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Treating CPTSD: Current Evidence and Directions for Future Research

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ICD-11 PTSD and Complex PTSD

"Gate" Criterion: Traumatic Stressor	
PTSD	**Complex PTSD**
Re-experiencing	Re-experiencing
Avoidance	Avoidance
Sense of Threat	Sense of Threat
	Affect Dysregulation
	Negative Self Concept
	Disturbed Relationships
Functional Impairment	Functional Impairment

Diagnosis is either PTSD *or* CPTSD: If PTSD and DSO criteria met = CPTSD
Type of trauma is a risk factor not a requirement for a diagnosis

Evidence for ICD-11 CPTSD

Probability

	Re	Av	Threat	ER	NSC	DR
Class 1 (76%)	1	1	1	0.873	0.867	0.894
Class 2 (24%)	0.914	0.892	0.764	0.258	0.098	0.105

Karatzias et al. (2017) Journal of Affective Disorders

ICD-11 CPTSD – Factorial validity results from treatment seeking samples

	χ^2	CFI	TLI	RMSEA (90% CI)
UK mixed clinical group (N = 615)	116*	.974	.964	.052 (.040, .064)
Lithuanian clinical outpatients (N = 280)	340*	.978	.975	.043 (.030, .059)
Syrian refugees in Lebanon (N = 112)	271*	.946	.938	.056 (.037, .072)
Filipino soldiers (N = 450)	807*	.978	.975	.076 (.071, .082)
Ukrainian internally displaced persons (N = 2,203)	390*	.963	.949	.058 (.052, .063)
Mixed refugees in Switzerland (N = 134)	57	.981	.974	.040 (.010, .070)

ICD-11 CPTSD – Factorial validity results from general population samples

	χ^2	CFI	TLI	RMSEA (90% CI)
USA general population (N = 1,893)	214*	.995	.993	.044 (.038, .050)
UK general population (N = 1,051)	104*	.998	.997	.034 (.025, .043)
Irish general population (N = 1,020)	128*	.990	.986	.041 (.033, .050)
Israeli general population (N = 1,003)	118*	.982	.975	.053 (.041, .065)
Ghana/Kenya/Nigeria general population (N = 2,524)	419*	.992	.989	.056 (.051, .061)
China/Japan/Taiwan/Hong Kong students (N = 1,344)	481*	.981	.968	.063 (.057, .068)

Prevalence rates: General population samples

	USA	Israel	Ireland	UK^**	Germany*	Ghana	Kenya	Nigeria
PTSD diagnosis	3.4%	6.7%	5.0%	5.3%	1.5%	17.6%	20.3%	17.4%
CPTSD diagnosis	3.8%	4.9%	7.7%	12.9%	0.5%	13.0%	13.7%	19.6%
Total	7.2%	11.6%	12.7%	18.2%	2.0%	30.6%	34.0%	37.0%

^Trauma exposure was a criterion for inclusion.

*Very narrow definition of trauma exposure applied.

**Karatzias et al. (2019) Depression and Anxiety

Prevalence rates: Treatment seeking samples

	Welsh patients	Scottish patients	Syrian refugees	Mixed refugees in Switzerland
PTSD diagnosis	10.9%	37.0%	25.2%	19.7%
CPTSD diagnosis	53.6%	53.1%	36.1%	32.8%
Total	64.5%	90.1%	61.3%	52.5%

Karatzias et al. (2017) Journal of Affective Disorders

Types of Trauma, ICD-11 PTSD and CPTSD

Trauma Type		
	PTSD	**CPTSD**
Interpersonal Trauma	91.0%	97.1%
Childhood Trauma	85.0%	93.2%
Adulthood Trauma Only	13.5%	6.8%
Both Childhood and Adulthood Trauma	85.0%	93.2%

Karatzias et al. (2016) Journal of Anxiety Disorders

PTSD vs. CPTSD (n = 106)

