# Complex PTSD (CPTSD) Diagnostic Criteria Checklist for Therapists

Clinical use: This checklist is intended as a structured aid for assessment and clinical documentation. CPTSD is formally recognized in ICD-11, but not as a separate diagnosis in DSM-5-TR. Use the diagnostic system applicable to your practice jurisdiction and document the clinical rationale for your diagnosis.

## A. Core PTSD Symptoms

Trauma exposure

- ☐ Exposure to an extremely threatening or horrific event or series of events, typically of an exceptionally threatening or horrific nature.
- ☐ Exposure involved direct experience, witnessing, learning about a traumatic event affecting someone close, or repeated exposure to aversive details in an occupational context, as applicable to the diagnostic system used.
- ☐ Trauma history has been assessed for chronicity, interpersonal nature, developmental timing, and recurrence.

Re-experiencing the trauma

- ☐ Intrusive memories of the traumatic event(s).
- ☐ Traumatic nightmares.
- ☐ Flashbacks or a sense that the event is recurring in the present.
- ☐ Intense emotional distress when exposed to reminders.
- ☐ Significant physiological reactions to trauma reminders.

Avoidance

- ☐ Avoidance of thoughts, memories, or feelings associated with the trauma.
- ☐ Avoidance of people, places, situations, activities, conversations, or other external reminders.
- ☐ Avoidance contributes to clinically significant impairment or distress.

Persistent sense of current threat

- ☐ Persistent hypervigilance or heightened alertness.
- ☐ Exaggerated startle response.
- ☐ Persistent perception of danger or threat.
- ☐ Symptoms are not better explained by another condition or substance.

## B. Disturbances in Self-Organization (DSO)

A diagnosis of CPTSD requires the PTSD symptom profile plus persistent disturbances in self-organization.

Affective dysregulation

- ☐ Persistent difficulty regulating emotional responses.
- ☐ Emotional hyperreactivity, such as intense anger, fear, panic, or distress.
- ☐ Emotional hypo-reactivity, emotional numbing, or difficulty experiencing emotions.
- ☐ Difficulty returning to an emotional baseline after activation.

Negative self-concept

- ☐ Persistent beliefs of being worthless, defective, damaged, inadequate, or fundamentally flawed.
- ☐ Persistent and pervasive feelings of shame, guilt, or failure.
- ☐ Excessive responsibility or self-blame related to traumatic experiences.
- ☐ Negative self-evaluation is persistent rather than limited to isolated episodes.

Disturbances in relationships

- ☐ Persistent difficulty sustaining or maintaining relationships.
- ☐ Persistent difficulty feeling close to or connected with others.
- ☐ Persistent avoidance of relationships or interpersonal situations.
- ☐ Difficulty trusting others or feeling safe in relationships.
- ☐ Recurrent interpersonal patterns associated with the consequences of prolonged trauma.

## C. Duration and Functional Impact

- ☐ Symptoms have persisted for an extended period following the traumatic exposure.
- ☐ Symptoms cause clinically significant distress.
- ☐ Symptoms result in meaningful impairment in social, occupational, relational, educational, or other important areas of functioning.
- ☐ Symptoms are not better explained by another mental disorder, medical condition, medication, or substance use.

## D. Features Suggestive of Complex Trauma

These features are clinically important but should not automatically be treated as diagnostic criteria.

- ☐ Repeated or prolonged interpersonal trauma.
- ☐ Trauma occurring during childhood or other developmental periods.
- ☐ Trauma involving caregivers or attachment figures.

- ☐ Captivity, coercive control, exploitation, or prolonged entrapment.
- ☐ Repeated interpersonal betrayal or violation of trust.
- ☐ Chronic exposure to threat with limited opportunity for escape.
- ☐ Persistent difficulties with attachment, boundaries, or interpersonal safety.
- ☐ Long-standing shame or altered sense of identity.
- ☐ Chronic dissociation or depersonalization/derealization.
- ☐ Persistent difficulties with emotional or physiological self-regulation.

## E. Differential Diagnosis

Consider and assess for:

- ☐ PTSD without sufficient disturbances in self-organization for CPTSD.
- ☐ Borderline personality disorder.
- ☐ Dissociative disorders.
- ☐ Depressive disorders.
- ☐ Anxiety disorders.
- ☐ Substance-related disorders.
- ☐ Psychotic disorders.
- ☐ Bipolar disorders.
- ☐ Neurodevelopmental conditions when clinically indicated.
- ☐ Adjustment disorder.
- ☐ Personality disorders or other conditions that may account for the presentation.
- ☐ Medical or neurological conditions that may contribute to symptoms.

## F. Risk and Safety Assessment

- ☐ Suicidal ideation assessed.
- ☐ Self-harm assessed.
- ☐ Homicidal or violent ideation assessed when clinically indicated.
- ☐ Current interpersonal violence or coercive control assessed.
- ☐ Current environmental safety assessed.
- ☐ Access to appropriate crisis or emergency supports assessed when indicated.
- ☐ Safety plan developed or updated when clinically indicated.

## G. Clinical Formulation

Primary trauma(s): _____

Approximate onset/duration: _____

Current PTSD symptoms: _____

Affective dysregulation: _____

Negative self-concept: _____

Interpersonal/relational disturbance: _____

Functional impairment: _____

Relevant comorbidities/differential diagnoses: _____

Protective factors and strengths: _____

Clinical formulation: _____

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## Diagnostic Impression

- ☐ PTSD
- ☐ Complex PTSD (ICD-11)
- ☐ Other trauma- and stressor-related disorder
- ☐ Another primary diagnosis
- ☐ Further assessment required

Diagnostic rationale:

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Clinician: _____ Date: _____

Note: CPTSD should not be diagnosed solely because a person has experienced prolonged trauma. Under ICD-11, CPTSD requires the core PTSD symptom clusters plus persistent disturbances in self-organization, with clinically significant impairment. The ICD-11 framework and the DSM-5-TR framework differ, so clinicians should identify which diagnostic system they are applying.