Complex Trauma in Adolescents and Adults

Effects and Treatment

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KEYWORDS

• Complex trauma • Trauma • PTSD • Complex PTSD • Treatment of complex trauma

KEY POINTS

- Exposure to multiple interpersonal traumas over the life span can have significant later psychological effects, both on the likelihood of posttraumatic stress disorder (PTSD) in response to a given stressor and in terms of a wide range of other symptoms and problems.
- Complex trauma can sometimes result in what has been referred to as complex PTSD, developmental trauma disorder, or enduring personality change after catastrophic events, often involving some combination of relational dysfunction, affect dysregulation, identity disturbance, and dysfunctional behavior.
- There are several empirically validated psychological and pharmacologic treatments relevant to complex trauma, most of which target individual symptom clusters.
- Psychological treatments for complex trauma effects tend to focus on processing trauma memories and cognitions and developing affect regulation skills and coping responses.
- Although selective serotonin reuptake inhibitors and related drugs can be helpful for the posttraumatic stress that sometimes follows complex trauma exposure, there are less data to suggest that the other, more personality-level difficulties associated with complex trauma respond well to pharmacologic interventions.

Recent research indicates that the number and variety of interpersonal traumas an individual has experienced over his or her lifespan significantly predicts the extent and composition of his or her subsequent psychological symptoms and disorders. At high levels, this phenomenon is referred to as *complex trauma*, defined as exposure to

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multiple, often prolonged or extended traumas over time, potentially including events such as rape, physical assault, sex trafficking, torture, and combat and frequently in the context of previous childhood abuse and/or neglect.[1,2] As described in this article, complex trauma exposure not only increases the likelihood of posttraumatic stress in response to a given event but it also can result in several simultaneously presenting but phenomenologically discrete psychological difficulties, described in the empirical literature as *symptom complexity*.[3–5]

Research on the effects of complex trauma has had significant impacts on empirical and clinical models of posttraumatic distress and disorder. Most importantly, it reinforces the notion of multidimensional symptoms arising from multiple traumatic events and challenges traditional assumptions regarding the single-event cause of posttraumatic stress disorder (PTSD).

RISK OF POSTTRAUMATIC STRESS DISORDER

PTSD, as defined by the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition) (*DSM-5*), consists of 4 clusters or symptom dimensions: re-experiencing of the traumatic event; avoidance of trauma-relevant stimuli; numbing, negative cognitions, and mood; and hyperarousal and hyperreactivity.[6] Historically, *DSM-III* through *DSM-IV* linked all the symptoms of PTSD to a single traumatic event, such as an instance of sexual or physical assault or a natural disaster. As a result, by definition, PTSD could not be diagnosed if some of its symptoms, for example, flashbacks or numbing, arose from one trauma and others, for example, hyperarousal or effortful avoidance, were related to one or more other traumatic events.

Despite this narrow trauma requirement, a study of more than 2000 nonclinical individuals indicated that previous exposure to multiple traumatic events was associated with a greater risk of PTSD in response to a current (index) trauma and that multiple previous traumas had a stronger effect than did a single event.[7] Similarly, data from the World Health Organization's World Mental Health Survey Initiative (combined $N = 51{,}295$) found that approximately 20% of people with PTSD, if asked, attributed their disorder to the effects more than a single traumatic event. This study also indicated a risk threshold of 4 traumatic events, at or greater than which PTSD tended to involve greater functional impairment, more chronic symptoms, earlier onset, greater hyperarousal, and higher comorbidity with mood and anxiety disorders.[8] Other studies also have found that previous traumas increase the likelihood of PTSD in response to a later trauma as well as indicate that multiple trauma exposures are the norm in the general population rather than the exception.[9,10]

These findings suggest that although an index traumatic event may be immediately associated with the development of PTSD, this trauma may best be understood in some cases as the tipping point for the cumulative impacts of prior, more complex traumas. Apropos of this, *DSM-5* criterion A for PTSD specifies traumatic "*event*(s)",[6(pp271, 272)] in contrast to previous *DSM's* requirement of a single traumatic event. This *DSM* transition from a single-trauma to a potentially multi-trauma criterion highlights the notion that PTSD can arise from complex trauma, perhaps especially when it is accompanied by other symptoms and difficulties.[9]

RISK OF COMPLEX OUTCOMES

Because complex trauma typically involves exposure to multiple types of events, it is logical to assume that their combined effects might also be complex. For