	ICD-11 PTSD		ICD-11 CPTSD				
	Mean	SD	Mean	SD	t	df	d
Depression	9.73	3.71	12.43	4.76	2.05	78	.63*
Anxiety	14.20	3.23	16.14	4.55	1.56	78	.49
Borderline Personality Disorder	9.69	3.01	11.09	1.94	2.10	68	.55*
Self-harm	.80	.78	1.13	1.01	1.19	74	.37
Dissociation	9.00	3.36	14.37	6.76	2.98	73	1.01**

Hyland …. Karatzias (2018) Journal of Traumatic Stress

CPTSD vs. PTSD: Functional Impairment

Scale	C-PTSD Class	PTSD Class			
	Mean (SD)	Mean (SD)	t (df)	p	η^2
WSAS: Home management	5.15 (2.26)	3.61 (2.50)	3.927 (190)	<.001	.08
WSAS: Social leisure activities	6.46 (1.71)	4.27 (2.62)	6.621 (190)	<.001	.19
WSAS: Private leisure activities	5.55 (2.18)	3.89 (2.62)	4.301 (190)	<.001	.09
WSAS: Family and Relationships	6.32 (1.76)	3.55 (2.55)	8.313 (189)	<.001	.27

Karatzias et al. (2017) Journal of Affective Disorders

Final Version of the International Trauma Questionnaire (ITQ)

Instructions

Please identify the experience that troubles you most and answer the questions in relation to this experience.

Brief description of experience___

When did the experience occur? (circle one)

a. less than 6 months ago
b. 6–12 months ago
c. 1–5 years ago
d. 5–10 years ago

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Below are a number of problems that people sometimes report in response to traumatic or stressful life events. Please read each item carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	A little Bit	Moderately	Quite a bit	Extremely
1. Having upsetting dreams that replay part of the experience or are clearly related to the experience?	0	1	2	3	4
2. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?	0	1	2	3	4
3. Avoiding internal reminders of the experience (for example, thoughts, feelings or physical sensations)?	0	1	2	3	4
4. Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities or situations)?	0	1	2	3	4
5. Being 'super-alert', watchful or on guard?	0	1	2	3	4
6. Feeling jumpy or easily startled?	0	1	2	3	4
In the past month have the above symptoms:					
7. Affected your relationships or social life?	0	1	2	3	4
8. Affected your work or ability to work?	0	1	2	3	4
9. Affected any other important part of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

Cloitre, Shevlin, Brewin, Bisson, Roberts, Maercker, Karatzias, Hyland (2018)
Acta Psychiatrica Scandinavica

Final Version of the International Trauma Questionnaire (ITQ)

Acta Psychiatrica Scandinavica

Below are problems or symptoms that *people who have had stressful or traumatic events sometimes experience. The questions refer to ways* you *typically* feel, ways you *typically* think about yourself and ways you *typically* relate to others. Answer the following thinking about how true each statement is of you.

How true is this of you?	Not at all	A little Bit	Moderately	Quite a bit	Extremely
1. When I am upset, it takes me a long time to calm down	0	1	2	3	4
2. I feel numb or emotionally shut down	0	1	2	3	4
3. I feel like a failure	0	1	2	3	4
4. I feel worthless	0	1	2	3	4
5. I feel distant or cut-off from people	0	1	2	3	4
6. I find it hard to stay emotionally close to people	0	1	2	3	4
In the past month, have the above problems in emotions, in beliefs about yourself and in relationships:					
7. Created concern or distress about your relationships or social life?	0	1	2	3	4
8. Affected your work or ability to work?	0	1	2	3	4
9. Affected any other important parts of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

Cloitre, Shevlin, Brewin, Bisson, Roberts, Maercker, Karatzias, Hyland (2018)
Acta Psychiatrica Scandinavica

1. Ireland
2. Northern Ireland
3. England
4. Scotland
5. Wales
6. Norway
7. Sweden
8. Finland
9. Denmark
10. Netherlands
11. Germany
12. Austria
13. Switzerland
14. Spain
15. Portugal
16. Italy
17. Czech Republic
18. Lithuania
19. Croatia
20. Estonia
21. Ukraine
22. Poland
23. USA
24. Canada
25. Taiwan
26. Japan
27. China
28. Hong Kong
29. Uganda
30. Kenya
31. Nigeria
32. Ghana
33. Lebanon
34. Israel
35. Iraq
36. Philippines
37. Brazil
38. Chile
39. Columbia
40. East Timor
41. Indonesia
42. Papua New Guinea
43. Australia

CPTSD Treatment: Where are we?

