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This review is from: Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide (Hardcover)

As a psychotherapist, I've struggled to treat various forms of Complex PTSD, in children & adults, for over 20 years, including borderline personality disorder, Reactive Attachment Disorder (RAD) and current forms of multi-deployment Combat PTSD.

This recent collection of 20 articles from over 30 leading scholars, researchers and clinicians in the field will doubtless be the standard reference for Complex PTSD for many years. If you want to know more about how to understand, diagnose and treat Complex PTSD, START HERE! The articles are divided into three sections: overview, individual treatment approaches and strategies and - what a relief! - systemic treatment approaches and strategies. I say, "What a relief!", as often in reviews of treatment approaches, systemic approaches are given short shrift. And in my experience, systemic approaches are often VERY much needed, in some cases indispensable, for healing Complex PTSD, especially with children & teens, and especially with major problems with attachment - one sadly common hallmark of Complex PTSD. Each article has an extensive bibliography for those who want to know more.

The "Overview" section covers a satisfyingly large number of topics, including current approaches to understanding & defining Complex PTSD, overviews on best Practices with children & teens and with adults, cultural issues, risk management/treatment alliance and compassion fatigue/vicarious traumatizing. I want to compliment the editors for this last article. Few areas of psychotherapy are more prone to therapist burnout via PTSD by association than Complex PTSD. I strongly recommend that all clinicians who work significantly in this area become competent in assessing their own risks to compassion fatigue and take regular steps to manage this.

The "Individual Treatment Approaches and Strategies" section is refreshingly clear of biases toward one school. In addition to the standard Cognitive/Behavioral models, they also include articles on Experiential and Emotion-Focused Models, Sensorimotor Psychotherapy and - useful for clinicians to know --Pharmacotherapy. Each article presents an initial summary, the model's basic assumptions/theory, reviews the research, discusses specific clinical applications and presents a case example and/or transcript. While not lengthy, they provide enough information for clinicians to decide whether to pursue an approach further.

The "Systemic Treatment Approaches and Strategies" section includes Richard Schwartz's "Internal Family Systems" as well as traditional multi-person "systems" treatments - Couple Therapy, Family Systems Therapy and Group Therapy. As with the individual treatment section, each section includes overview, basic assumptions, review of research, clinical applications and case example/transcript. Both the "Internal Family Systems" and the "Couple Therapy" articles are written by the field's giants - Schwartz and Susan Johnson & Christine Courtois. These two articles are gems for a moderate introduction. I found the family section more disappointing - particularly since so little has been "overviewed" in this field. But then this could be because my giants - Daniel Hughes (see [Attachment-Focused Family Therapy](#) and [Building the Bonds of Attachment: Awakening Love in Deeply Troubled Children](#)) and Heather Forbes & B. Bryan Post (See [Beyond Consequences, Logic, and Control: A Love-Based Approach to Helping Attachment-Challenged Children With Severe Behaviors](#)) - weren't even referenced. Nor did they reference the Grand Dame of RAD family approaches, albeit less therapy than parenting -- Nancy Thomas. (Her 2nd ed. of "When Love Is Not Enough: A Guide to Parenting Children with RAD" is a strong improvement, correcting parts in the 1st ed. which could be misinterpreted and lead families to become punishing.)

I have three complaints, which are serious, but which don't take away the true importance of this collection. First is that by emphasizing treatments ONLY, they mention, but do not emphasize as much as, in my experience, as is desperately needed, the difficult relationship-building aspects. In my experience, building specific Complex-PTSD relationships is more important than particular treatment approaches. For information about building relationships, and about more on accessing client strengths & feedback, I recommend [Psychotherapy Relationships that Work: Therapist Contributions and Responsiveness to Patients](#) and [The Heart and Soul of Change: Delivering What](#)

[Works in Therapy](#) (Be sure to get the 2nd ed., 2010!).

Second is that large areas of Complex PTSD are neglected or even completely ignored. For example, as someone who treats Combat PTSD with soldiers (and their families) who've experienced three and four deployments of a year or more, I'm finding that the worse the deployment, and more deployments appear to be creating symptom clusters highly typical of Complex PTSD. Another area: as someone who treats individuals with Asperger's/High Functioning Autism, I find that many AS/HFA teens, especially, because of problems they face - socially, educationally, vocationally, in managing feelings, cognitively - also appear to develop symptoms quite similar to the Complex PTSD cluster.

Third is that I strongly wish that issues of addiction & various forms of self-medicating were more integrated into the Complex PTSD concept and into the treatment approaches. I find addictions/self-medicating distressingly common in Complex PTSD. And when present, addictions/self-medicating greatly complicates building treatment alliances and other relationships, the resources available to clients and finding approaches which integrate this into general Complex PTSD treatment.

Again, though, I want to emphasize: if you work in this field, I'd recommend buying this book. Its rampant pluralism of approaches is just what Complex PTSD needs. Here, like nowhere else in my clinical experience, one size does NOT fit all. Not only are different treatment approaches needed, commonly different modalities, such as family & group, are also needed. Therefore, knowing several approaches helps the vital process of individualizing treatments.

We can never know enough treatments for helping these people & their families. And "Treating Complex Traumatic Stress Disorders" can help us all find more approaches that can help us help more clients.