

key points

SELECTED BY

Dr Phillip Bland

GP with an interest in mental health, Dalton-in-Furness

While the common perception of post-traumatic stress disorder (PTSD) is of an individual suffering from a single traumatic event, clinicians need to be aware of those people who have been exposed to multiple potentially traumatic events. Type 2 or complex trauma results from multiple or repeated traumatic events occurring over extended periods.

Complex trauma is often associated with other adversity and stressors such as neglect, loss or deprivation. For many individuals these traumas occur at a developmentally vulnerable time with the perpetrator often in a caregiving role; thus the trauma incorporates a betrayal of trust.

Disclosure can be a problem particularly with complex trauma such as sexual abuse or domestic violence, and is often incremental as trust with the clinician is formed. Sensitive assessment is needed as trauma survivors can find it hard to articulate their experience and reassurance that an exhaustive description is not needed is helpful.

Patients who have experienced complex trauma should be assessed for the core symptoms of PTSD. In addition, patients should be assessed for disturbances in the three domains of emotional dysregulation, negative self-concept and interpersonal disturbances.

The management of complex PTSD is challenging and will normally require the input of specialist trauma-informed mental health services. Ongoing engagement with general practice is invaluable as therapy can itself destabilise individuals; an understanding of this and the provision of additional support may be beneficial.

Psychological therapies for complex PTSD are delivered by a wide range of staff both within the NHS and the non-statutory sector with the latter often organised around specific needs and groups of patients (e.g. victims of torture, rape, or childhood sexual abuse). The therapeutic relationship is crucial and challenging for all clinicians involved, and the loss of trust in authority or authority figures may be a barrier to treatment or to referral to specialists.

The use of medication in complex PTSD tends to be in combination with psychotherapy, or when psychotherapy has been less than fully effective, or for those who are desperate for help but terrified of undertaking therapy. Individuals with complex PTSD may derive little or no benefit from SSRIs but there is some evidence that olanzapine may be effective.