

Factors Influencing Treatment of CPTSD: ESTAIR

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Marylene Cloitre, Ph.D.

Research Professor and Senior Research Scientist
New York University Silver School of Social Work

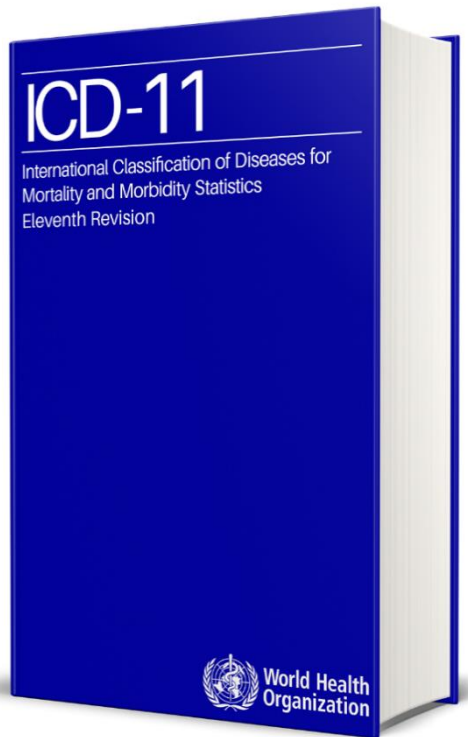


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ICD-11 Diagnoses

Requires: exposure to an extremely threatening or horrific event or series of events



“Gate” Criterion: Traumatic Stressor

PTSD

Re-experiencing

Avoidance

Sense of Threat

Functional Impairment

Complex PTSD

Re-experiencing

Avoidance

Sense of Threat

Affect Dysregulation

Negative Self Concept

Disturbed Relationships

Functional Impairment

Two independent disorders. A diagnosis of either PTSD or CPTSD is given. If a person has CPTSD they cannot be diagnosed with PTSD.

Diagnosis is based on symptoms not history. Type of trauma is a risk factor not a requirement for a diagnosis.

Challenges in Treatment of ICD-11 CPTSD and PTSD

- Training burden and delivery for two versus one disorder
- In complex PTSD, which problem or set of problems to begin with?
- How to give attention to comorbidities, particularly depression, anxiety, moderate substance abuse
- With complexity upon complexity: Where to begin?

Flexible Modular Treatments

Increasing efficiency and effectiveness

- Modular treatments address specific problems (versus diagnoses)
- Therapist and parent collaboratively identify most important problem. Symptom assessment tracks progress. When the problem is resolved, work on the next concern begins.
- More effective than full protocols for a single disorder (Daleiden et al., 2006) or to the sequencing of full protocols for different disorders (Weisz et al., 2012).
- Modular treatments tend to be shorter (Weisz et al., 2012).
- Better uptake from clinicians compared to protocol driven approaches (Borntrager et al., 2009).
- High rates of clinician satisfaction associated with modular approaches (Chorpita et al., 2015).



Cloitre, 2015, *EJPT*

Karatzias & Cloitre, 2019, *JoTS*

Flexible Modular Treatment Approach

Emotion
Regulation

Relationship and
Social
Functioning

Trauma
Memory and
Meaning Making

Self-Concept

- Flexible Modular Approach
 - Can integrate other modules related to other problems
 - CBT-I (Insomnia)
 - Exercise/physical therapy/movement/body-based
 - Nightmare focus

Precursor: Skills Training in Affective and Interpersonal Regulation plus Narrative Therapy (STAIR-NT)

