTSD).

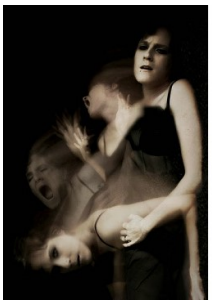
Lots of people don't understand why not all clients which suffered a complex trauma gets indicated (diagnosed) with a PTSD (complex) although they suffer mild to severe Dissociative Symptoms and or diagnosed with a Dissociative Disorder. Clinicians should give a better description to a diagnostically rapport of a Complex Trauma, a Dissociative Disorder - with or not with PTSD indication. and also to the indicated treatment policy and advise. And they should take the time to make those diagnoses and treatment indication acceptable and understandable to the client.

Accepting a diagnose is very difficult, but it's even more difficult to accept a treatment policy which doesn't make any sense to a client or even worse 'is not the right treatment policy'. And a client also needs to understand that the therapist is no wizards of Oz or the prince on the white horse who is able to rescue the client. Specialized treatment is not a one way ticket drive and sometimes, after a reasonable time trying to come to a mutual understanding, we all need to accept that a specialist has to give back the treatment in the hands of standard therapeutically mental health care and care takers.

Review Treatment policy:

To the treatment of a PTSD confrontation with traumatic memories is standard treatment policy (van Balkom e.a., 2013), but at the core of a CPTSD treatment we need to focus on psychosocial stabilization - the phase I of the treatment guidelines of CPTSD (Cloitre e.a.,2012) because one first needs to explore if the client is stable enough to enter a phase II of the treatment (confrontation with traumatic memories). The assessment of whether or not to directly start a phase II and skip the stabilization phase, needs much more research. Therefore Jackie June ter Heid, Rolf Kleber en Trudy Mooren (2014) call for a better understanding and use of terms.

Situations and causes which lead to symptoms:



Until this moment there is still no agreement on which elements are typical to define a Complex Trauma. In view of the lack of agreement on what complex trauma involves, it seems wise for treating physicians in communication about their patients (such as treatment plans including reference letters) to specify characteristics of the complex trauma history, either to speak of prolonged or repeated or interpersonal or early trauma.

Commentary and Translated Review of the Dutch language Journal:

http://link.springer.com/article/10.1007/s12485-014-0051-y

11 Oct 2014, Auteur(s) :Jackie June ter Heide, Rolf Kleber, Trudy Mooren

With much respect for all the clinical traumatology researchers

Nique (December 2014) Tertiary SD + PTSD complex
Cl.E Top Referent Trauma Center Assen-Drenthe, the Netherlands

Reference:

* Ross CA (2014) 33,3 pg 285 full document
* Nijenhuis ERS, TRTC Assen-Drenthe the Netherland (2014) Ten Reasons for conceiving and classifying posttraumatic stress disorder as a dissociative disorder. Psichiatria e Psicoterapia 33, 1, 74-106.
* The Haunted Self (Nijenhuis, vd Hart, Steele, 2005, 2006)

* by Cl. Nique (December 2014)
Commentary to Ross 33,3 pg 285 – question 1 Do all case of PTSD have an EP
An overview our daily life ANP and EP handling-system