

The Relationship between Complex Trauma and Personality Disorders and Its Implications

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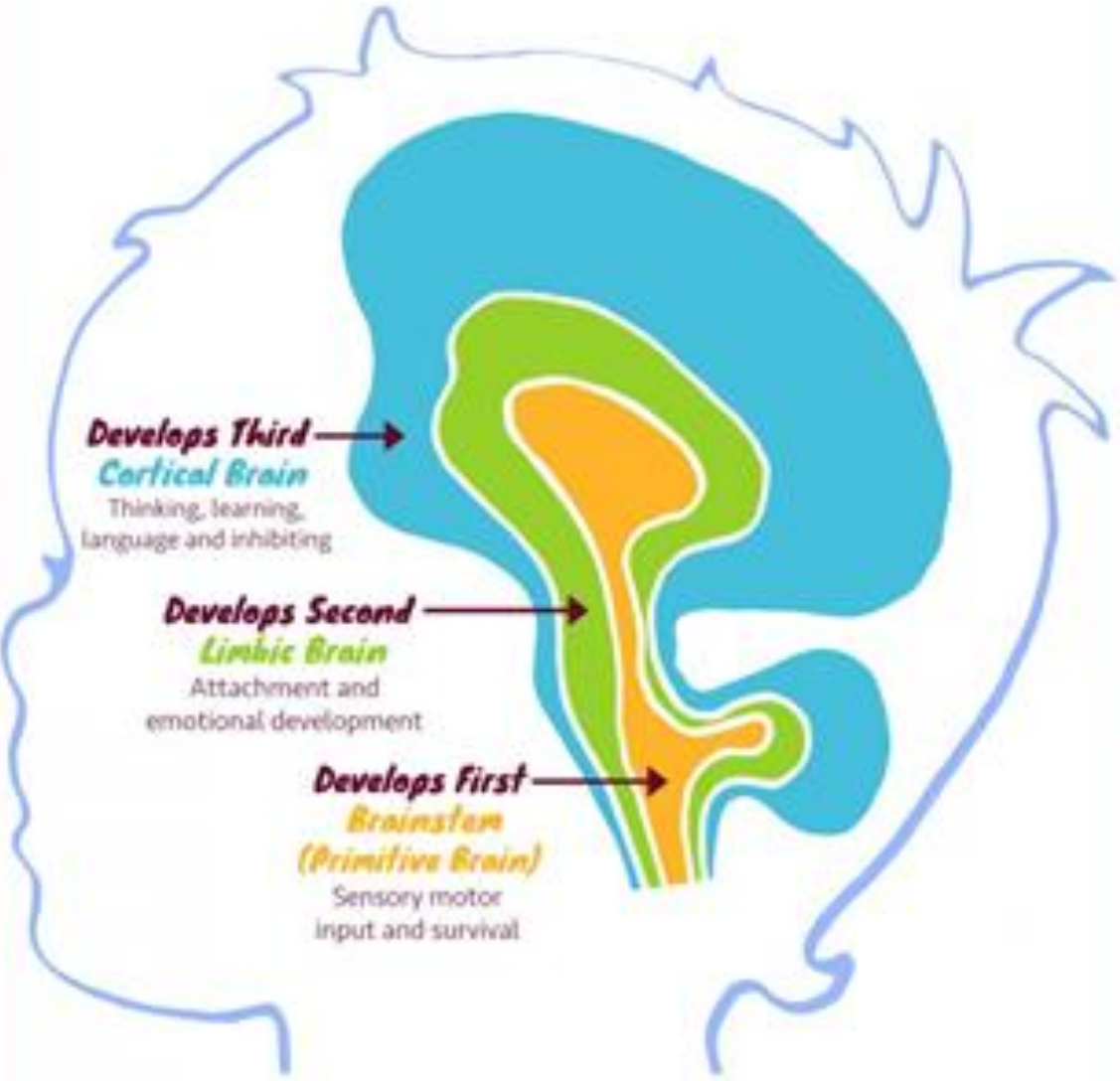
The author has no conflicts of interest to disclose.

The Effects of Trauma on Early Brain Development

Brains Change When Exposed to Traumatic Experiences

- Trauma exposure results in structural and functional changes in the brain (Gabowitz et al., 2008)
- Trauma exposure reduces the volumes of the amygdala, hippocampus, and prefrontal cortex (Wilson, Hansen, & Li, 2011)
- Earlier onset and longer duration of trauma results in more significant structural changes in the brain (De Bellis et al., 1999; Cohen et al., 2002)

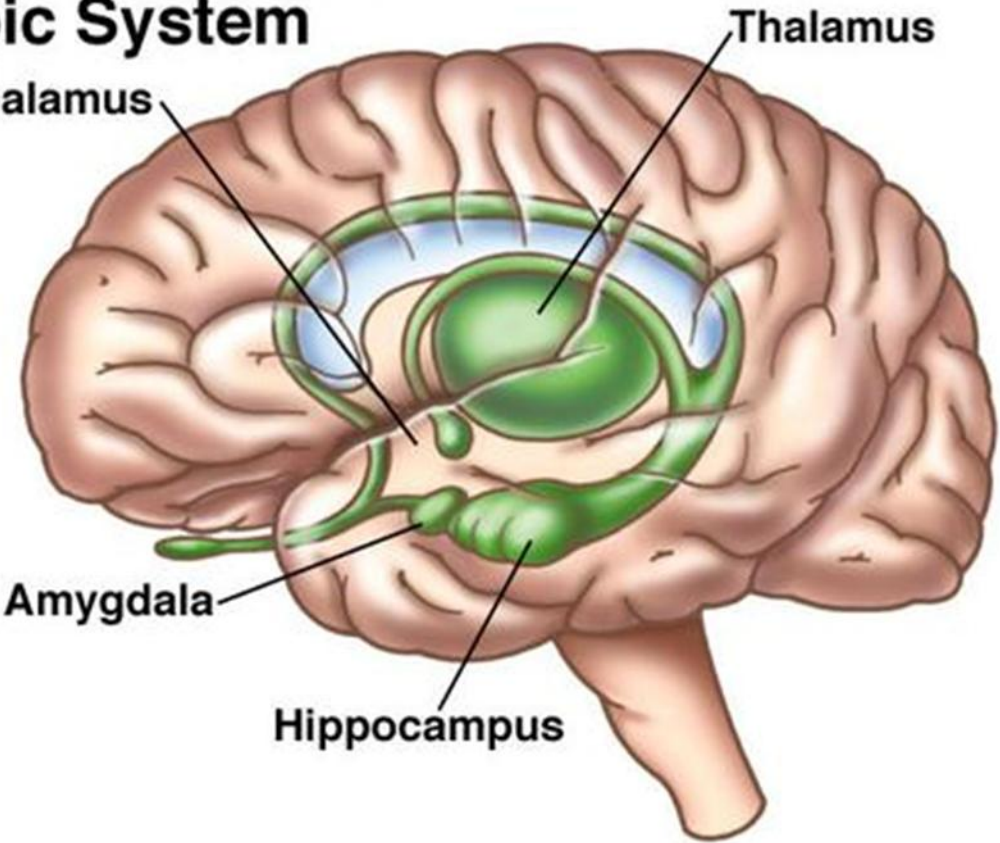




↑ Children's brains develop from the bottom up. ↑

Children's Brains Exposed to Trauma

Limbic System



The Effects of Trauma on Early Brain Development



Excess cortisol and heightened amygdalar response causing:

- Chronic fear and anxiety
- Inattention
- Overreactivity
- Impulsivity
- Hyperalertness and hyperarousal
- Sleep problems

The ACE Study

Adverse Childhood Experiences

Complex Trauma and Health: The Adverse Childhood Experiences Study

ACEs = ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

- 17,421 adult patients of Kaiser Permanente
- Initially 8, later 10 categories of ACEs in the childhood home

Felitti, Anda, et al., 1998

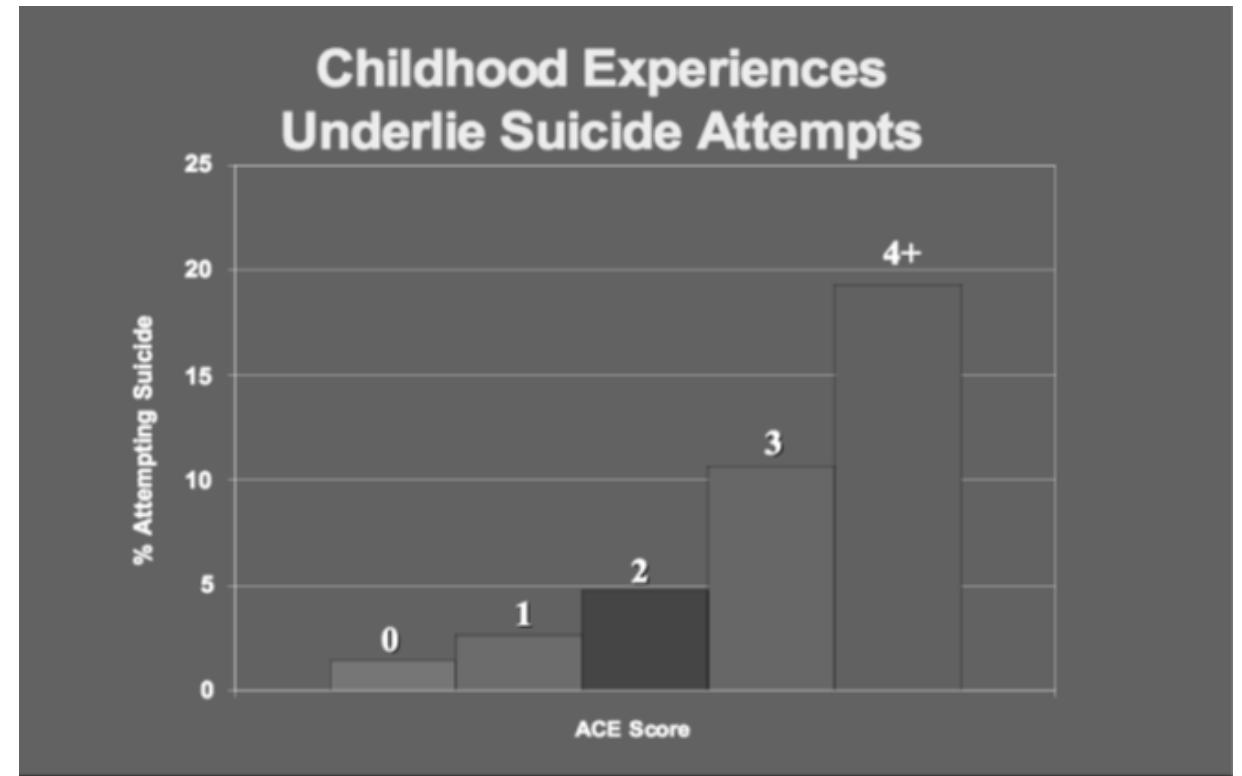
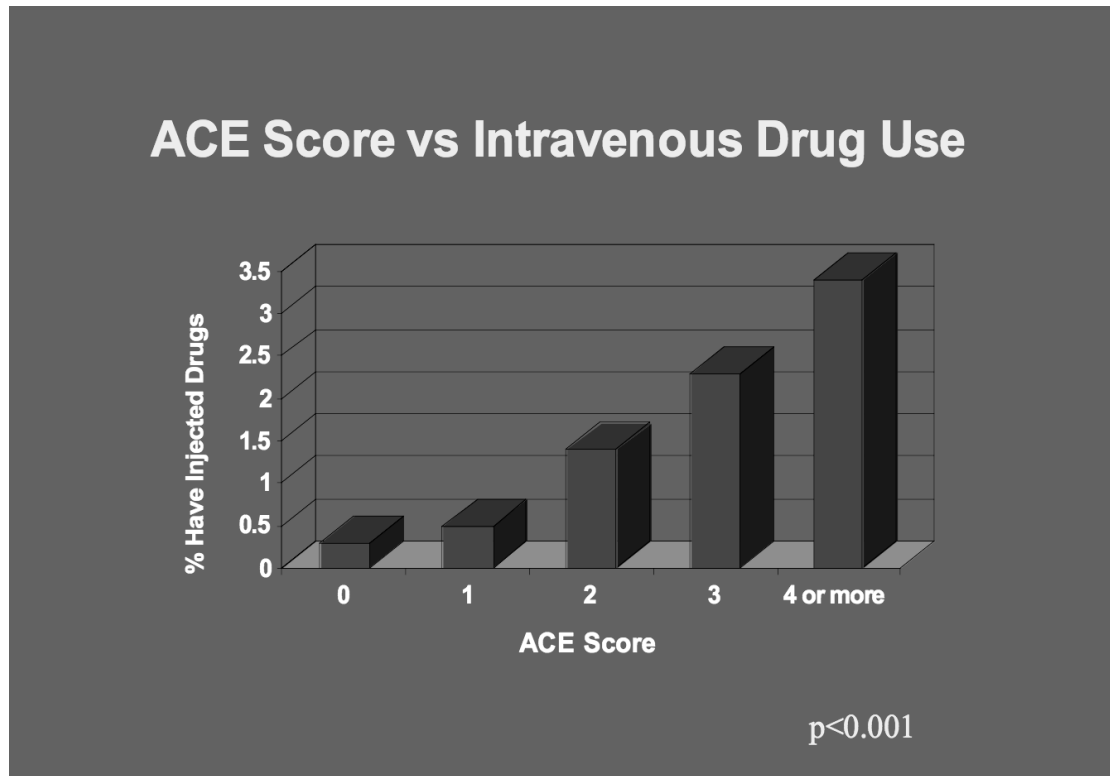
Complex Trauma and Behavioral Health: The ACE Study