Emotion
Regulation

Relationship and
Social
Functioning

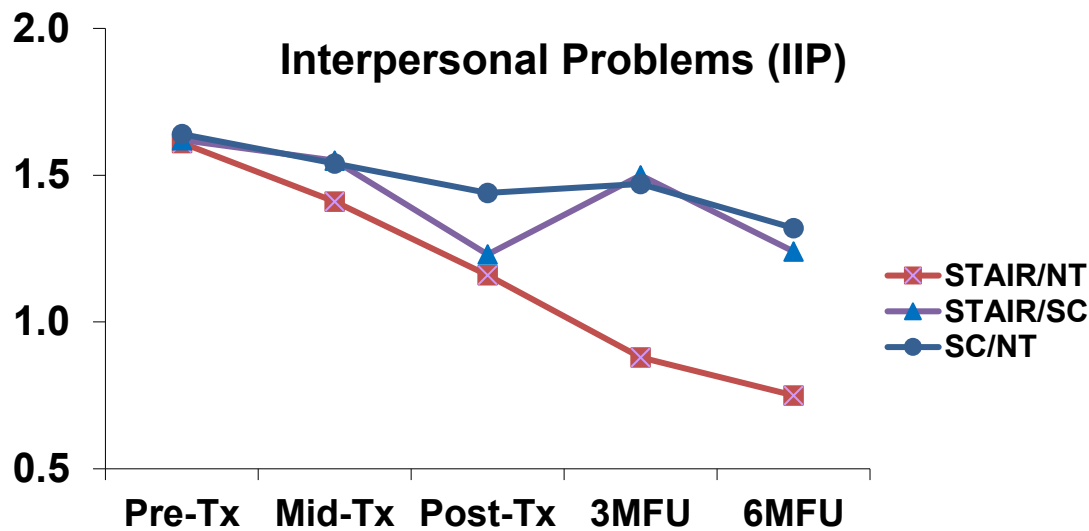
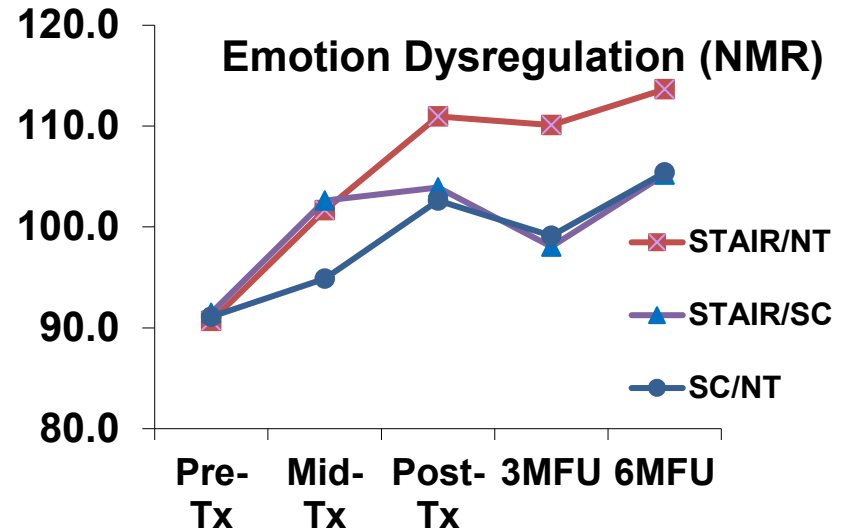
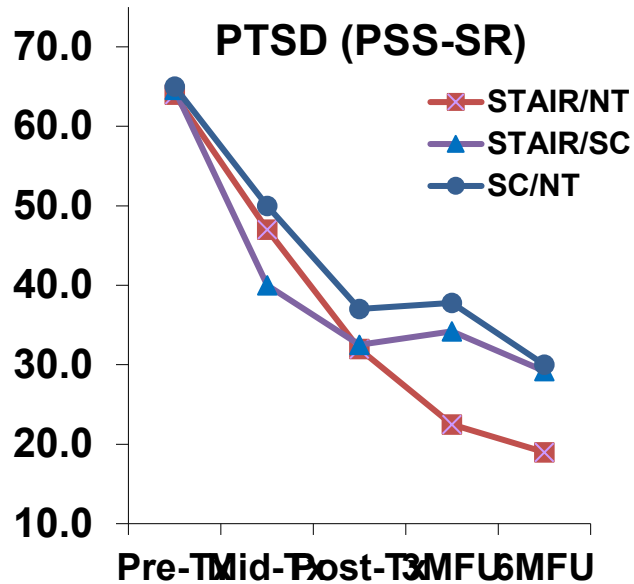
Trauma Memory
and Meaning
Making

