**EXAMPLE OF A CLINICAL ROUNDTABLE**

**Formulation and Treatment Planning for Trauma-Focused CBT for CPTSD: When & How to Adapt Treatment?**

*Convenor: Martina Mueller & Alison Croft, Oxford Cognitive Therapy Centre (OCTC), United Kingdom*

Chair: Melanie Fennell, University of Oxford, United Kingdom

Speakers: Patricia Resick, Duke University Medical Centre, USA; Anke Ehlers, University of Oxford, United Kingdom; Regina Steil, Goethe University Frankfurt, Germany

Whilst trauma-focused CBT is helpful for many patients with PTSD, some populations do less well. Survivors of multiple and cumulative trauma often present with severely disabling and pervasive difficulties, which can pose significant dilemmas for clinicians. ICD – 11 includes a formal diagnostic classification to describe the sibling diagnosis of CPTSD, which describes additional clinical features associated with severe trauma. However, an ongoing controversy regarding the most appropriate treatment approaches for complex PTSD (eg. De Jongh et al., 2016) fuels practising clinicians’ ambivalence about the choice and timing of key therapeutic strategies to aid recovery. Clinicians often have questions such as: When is the disturbance of effect severe enough to warrant adaptations to treatment? How can we assess this systematically? What do we do when there are many troublesome memories of different events, memories ‘bleed’ into each other or meaning has become generalised and entrenched? How do we safely work with the ready activation of extreme affective arousal, such as the defence cascade?

The convenors propose to present the case of ‘Molly’ a survivor of multiple, life-long trauma who presents with CPTSD (ICD-11). The clinical presentation will describe a detailed case formulation and treatment planning and will highlight options for resolving clinical obstacles.

Reference: De Jongh, AD et al. (2016) Critical analysis of the current treatment guidelines for complex PTSD. Depression & Anxiety, 00:1-11.

Implications for everyday clinical practice of CBT

This Clinical Roundtable aims to offer practising clinicians an opportunity to reflect on expert opinions on resolving common obstacles in the treatment of CPTSD, to inform case formulation and treatment planning. The discussion will aim to focus on some of the following questions:

• How do we best conceptualise and make clinical decisions about treatment planning for the most complex trauma cases?

• What tools do we have for working effectively and safely with multiple and cumulative trauma memories?

• How can clinicians approach work with very high and readily triggered arousal and over-engagement with trauma memories?

These questions are salient for the treatment of a wide range of clinical populations including Traumatized refugees, survivors of developmental trauma and domestic violence as well as occupationally traumatised personnel.