

# Understanding the Complexities of Complex Post Traumatic Stress Disorder (PTSD) for Children and Young People

**Friday 13<sup>th</sup> July**  
**Professor Chris Brewin**

## The Diagnosis of Complex PTSD

The idea of a disorder that reflects the effects of prolonged or repeated traumatisation has been discussed for many years, usually referred to as “complex PTSD” or “disorders of extreme stress not otherwise specified” (DESNOS). Within DSM-IV it was concluded that the symptoms were best regarded as associated features of PTSD rather than as constituting a separate disorder, whereas ICD-10 did include a separate diagnosis, “enduring personality change after catastrophic experience”. The World Health Organization's proposals for posttraumatic stress disorder (PTSD) in the 11th edition of the International Classification of Diseases, scheduled for release in 2018, involve a very brief set of symptoms and a distinction between two sibling disorders, PTSD and Complex PTSD. Unlike previous similar diagnoses, these are distinguished only on the basis of symptoms, not on the nature of the precipitating trauma. A review of studies conducted to test the validity and implications of the diagnostic proposals generally supports the proposed 3-factor structure of PTSD symptoms, the 6-factor structure of Complex PTSD symptoms, and the distinction between PTSD and Complex PTSD. Preliminary evidence suggests that CPTSD identifies a distinct group who have more often experienced multiple and sustained traumas and have greater functional impairment than those with PTSD.

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