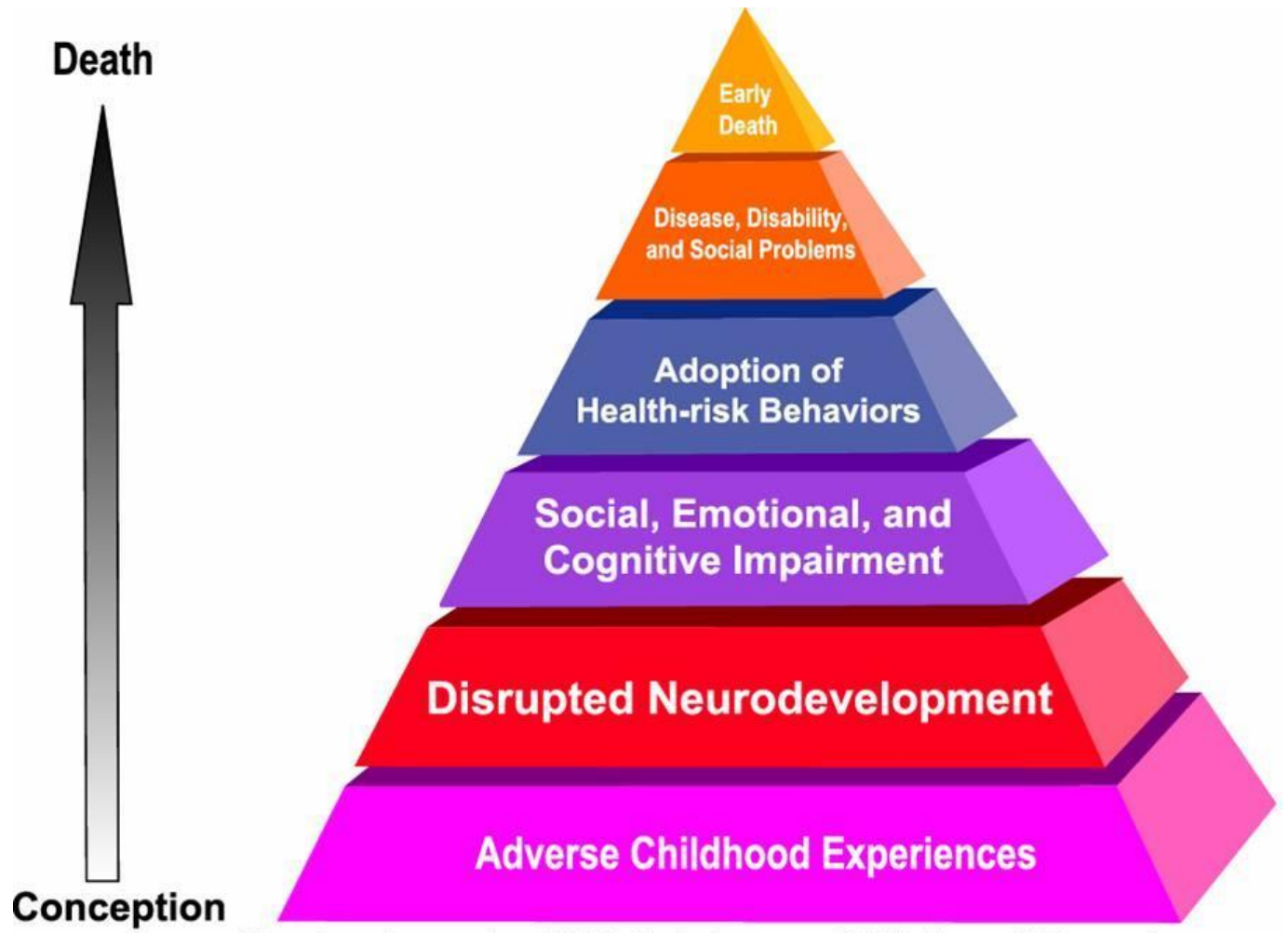
- Greater likelihood of behavioral health problems:
 - Smoking
 - Intravenous drug abuse
 - Depression
 - Attempted suicide
 - Alcoholism

Felitti, Anda, et al., 1998



The ACE Study: A Dose-Response Curve





Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

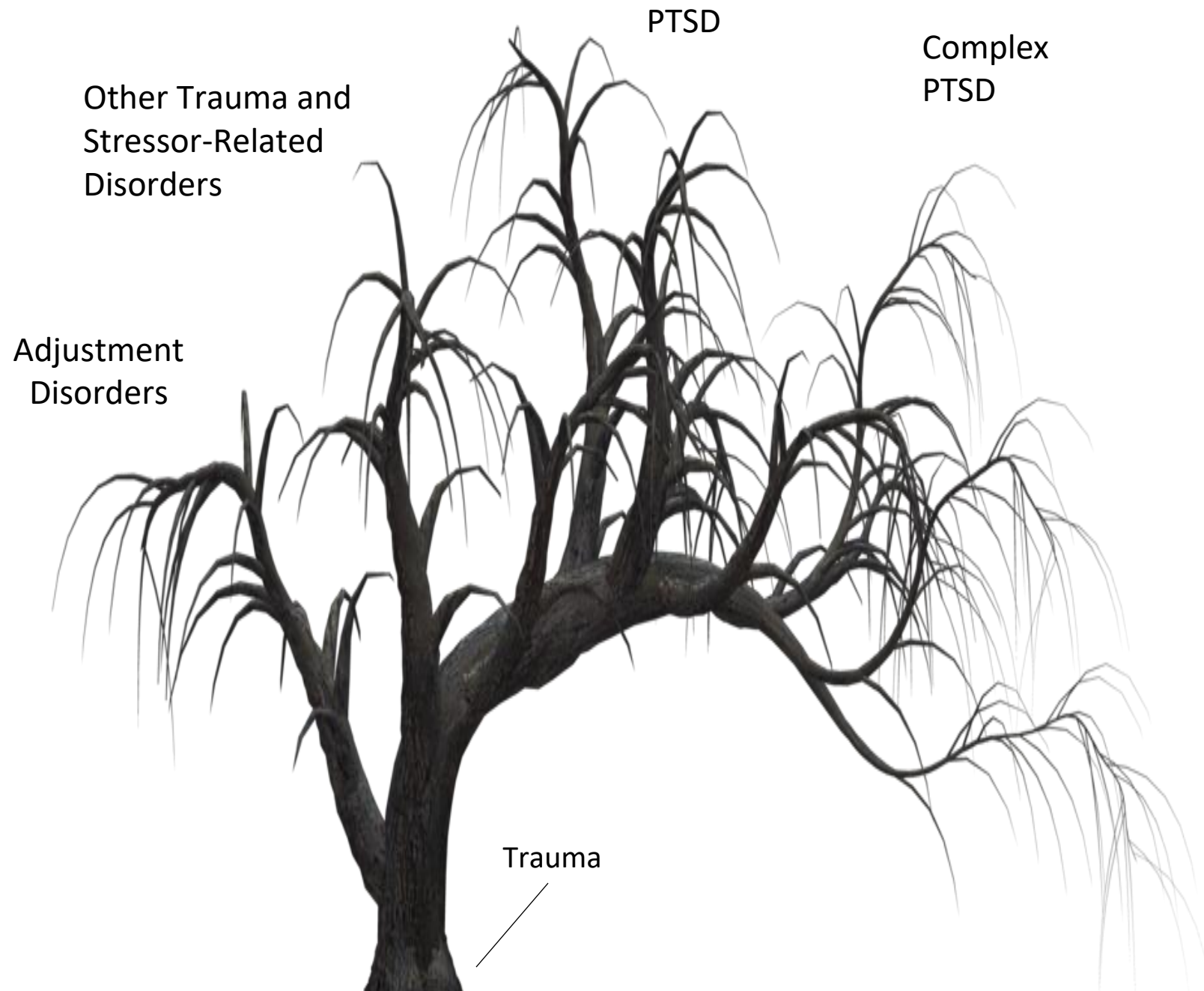
The Aces Pyramid

Complex Trauma

What is Complex Trauma?