- ICD-11 Complex PTSD (CPTSD) is a **new condition** and there are as yet no clinical trials for its treatment.
- There is a substantial evidence base on the treatment of PTSD.

PTSD treatment
EMDR vs. TfCBT vs. WL

PTSD

40
35
30
25
20
15
10
5
0

Pre   Post   Follow up

CBT
EMDR
WL

Power et al… Karatzias, 2002 Clinical Psychology and Psychotherapy
Karatzias et al., 2007 European Archives of Psychiatry and Clinical Neuroscience
Karatzias et al., 2011 Journal of Nervous and Mental Disease

Trauma focused treatments

- Typically include repeated in vivo and/or imaginal exposure to the trauma and reappraisal of the meaning of the trauma and its consequences.
- Have been identified as efficacious for a range of PTSD following complex traumatic events, including rape victims, survivors of childhood abuse, refugees, combat veterans, and victims of motor vehicle accidents (Foa, Keane, Friedman, & Cohen, 2009).

The treatment of psychological trauma

- DSM-IV PTSD
- 50% drop out rate
- 40% recovery rates after accounting for drop out rates
- Chronicity persists
- CPTSD?

Are existing therapies effective for CPTSD?

Metanalysis of existing therapies for CPTSD

Study	Group A	Group B	Outcome
Ahmadi 2015	EMDR	TAU/WL	Interpersonal
Hogberg 2007	EMDR	Control	Interpersonal
Power 2002	EMDR	TAU/WL	Emotion regulation
van den Berg 2015	EMDR	Control	Emotion regulation
Kip 2014	EMDR	TAU/WL	Negative self-concept
Scheck 1998	EMDR	Control	Negative self-concept
Difede 2007	EMDR	TAU/WL	PTSD
Ehlers 2005	EMDR	Control	PTSD
Dunne 2012	EMDR	TAU/WL	PTSD +1,2 or 3
Talbot 2014	EMDR	TAU/WL	PTSD + 2 or 3
Foa 1999	EMDR	Control	PTSD +1,2 or 3
Monson 2006	EMDR	Control	PTSD + 2 or 3
Hollified 2007	CBT	TAU/WL	Interpersonal
Duffy 2007	CBT	Control	Interpersonal
Galovski 2012	CBT	TAU/WL	Emotion regulation
Basoglu 2007	CBT	Control	Emotion regulation
Ehlers 2003	CBT	TAU/WL	Negative self-concept
Foa 2005	CBT	Control	Negative self-concept
Ehlers 2014	CBT	TAU/WL	PTSD
Krakow 2001	CBT	Control	PTSD
Lindauer 2005	CBT	TAU/WL	PTSD +1,2 or 3
Marks 1998	CBT	TAU/WL	PTSD + 2 or 3
Forbes 2012	CBT	TAU/WL	PTSD + 3
Hinton 2009	CBT	Control	PTSD +1,2 or 3
Cloitre 2002	Exposure alone	TAU/WL	Interpersonal
Dunn 2007	Exposure alone	Control	Interpersonal
Hinton 2011	Exposure alone	TAU/WL	Negative self-concept
Kubany 2003	Exposure alone	TAU/WL	PTSD
Jung 2013	Exposure alone	Control	PTSD
McDonagh 2005	Exposure alone	TAU/WL	PTSD +1,2 or 3
Mueser 2008	Exposure alone	TAU/WL	PTSD + 2 or 3
Ford 2011	Exposure alone	Control	PTSD +1,2 or 3
Resick 2002	CBT	Exposure alone	Interpersonal
Kubany 2004	CBT	Exposure alone	Negative self-concept
Suris 2013	CBT	Exposure alone	PTSD
Mueser 2015	CBT	Exposure alone	PTSD +1,2 or 3
Steel 2017	CBT	EMDR	Interpersonal
Dorrepaal 2012	CBT	EMDR	PTSD
Keane 1989	CBT	EMDR	PTSD +1,2 or 3
Ghafoori 2017	EMDR	Exposure alone	Interpersonal
Pacella 2012	EMDR	Exposure alone	Negative self-concept
Nijdam 2012	EMDR	Exposure alone	PTSD +1,2 or 3
Krupnick 2008	EMDR	Exposure alone	PTSD + 2 or 3
Azad marzabadi 2014	IPT	TAU/WL	PTSD + interpersonal
Biedel 2011	Mindfulness	TAU/WL	Interpersonal
Biedel 2018	TMT	Exposure alone	PTSD, interpersonal & emotion regulation
Butollo 2016	TMT	Exposure alone	PTSD + interpersonal
Bryant 2013	DET	CBT	PTSD + negative self-concept
Harned 2014	CBT + ER	CBT	PTSD + negative self-concept
ter Heide 2011	DBT + exposure	DBT	PTSD + negative self-concept
ter Heide 2016	EMDR	STBT	PTSD + interpersonal

