Is Complex Post Traumatic Stress Disorder a Valid Construct in Refugee Survivors of Torture and War Trauma?

Justine Anne Evans
Bachelor of Psychology (Hons)

School of Psychology
Griffith Health
Griffith University

Submitted in fulfilment of the requirements of the degree of Doctor of Philosophy in Clinical Psychology

February 2012
Abstract

PTSD does not include many of the symptoms shown by adults exposed to multiple, sustained interpersonal trauma. Disorders of Extreme Stress Not Otherwise Specified (DESNOS), Enduring Personality Change after Catastrophic Experience (EPCACE) and Adult Onset Complex Post Traumatic Stress Disorder (AO-CPTSD) are ways of defining the syndrome that is believed to develop after such events. This study assessed the validity of DESNOS, EPCACE and AO-CPTSD in a community sample (N = 37) of refugees. A structured interview was constructed to measure the context and type of traumatic events that participants were exposed to and symptoms of DESNOS, EPCACE, PTSD, Major Depression (MDD) and Somatisation Disorder.

Analyses were conducted to assess 1) the prevalence of complex trauma symptoms; 2) whether complex trauma syndromes were more strongly associated with each other than to PTSD, MDD and Somatisation; 3) whether complex trauma syndromes were observed in the absence of PTSD; 4) whether the loss of a person’s pre trauma identity differentiates groups who have – and have not – been exposed to coercive control; and 5) whether certain types of trauma events were more likely to be associated with developing complex trauma symptoms.

Results indicated that refugees who had experienced multiple traumatic events, sometimes even including being tortured, commonly have the symptoms that are hypothesized to comprise complex trauma syndromes. However, AO-CPTSD was not well-defined and included items that did not contribute to definition of the syndrome. Adding items measuring autonomy and interpersonal relatedness increased the cohesiveness of the syndrome. Participants who had experienced torture were significantly more likely to have experienced permanent damage to sense of self and had significantly more symptoms of AO-CPTSD.
DESNOS was uncommon (3.7% of sample) and there was wide variability in how commonly individual DESNOS symptoms occurred. The most common DESNOS symptoms were in the domains of alterations in relationships with others, alterations in affect regulation, alterations in self perception and alterations in systems of meaning. While coefficient alpha was acceptable there were seven items with negligible item-total correlations. EPCACE exhibited satisfactory internal consistency and all items made an important contribution to defining the construct. Mistrust and hostility were prominent features of this syndrome. Additionally, subjective incompetence was a prevalent instantiation of hopelessness.

AO-CPTSD, DESNOS and EPCACE were found to share more variance with each other and PTSD than with Major Depressive Disorder and Somatisation. The complex trauma symptoms were rarely experienced in the absence of a lifetime or current diagnosis of PTSD. DESNOS and EPCACE were not distinct from PTSD. AO-CPTSD was found to be distinct from PTSD. This syndrome overlaps extensively with EPCACE, as defined in ICD-10 and is distinguished from the ICD syndrome by the requirement that the affected person has a permanently damaged sense of self.

The findings of this study imply that in future revisions to DSM and ICD, that the definition of EPCACE be changed by (a) eliminating the requirement that ordinary PTSD is present, (b) adding the requirement that the person has experienced permanent damage to sense of self and (c) more clearly defining subjective incompetence as an example of hopelessness.
Declaration of Originality

This work has not previously been submitted for a degree or diploma in any university. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

__________________________________________

Justine Evans

February 2012
Acknowledgements

At the end of 2007 I had the thought that I wanted to do a PhD that explored how refugees recovered and adapted to life in Australia. This was partly inspired by my experiences of living with a number of refugees in my late teens and observing first hand the resilience of people. I was at this point given an article by my Associate Supervisor, Dr Analise O’Donovan, which inspired the research that I have worked on for the past four years. It was the most interesting article I had ever read. It was about how sustained exposure to coercive control can fundamentally damage a person’s sense of self. It was written by Angela Ebert and Murray Dyck. Murray became my principal supervisor. I am thankful to Angela who in the initial stages of my research generously gave me feedback on measuring important constructs and ways to phrase questions more sensitively. I am thankful to Analise O’Donovan for providing me with both clinical supervision and emotional support. I am thankful to Murray for taking on a project that was not in his area of specific expertise and who holds a strong belief that doing a PhD is about developing your own critical and independent thought. The final six months I was pushed to my critical thinking limits but he was readily available whenever I needed assistance to structure my writing and give much appreciated statistical guidance. I am thankful to all the people who gave their time to participate in the research and trust me with their stories. I am thankful to the people in my life that I am closest to, particularly my mother who has been an incredible source of strength and support. A quote I saw recently made me think of my PhD. Dorothy Parker when asked if she loved writing, replied “No, but I love having written”. Like most meaningful accomplishments it has not always been an easy process but I am proud to have contributed something worthwhile to an important area of research.
Is Complex Post Traumatic Stress Disorder a Valid Construct in Refugee Survivors of Torture and War Trauma?