Cloitre et al., (2002). RCT of 48 Women with PTSD-CA shows SNT superior to WL on DSM-IV PTSD and many other outcomes. ES: **SNT=1.30** vs. WL=0.15

Cloitre et al., (2010). RCT of 109 Women with PTSD related to interpersonal violence. SNT superior to each of its component parts for DSM-IV PTSD and many other outcomes. ES **SNT=2.29** vs. STAIR=1.72 vs. PE=1.94.

Oprel et al. (2021). RCT of 149 women with PTSD-CA shows SNT equivalent to PE and iPE ES **SNT = 1.69**, PE=1.85, iPE=1.60. Moderator analysis (Hoeboer, 2021) shows that participants with CSA did more poorly than those without CSA in PE and iPE while in SNT CSA participants did equally well.

Component Analysis: STAIR-NT superior to either STAIR or NT alone



Pilot Study of Modular STAIR (ESTAIR)



Emotion
Regulation

Relationship and
Social
Functioning

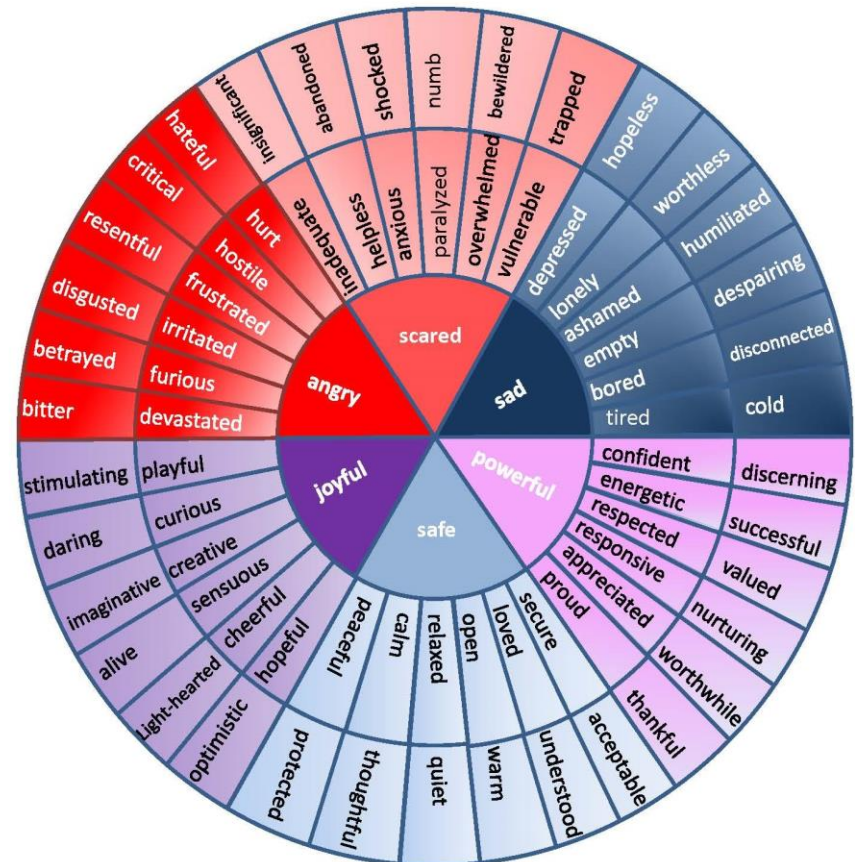
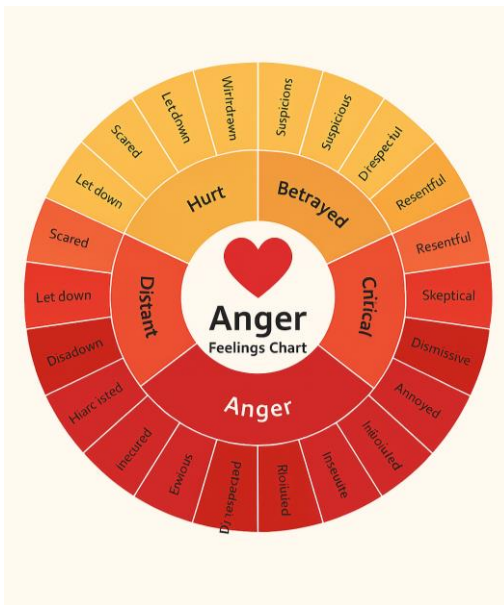
Exposure to
Memory and
Meaning Making