Karatzias et al. (2019) Psychological Medicine

Life events in a community treatment seeking sample

N= 195			
Childhood Trauma (CTQ)		**Adulthood Trauma (LEC)**	
Emotional Abuse	70.3%	Physical assault	80.5%
Emotional neglect	63.1%	Sexual Assault	58.5%
Sexual abuse	55.9%	Weapon Assault	51.6%
Physical abuse	54.9%	Transport Accident	50.3%
Physical neglect	52.8%	Other Unwanted Sexual Experience	48.7%
Any Childhood Trauma	82.1%	**Multiple Life Events (2-12)**	**94.6%**
Multiple abuses	**70.8%**	**Adulthood Trauma only**	**16.4%**
Interpersonal Trauma (Childhood or Adulthood)	**93.7%**		
Interpersonal trauma only (Childhood or adulthood)	10.3%		
Childhood Trauma only	**0.0 %**		
Childhood and Adulthood Trauma	**82.1%**		

Karatzias et al. (2016) Journal of Affective Disorders

Life events in a prison population

N= 112			
Childhood Trauma (CTQ)		**Adulthood Trauma (LEC)**	
Emotional Abuse	77.5	Physical assault	75.3
Emotional neglect	78.7	Sexual Assault	55.1
Sexual abuse	50.6	Weapon Assault	51.7
Physical abuse	59.6	Serious harm caused to someone else	49.4
Physical neglect	65.2	Other Unwanted Sexual Experience	53.9
Multiple abuses	**55.1**	**Any Life Event**	**84.2**

Howard, Karatzias et al. (2016), Clinical Psychology and Psychotherapy
Howard, Karatzias et al. (2016), Social Psychiatry & Psychiatric Epidemiology

Adverse Childhood Events
Population Based Studies (2018 -19)

Adverse childhood event	UK* %	Ireland %	USA %	Israel %
Verbal abuse by a parent or caregiver	36%	36%	21%	27%
Physical abuse by a parent or caregiver	34%	28%	16%	23%
Sexual abuse by a parent or caregiver	16%	16%	18%	19%
Emotional neglect by a parent or caregiver	36%	30%	17%	23%
Physical neglect by a parent or caregiver	10%	10%	5%	5%
Parents separated or divorced	31%	20%	34%	16%
Witnessing physical violence between parents or caregivers	16%	13%	12%	9%
Alcohol or drug use in the family home	18%	26%	25%	8%
Mental illness in the family home	25%	23%	16%	15%
Household member went to prison	7%	7%	8%	3%

*Karatzias et al. (2019), Depression & Anxiety

Metanalysis of psychological and pharmacological interventions for PTSD following complex trauma

- Multicomponent interventions that included skills-based strategies along with trauma-focused strategies are the most promising interventions for emotional dysregulation and interpersonal problems in people with complex trauma.
- Multicomponent interventions that included cognitive restructuring and imaginal exposure were the most effective for reducing PTSD symptoms.

