Outline

In chapter 2 a pilot study testing a stabilizing group treatment protocol is described, designed for the management of the long-term sequelae of child abuse, that is, Complex posttraumatic stress disorder (Complex PTSD) aiming to improve Complex PTSD using psychoeducation and cognitive behavioral interventions. We investigated the effectiveness of this protocol in addition to treatment as usual and we expected patients would improve substantial. Included were thirty-six patients with a history of childhood abuse, Complex PTSD and severe comorbidity. These patients participated in a 20-week treatment with pre-, post-, and follow-up-assessments in three mental health institutions.

In chapter 3 this pilot study was followed-by a randomized controlled trial in which we aimed to test the efficacy of psychoeducational and cognitive behavioral stabilizing group treatment in terms of both PTSD and Complex PTSD symptom severity. Seventy-one patients with Complex PTSD and severe comorbidity (e.g. 74% axis II comorbidity) were randomly assigned to either a 20-week group treatment (EXP) in addition to treatment as usual (TAU) or to TAU only. Primary outcome measures were the Davidson Trauma Scale (DTS) for PTSD and the Structured Interview for Disorders of Extreme Stress (SIDES) for Complex PTSD symptoms. We hypothesized that only patients with additional group treatment would improve. Moreover we expected patients with a comorbid borderline personality disorder – associated with difficulties in staying in relationships – would predict drop-out. And we expected highly dissociative symptoms – interfering with attention – would be associated with poor outcome. A subpopulation of this study was additionally included in a neuroimaging study before and after treatment.

In chapter 4 we investigated if we could identify personality based subtypes of Complex PTSD. Although Complex PTSD seems to be a useful concept, the disorder shows high inter-subject variability in terms of comorbidity. Moreover, core symptoms of Complex PTSD concern personality disturbances, that pose major treatment challenges (Allen, Coyne, & Huntoon, 1998), predict a poor outcome in regular PTSD treatment (Ford & Kidd, 1998), and imply the need to tailor treatments (Breslau, 2001; Cloitre, 2009; Cloitre & Koenen, 2001; Cloitre et al., 2002; Wolfsdorf & Zlotnick, 2001; Zlotnick et al., 1997). In the literature it has been conceptualized that some features of Complex PTSD co-vary with internalizing personality characteristics (e.g., feelings of shame, despair, and social withdrawal), whereas others are associated primarily with externalizing personality characteristics (self-destructive and impulsive behavior, hostility; Allen et al., 1998; Miller & Resick, 2007). We expected to find subtypes differentiated by introversion and disinhibition. Because both dimensions are included in the concept of Complex PTSD, symptom severity was hypothesized to be correlated with both introversion and disinhibition. Furthermore, we aimed to explore whether the severity of
simple PTSD, dissociation, depression, and borderline characteristics as well as trauma history and parental bonding differed between these subtypes. To his aim we conducted a cluster analysis.

To investigate whether the presence of such subtypes could explain difficulties in engaging some patients in treatment (Allen et al., 1998) as well as differential treatment needs and results (Follette et al., 1997), we conducted a prediction study (chapter 5) to investigate if these subtypes would predict treatment compliance and effectiveness in our population.

In chapter 6 we present a quantitative review of the literature on child abuse related (Complex) PTSD studies to investigate whether treatment for this population should differ from ‘simple’ PTSD guidelines in general. This study sought to determine what evidence is currently available to guide choice of treatment for this population. We performed a quantitative review of literature from 1989 to 2012 with populations addressing treatment for combined PTSD as well as child abused populations, based on variables such as inclusion and exclusion criteria, effect size, recovery and improvement rates, pre and post scores in both completers as well as intention-to-treat analysis.

The dissertation ends with a general discussion (chapter 7). Main results will be summarized and discussed. Implications of the presented studies and suggestions for future research will be addressed.