T ea e f C e PTSD: Re f e ISTSS E . C ca S e Be P ac ce

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This study provides a summary of the results of an expert opinion survey initiated by the International Society for Traumatic Stress Studies Complex Trauma Task Force regarding best practices for the treatment of complex posttraumatic stress disorder (PTSD). Ratings from a mail-in survey from 25 complex PTSD experts and 25 classic PTSD experts regarding the most appropriate treatment approaches and interventions for complex PTSD were examined for areas of consensus and disagreement. Experts agreed on several aspects of treatment, with 84% endorsing a phase-based or sequenced therapy as the most appropriate treatment approach with interventions tailored to specific symptom sets. First-line interventions matched to specific symptoms included emotion regulation strategies, narration of trauma memory, cognitive restructuring, anxiety and stress management, and interpersonal skills. Meditation and mindfulness interventions were frequently identified as an effective second-line approach for emotional, attentional, and behavioral (e.g., aggression) disturbances. Agreement was not obtained on either the expected course of improvement or on duration of treatment. The survey results provide a strong rationale for conducting research focusing on the relative merits of traditional trauma-focused therapies and sequenced multicomponent approaches applied to different patient populations with a range of symptom profiles. Sustained symptom monitoring during the course of treatment and during extended follow-up would advance knowledge about both the speed and durability of treatment effects.

I e e ab ed a e a f e e e e e a a e e ced e a a a a e a a e c de e e (Ke , 2000). A be f e e d d a e e ce c ace a d d ab e e c de ca a d e a ee ed f a a ed d e ea ed ace e f f a a. T e f e e ce, ca ed c e a a, ea e f a 1992). F e DSM-IV ed a , d e a a a ed a D de f E e S e N O e S ec ed (DESNOS) (Pe c , Va De K , R , Ma de , Ka a & Re c , 1997). A e e f e DSM-IV ed a , C e PTSD e c ded, a a e a ed a ce , b a a c a ed fea e f PTSD (A e ca P a c

M e e C e, D e a a d T a D , Na a Ce e f PTSD Ne Y U e La e Med ca Ce e ; G e A. C , Wa , DC; A G a a a, Ne Y U e La e Med ca Ce e , Na a S. K e I e f P a c Re ea ; R d C a e a, Ne Y U e ; B ad e C. S bae , La Rab da C d e ' H a C ca C d T a a Ce e, U e f C ca P e Sc f Med c e; B e L. G ee , Ge e U e Med ca C e e.

C e de ce c ce e a c e d be add e ed M e e C e, D e a a d T a D f e Na a Ce e f PTSD, NC-PTSD/334, VAPAHCS, 795 W R ad, Me P , CA 94025. E- a : a e e c e@ c.

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A c a . , 2000, . 465). T e e e ce f PTSD c b- a e e e a c a ed fea e c ef ed a c e PTSD (C & F d, 2009) e a H a ' e- . De e de a , e a bee c ed c - a d e ed e a c e a ab e e- e ce, c ca ca ce, a d ea e ca f e f .

A a e c e e ad bee c d c ed f PTSD (F a e a ., 1999) a a ba f de e ac ce de- e , e e de e d d c de c de a f e - f c e PTSD. T add e e ab e ce f ea e de e f c e PTSD a d de d ec ab c ed e e e I e a a S ce f T a a c S e S de (ISTSS) de a e e c e e b a ec e da ab e c ca ac c f c e PTSD, effec e e f ea e , a d e e ec ed c e f ec af ea e . T e e e e f e e e ea e e a d e ded f e de e e f a ISTSS be ac ce de e f e ea e f c e PTSD. G e e e d , f b e *DSM* a d e W d Hea O a a ' I e a a C a ca f D ea e e ca e, e e f a e e e a be a a ab e c b e d c .

I add be ed a d e ea ed, c e a a ca fa e a a ea d cc de c c a ce e e ca e b e d e ca, ca, a- a a, e e a, ca c a (H a , 1992). T e c c de ed e a e f c e a a e d d e a ab e a d ca ab e, b e a e f c e a a a ee e ab e a c de be a c f d e c e ce, e af c , e a e ade; be a e d d e ; a d be a ef ee a d c a c- a e e ced e, e c de ca a , e f f a ed e ce (H a , 1992). C e PTSD c de e de f PTSD (ee e c , d- a ce/ b , a d a) a e a a e f d ba ce e f e a ca ac e (e. ., F d, C , S ee e, Va de H , & N e , 2005; Va de K , R , Pe c , S da a d S a a, 2005). T e e e bee ed e ad d a : (a) e e a d f c e , (b) d ba ce ea a ca ac e , (c) a a a e a d c c e (e. ., d ca), (d) ad e affec ed be ef e , a d (e) a c d e d a a .