- Complex psychological trauma results from “exposure to severe stressors that (1) are repetitive or prolonged, (2) involve harm or abandonment by caregivers or other ostensibly responsible adults, and (3) occur at developmentally vulnerable times in the victim’s life.”

Ford and Courtois, 2009



PTSD

Complex
PTSD

Other Trauma and
Stressor-Related
Disorders

Adjustment
Disorders

Trauma

What is Complex Trauma?

- The psychological effects of chronic, cumulative, and often different types of traumas
- Experiences of interpersonal victimization, multiple traumatic events, and/or traumatic exposure of prolonged duration
 - Sexual and physical abuse
 - Domestic violence
 - Ethnic cleansing
 - Prisoners of war
 - Torture
 - Being held hostage





Experiencing Complex Trauma

- Emotional instability
- Overwhelming feelings of rage, guilt, shame, despair, ineffectiveness and/or hopelessness
- Tension reduction activities such as self-mutilation, compulsive sexual behavior, and bulimia
- Suicidal or violent behavior
- Dissociation

Experiencing Complex Trauma (cont'd)

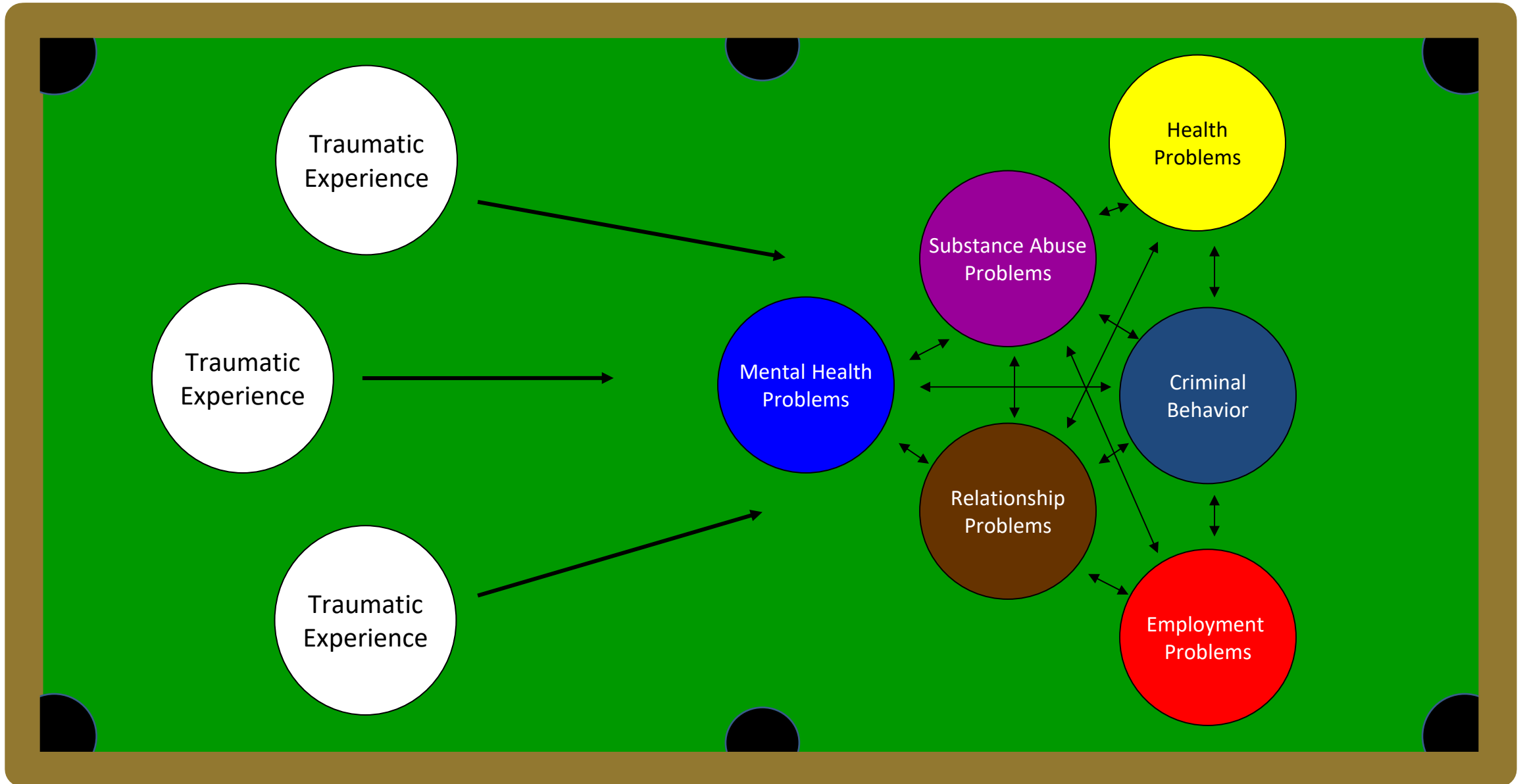
- Loss of a sense of trust, safety, and self-worth
- Loss of a coherent sense of self
- Belief of being bad or unlovable
- Insecure attachments/damaged interpersonal relationships
- Difficulty functioning in social settings, including work
- Loss of faith
- Enduring personality changes



People at Risk of Developing Complex Traumatic Stress Disorders

- Economically impoverished inner city minorities
- Incarcerated individuals
- Homeless persons
- Sexually and physically revictimized children or adults
- Victims of genocide or torture
- Developmentally, intellectually, or psychiatrically challenged persons
- Civilian workers and soldiers harassed on the job or in the ranks
- Emergency responders

The Catalyzing Effects of Multiple Traumas



Complex PTSD

The Origin of the Complex PTSD Diagnosis

- Complex PTSD was first identified as a potential diagnosis by Judith Herman, M.D., in *Trauma and Recovery* (1992)
- Herman proposed the term Complex PTSD, while also using the diagnostic name Disorders of Extreme Stress Not Otherwise Specified (DESNOS)
 - DESNOS was proposed for inclusion in both DSM IV and DSM 5
 - In DSM 5, they chose to add several features of Complex PTSD to the PTSD diagnosis, such as aggression and risk-taking behaviors, as well as adding a new subtype of the diagnosis, the Dissociative subtype
 - The World Health Organization adopted the name Complex PTSD

The Origins of Much Complex PTSD



- Complex PTSD usually stems from childhood trauma (Cloitre et al., 2013; Hyland et al., 2017; Karatzias et al., 2016)
 - The greater the number of childhood traumas, the greater the risk of developing Complex PTSD
 - This is especially true of childhood sexual trauma
- Women are more vulnerable to PTSD and C-PTSD than men (Hyland et al., 2017)

Complex Trauma and Complex PTSD Are Different

- Complex trauma is a series of traumatic experiences, while Complex PTSD is a diagnosis that results from the effects traumatic experiences
- Complex trauma is a risk factor for Complex PTSD
- Not all complex trauma leads to Complex PTSD
- Complex PTSD can also result from severe single event traumas such as torture



Types of Trauma in Childhood vs. Adulthood

Complex PTSD

Child Trauma/ Adverse Events	%
Physical Abuse	80%
Sexual Abuse	65%
Emotional Abuse	80%
Neglect	46%
Did not live with mother	35%
Adulthood Trauma	
Sexual Assault	52%
Physical Assault	24%
Domestic Violence	12%
Chronic Sexual Assault	11%

Complex PTSD in ICD 11*

PTSD

Re-experiencing

Avoidance

Hyperarousal

Complex PTSD

Re-experiencing

Avoidance

Hyperarousal

Affect Dysregulation

Negative Self-Concept

Interpersonal Disturbances

*Took effect January 1, 2022

Core Problems in Complex PTSD

Affect
dysregulation

Negative
self-concept

Relationship
difficulties

In addition to
symptoms of
PTSD and
other
comorbid
disorders

Disturbances in self-
organization

Complex PTSD Is Much More Than Simple PTSD

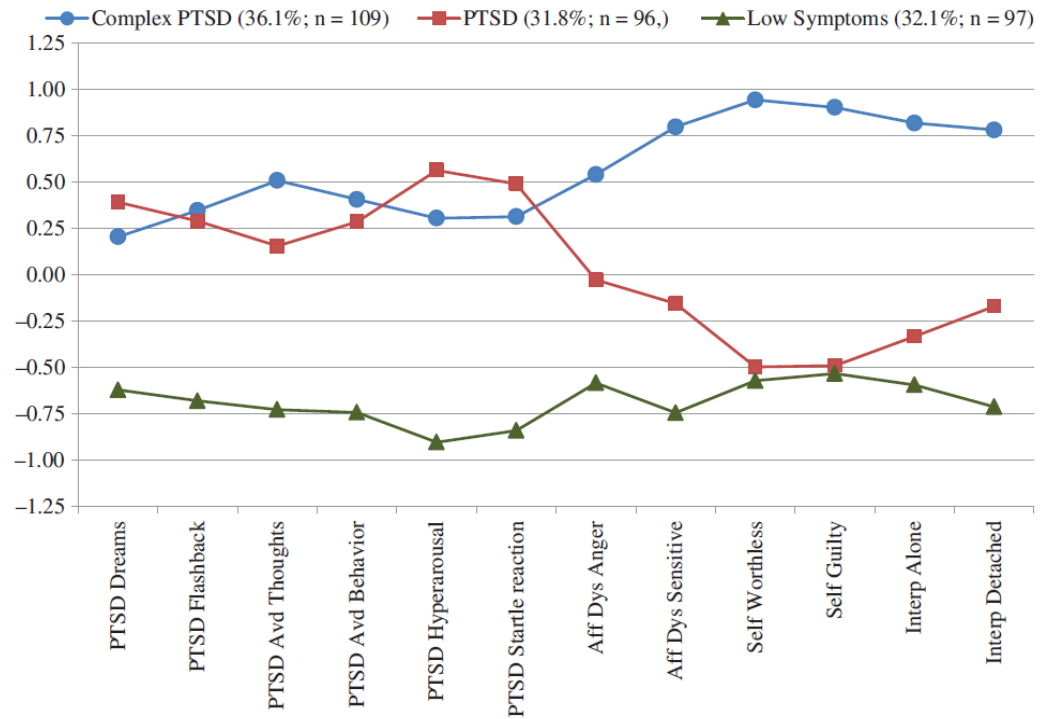
It may also include:

- Tendency to be revictimized
- Loss of a coherent sense of self
- Problems in behavioral self-regulation
- Dissociation
- Changes in systems of belief and meaning



Simple PTSD and Complex PTSD Are Distinct

- 40 studies in 15 different countries consistently demonstrate that PTSD is distinguishable from Complex PTSD (Cloitre, 2021)
- Example:



Cloitre et al., 2013

Fig. 2. Mean standardized values of complex PTSD items.