Coventry et al. (2020). PLOS Medicine

Metanalysis of Group Therapies for Complex Interpersonal Trauma

- Phased 1 interventions can be useful for symptoms of general distress (e.g. anxiety and depression).
- Phased 2 (Trauma Focused) interventions are required for traumatic stress.

Mahoney, Karatzias, Hutton (2019). Journal of Affective Disorders

Pilot RCT of Phase 1 Interventions

- N = 86 female prisoners with interpersonal trauma.
- 10 sessions of Phase 1 (group psychoeducation) vs. standard care.
- Group psychoeducation achieved only **small effect sizes** in comparison to usual care across all outcomes including behavioural problems, emotional regulation and psychopathology.

Mahoney, Karatzias, Halliday and Dougal (2020). Clinical Psychology & Psychotherapy

Where next?

An important step in identifying interventions that are particularly relevant to the treatment of CPTSD is to explore **psychological factors** that are strongly associated with CPTSD and can be translated into applied clinical interventions.

Negative cognitions, emotion regulation strategies, attachment style and CPTSD

CPTSD Predictors	Sig.	Odds ratios	[95.0% C.I]	
Gender	.88	1.06	[.45	2.48]
Age	.60	1.01	[.97	1.04]
PTCI Negative cognitions about self	**.00**	2.43	[1.33	4.46]
PTCI Negative cognitions about the world	.09	1.51	[.93	2.45]
PTCI Self-Blame	.85	1.02	[.78	1.34]
ERQ Cognitive reappraisal	.58	.89	[.60	1.32]
ERQ Expressive suppression	**.04**	1.38	[1.03	1.86]
ECR-S Attachment anxiety	**.02**	1.45	[1.02	2.06]
ECR-S Attachment avoidance	.38	1.22	[.79	1.92]

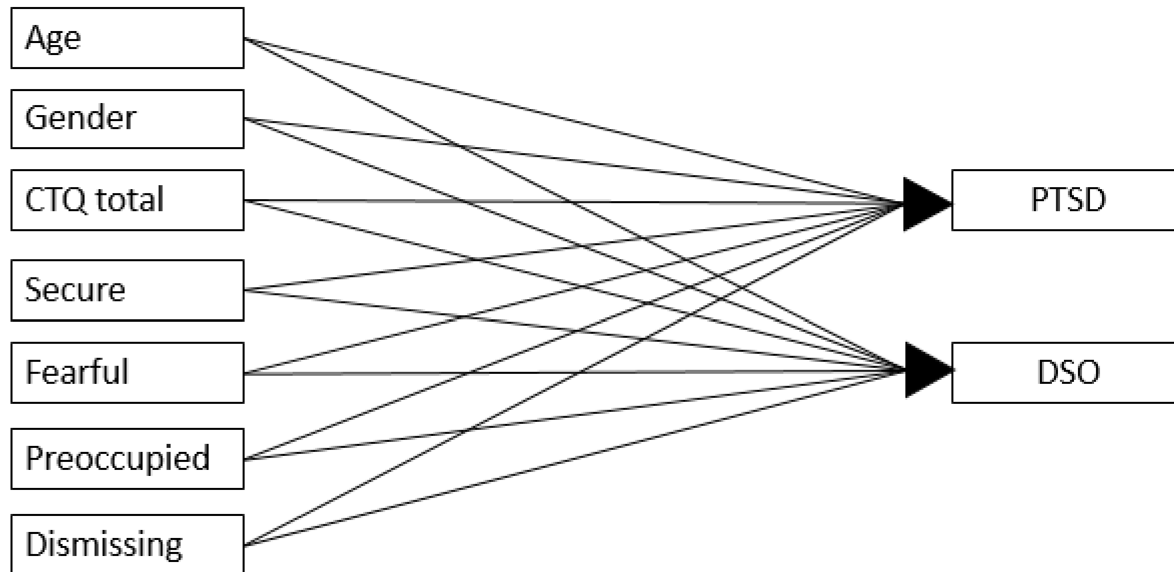
Karatzias et al. (2018). British Journal of Clinical Psychology