Self-Concept

- Each module includes 6 sessions
- Interventions within each module matched to patient needs and preferences

Emotion Regulation

- Impact of trauma on emotions and relationships
- Consider “learning history” regarding emotions
- Increase Emotional Awareness
- Regulate via body, thoughts and behaviors



Relationship Functioning

- **Old → New models:** Identify the outdated patterns and identify preferred alternatives.
- **Alternatives (worksheets):** Explore actionable options: plan, implement, and evaluate outcomes
- **I statements & rights:** Express feelings clearly using “I feel... when... because...” and state needs or requests.
- **Communication & role play:** Develop skills in tone, timing, and setting boundaries; practice future conversations through role play.

Positive Self-Concept and Compassion







Positive Self-Concept

- Building identity beyond trauma
- Recognizing strengths and achievements
- Shifting from “I am broken” → “I am capable”
- Using positive activities to reinforce agency and mastery
- Encouraging self-affirmations

Compassion

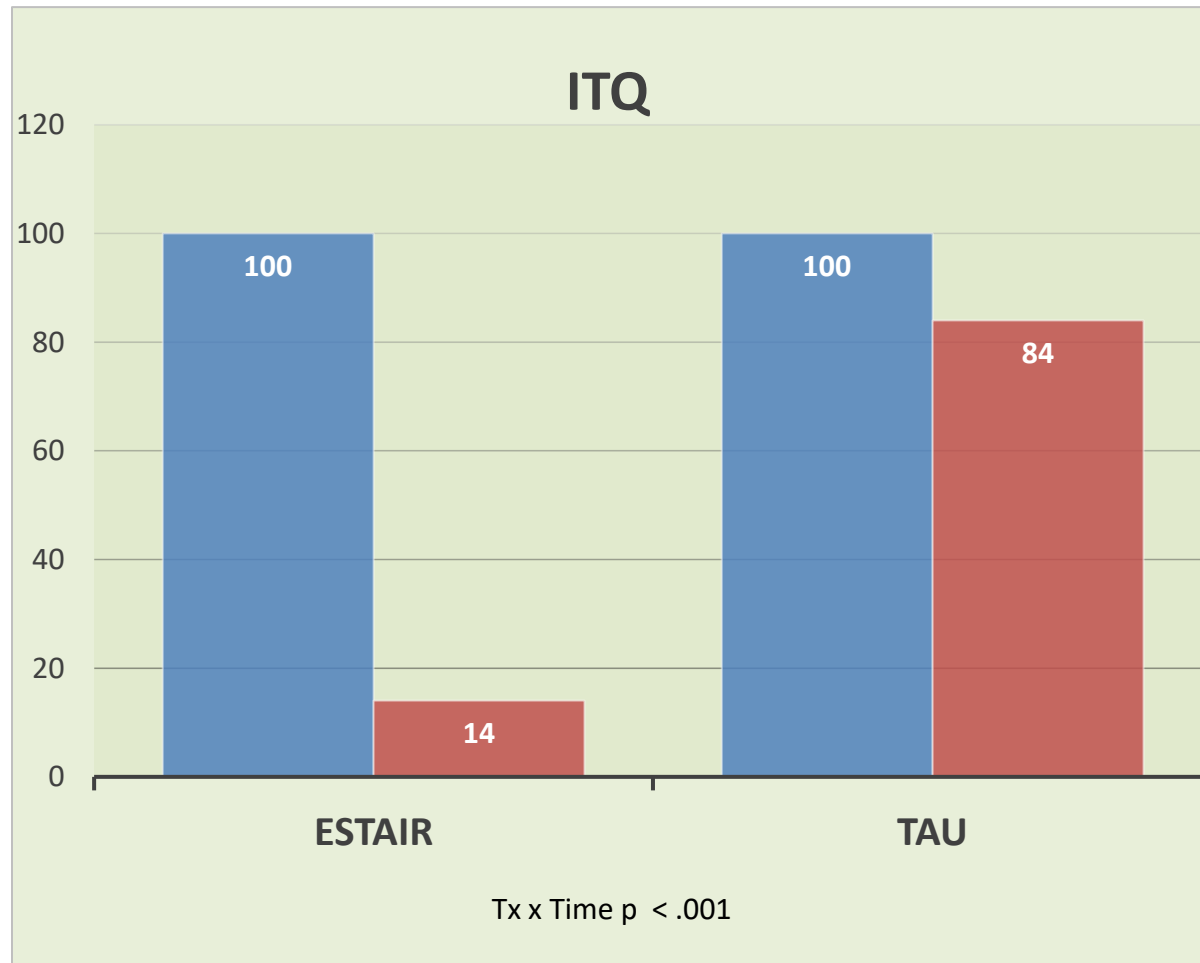
- Compassion as a resource: kindness towards self and others
- Reduces self-blame and criticism
- Encourages insight and change without judgement
- Builds resilience and connection