8/9 RCTs conducted across the world to determine whether CPTSD is distinct from PTSD concluded that it is.

Important Facts about CPTSD

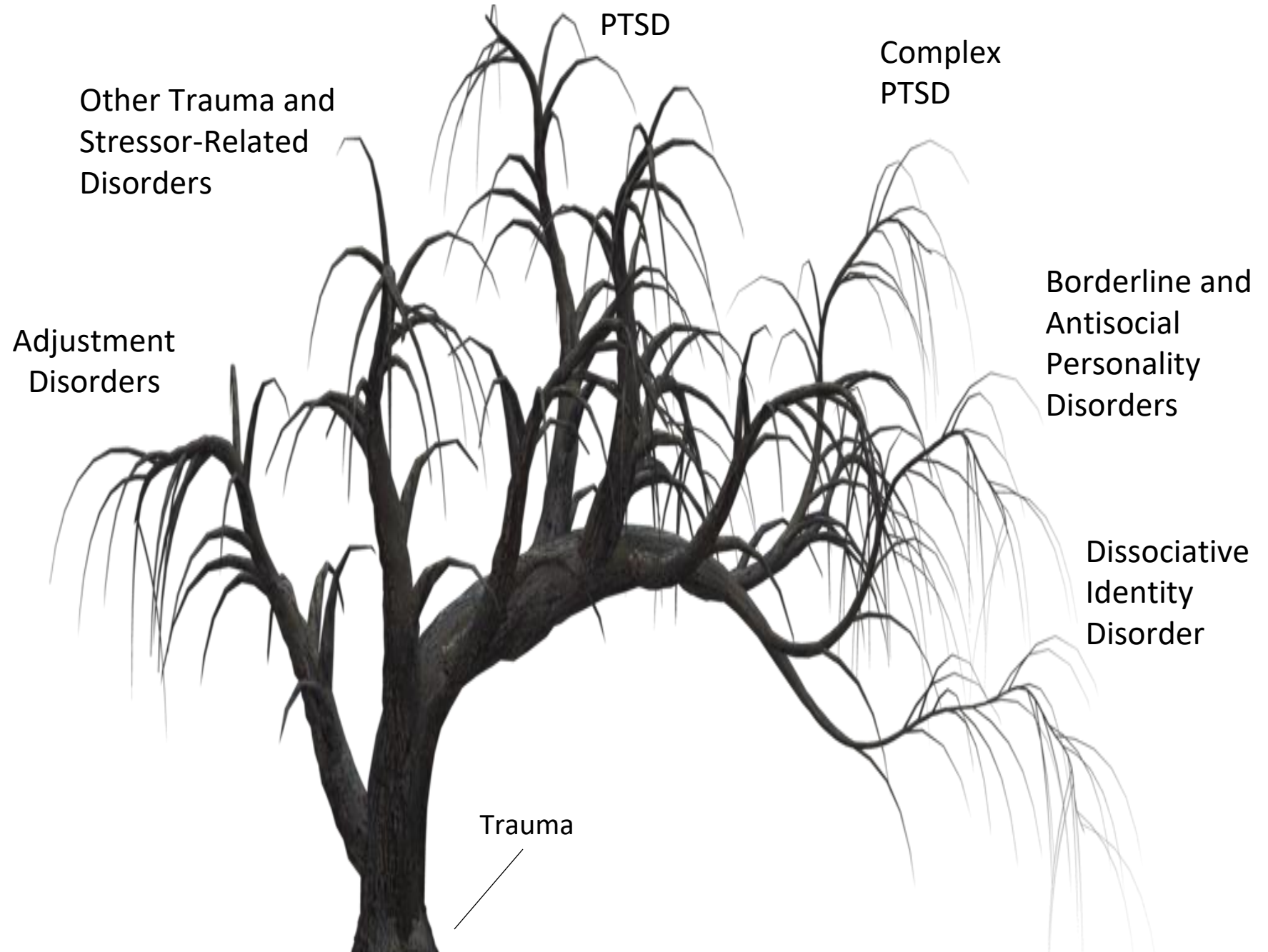
- Its prevalence in non-clinical populations is 0.5-7.7% (Ford & Courtois, 2021)
 - Its prevalence in adults in mental health treatment is **36%** (Moller et al., 2020)
- Individuals with CPTSD are more likely to report non-white race and ethnicity (Cloitre et al., 2019)
 - They also report more poverty and race-based trauma and stress
 - Is this a function of structural inequities in society?

Complex PTSD May Be Confused With:



- PTSD
- ADHD
- Other anxiety disorders
- Bipolar Disorder
- Mood Dysregulation Disorder
- Psychotic Disorder NOS
- Reactive Attachment Disorder
- Personality Disorders

Complex Trauma and Personality Disorders



Other Trauma and
Stressor-Related
Disorders

Adjustment
Disorders

PTSD

Complex
PTSD

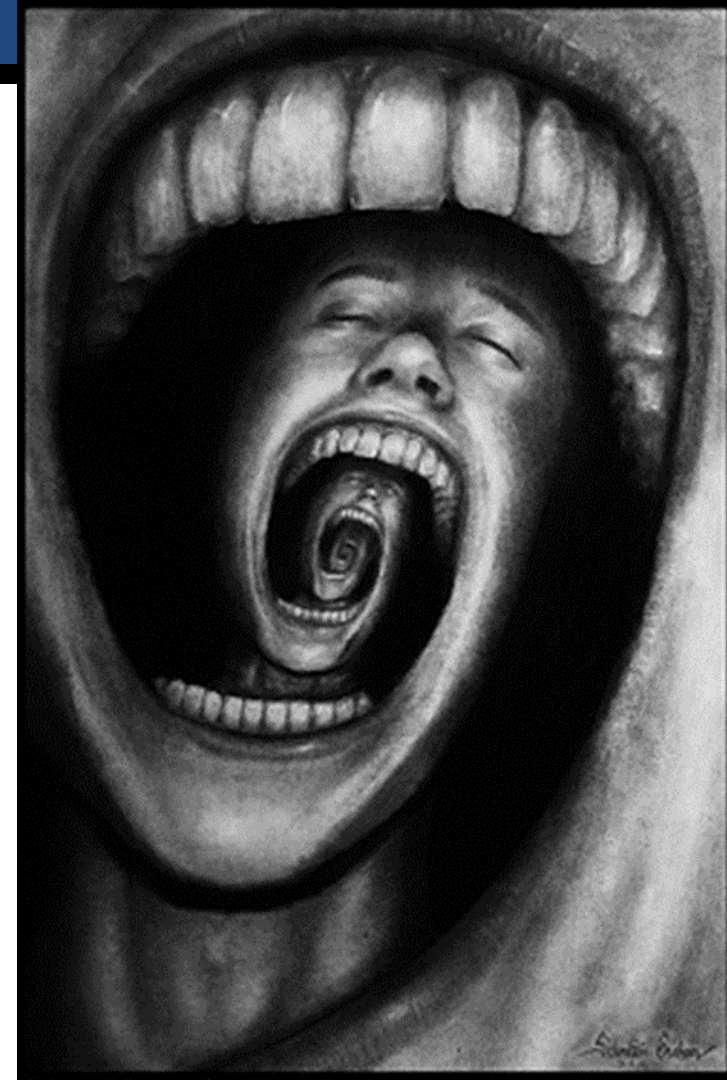
Borderline and
Antisocial
Personality
Disorders

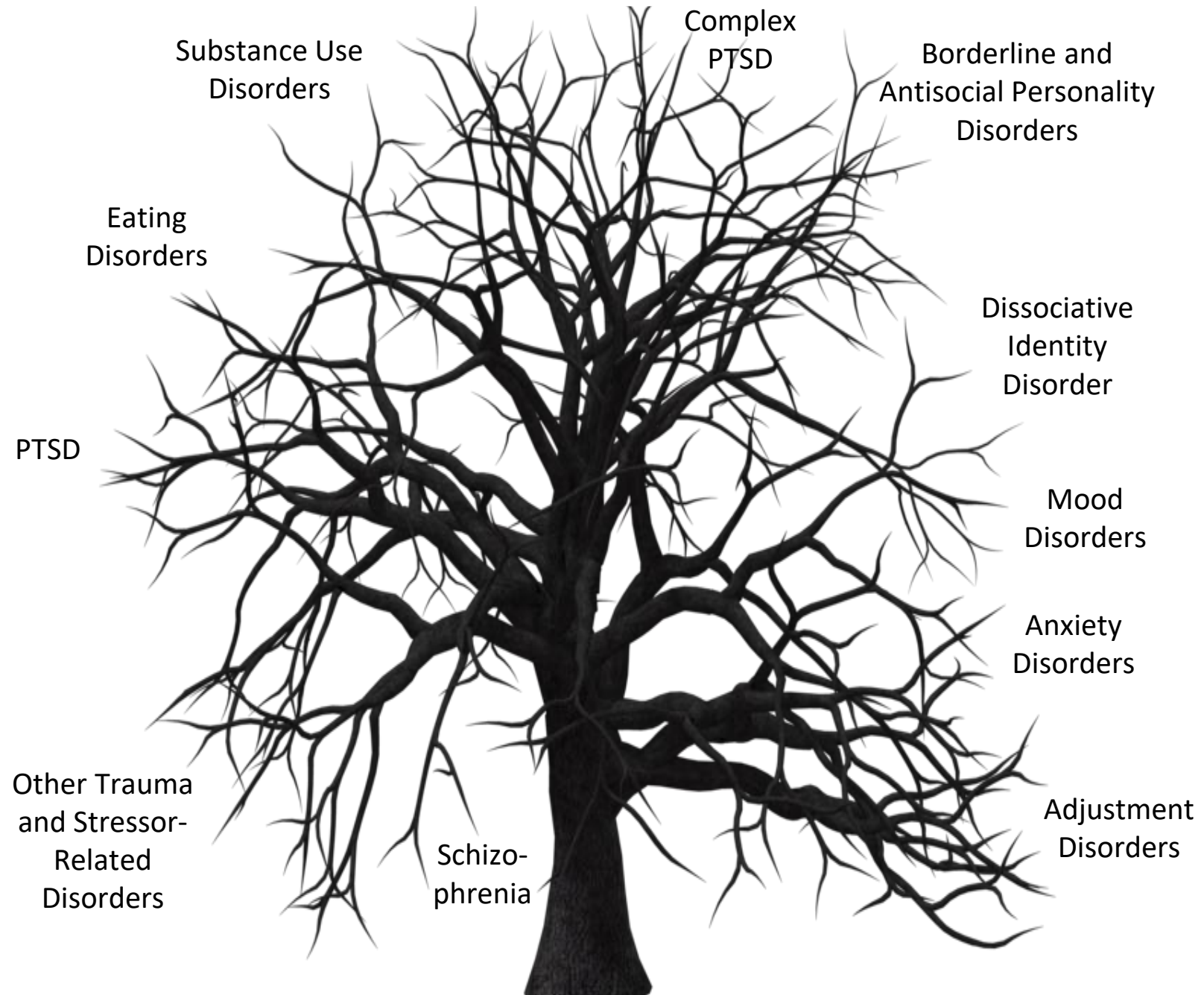
Dissociative
Identity
Disorder

Trauma

Personality Disorders and Child Trauma

- Child maltreatment is prospectively related to personality disorder symptoms and diagnoses (Cohen et al., 2005; Johnson et al., 1999)
- Longitudinal studies show that child abuse and neglect increase the risk of developing a personality disorder (Johnson et al., 1999)
- 73-78% of people with personality disorders have histories of child abuse (Battle et al., 2004; Bierer et al., 2003)
- This suggests that some personality disorders may be specific stylistic manifestations of complex trauma





Personality Disorders

Personality Disorders in DSM 5

- A. Significant impairments in self (**identity** or self-direction) and **interpersonal** (empathy or intimacy) functioning.
- B. One or more pathological personality trait domains or trait facets.
- C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.
- D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural environment.
- E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).