Cognition, attachment, emotion regulation

- The most important correlate of CPTSD was negative cognitions about the self, characterised by a generalised negative view about the self and one's trauma symptoms.
- Second most important was attachment anxiety which is defined as involving a fear of interpersonal rejection or abandonment and / or distress if one's partner is unresponsive or unavailable.
- Third most important was expressive suppression, conveyed by efforts to hide, inhibit, or reduce emotional expression.

Karatzias et al. (2018). British Journal of Clinical Psychology

Attachment and CPTSD



Karatzias et al. (2020). Development and Psychopathology

Self – compassion and CPTSD

	PTSD			DSO			
Predictors	Re-experiencing (Re)	Avoidance (Av)	Sense of Threat (Th)	Hyper-activation (AD - Hyper)	Hypo-activation (AD - Hypo)	Negative self-concept (NSC)	Disturbances in relationships (DR)
	β	β	β	β	β	β	β
Age	-0.02	0.02	-0.01	-0.07	0.02	-0.06	-0.00
Gender	-1.99	0.81	-0.13	0.58	1.81	1.62	-0.56
Self-kindness	0.18	-0.00	0.13	0.04	0.20	0.17	-0.00
Self-judgement	- 0.14	-0.05	-0.21	-0.06	-0.35*	-0.62***	-0.21
Common Humanity	- 0.13	-0.04	-0.14	-0.09	- 0.29*	-0.02	-0.15
Isolation	- 0.10	0.03	0.03	-0.09	- 0.29	-0.36*	-0.05
Mindfulness	- 0.05	0.05	0.04	0.19	0.01	0.11	0.12
Over- identified	0.15	0.03	0.08	-0.26	0.23	0.21	0.08
$AdjR^2$	.052	-.053	-.005	.049	.211	.292	.038
F	1.69	0.37	0.94	1.63	4.28***	4.84***	1.48

Karatzias et al. (2018). Behavioural and Cognitive Psychotherapy

Impact of traumatic vs. benevolent experiences

ACE 1
ACE 2
ACE 3
ACE 4
ACE 5
ACE 6
ACE 7
ACE 8
ACE 9
ACE 10
BCE 1
BCE 2
BCE 3
BCE 4
BCE 5
BCE 6
BCE 7
BCE 8
BCE 9
BCE 10
Adverse childhood experiences
Benevolent childhood experiences
LEC
PTSD
DSO

- **Benevolent experiences most strongly associated with CPTSD**
- **Traumatic experiences most strongly associated with PTSD**

Karatzias et al (2020). European Journal of Psychotraumatology

What is the most important CPTSD symptom?

Network analysis of samples from USA, UK, Germany, Israel & Ukraine

Kneffel, Karatzias et al. (2019). British Journal of Psychiatry
McElrory, Shevlin et al. (2019). World Psychiatry

CPTSD and different traumatic life events (UK, USA, Israel, RoI)

2
1.5
1
0.5
0
-0.5
-1
-1.5
-2
RE AV TH NSC DR AD
Disaster Accident Assault Illness Death Polytrauma (Child)

Karatzias et al. (2020). World Psychiatry

What about acceptability of therapies?

- Patients with complex trauma have high attrition rates compared to those with PTSD.
- Patient centred approaches can be helpful in reducing attrition rates in psychological therapies.

