

Complex Trauma Treatment Guidelines

This treatment guideline handout is based on information provided by the American Psychological Association.

Clinicians are encouraged to become familiar with different interventions to determine which treatment might be consistent with their practice and support their clients with post-traumatic stress disorder (PTSD). Mental health clinicians are also encouraged to seek outside training in these therapy modules to support their clients (American Psychological Association, 2020).

The following four treatment modules are **strongly recommended**.

Cognitive behavioral therapy (CBT)

Cognitive behavioral therapy focuses on the relationships among thoughts, feelings, and behaviors; targets current problems and symptoms; and focuses on changing patterns of behaviors, thoughts, and feelings that lead to difficulties in functioning.

Cognitive behavioral therapy notes how changes in any one domain can improve functioning in the other domains. For example, altering a person's unhelpful thinking can lead to healthier behaviors and improved emotion regulation. It is typically delivered over 12-16 sessions in either individual or group format.

Cognitive processing therapy (CPT)

Cognitive processing therapy is a specific type of cognitive behavioral therapy that helps patients learn how to modify and challenge unhelpful beliefs related to the trauma.

CPT is generally delivered over 12 sessions and helps patients learn how to challenge and modify unhelpful beliefs related to the trauma. In doing so, the patient creates a new understanding and conceptualization of the traumatic event so that it reduces its ongoing negative effects on current life.

Cognitive therapy

Derived from cognitive behavioral therapy, cognitive therapy entails modifying the pessimistic evaluations and memories of trauma, with the goal of interrupting the disturbing behavioral and/or thought patterns that have been interfering in the person's daily life.

Treatment entails modifying the pessimistic evaluations and memories of trauma, with the goal of interrupting the disturbing behavioral and/or thought patterns that have been interfering with the person's daily life. It is typically delivered in weekly sessions over three months individually or in groups.

Prolonged exposure

Prolonged exposure is a specific type of cognitive behavioral therapy that teaches individuals to gradually approach trauma-related memories, feelings and situations. By facing what has been avoided, a person presumably learns that the trauma-related memories and cues are not dangerous and do not need to be avoided.

Typically provided over a period of about three months with weekly individual sessions. Sixty- to 120-minute sessions are usually needed in order for the individual to engage in exposure and sufficiently process the experience.

There are other **conditionally recommended** interventions that have evidence that indicates they may lead to good treatment outcomes. However, these interventions may:

- Not be as strong
- Have an unbalance of treatment benefits
- Be less applicable across treatment settings or subgroups of complex trauma

Brief eclectic psychotherapy

Brief eclectic psychotherapy combines elements of cognitive behavioral therapy with a psychodynamic approach. It focuses on changing the emotions of shame and guilt and emphasizes the relationship between the patient and therapist.

As conducted in research studies, treatment consists of 16 individual sessions, each lasting between 45 minutes and one hour. Sessions are typically scheduled once per week. Each of the 16 sessions has a specific objective. This intervention is intended for individuals who have experienced a single traumatic event.

Eye movement desensitization and reprocessing (EMDR) therapy

A structured therapy that encourages the patient to briefly focus on the trauma memory while simultaneously experiencing bilateral stimulation (typically eye movements), which is associated with a reduction in the vividness and emotion associated with the trauma memories.

EMDR is an individual therapy typically delivered 1-2 times per week for a total of 6-12 sessions. It differs from other trauma-focused treatments in that it does not include extended exposure to the distressing memory, detailed descriptions of the trauma, challenging beliefs, or homework assignments.

Narrative exposure therapy (NET)

Narrative exposure therapy helps individuals establish a coherent life narrative in which to contextualize traumatic experiences. It is known for its use in group treatment for refugees.

NET is distinct from other treatments in its explicit focus on recognizing and creating an account or testament of what happened, in a way that serves to recapture the patient's self-respect and acknowledges their human rights. Often, small groups of individuals receive four to 10 sessions of NET together, although it also can be provided individually.

Medications

Four medications received a conditional recommendation for use in the treatment of PTSD: sertraline, paroxetine, fluoxetine, and venlafaxine.

Currently, only the SSRIs sertraline (Zoloft) and paroxetine (Paxil) are FDA-approved for the treatment of PTSD. While SSRIs are typically the first class of medications used in PTSD treatment, exceptions may occur for patients based on their individual histories of side effects, responses, comorbidities, and personal preferences.