The Overlap of Cluster B Personality Disorders and Complex Trauma

- Central characteristics of Complex PTSD: affective instability, negative self-concept, and interpersonal difficulties
- Central characteristics of Cluster B Personality Disorders: affective instability/impulsivity; negative self-concept/insecurity; damaged interpersonal relationships
- This overlap is significant
- There has been much discussion of the association between the two and what might explain it (cf., Ball & Links, 2009; Bierer et al., 2003; Lee, 2006; MacIntosh et al., 2015)

Personality Disorders and Complex Trauma



- Schizotypal Personality Disorder is associated with childhood trauma (Berenbaum et al., 2008; Powers et al., 2011)
- Antisocial Personality Disorder
 - Childhood trauma significantly increases likelihood of ASPD (Bierer et al., 2003; Dutton & Hart, 1992; Horwitz et al., 2001; Luntz & Widom, 1994; Marchall & Cooke, 1999; Semiz et al., 2007)
- Borderline Personality Disorder
 - Many studies have found a link between BPD and childhood trauma (cf., Ball & Links, 2009; Gunderson & Sabo, 1993; Lewis & Grenyer, 2009; MacIntosh et al., 2015)
 - 81% of people with BPD have histories of childhood trauma (Herman et al., 1989)

Assessment of Complex PTSD

Diagnosis of Complex PTSD

All diagnostic requirements for PTSD are met. In addition, Complex PTSD is characterized by severe and persistent 1) problems in affect regulation; 2) beliefs about oneself are diminished, defeated, or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event; and 3) difficulties in sustaining relationships and in feeling close to others. These symptoms cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Clinical Assessment

- In addition to the Re-experiencing, Avoidance, and Hyperarousal associated with PTSD, Complex PTSD adds the following:
 - Severe and pervasive problems in affect regulation
 - Persistent beliefs about oneself as diminished, defeated or worthless, accompanied by deep and pervasive feelings of shame, guilt or failure related to the traumatic event(s)
 - Persistent difficulties in sustaining relationships and in feeling close to others

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often or very often**...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes enter 1 _____
4. Did you **often or very often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often or very often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

ACE Evaluation

Part 1

Instructions: Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						
9. Other unwanted or uncomfortable sexual experience						
10. Combat or exposure to a war-zone (in the military or as a civilian)						
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
12. Life-threatening illness or injury						
13. Severe human suffering						
14. Sudden violent death (for example, homicide, suicide)						
15. Sudden accidental death						
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience						

Life Events Checklist 5

International Trauma Questionnaire

Instructions: Please identify the experience that troubles you most and answer the questions in relation to this experience.

Brief description of the experience _____

When did the experience occur? (circle one)

- a. less than 6 months ago
- b. 6 to 12 months ago
- c. 1 to 5 years ago
- d. 5 to 10 years ago
- e. 10 to 20 years ago
- f. more than 20 years ago

Below are a number of problems that people sometimes report in response to traumatic or stressful life events. Please read each item carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	<i>Not at all</i>	<i>A little bit</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>Extremely</i>
P1. Having upsetting dreams that replay part of the experience or are clearly related to the experience?	0	1	2	3	4
P2. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?	0	1	2	3	4
P3. Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)?	0	1	2	3	4
P4. Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)?	0	1	2	3	4
P5. Being "super-alert", watchful, or on guard?	0	1	2	3	4
P6. Feeling jumpy or easily startled?	0	1	2	3	4

In the past month have the above problems:

P7. Affected your relationships or social life?	0	1	2	3	4
P8. Affected your work or ability to work?	0	1	2	3	4
P9. Affected any other important part of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

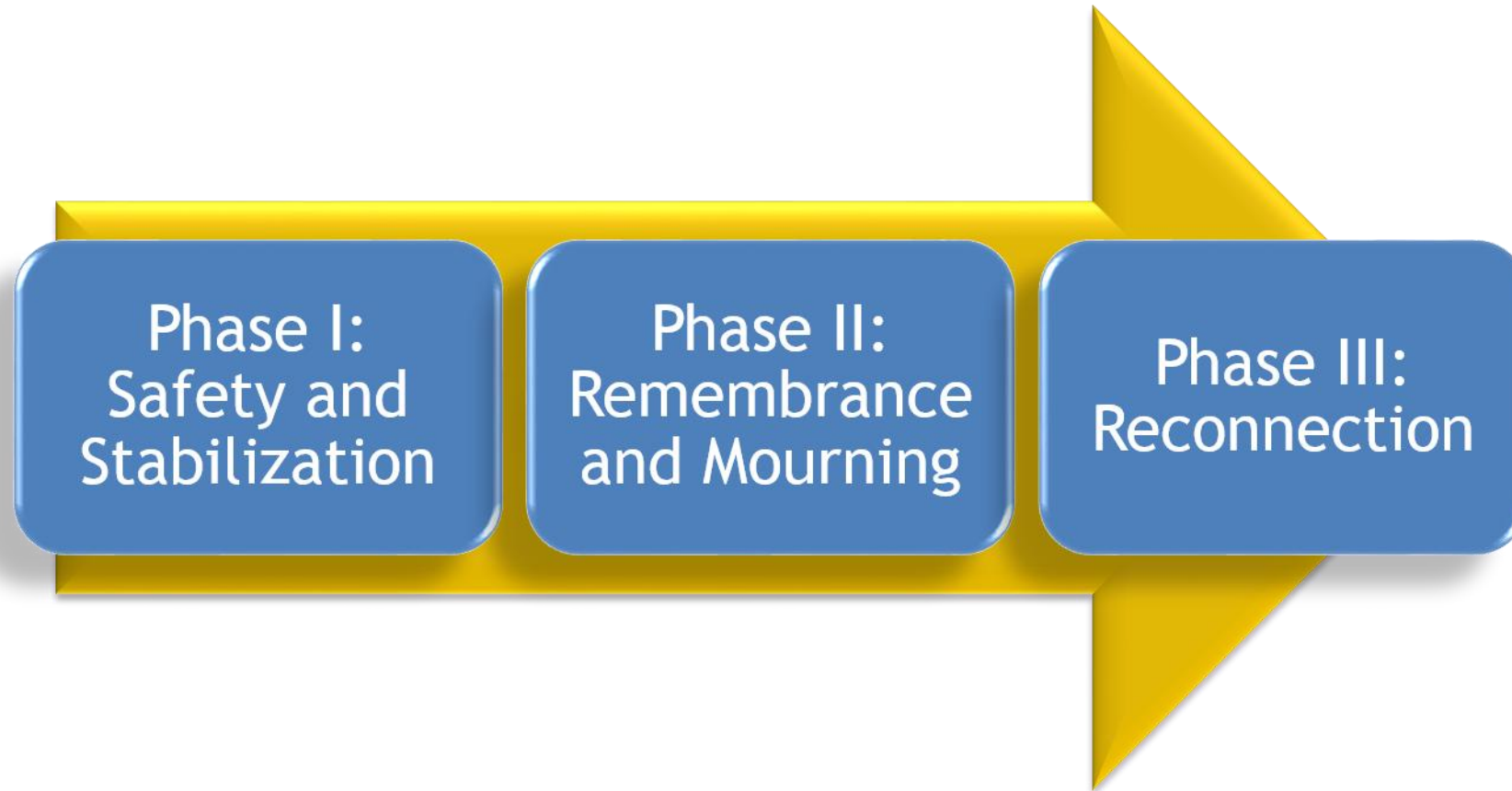
International Trauma Questionnaire

Evidence-Based Treatment of Complex PTSD

Medication in the Treatment of Complex PTSD

- Medication for symptom management and co-morbid disorders
 - Antidepressants
 - Mood stabilizers
 - Anticonvulsants
 - Sleep aids, including Prazosin for nightmares
- Only SSRIs are approved for treating PTSD
- There is no medication that “cures” PTSD
- There is no medication for Complex PTSD
- Medications can address some symptoms of Complex PTSD

Phases of Complex PTSD Treatment



After Herman, 1992

Treatment of Complex PTSD

Stage I: Safety and Stabilization
(The Longest Stage)

Stage I: Safety and Stabilization

- Alliance building
- Psychoeducation about multiple traumas
- Safety planning
- Stabilization
- Skills-building
 - Affective regulation
 - Cognitive
 - Interpersonal
- Self-care



Stage I: Stabilization



- Reduction and elimination of drug and alcohol abuse
- Health
- Housing
 - In a safe neighborhood
- Income
 - Employment
 - Financial skills (budgeting, banking)
- Virtual or physical means of accessing treatment
- Setting and keeping a schedule