Re ea b c a d c ca a e a de - a ed a e ed a e e af a f e c, e ea ed e a e ce a c a ed e e f a a c e (ee Va de K e a ., 2005). I add - , e e e ce f c e PTSD e e a ed e a e f e f a a, e a e e fe a a e e e a fe e f c e PTSD a a e f PTSD (ee Va de K e a ., 2005). A e e a e de e e e e ce f c e PTSD e-

e ae ef ee a d c a f a e ce, e add e f PTSD, c ca ca e f d - ba ce e e a a d e a a ca ac e , a e a e f ea , d ca , a d a a e bee e ed (ee de J , K e, S a a, Va de K , & Va O e , 2005; H & Le -F a de , 2010; M a & F d, 2009).

Ba ed a e b a , c ca e a ed a e effec f c e a a be ea ed a e- e ced a d a e-ba ed fa (e. ., Ja e , 1925). C e - f a f a ae c e PTSD (C & F d, 2009; H a , 1992) e ec e ded a e a a e f ea e f c a e afe , a- b a , a d e e ba c fe c e e c e . A ec- d a d a a e c de e e a f a a c e - e f e e f ed c ac e e a d e e f e e e a d e ea a e ea- a d a e e a c e a d e de . Re e f a a e a d c ca c - e PTSD a d e a ed d de e ece bee e ed (C & F d, 2009) a d e a c a ed e e a be f a ae a e a e e fa e f e a e c a e e a cab e de .

T e ISTSS ac ce de e (F a, Kea e, F ed a , & C - e , 2009) e a f ed ec e ea e f PTSD c de e de ca f c d f a a e a ce

PTSD . E b ed de a e bee de ed e ea fec e a a a e e f e e a d e c e PTSD - e e e a e f ea e . A e de e ed e a ced a e-ba ed a a ea e de . T ee e a - a ed e be e f ab a d e ab a e a e e f a a-f c ed c e (B ad e & F ad, 2003; D e aa e a., 2010; Z c e a., 1997); f c ded a a a-f c ed c e e e a ed a e e ced (C e, K e e , C e , & Ha , 2002; C e e a., 2010; S e , D e ,

e e e ed a e a ea e e ed a ce a c ed b ea e e Med e a d P L . A f e c e PTSD e ad b ca de b , a a , ea c e PTSD DESNOS. A f e PTSD e ad b ca c c e ea e f PTSD, b e f c ed c e PTSD (ee A e d A f e f a e).

T e c e PTSD a c ed f 11 d a . T e e e e ed e *DSM-IV-TR* PTSD c f ee e c , da ce/e a c c , a d a ; e c e e de ed f e *DSM-IV-TR* a c a ed fea e . T e e c e a ed acc d e , e add a f b e de bed e d c . E e a d f c e c ded (a) affec d e a (e. eac , e, b ed/e ea), a d (b) be a d e a (e. ., e f a , a e - d , a). Re a a ca ac d c ded e f (c) ea a d f c e (e. ., c c a a c ea e cc a da ce f ea-). A a a e a d c c c ded (d) a e a d ba ce (e. ., d f c f d ec , c e a), (e) a e e d ca (e. ., d ea a , de a a), a d (f) e e d d ca e d ba ce e f-c ce (d ca e de d ba ce). Ad e affec ed be ef e a de ed b ( ) d ba ce e f ea (e. ., fee a e da a ed, effec- e, a a ed, a d de a). S a c d e /d a a c ded ( ) e c a , a f e b d a e b a a a ed. T e ec c e ed e e f eac f e ca e e e de ed f e ab ed ea e f PTSD (e. ., F a, 1995) a d f c e PTSD (e. ., B e e, 1995). T e e b ed b e Ta F ce e b ec ed e ea ed d f e a ee e e e a a a a d c f a e a b a ed.

T e e d f e c e e , a e d, a- e a a a e ce , a ed f a a be f e a d ded e d e e ce f d a a e a e a e e a e f a e f c a e a d e ed b f (ee Ka e a ., 1997).

T e f a , de , a d c e f e e a de ca e e e PTSD e c e e (F a e a ., 1999) a d d ff ed a e e efe ed e def- f c e PTSD e ab a ed ab e. E e a ed de a e a d e a a e ea e a - ae , e e e a ef cac f a e f c e PTSD a a e, a d e ef cac , afe , a d acce ab f e

e e f eac f e 11 e d d a . T ed ce e e b a ec e ded e a e , ea e e efe ed b ec c a e (e. ., ed e e), b a e de ed a e c a (e. ., e e a ; ee A e d B). I f a e a d e a a e f e f a , f e e c , a d d a f ea e a a b a ed e a e a e .

