Project Title: Assessing the World Health Organization’s *International Classification of Diseases* (ICD-11) proposals for Posttraumatic Stress Disorder (PTSD) and Complex PTSD (CPTSD).

Supervisors: Professor Mark Shevlin, Dr Jamie Murphy & Professor Gary Adamson

Contact: Tel: 028 71 375619 Email: m.shevlin@ulster.ac.uk

Level: PhD

Background

The upcoming 11th revision to the World Health Organization’s *International Classification of Diseases* (ICD-11) proposes two distinct sibling conditions, Posttraumatic Stress Disorder (PTSD) and Complex PTSD (CPTSD), under a general parent category of traumatic stress disorders (Maercker et al., 2013). The formulation of PTSD and CPTSD as two distinct disorders is supported by differences in risk factors (Hyland et al., 2016), proposed pathophysiology (Cloitre, Garvert, Brewin, Bryant, & Maercker, 2013), levels of functional impairment (Cloitre et al., 2013; Elklit, Hyland, & Shevlin, 2014), and, potentially, course and duration of treatment (Cloitre et al., 2011; Ford, 2015). Moreover, the ICD guidelines for the development of diagnoses indicate that they should have clinical utility, characteristics of which include that they be structured in a way consistent with clinicians’ mental taxonomies and demonstrate ease of use (Reed, 2010). A recent field study of 1,738 international mental health providers reported that clinicians readily discriminated between ICD-11 PTSD and CPTSD and that the addition of CPTSD increased overall diagnostic accuracy compared to other conditions (Keeley, Reed, Roberts, Evans, Robles, 2016). Thus, in addition to being motivated by traditional scientific reasons, the PTSD/CPTSD distinction appears to be readily comprehended and to improve overall differential diagnosis.

ICD requires that a traumatic stressor be present as a prerequisite for consideration of the diagnosis of either PTSD or CPTSD. Once this requirement is met, the differential diagnosis between PTSD and CPTSD is determined by assessment of symptoms. ICD-11 proposes that PTSD is comprised of three symptom clusters that result from stimuli related to the traumatic events (First et al., 2015). These symptoms clusters are: (1) re-experiencing of the trauma in the here and now (Re), (2) avoidance of traumatic reminders (Av), and (3) a persistent sense of current threat that is manifested by arousal and hypervigilance (Th). ICD-11 CPTSD includes the three PTSD clusters and an additional three clusters that reflect ‘disturbances in self-organization’ (DSO): (1) affective dysregulation (AD), (2) negative self-concept (NSC), and (3) disturbances in relationships (DR). These disturbances are proposed to be typically associated with sustained, repeated, or multiple forms of traumatic exposures (e.g., genocide campaigns, childhood sexual abuse, child soldiering, severe domestic violence, torture, or slavery), reflecting a loss of emotional, psychological, and social resources under conditions of prolonged adversity. However, type of traumatic stressor is considered a risk factor not a requirement in the differential diagnosis of PTSD versus CPTSD. This view,
supported by recent data (Cloitre et al, 2013), recognizes and allows for the added potential influences of genetic load and environmental risk and resiliency factors. The diagnosis is ultimately determined by symptom profile not trauma history, and, based on symptoms, the individual is indicated to have one or the other disorder but not both. The decision to have CPTSD represented as a disorder distinct from PTSD rather than a subtype of PTSD is driven not only by conceptual and clinical reasons described above but also by the nature of the ICD taxonomic structure, which unlike the DSM, is strongly horizontal rather than vertical and does not readily support subtyping.

This project aims to test the construct validity of the Complex PTSD construct based on the analysis of data from large mental surveys of traumatised populations. The project will be in collaboration with Professor Marylene Cloitre (Director of Research of the National Center for PTSD Dissemination and Training Division, Palo Alto), Professor Ask Elklit (Director of the Danish Psychotraumatology Research Centre, Denmark) and Professor Thanos Karatzias (Consultant Psychologist in the Rivers Centre at the Royal Edinburgh Hospital and Chair of the British Psychological Society Working Party for Survivors of Sexual Abuse).

Objectives of the research

The objectives of this research programme are to

- Describe patterns of PTSD and CPTSD symptoms in diverse samples of trauma victims.
- Test alternative theoretical models of PTSD and CPTSD.
- Identify psychological and trauma related variables that predict PTSD and CPTSD.
- Test for potential mediating effect in the trauma-PTSD association (e.g. attachment styles, world assumptions, social support).

Skills required of applicant

The applicant should

- Have an interest in mental health issues and PTSD.
- Be able to demonstrate knowledge and understanding of the existing literature on PTSD and trauma.
- Have a broad understanding of statistical analysis.
- Want to develop their quantitative skills.
- Be prepared to travel internationally
References and Key Reading