Evidence-Based Treatments for Stage I

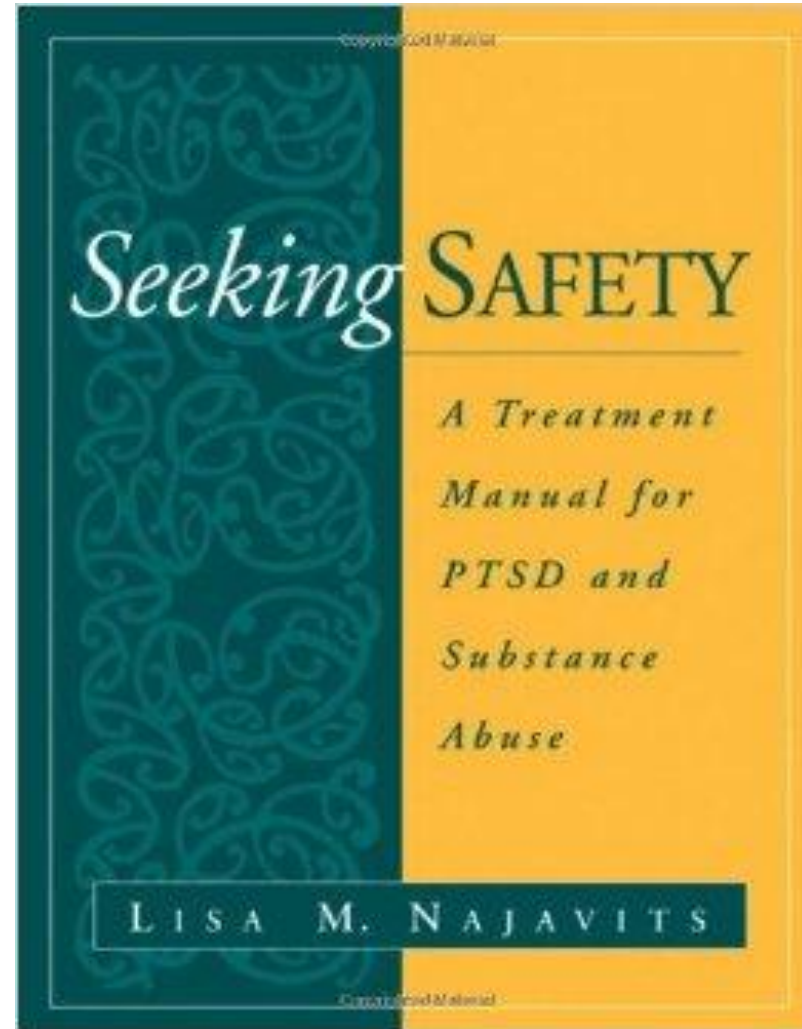
Seeking Safety

Dialectical
Behavior
Therapy (DBT)

Skills Training in
Affective and
Interpersonal
Regulation
(STAIR)

Seeking Safety

- 25 lessons on topics that overlap between PTSD and Substance Abuse
 - Grounding
 - Asking for Help
 - Anger
 - Boundaries
 - Self-care
 - Honesty
- 84 Safe Coping skills



Seeking Safety (cont'd)

- Weekly 90-minute sessions
- Often taught in 12 sessions
- Semi-structured
- Can be provided individually or in groups
- Typical group size is 8 members
- Combined psychoeducational and psychodynamic treatment
- Can be provided by professionals or paraprofessionals

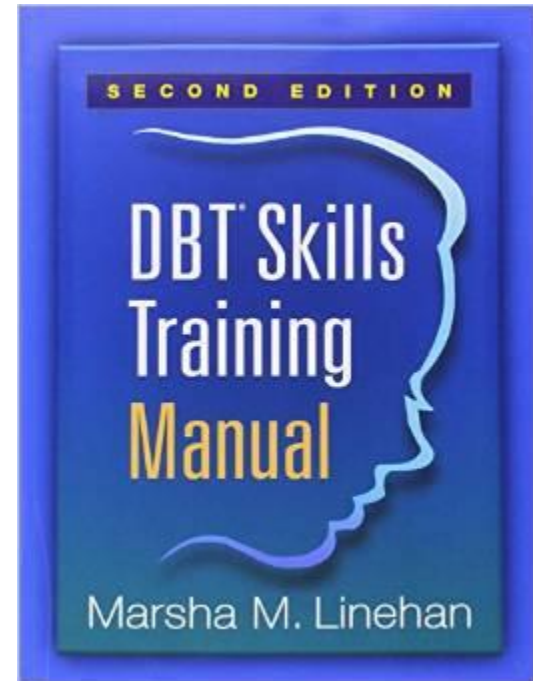


Dialectical Behavior Therapy

- A combination of individual therapy and group DBT Skills Training
- Usually provided in teams with different therapists
- One therapist carries a beeper and takes emergency phone calls for coaching DBT skills
- DBT Skills Training group lasts 1 year, with each topic covered twice

DBT Skills Training

- Four topics with multiple lessons
 - Mindfulness
 - Interpersonal Effectiveness
 - Distress Tolerance
 - Affect Regulation
- New manual provides suggested menus of different specific skills and exercises with different populations



A Promising Treatment: STAIR Narrative Therapy

- Skills Training in Affective and Interpersonal Regulation (STAIR) Therapy uses coping skills from Stress Inoculation Training and Dialectical Behavior Therapy (Cloitre et al., 2006)
 - 8-10 sessions of skills building
 - 8 sessions of narrative therapy



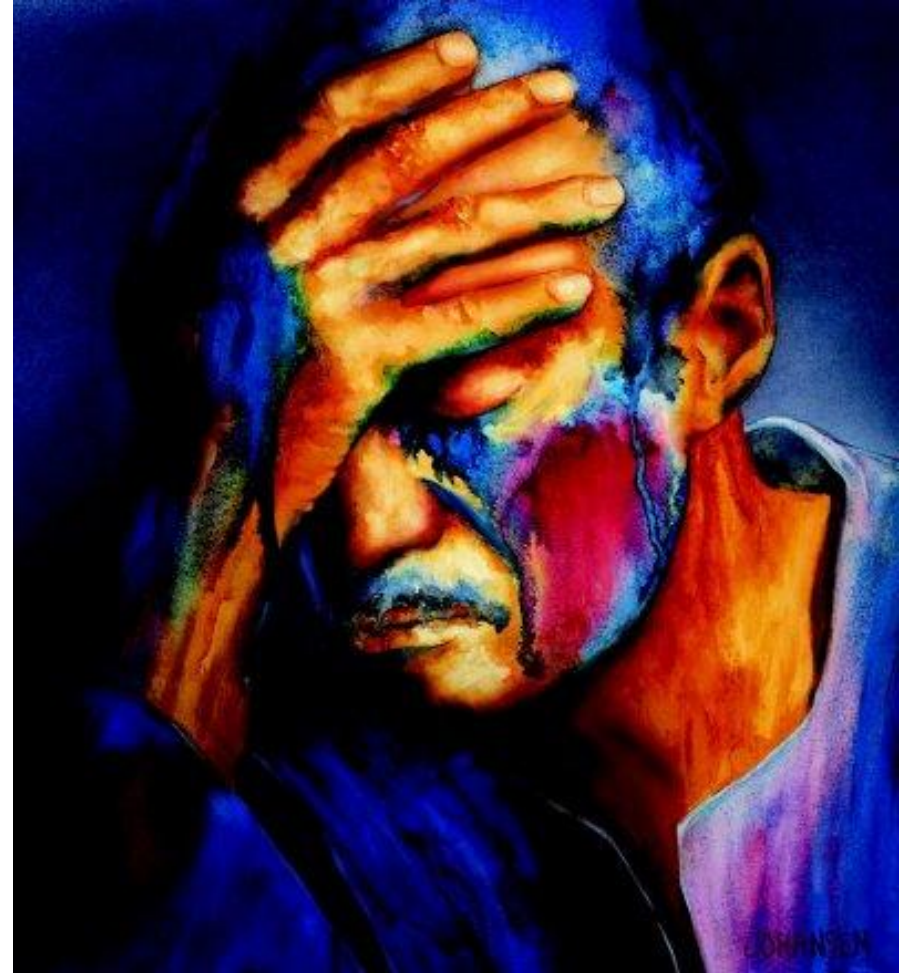
Treatment of Complex PTSD

Stage II: Remembrance and Mourning

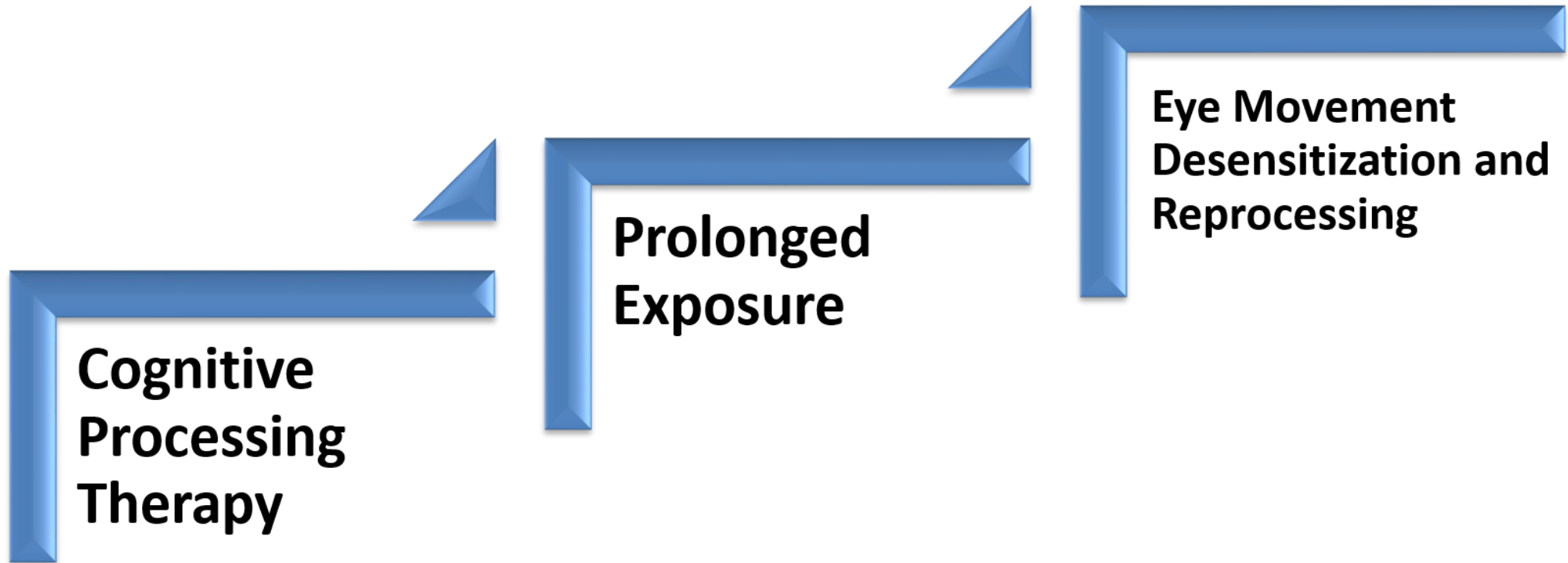
The only way *out*
is *through*.