Table of Contents

Abstract ........................................................................................................................................... 2
Declaration of originality .................................................................................................................. 4
Acknowledgements .......................................................................................................................... 5
Table of contents .............................................................................................................................. 6
List of tables ..................................................................................................................................... 12
List of figures .................................................................................................................................... 14
CHAPTER ONE ................................................................................................................................ 15
   Complex Post Traumatic Stress Disorder: The Applicability of Complex Trauma Syndromes in Refugee Samples ......................................................................................................................... 15
   The Nosological Debate .................................................................................................................. 17
   Age of Trauma Onset and Symptom Expression .......................................................................... 18
   Complex Trauma Syndromes: Construction and Conceptual Rationale ...................................... 22
      Disorders of Extreme Stress Not Otherwise Specified ................................................................. 22
      Developmental Trauma Disorder .................................................................................................. 23
      Enduring Personality Change after Catastrophic Experience ...................................................... 25
      Adult Onset Complex Post Traumatic Stress Disorder ................................................................. 26
      DESNOS, EPCACE and Adult Onset CPTSD: Similarities and Differences ................................ 28
      The Mental Health of Refugees .................................................................................................... 33
      The Nature of Trauma Events Refugees Experience .................................................................. 38
      Research on Validity of Complex Trauma Syndromes ................................................................ 40
         Disorders of Extreme Stress Not Otherwise Specified: The DSM-IV
Field Trials

Disorders of Extreme Stress Not Otherwise Specified in Non-Western and Refugee Samples

Enduring Personality Change after Catastrophic Experience

Adult Onset Complex Post Traumatic Stress Disorder

Summary of Chapter One

CHAPTER TWO

Measurement of Trauma Events and Complex Post Traumatic Stress in Refugees:

Methodological Issues

Measurement of Traumatic Events in Refugee Samples

Measurement of Complex Post Traumatic Stress Syndromes

Assessing Trauma Outcomes: Self-Report Questionnaires and Structured Clinical Interviews

Self-Report Questionnaires

Structured Clinical Interviews

Cultural and Linguistic Factors in the Assessment of Psychopathology

Conclusions, Aims and Hypotheses

Research Questions and Hypotheses

CHAPTER THREE

Pilot Study

Method

Participants

Procedure
Materials: Structured Clinical Interview ......................................................... 82
   Rationale for Construction ................................................................. 82
   Structure of Interview .................................................................... 83
   Demographic Information ................................................................. 83
   Trauma History ............................................................................... 83
   Post Trauma Symptoms .................................................................. 84
   PTSD, DESNOS, EPCACE and AO-CPTSD ...................................... 85

Results .................................................................................................. 88
   Relevance ......................................................................................... 89
   Clarity ............................................................................................ 92
   Useability ....................................................................................... 93
   Comprehensiveness ...................................................................... 93

Discussion .......................................................................................... 93

CHAPTER FOUR .................................................................................. 98

Main Study ........................................................................................ 98

Method .............................................................................................. 98
   Recruitment .................................................................................... 98
   Participants .................................................................................... 100
   Procedure ....................................................................................... 104
   Materials ........................................................................................ 105
   Overview of Statistical Analyses .................................................. 108
   Missing Values Analysis and the Assumptions of the General Linear
   Model ............................................................................................ 108
CHAPTER FIVE

Results

Preliminary Analyses

Internal Consistency

Boundaries between Complex Trauma Syndromes and PTSD

Convergent and Discriminant Validity

Between Group Differences

The Effect of Trauma Type on Post Trauma Symptoms

AO-CPTSD: Testing a Different Operational Definition

CHAPTER SIX

Discussion

Summary of Findings

Prevalence and Internal Consistency of Complex Trauma Symptoms

Convergent and Discriminant Validity of Complex Trauma Syndromes

Boundaries between Complex Trauma Syndromes and PTSD

Torture and Complex Trauma

Diagnostic Considerations

Clinical Implications

Limitations

Statistical

Methodological
Appendix K
Total Scale Scores of PTSD, MDD, DESNOS, AO-CPTSD, EPCACE and Somatisation

Appendix L
Age, Gender and Diagnostic Status of PTSD, MDD, DESNOS, AO-CPTSD, EPCACE and Somatisation
List of Tables

Table 1.1. Defining Features and Overlap between Post Trauma Syndromes __________ 31

Table 1.2. Comparison of Post Traumatic Stress Disorder and Complex Trauma Syndromes ____________________________________________________________ 32

Table 1.3. Clinicians Instantiations of Symptom Criteria (Beltran et al., 2008) __________ 55

Table 3.1. Traumatic Events Experienced by Participants (n = 5) ___________ 81

Table 3.2. Age, Gender, Country of Origin, and Diagnostic Status of PTSD, MDD, DESNOS, AO-CPTSD, EPCACE and Somatisation ___________________________ 90

Table 3.3. Prevalence of Complex Trauma Symptoms (n = 5) ___________ 91

Table 3.4. Prevalence of MDD Symptoms (n = 5) ___________ 91

Table 3.5. Prevalence of PTSD Symptoms (n = 5) ___________ 92

Table 4.1. Participants Gender, Age, Nationality, Ethnicity, Religion, Marital Status and Education Level (N = 37) ____________________________ 101

Table 4.2. Traumatic Events Experienced by Participants (n = 37) __________ 104

Table 5.1. Prevalence of Complex Trauma Symptoms (N = 36) __________ 111

Table 5.2. Mean Score and Standard Deviation for Complex Trauma Syndromes (Current and Lifetime Status) (N=36) ________________ 113

Table 5.3. Diagnostic Prevalence of Syndromes: AO-CPTSD, DESNOS, EPCACE, PTSD, MDD and Somatisation (N =36) ____________________________ 114

Table 5.4. Co-efficient Alpha for Current Syndromes ____________________________ 116

Table 5.5. Inter-correlations of Total Scale Scores: AO-CPTSD, DESNOS, EPCACE, PTSD, MDD and Somatisation (N =37) ____________________________ 119
Table 5.6. Inter-correlations of Complex Trauma Total Scale Scores with Shared Items 
Removed (N =37) ___________________________________________________________________________ 119

Table 5.7. Bivariate Correlations between Total Current Syndrome Scale Scores and 
Trauma Events _______________________________________________________________________________ 123
List of Figures

Figure 1. Structured Clinical Interview Item Assessing the Frequency and Intensity of Alterations in Mistrust

88