



NeuRA

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POST-TRAUMATIC STRESS DISORDER LIBRARY

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POST-TRAUMATIC STRESS DISORDER Factsheet

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What is complex PTSD?

Complex PTSD can arise from chronic violence or abuse. It is conceptualised as the core symptoms of PTSD (re-experiencing the trauma, avoidance of traumatic reminders, and exaggerated startle and hypervigilance) plus disturbances in self organisation, affect dysregulation, negative self-concept, and relationships. People with complex PTSD may also show high levels of depression, psychological distress, dissociation, and substance misuse.

What is the evidence for psychological therapies for complex PTSD?

Moderate to low quality evidence found large improvements in PTSD symptoms with psychological treatments pre- to post-treatment in adult women with a history of childhood abuse. The effect was medium sized in women with complex PTSD and large in women with non-complex PTSD when compared to usual care or waitlist control conditions.

Moderate quality evidence found a medium-sized improvement in PTSD symptoms with group-based trauma interventions compared to usual care in people with complex PTSD and a history of interpersonal trauma or abuse. Both specific-to-trauma and non-specific-to-trauma treatments improved PTSD symptoms in people with complex and non-complex PTSD. This effect was greater with specific interventions than with non-specific interventions and was greater in people with non-complex PTSD than in people with complex PTSD.

For individual psychological therapies, moderate quality evidence found cognitive behavioural therapy (CBT), exposure therapy, and eye movement desensitisation reprocessing (EMDR) all improved PTSD symptoms in people with complex PTSD when compared to standard care/waitlist (all large effects). CBT, exposure therapy, and EMDR also improved disturbances in relationships, affect dysregulation, and negative self-concept when compared to standard care/waitlist (all medium to large effects). Only CBT and EMDR improved PTSD symptoms when compared to non-specific therapies (medium-sized effects). Only CBT improved relationships (small to medium-sized effect), and only EMDR improved negative self-concept (medium to large effect) when compared to non-specific therapies.

For more information see the technical table

HOW YOUR SUPPORT HELPS

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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about PTSD and its treatment with your doctor or other health care provider.