



The Importance of a Differential Diagnosis in the Effective Intervention of Complex Post Traumatic Stress Disorder

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Abstract

Recognizing the consequences of experiencing traumatic events is the first and most important step towards an effective recovery. Attributing a name and a cause to what plagues trauma victims allows them to feel valid and fixable and no longer a destroyed element that no one can put back together. Synonym of injury in Greek vocabulary, the word trauma describes well what will be the objective of the intervention. Just like a physical wound, treat and care to ensure its healing.

Keywords: Trauma, PTSD, CPTSD, Emotional regulation

From PTSD to CPTSD

Over many years, several scholars have been exploring the issue of Post Traumatic Stress Disorder (PTSD) as an unequivocal consequence of experiencing one or more traumatic experiences, however, along this path it has become clear that the “simplicity” of this diagnosis was not faithful to the symptoms several the victims of prolonged trauma presented.^{1,2} The specificity of the symptoms presented by victims of certain forms of mistreatment, such as sexual abuse, torture or domestic violence, often associated with experiences of physical or emotional imprisonment, needed to be analyzed in a particular way, far from the general conception of trauma and PTSD. Despite presenting symptoms common to the diagnosis of PTSD, such as the existence of intrusive symptoms, per-

sistent avoidance of remembering the stimulus, negative changes in cognition and mood and the disruptive reaction to the traumatic event, the diagnosis of CSPT (Complex Post Traumatic Stress Disorder) lacks something more that allows us to explain a diversity of symptoms that goes beyond the previous criteria.³

Consequences of Complex Trauma

It has been demonstrated that the experience of diverse traumatic experiences and/or repeated exposure to such experiences, with a main focus on childhood, results in significant changes for those who experience it, such as severe difficulty in emotional regulation with a focus on impaired ability to modulate anger, changes in consciousness and attention⁴ with the possibility of dissociative episodes and amnesia, changes in self-perception, with the ex-

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istence of beliefs of inferiority marked and persistent feelings of guilt, and biases in the way the aggressor is perceived, for example, integrating the aggressor's belief system as your own. There is also persistent difficulty in establishing and maintaining relationships, due to the almost impossibility of trusting and, not infrequently, somatization and other physical health problems.⁵⁻⁷

Faced with this scenario, few options remain for the victims. Either adapting (within their possibilities) to what is their reality, or rebelling against a situation from which they cannot escape, often finding no other option than that of annulment or self-destruction.

Although the consequences of this pathology are diverse and highly disruptive, it is not abnormal that its victims do not identify the symptoms as such, integrating them into their daily lives, using coping strategies, more or less disruptive, in an attempt to maintain functionality.⁸ Although they may vary, depending on the specificity of the trauma experienced, they overlap on many points, mostly related to the victim's view of themselves and the world and with severe impairment of their daily functioning on a social, personal, and professional level.⁴

Comorbidities

Often increased by the comorbidity with other pathologies, these are quite significant, with high values in the existence of affective and depressive disorders, substance abuse and anxiety disorders, among others,^{4,9} often with the presence of anger and self-destructive behaviours and self-inflicted harm. Ultimately, the experience of an apparent dead end and such exhausting and fruitless management can lead to self-destruction and the decision to end one's life. The correlation between this diagnosis and suicidal ideation is significant,¹⁰ which further reinforces the need to explore how to appropriately intervene in this complex diagnosis.

The diagnosis of CPTSD is not always obvious and tends to be complicated by similarity with other pathologies. Overlap with PTSD symptoms or similarities with Borderline Disorder (BPD) symptoms are some of the setbacks in the assessment process. As research advances, the distinction between PTSD and CPTSD begins to become more obvious and identifiable,^{11,12} however it is not uncommon for a victim of CPTSD to be diagnosed with PTSD and the actual diagnosis to fall short. The same happens with BPD, which shares several common elements with CPTSD, mainly regarding affective regulation and relational problems,^{2,11} although they differ in self-concept and experience of social relations. While in BPD there is greater instability in the self-concept and greater difficulty in establishing social relationships, in CPTSD this self-concept takes on a more persistently negative register and the relationship with others tends to be of greater avoidance.^{13,14}

Intervention in CPTSD

Although it is still work in progress, the establishment of effective intervention models in CPTSD has been increasingly studied and some tools are already being identified as effective. Focusing on psychoeducation and almost always with a phased intervention developed in stages, most of the suggested intervention models present satisfactory results, with a significant decrease in CPTSD values at the end.¹⁵⁻¹⁷

Back to Basics

Properly diagnosing CPTSD for a trauma victim is the first step in their recovery process, which further increases the importance of talking about the topic. The familiarization of professionals with this pathology, which despite not yet being present in the DSM is identified in the latest edition of the ICD, is crucial for the request for help from these victims to be well received and brought to fruition. Recognizing that the person is not characterized by symptoms and that their history is an equally important diagnostic criterion are crucial steps towards an effective recovery.

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Conflicts of Interest

The Author declares that there are no conflicts of interest.

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