D e ace a , e de e e e ab e e . T e e a c a ed e ab e e e e e ce f e a e a af- fec ed b e f c e a a , e e ce f c b d d a e , a d a e f e a e . Q e ab efe e ce ed ca e f a a e e c a da e e a ed. De a ed e b a ed f e e e e a e a a a f c f e (d ff ed e) a e a ed be ded e f e a b c acce e e (e. ., ISTSS eb e).

T e e e f e a e de ca e ed e 1999 PTSD e a e a e e e f e a cd de . T e e e a de e ed b e RAND C a f ace a e e c e (ee Ka e a ., 1997). A 1 9 a ca e a ed e ea e e e- a e e f e . A e f d e a a e f a ee e ed e f a e : 7(9 = *Usually appropriate*: *a first-line treatment you would often use*; 4(6 = *Reasonable*: *a second-line treatment, a treatment you would sometimes use under certain conditions (e.g., due to patient preference or if first-line treatment is ineffective, unavailable, or unsuitable)*Reun-.5(or)-386.2(un-.si)-

D A

F F a e a. (1999) a d a ec e ded b Ka e a. (1997), c e a de ed b e f e ea c e a d c - de ce e a a a ed ca e e f a . T e d b f e e e ' a e a a e f a - e e a ae a a ed e ee ca e e : e (c e 9(7) d ca a d e e a e e e a ae a a e f e, ec d e (c e 6(4) d ca a d e e a e e a ae a a - e a a a a e a e de ec c c d , a d e d e (c e 3(1) d ca a d e e a e e a ae a a a e. A e e e e a d effec e e , afe , a d acce ab e e a e a ed e ee ca e e ba ed e e a e a e c e. We e ca c - a ed e ea , a da d de a , a d c de ce e a (CI)

Approach	95% Confidence interval									*M*	*SD*	Experts' ratings (%)		
	3rd line			2nd line			1st line					1st line	2nd line	3rd line
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**					
Sequenced treatment										8.0	1.6	85	15	0
Primarily coping skills										5.3	2.2	34	40	26
Combine processing and skills										4.3	2.4	27	23	50
Primarily memory processing														

4.71298.m123642c5(4.71298.85907[7.292554)-316en04.

Figure 2.

	95% Confidence interval											Experts' ratings (%)		
	3rd line			2nd line			1st line					1st line	2nd line	3rd line
Acceptability	1	2	3	4	5	6	7	8	9	*M*	*SD*			
Education about trauma										8.0	1.4	86	14	0

T* *1. P -L e I e a d T Sec d-L e I e Ta e ed S Se

M e	P -L e I e	T ec d- e e
Ree e e c	Ed ca ab a a Na a f a a e	C e c E e a e A e / e a a e
A da ce/c c	Ed ca ab a a E e a e	C e c Na a f a a e Med a / df e I e e a a a
H e a a	Ed ca ab a a E e a e A e / e a a e	Na a f a a e C e c
Affec d e a	Ed ca ab a a E e a e	(ab)-250.4( )-0.2(a a)]TJ16.8001 -1.1997 TD-

	95% Confidence interval (3rd line: 1–3; 2nd line: 4–6; 1st line: 7–9)	M	SD	Experts' ratings (%) 1st line	2nd line	3rd line
Format for initial phase of treatment						
Individual		8.7	0.6	100	0	0
Individual + group		6.7	2.1	67	23	10
Group (structured)		6.4	2.3	59	27	14
Group (open)		3.7	1.9	6	42	52
Self-help		3.3	1.6	4	35	61
Format for processing trauma memories						
Individual		8.6	0.6	100	0	0
Combined		6.3	2.4	52	33	15
Group		3.5	2.1	8	41	51

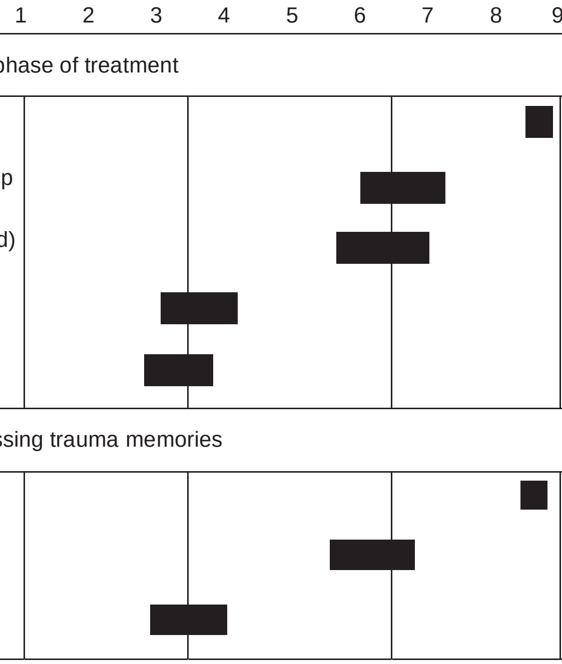

Figure 5. [illegible]

[illegible]