COMPLEX PTSD AS A DIAGNOSIS

There has been ongoing debate among mental health clinicians and researchers regarding the diagnosis of CPTSD. Although there were many who wished to see it included as a separate category in the 2015 edition of American Psychological Association Diagnostic & Statistical Manual of Mental Disorders there were many who disagreed and much debate ensued (Bryant, 2012; Cloitre et al., 2012; Herman, 2012; Resnick et al., 2012a, 2012b; Weiss, 2012). In the end, it was included in the manual as a subsection under the more well-known Post Traumatic Stress Disorder (PTSD).

Since that time, however, research data have provided growing evidence for the validity of CPTSD as a construct, and it is anticipated that Complex PTSD will be included in the 11th version of the World Health Organization's (WHO) International Classification of Diseases (ICD11) to be published in 2017-2018:

> *In addition to the numerous other findings regarding the validity of a unique and distinguishable class of trauma survivors who exhibit the symptom profile of CPTSD (Cloitre et al., 2013; Cloitre et al., 2014; Elklit et al., 2014; Knefel et al., 2015; Knefel & LuegerSchuster, 2013), researchers and clinicians now have a growing body of evidence, drawn from a multitude of distinct trauma populations, to support the construct validity of CPTSD as a distinct diagnostic entity* (Hyland et al., 2016, p. 7).

It is not known whether or when Complex PTSD might be included in the APA's diagnostic manual. It should be noted that Complex PTSD is referred to alternately in the literature as Complex Trauma, Disorder of Extreme Stress Not Otherwise Specified (DESNOS), Developmental Trauma (relating to children).

Symptoms of CPTSD and PTSD

Until such time as Complex PTSD is included in either or both of these diagnostic manuals, it is important for those provide treatment and related services to understand the differences between about PTSD and Complex PTSD. According to Cloitre and colleagues (2016), CPTSD shares three main symptoms with PTSD which include:

- *Re-experiencing the past* – in the form of nightmares and flashbacks. While in PTSD flashbacks tend to be visual, in CPTSD they are often emotional and involve a sudden, overwhelming rush of emotions such as anger, shame, humiliation, abandonment, and of being small and powerless much like a child would feel when abused;
- *Sense of threat* – constantly on guard or hypervigilant, strong startle reaction; and,
- *Avoidance* - of thoughts, feelings, people, places, activities relating to the trauma (e.g., dissociation, derealization).

They report, however, that CPTSD has three additional symptoms which are not shared with PTSD. These include:

- *Emotion regulation* – Emotional sensitivity; reduced ability to respond to situations in an emotionally appropriate and flexible manner

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- *Negative self-concept* - Feeling of shame, worthlessness and defectiveness, virulent inner and outer critic.
- *Interpersonal problems* - Difficulty feeling close to another person; feeling disconnected, distant or cut off from other people (depersonalization, social anxiety).

To avoid being misdiagnosed as having PTSD, those with the disorder may need to actively educate the professionals serving them about Complex PTSD. It is likely that this information and the credibility of the scientific literature identified in the "References" section will aid you in receiving an accurate diagnosis and treatment.

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