Complex PTSD

It appears clear from the PTSD criteria outlined in the DSM-5 that the work group responsible for the Post-traumatic Disorders category were attempting to deal with the problem that the DSM-IV had left unresolved. This was that the DSM-IV PSTD diagnosis did not adequately capture the symptomatology of individuals who had experienced chronic or complex trauma. After the DSM-IV, a large body of clinical and research literature addressed the problem of "Complex PTSD." Although Complex PTSD (also referred to as DESNOS, disorders of extreme distress not otherwise specified) was not contained in the DSM-IV, it was accepted by many in the psychological trauma field that it consisted of problems in six broad categories (Herman, 1992a):

1. alterations in regulation of affect and impulses;
2. alterations in attention or consciousness;
3. alterations in self-perception;
4. alterations in relations with others;
5. somatization; and
6. alterations in systems of meaning.

Complex trauma has been defined as "traumatic attachment that is life- or self-threatening, sexually violating, or otherwise emotionally overwhelming, abandoning, or personally castigating or negating, and involves events and experiences that alter the development of the self by requiring survival to take precedence over normal psychobiological development" (Courtois & Ford, 2013, page 25). Complex traumas often involve chronic traumatisation, that is, repeated traumatic events that can go on for months or even years, such as often occurs with abuse in childhood. For children who are repeatedly abused, every aspect of their development is affected. Other kinds of complex traumas can include such traumas as being a combatant or peacekeeper in a war zone, being a prisoner of war or ongoing domestic violence. It is also important to note that complex traumas are generally interpersonal traumas. Traumatic experiences that lead to "simple" PTSD can include such things as natural disasters or severe motor vehicle accidents as well as interpersonal traumas. But what is most important to recognize with simple PTSD is that this usually develops out of a single event as opposed to recurrent traumatisation. For example, a woman who is raped by a stranger and has no other history of interpersonal trauma may develop simple PTSD as opposed to Complex PTSD.

Complex trauma

Defined as "traumatic attachment that is life- or self-threatening, sexually violating, or otherwise emotionally overwhelming, abandoning, or personally castigating or negating, and involves events and experiences that alter the development of the self by requiring survival to take precedence over normal psychobiological development. Note that traumatic events experienced in adulthood may have similarly complex adverse effects by severely damaging or destroying a person's previously formed self, beliefs, and perceptions, for example when torture, genocide, or extended abusive captivity are inflicted on individuals or entire populations."

Courtois & Ford, 2013, p.25

Assessing “Complex” PTSD

DSM-5

The diagnostic criteria for PTSD in DSM-IV consisted of three symptom clusters: intrusion (or re-experiencing), avoidance and hyperarousal. The DSM-5 expanded the PTSD criteria to be more inclusive of symptoms experienced by those suffering from complex trauma. Thus, the PTSD criteria now include such symptoms as problems with mood, altered systems of meaning (negative alterations in cognition), and alterations in self-perception (persistent and exaggerated negative beliefs about oneself). Many researchers and clinicians working with those with Complex PTSD symptoms find that many of the treatments developed for simple PTSD are not sufficient for addressing the effects of complex trauma. The research on interventions for complex trauma is in its early phase of development.

ICD-11

An alternative to the DSM-5 is the WHO International Classification of Diseases (ICD). The new version of the ICD, ICD-11, is currently under development and is projected to be completed in 2015. The working group for the trauma disorders in the ICD-11 is taking a different approach to diagnosing post-traumatic stress. They are proposing two related diagnostic categories in keeping with the history of the field---PTSD and Complex PTSD (Cloitre, Garvert, Brewin, Bryant, & Maercker, 2013). The proposal for the ICD-11 is that PTSD continues to be defined by the three symptom clusters of re-experiencing, avoidance and sense of threat (hyperarousal). Complex PTSD will include the three symptom clusters of PTSD along with three additional symptom clusters---affect dysregulation, negative self-concept, and interpersonal problems. Although the proposed ICD-11 Complex PTSD criteria do not address all the symptom clusters that were previously outlined in the Complex PTSD literature, research on these two proposed diagnostic categories as defined by the ICD-11 trauma disorders work group provides empirical support for these as two clinically distinct populations. The proposed ICD-11 PTSD and Complex PTSD diagnoses clearly differentiate between these two clinical groups. One advantage is that a separate Complex PTSD diagnosis may be more conducive to research that aims to advance our understanding of the impact of complex trauma and how best to treat individuals who suffer from those effects.

Some experts, however, believe that current research and clinical experience do not support two separate diagnoses, and that it is more accurate to conceptualize PTSD symptoms as existing on a continuum. It appears that the expert task force which developed the DSM-5 diagnostic criteria for PTSD did not believe there was enough evidence to create two separate diagnoses.