Stage II: Remembrance and Mourning

- Exposure and desensitization
- Processing
- Grieving
- Constructing a narrative
- Integration of the trauma



Evidence-Based Treatments for Stage II



Cognitive Processing Therapy

- A cognitive intervention to change the way a person who has experienced trauma thinks
- 12 weekly sessions delivered in a structured, manualized protocol
 - Number of sessions can be expanded
- May or may not include a trauma narrative
- Can be delivered individually and/or in groups
- Homework worksheets between sessions

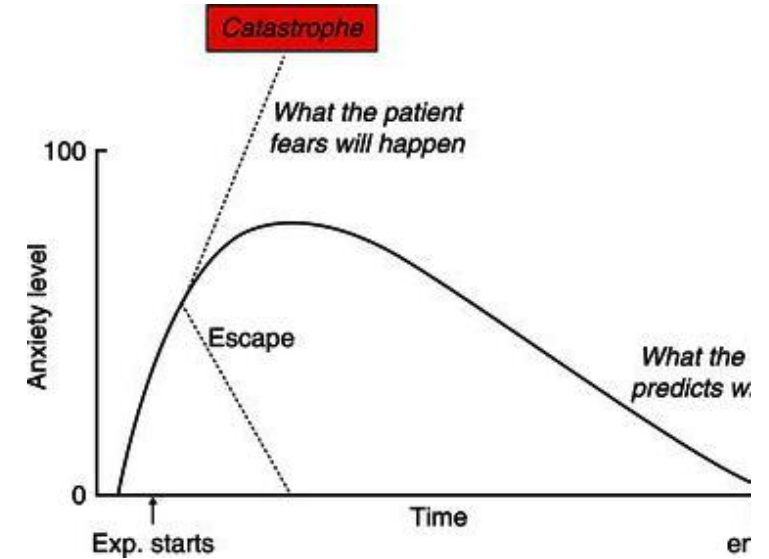
Cognitive Processing Therapy (cont'd)

- Central techniques:
 - Identifies stuck points
 - Examines evidence for thoughts and beliefs
 - Challenges beliefs
- Changing the interpretation of the traumatic event changes the emotions resulting from the event
- CPT successfully treats Complex Trauma
(Resick et al., 2003; Galovski et al., 2013)



Prolonged Exposure

- A behavioral intervention that repeatedly exposes patients to distressing stimuli in order to decrease their anxiety in response to those stimuli
- 10 weekly sessions
- First part involves in vivo exposure to places that increase anxiety (e.g., public places)
 - Uses an anxiety hierarchy

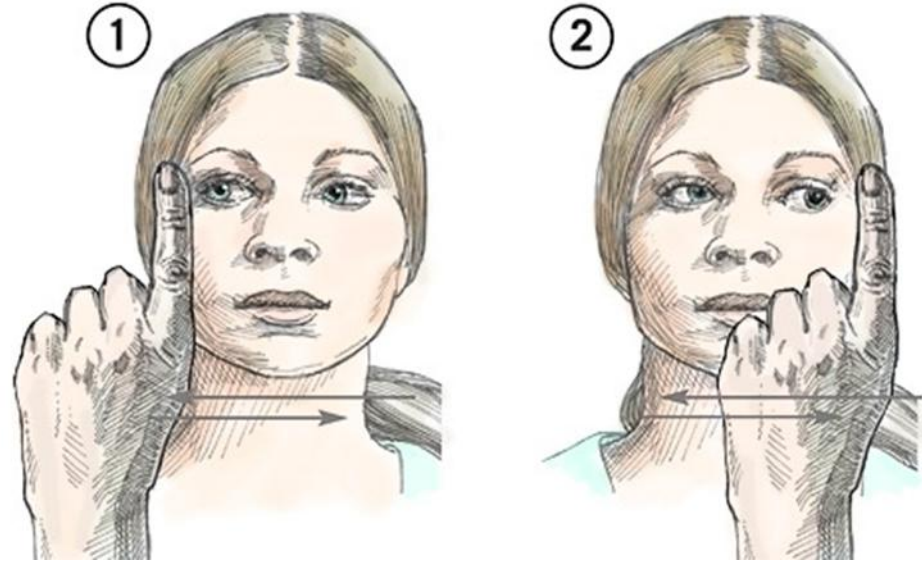


Prolonged Exposure (cont'd)

- Second part involves writing and dictating a trauma narrative focusing on one traumatic experience
 - The patient listens to the narrative over and over for an hour each day
 - Repeated and prolonged exposure decreases their anxiety
- There is no evidence that it successfully treats Complex Trauma

Eye Movement Desensitization and Reprocessing (EMDR)

- Patient focuses on distressing image
 - States a belief that goes with it
 - Notices feelings that go with it
 - Identifies body sensations that go with it
- Therapist passes fingers back and forth, guiding the eyes
- As this occurs, the images, thoughts, feelings, and body sensations change
- Adaptive information processing results



EMDR



- Auditory and tactile alternatives to eye movements using bilateral stimulation (headphones, tactile pulsars)
- EMDR works for Complex Trauma (Davidson & Parker, 2001; Maxfield & Hyer, 2002; Seidler & Wagner, 2006)

EMDR Successfully Treats Borderline PD

- Recent RCT of 124 patients compared EMDR plus DBT vs. EMDR alone for PTSD and BPD (Snoek et al., 2025)
 - Both treatment conditions led to large reductions in PTSD symptoms, BPD symptoms, and improvements in quality of life. There was no significant difference between treatment conditions in these areas
 - The EMDR only condition showed improvement in global functioning
 - Half as many people dropped out in the EMDR only condition
- Another recent RCT of EMDR alone for Personality Disorders, including BPD, regardless of comorbid PTSD (Hofman et al., 2025) also found EMDR treatment alone successfully treated Personality Disorders

The DBT Prolonged Exposure Protocol

- Trauma and PTSD are highly common in clients in DBT programs (Harned et al., 2008)
 - PTSD is unlikely to remit during DBT treatment
 - 87% of clients with PTSD still had it after one year
- DBT PE was developed by Melanie Harned, who had trained with Marsha Linehan, developer of DBT
- She enlisted the consultation of both Linehan and Edna Foa, the developer of Prolonged Exposure

The logo for DBT PE (Dialectical Behavior Therapy Prolonged Exposure) is displayed in a blue-bordered box. The text "DBT PE" is written in a bold, sans-serif font. "DBT" is in a dark blue color, and "PE" is in a lighter blue color.

DBT PE Stages

Stage 1 -
Achieving safety,
stability, and
skills

- Standard DBT - Weekly individual therapy, Skills Training group, and phone coaching
- Usually about 6 months

Stage 2 - Treating
PTSD

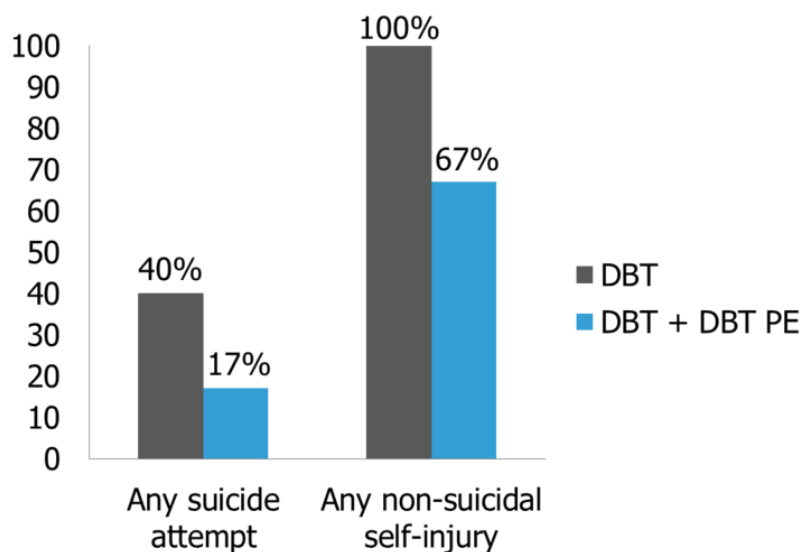
- Receives standard DBT as above
- Also receives DBT PE protocol in weekly 90-120 minute sessions
- 3/4 complete it in an average of 13 sessions

Stage 3 - Treating
remaining
problems in
living

- Receives standard DBT

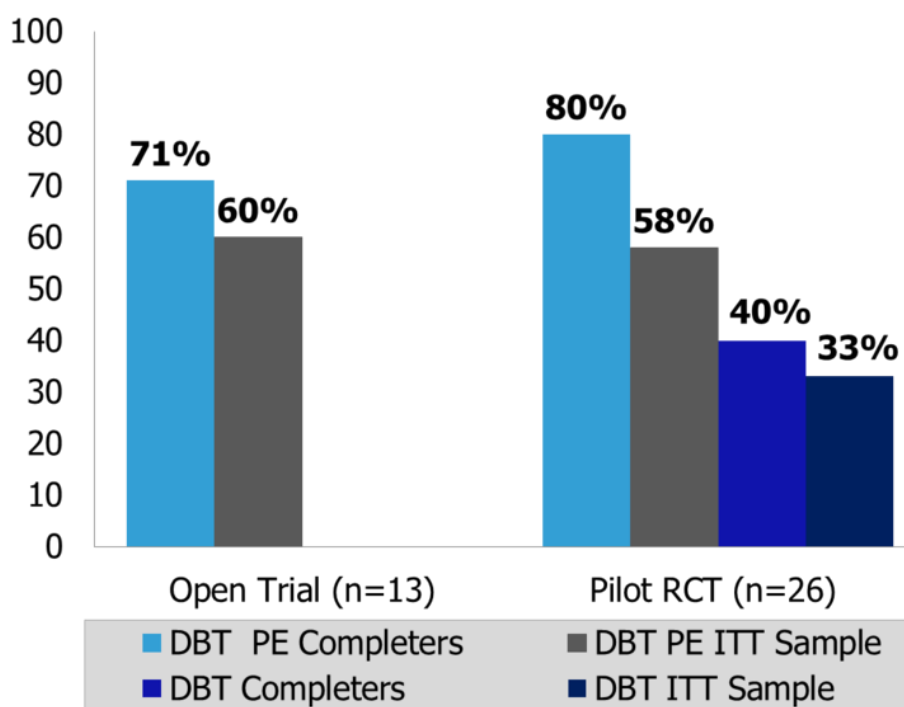
DBT PE Results

Suicidal and Self-Injurious Behaviors



Among treatment completers, clients in DBT+DBT PE were 2.4 times *less* likely to attempt suicide and 1.5 times *less* likely to self-injure than those in DBT. [4]

