

Differential diagnosis, treatment indication and (outcome) assessment of complex trauma related disorders

Nel P.J. Draijer, Willie Langeland,
Kathleen Thomaes, Suzette A. Boon

No treatment without a proper diagnosis and an estimation of the prognostic possibilities of a patient. How to come about a well informed diagnosis in the complex trauma related continuum? Chronic trauma in childhood afflicted by the same people a child is dependent upon, results in complex trauma-related disorders such as complex PTSD and dissociative disorders, with or without personality pathology. These disorders may be accompanied by depression, eating disorders, sleep disorders, problems with affect regulation and self-destructiveness, self-esteem, relational problems, conversions, psychotic symptoms, etc. Most patients with complex trauma-related disorders have been treated for years before their symptom constellation is perceived within a trauma perspective and their possibilities to be treated differ widely.

So, what symptoms, in which constellation do we have to assess to be able to recognize them in a coherent trauma related perspective? What consequences has this diagnostic assessment for treatment? Treatment indication has to do with the level of functioning to estimate the possibility of treatment. This is more of a 'skill' and an art of weighing the gathered information. And – once in treatment – which symptom clusters are relevant to follow up during and after the intervention?

In the morning and early afternoon the major structured diagnostic interviews on dissociative disorders (SCID-D) and complex trauma (SIDES) will be presented, as well as the major screeners for dissociative pathology. New developments will be discussed.

For clinical purposes we will focus on core symptoms and their variety in clinical presentation and phenomenology - such as amnesia, for example - as well as on the level of functioning and of personal safety.

For research purposes in the afternoon outcome measurements will be addressed, focussing on the core symptoms of complex PTSD and dissociative disorders.

Educational objectives

1. Be able to diagnose Complex PTSD, Dissociative Identity Disorder (DID) and Dissociative Disorder Not Otherwise Specified (DDNOS)
2. Differentiate these diagnoses from (simple) PTSD, bipolar disorder, non-traumatized borderline pathology and malingered DID, a.o.
3. Describe the relevant characteristics to indicate treatment
4. List the core pathology of C-PTSD, DID and DDNOS and the major outcome measures