Narrative Therapy

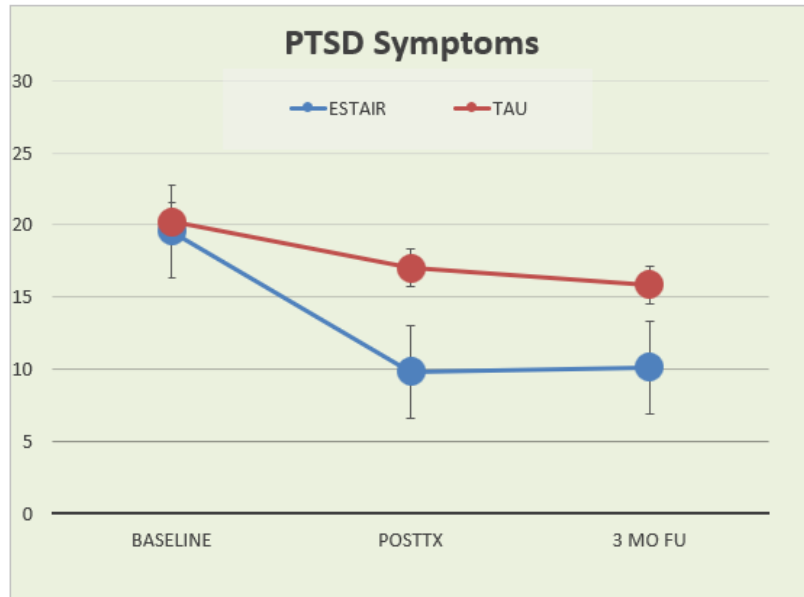
-  Repeated narration – revisiting trauma memories to reduce fear
-  Organization of trauma memory – structuring experiences into a coherent story
-  Meaning analysis – contextualizing trauma within life history
-  Integration – weaving trauma into autobiography of self
-  Revision of beliefs – shifting trauma schemas from past to present
-  Exploration of emotions – addressing shame, guilt, anger, and loss

