Beyond PTSD

# PTSD vs. CPTSD

Trauma is defined as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual wellbeing”[[1]](#footnote-1) The following worksheet provides more detail on diagnostic frameworks and concepts associated with traumatic stress.

Post-Traumatic Stress Disorder (PTSD)

PTSD is most frequently referenced when one thinks about trauma and exposure to violence. According to the DSM-5, an individual meets criteria for PTSD if they were exposed, witnessed, or learned about a traumatic experience and present the following symptoms for at least one month after exposure[[2]](#footnote-2):

* Intrusive thoughts/memories or nightmares
* Avoiding thoughts, feelings, or reminders of the trauma
* Changes in mood and cognitions
* Hyperarousal and reactivity

*"I think I'm always on edge when I know that something in the neighborhood's happening. And, um, like I always get like a lot of—a lot of fear, too. Like, you never know who's gonna be next. It's more of the fear of like, 'Please let it not be that person,' or, 'Please, let it not be one of our own,' or, 'Please,' you know, like-like I just don't wanna get the phone calls … And even if it's like not me being the first responder, like even just my coworkers, like even hearing their experience with it. Like that makes it even heavier too because we carry so much afterwards."*

Complex PTSD

Although not an official diagnosis in the DSM-5, Complex PTSD was accepted into the most recent update of the International Classification of Diseases (ICD-11) issued by the World Health Organization (WHO) in 2018[[3]](#footnote-3). Complex PTSD includes the core symptoms of PTSD listed above in addition to a range of difficulties with self-regulation. The defining features of Complex PTSD are chronic exposure to trauma, rather than a single traumatic event, and difficulties with self-regulation, or one’s ability to control their thoughts, feelings, and behaviors. Difficulty self-regulating may look like:

* Rapid mood swings or difficulty managing intense emotions
* Difficulty forming and maintaining healthy relationships
* Dissociating (disconnecting from one’s thoughts, feelings, body sensations, or sense of self), leading to difficulties with attention or concentration
* Somatic distress (such as unexplained dizziness or physical pain like stomach aches, headaches, chest pain, or other chronic pain)
* Relying primarily on external things to “feel better”, such as drugs, alcohol, food, or spending money
* Engaging in impulsive or risky behaviors, such as self-harm or substance abuse

*"We're having to deal with everybody else's trauma. We don't deal with our own, and so, our work is very heavy. And if we don't, you know, we might bring it back home. We might, you know, take it out in a negative aspect on the people that are-are closest to us that we love."*

# Food for Thought

* + As a starting point, it is recommended that organizations examine the extent to which training materials and training opportunities around trauma discuss manifestations of traumatic stress beyond PTSD. If the evidence suggests that PTSD may not be the most accurate depiction of the trauma experience of street intervention workers, then organizations should seek out training materials that provide a broader discussion of how trauma is experienced among workers with chronic exposure to violence.
	+ What kind of events or circumstances have employees in your organization experienced, both on and off the job, which might be considered “traumatic”?
	+ How have you seen the symptoms of PTSD manifest among employees in your organization? How has this impacted their ability to perform their job, if at all?
	+ Difficulties with self-regulation is one of the defining features of Complex PTSD (*see list above for review*). Do any members of the team report any of the following circumstances:
		- Difficulties managing emotions?
		- Difficulties in relationships?
		- Difficulties with attention and concentration?
		- Chronic issues related to physical health or other physical complaints?
	+ Are there ways in which the street intervention team, or organization as a whole, have ‘normalized’ some of the features of Complex PTSD (i.e. accepted these features as ‘just how someone is’)? Are there ways in which a team and/ or organization can provide support to staff who may be experiencing Complex PTSD? (see ‘Moving Towards Organizational Best Practices’ materials as well)
1. Griffin, G. (2020). Defining trauma and a trauma-informed COVID-19 response. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*(S1), S279. [↑](#footnote-ref-1)
2. American Psychiatric Association. (2000). Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.) [↑](#footnote-ref-2)
3. Cloitre, M., Garvert, D. W., Brewin, C. R., Bryant, R. A., & Maercker, A. (2013). Evidence for proposed ICD-11 PTSD and complex PTSD: A latent profile analysis. *European journal of psychotraumatology*, *4*(1), 20706. [↑](#footnote-ref-3)