PTSD Remission Rates at Post-Treatment



Harned, Korslund, et al., 2012; Harned, Korslund, & Linehan, 2014

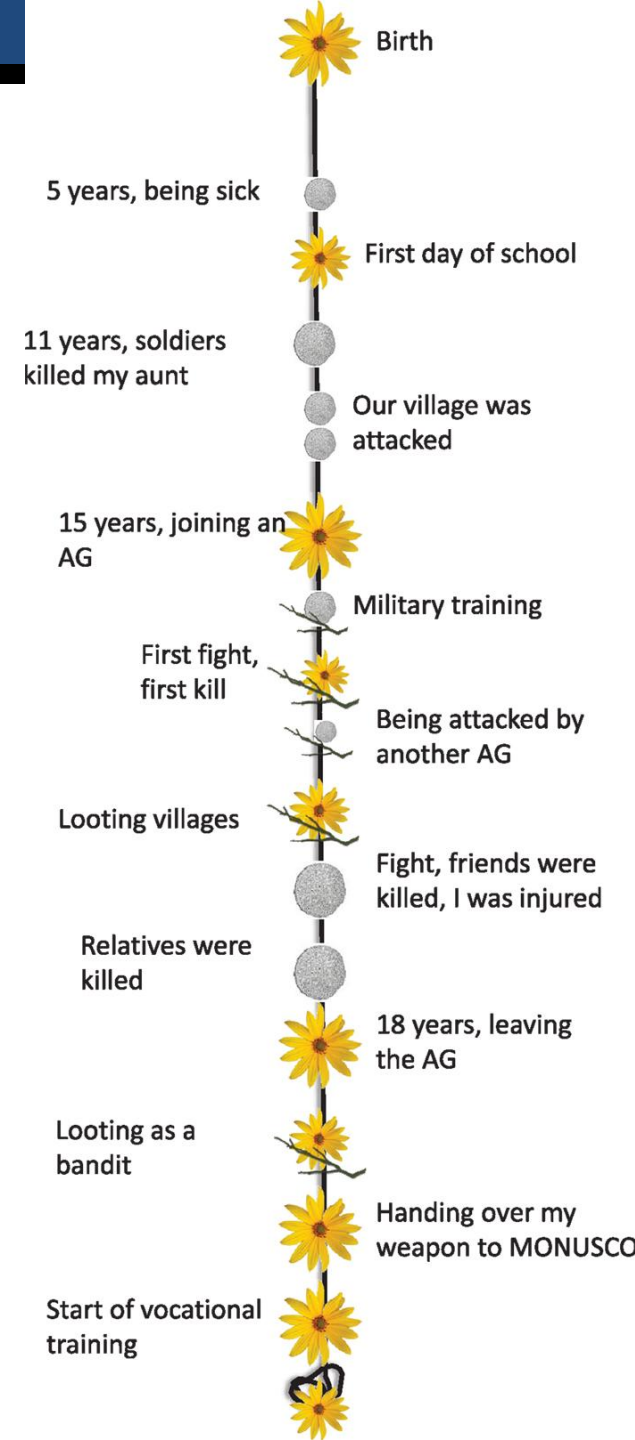
A Promising Treatment: Narrative Exposure Therapy

- Designed for people with complex traumatic experiences (Schauer, Neuner, & Elbert, 2011)
- For small groups or individuals
- 4-10 sessions
- Focuses on developing a narrative for a person's entire life, not just their traumatic experiences



Narrative Exposure Therapy

- Participant tells the story of their life, including thoughts, emotions, and physiological responses while staying in the present
- Uses physical reminders (stones, flowers, etc.) to stay in the present
- Participant creates a lifeline
- Focuses on creating an account of what happens in a manner that emphasizes self-respect and acknowledges human rights
- Participants receive a written biography compiled by the therapist at the end of treatment



Narrative Exposure Therapy



- Often used in community settings with groups such as refugees
- Can be delivered by laypersons
- There is a children's version called KIDNET
- NET is effective (Robjant & Fazel, 2010)
 - Further improvement at follow-up
 - Works even in settings where violence continues

Treatment of Complex PTSD

Stage III: Reconnection

Stage III: Reconnection

- Gradually decrease isolation
- Re-establishing estranged relationships
- Developing trusting relationships
- Developing intimacy
- Developing sexual intimacy
- Parenting
- Community-based activities
- Spirituality



Reconnection

- Giving back to the community
- Atonement/penance
- Acceptance
- Reclaiming
- Creativity
- Finding meaning
 - What are you living for?

THE SEARCH
FOR MEANING

- Re-finding joy
 - What makes you happy?
 - DBT list of pleasurable activities
- Post-traumatic growth

Psychological Treatment of Complex PTSD

Evidence-based psychotherapies are not, by themselves, enough, since they are designed for specific diagnoses; careful clinical attention must be paid to the disruptions of cognition, emotion, body, sense of self, and interpersonal relationships associated with complex trauma.

Ford and Courtois, 2009

Takeaways

If you change the way you look at things, the things you look at change - Wayne Dyer



The fact that histories of complex trauma are associated with some personality disorders is cause for hope, both because CPTSD is a less stigmatizing diagnosis than a PD diagnosis, and because complex trauma and Complex PTSD can be treated successfully.



More Takeaways

- “Mental disorders are not discrete entities [and] clear boundaries are unlikely to be found” - Knefel et al., 2026
- The complexity of the relationships between PTSD, CPTSD, and BPD make it difficult to recommend a single treatment pathway
 - Cloitre (2015) recommends “a flexible, multi-method, multi-intervention approach consistent with the goal of creating personalized medicine”
- Complex PTSD is highly common in the population we treat. How are we preparing our students to assess and treat it?

Resources

Resources for Complex Trauma

- *Trauma and Recovery* (1993), Judith Herman
- *The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms*, 2nd ed. (2013), Mary Beth Williams and Soili Poijula
- *The Trauma Recovery Group: A Guide for Practitioners* (2011), Michaela Mendelsohn, Judith Herman, Emily Schatzow, and Diya Kallivayalil

Complex Trauma Resources

- *Treating Complex Traumatic Stress Disorders* (2009), Christine Courtois and Julian Ford, eds.
- *Treating Complex Traumatic Stress Disorders in Children and Adolescents: Scientific Foundations and Therapeutic Models* (2013), Christine Courtois and Julian Ford, eds.
- *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach* (2012), Christine Courtois, Julian Ford, and John Briere

Resources

- Luxenberg, T., Spinazzola, J., and van der Kolk, B. (2005). Complex Trauma and Disorders of Extreme Stress (DESNOS) Diagnosis, Part One: Assessment (2005). *Directions in Psychiatry*, 21, 373-393.
- <http://www.nctsn.org/trauma-types/complex-trauma/assessment>
- www.acestudy.org

Internet Resources

- National Child Traumatic Stress Network
<http://www.NCTSNet.org>
- International Society for Traumatic Stress Studies:
<http://www.istss.org>
- The Trauma Center (Bessel van der Kolk)
<http://www.traumacenter.org/>
- Child Trauma Academy (Bruce Perry) <http://childtrauma.org/>

Assessment Resources for Complex Trauma

- ACE questionnaire

<http://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf>

- Life Events Checklist 5

https://www.ptsd.va.gov/professional/assessment/documents/LEEC-5_Standard_Self-report.pdf

- International Trauma Questionnaire

<https://www.traumameasuresglobal.com/itq>

Seeking Safety

- *Seeking Safety* (1998), Lisa Najavits
 - <http://www.treatment-innovations.org/seeking-safety.html>
- *Recovery from Trauma, Addiction, or Both* (2017), Lisa Najavits

Dialectical Behavior Therapy

- *Cognitive-Behavioral Treatment of Borderline Personality Disorder* (1993), Marsha Linehan
- *DBT Skills Training Manual*, 2nd edition (2014), Marsha Linehan
- *DBT Skills Training Handouts and Worksheets*, 2nd edition (2014), Marsha Linehan
- <http://www.behavioraltech.com>
- <http://www.linehaninstitute.org/>

STAIR Narrative Therapy

- Treating Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life (2006), Marilene Cloitre, Lisa Cohen, and Karestan Coenen
 - Online at <http://www.stairnt.com/index.html>
- http://www.ptsd.va.gov/professional/continuing_ed/STAIR_online_training.asp

Cognitive Processing Therapy

- *Cognitive Processing Therapy for PTSD: A Comprehensive Manual* (2016), Patricia Resick, Candice Monson, and Kathleen Chard

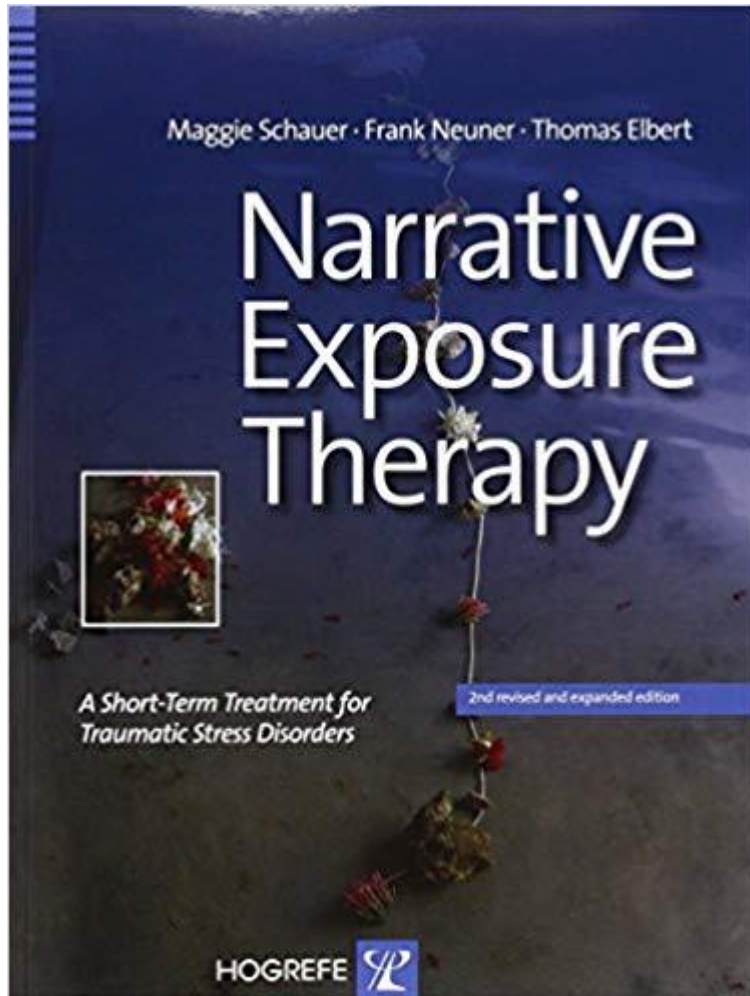
Prolonged Exposure

- *Prolonged Exposure Therapy for PTSD: Emotional Processing of Traumatic Experiences Therapist Guide* (2007), Edna Foa, Elizabeth Hembree and Barbara Olaslov Rothbaum
- *Reclaiming Your Life from a Traumatic Experience: A Prolonged Exposure Treatment Program Workbook* (2007), Barbara Rothbaum, Edna Foa and Elizabeth Hembree

EMDR

- *Eye Movement Desensitization and Reprocessing (EMDR): Basic Principles, Protocols, and Procedures*, 3rd Ed. (2017), Francine Shapiro
- *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy* (2013), Francine Shapiro
 - www.emdr.com
 - www.emdria.org
 - www.emdrhap.org

Narrative Exposure Therapy



- Narrative Exposure Therapy: A Short-Term Treatment for Traumatic Stress Disorders (2011), Maggie Schauer, Frank Neuner, & Thomas Elbert

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