Understanding Complex PTSD

A compassionate, evidence-informed overview

CPTSD is not a character flaw.

Many of its patterns began as ways of surviving overwhelming or inescapable stress.

1 What is CPTSD?

Complex PTSD (CPTSD) can develop after prolonged, repeated, or hard-to-escape trauma. It includes the core symptoms of PTSD, and it also affects emotion regulation, relationships, and a person's sense of self. Many people with CPTSD feel shame, self-doubt, or a painful sense that something is wrong with them.

In ICD-11, CPTSD includes PTSD symptoms plus disturbances in self-organization: affect dysregulation, negative self-concept, and relationship disturbance.

2 How complex trauma can shape self-view

About safety

The world may feel dangerous, unpredictable, or exhausting.

About the self

A person may carry beliefs like: 'I'm too much,' 'I'm not enough,' 'I'm broken,' or 'My needs don't matter.'

About relationships

Closeness may be deeply wanted and deeply feared at the same time.

About coping

Protective patterns can develop to avoid danger, conflict, rejection, or overwhelm.

These are learned survival meanings, not facts about who someone is.

3 How it may show up day to day

In the body

- Tension, startle, fatigue
- Sleep problems or shutdown
- A body that rarely feels settled

In emotions

- Big feelings or numbness
- Shame, fear, grief, anger
- Trouble calming after stress

In thoughts

- Self-doubt or harsh self-judgment
- Expecting danger
- Confusion or difficulty concentrating

In relationships

- Difficulty trusting or receiving care
- People-pleasing, withdrawal, or overexplaining
- Fear of abandonment, criticism, or engulfment

In protection strategies

- Perfectionism or overfunctioning
- Avoidance or dissociation
- Staying small to stay safe

Everyone's trauma response is different. You do not need to relate to every example for your experience to be valid.

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How healing and change can happen

The patterns shaped by trauma are real, but they are not fixed.
With support, safety, and new experiences, change is possible.

4 How healing often begins

Safety and stabilization
Healing often begins with building enough safety in daily life, relationships, and the body to reduce constant overwhelm.

Understanding survival patterns
Naming what happened—and how you learned to cope—can reduce shame and help protective patterns make sense.

Regulation and reconnection
People may learn ways to notice emotions, care for the nervous system, and return more often to steadiness and choice.

Relational repair
Consistent, respectful, trustworthy relationships can help reshape expectations about care, boundaries, and connection.

Healing is not linear. Progress often happens slowly, with setbacks, practice, and repair.

5 What healing can begin to change

Safety
From constant scanning for danger
→
Toward more moments of steadiness and relief

Self-view
From shame, defectiveness, or self-blame
→
Toward self-understanding and self-worth

Emotions
From overwhelm or shutdown
→
Toward more regulation, language, and choice

Relationships
From fear, overaccommodation, or distance
→
Toward boundaries, discernment, and safer connection

Agency
From survival-based reactivity
→
Toward flexibility, voice, and a greater sense of direction

6 What can help

Trauma-informed therapy
- Evidence-based trauma treatment
- A collaborative pace
- Attention to safety and capacity

Supportive skills
- Grounding and regulation
- Self-compassion
- Boundaries and pacing

Whole-person care
- Sleep and rest
- Medical and psychiatric support when needed
- Movement, nourishment, and recovery

Safe connection
- Trustworthy relationships
- Community and belonging
- Experiences of repair and respect

What happened to you may have changed how you learned to survive.
It does not define your worth, and it does not have to be the end of your story.

Educational resource based on current CPTSD research and ICD-11 concepts.
In the U.S., some clinicians may document PTSD while still addressing complex trauma.

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Sources, notes, and additional guidance

This resource is grounded in current CPTSD research and clinical guidance.

The sources below informed this overview and are included for transparency and further reading.

7 Sources & references

1. **World Health Organization. (2024).** *Clinical descriptions and diagnostic requirements for ICD-11 mental, behavioural or neurodevelopmental disorders.*
2. **Cloitre, M., Garvert, D. W., Brewin, C. R., Bryant, R. A., & Maercker, A. (2013).** Evidence for proposed ICD-11 PTSD and complex PTSD: A latent profile analysis. *European Journal of Psychotraumatology, 4*, 20706.
3. **Karatzias, T., Murphy, P., Cloitre, M., Bisson, J. I., Roberts, N. P., Shevlin, M., et al. (2019).** Psychological interventions for ICD-11 complex PTSD symptoms: Systematic review and meta-analysis. *Psychological Medicine, 49*(11), 1761–1775.
4. **Karatzias, T., & Cloitre, M. (2019).** Treating adults with complex PTSD using a modular approach to treatment: Rationale, evidence, and directions for future research. *Journal of Traumatic Stress, 32*(6), 870–876.
5. **International Society for Traumatic Stress Studies (ISTSS).** *Prevention and Treatment Guidelines.*

Healing often involves understanding, practice, support, and repair.

8 A note about diagnosis

Complex PTSD is included in ICD-11.
In the U.S., some clinicians may document PTSD while still addressing complex trauma. Diagnostic terms and coding can vary by setting and clinician.

This handout is educational and cannot determine whether any individual meets diagnostic criteria.

9 About this resource

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cordilleracounselingservices.com

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