RCT of ESTAIR vs TAU in UK Veteran Service (n=56)

Percent Retaining CPTSD Diagnosis



RCT of ESTAIR vs TAU in UK Veteran Service (n=56)



PTSD Pre-FU ES

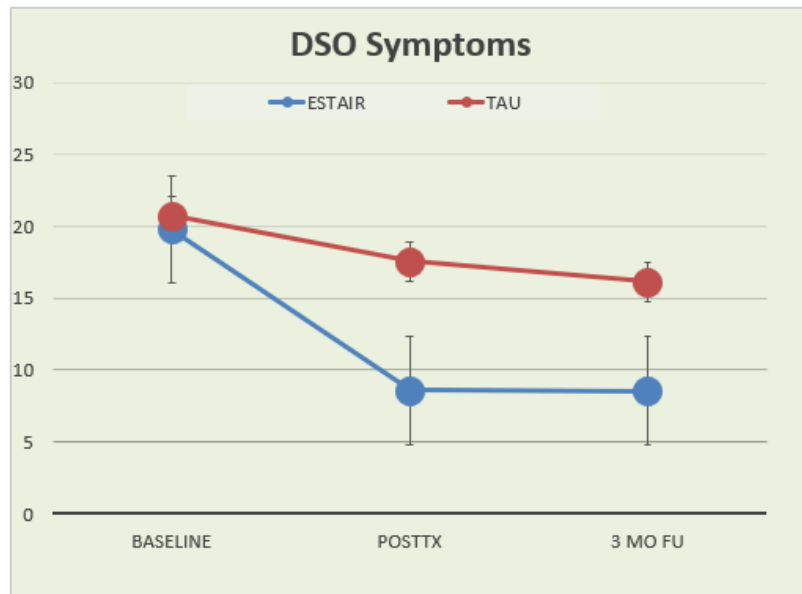
Cohen's *d*

ESTAIR 1.78

TAU 0.87

Treatment x Time

Interaction = $p < .001$



DSO Pre-FU ES

Cohen's *d*

ESTAIR 2.00

TAU 1.05

Treatment x Time

Interaction = $p < .001$

Flexible modular Interventions: Responding to engagement and retention challenges

- **Engagement** is low:
 - Over 15-year period, of 265,566 Veterans diagnosed with PTSD, Only **23% initiate treatment** (Maguen et al., 2019)
- **Retention** is low
 - VA-wide implementation: **9% complete treatment; 33% receive adequate dose** (Maguen et al., 2012, 2019)
- **Outcome** can be improved
 - Remission rate for evidence-based treatments n= 900 veterans: RCT of PE vs. CPT **50% still carry PTSD diagnosis** (Schnurr et al., 2022)

A Shift in Perspective: Disturbances in Self-Organization a Central Not Peripheral Problem

Presenting Complaints of 98 Consecutively Assessed Women with HX of Childhood Abuse at NYC Outpatient Clinic	
Relationship Problems	67%
PTSD Symptoms (any: Re, Av, Th)	59%
Emotion Regulation Difficulties	31%

Levitt & Cloitre, 2005, *Cognitive and Behavioral Practice*

- Diagnosis of CPTSD recognizes disturbances in relationships, identity and emotions
- Conceptual reframe for treatment: interventions targeting relationship problems, problems with self-concept, and emotion regulation are key and bona fide treatment activities
- Clinician training specific to these interventions is needed for effective delivery and outcomes

Summary- Benefits of ESTAIR

- Treat two different disorders with one treatment program
- Flexibility - Can focus on specific and targeted needs: emotional awareness, physiological arousal and bodily integrity, compassion, effective assertiveness, social connection
- Create evidence based personalized pathway to recovery
- Other “modular” interventions can be integrated as needed – insomnia, body work

Next Steps

- Compare effectiveness of ESTAIR to established treatments in clinic settings
- Assess uptake of treatments by clinicians
- Assess rates of engagement and completion by clients