Coventry et al. (2020). PLOS Medicine

Person centered care

4 core principles:

- ✓ Affording people dignity
- ✓ Compassion and respect
- ✓ Offering coordinated and personalised care, support or treatment
- ✓ Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life.

In this framework, the role of the health care professional is to enable the individual to make decisions about their own care and treatment on the basis of their needs (Health Foundation, 2014)

The economics of person centred care

Person centred care has been associated with:

- less use of emergency services (De Silva, 2011)
- greater treatment adherence (De Silva, 2012a)
- greater patient satisfaction (Rathert et al., 2012).
- increased staff performance and morale (De Silva, 2012b).

Modular therapy for CPTSD: A person centered approach

1. A thorough assessment of the patient's presenting problems resulting in a case formulation about the underlying causes.
2. Therapist and patient decide on specific CPTSD clusters to target based on preference, readiness and severity using appropriate evidence based interventions.
3. At the end of delivery of this module, an assessment is conducted and the next therapeutic target is selected.

Karatzias & Cloitre (2020). Journal of Traumatic Stress

The evidence so far

- Modular treatments found to be more effective compared to use of 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).

Existing interventions

- Emotion regulation: focused breathing, emotional awareness and self-soothing exercises
- Negative self-concept: cognitive re-appraisal of self-worth, self-compassion
- Interpersonal difficulties: communication skills, cognitive flexibility around interpersonal expectations, interventions addressing problems with anger and intimacy) and potentially developmentally informed strategies to reset attachment representations.
- PTSD: exploring and making meaning of the trauma approaches including exposure, narratives and cognitive processing.

Cloitre, Karatzias & Ford (2020), CPTSD. In Bisson, Monsoon, Berliner and Forbes, Effective Treatments for PTSD. In Press.

A new modular treatment protocol for CPTSD

- **Enhanced STAIR (ESTAIR) Narrative Therapy for CPTSD** (Cloitre, Karatzias, McGlanachy, 2019)
- Based on STAIR model (Cloitre et al., 2002, 2010)
- 25 sessions: 6 sessions per cluster (Self-concept, affect regulation, interpersonal relationships, PTSD) + a formulation session prior to start of treatment.

Trauma conceptualization in ESTAIR

Trauma is an experience of resource loss

- **Social resources**: sense of connection to others
- **Emotional resources**: ability to manage emotions
- **Identify**: loss of mastery, competency,

"goodness"

ESTAIR for CPTSD: Characteristics of treatment

- Assumes that post-trauma behaviors are efforts intended to facilitate adaptation
- Identifies and builds on patient's strengths
- Encourages and builds skills towards aspiratio nal goals

ESTAIR for CPTSD: Therapeutic goals

- Rehabilitate emotion regulation, interpersonal capacities and develop a more positive view of self
- Improve functioning
- Resolve PTSD and Complex PTSD
- Protect against the negative effects of future stressors and trauma

ESTAIR for CPTSD: Format of Individual sessions

- Identify a problem
- Introduce skills
- Practice skills
- Client makes a commitment and continues practicing new skills

Conclusions

- CPTSD is very common in trauma and non-trauma populations
- CPTSD is a more debilitating condition compared to PTSD in terms of **functional impairment** and **co-morbidity**
- Childhood, multiple and interpersonal trauma are all most likely associated with CPTSD
- ITQ is a reliable and valid instrument and can adequately distinguish between PTSD and CPTSD
- CPTSD treatment: Flexible approaches to suit individual needs and presentations

Directions for future research

- What is the effectiveness and acceptability of novel treatments for CPTSD such as ESTAIR?
- What is the relative effectiveness and acceptability of existing vs novel treatments for CPTSD?
- Which treatments respond better to specific symptom clusters?
- What is the clinician uptake of existing and novel treatments for CPTSD?
- Cultural adaptations of novel and existing treatments?
- Does sequencing have an effect on treatment outcomes and acceptability?

Thank you for attending