

Summary of the PhD Dissertation

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Year of completion	2019
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Curriculum Vitae

Manuel Stadtmann has a dual background in nursing and psychology with several years of clinical experience, mainly in the field of psychotraumatology. In 2019 he received his doctorate at the University of Witten Herdecke Department of Health – Nursing Science and the University of Zürich Department of Psychology – Psychopathology and Clinical Intervention with his dissertation " Symptom management in complex post-traumatic stress disorder (ICD-11), view and experience of patients and their relatives: A mixed methods approach ". Currently, he is a lecturer at the University of Applied Sciences of Eastern Switzerland (FHO), and a postdoctoral researcher at the University of Zürich Department of Psychology – Psychopathology and Clinical Intervention.



Description of the project

Symptom management in complex post-traumatic stress disorder (ICD-11), view and experience of patients and their relatives: A mixed methods approach

In 2018, complex posttraumatic stress disorder (CPTSD) was finally included in the International Classification of Diseases 11th Revision (ICD-11) (WHO, 2018). CPTSD is diagnosed by the presence of the core criteria for posttraumatic stress disorder (PTSD) and three additional symptom clusters. For PTSD, the three symptom clusters are: re-experiencing the traumatic event, avoidance of the event and persistent perceptions of heightened current threat. ICD-11 CPTSD additional clusters are described in the literature as symptoms of disturbances in self-organization (DSO). First, symptoms of affective dysregulation, for instance, difficulties in handling emotional outbursts or depressive symptoms. Second, symptoms concerning a negative self-concept, such as feelings of severe shame or severe guilt related to the traumatic event. Third, symptoms of problems in interpersonal relationships, for instance, severe difficulties in sustaining relationships or problems in feeling close to others (Maercker et al., 2013).

The overall aim of this exploratory mixed-method research project was to describe the specific characteristics and symptom values of psychiatric adult inpatients and their relatives' views and experiences as well as to describe the perceived facilitators and barriers in the context of symptom management for ICD-11 CPTSD (Stadtman, Maercker, Binder, and Schnepf, 2017).

Based on our six publications, the findings of this research project have contributed to the growing body of CPTSD research. Given the distress adults with a CPTSD condition experience over their lifetime of managing their symptoms, the results are helpful in expanding current understanding about the strategies and interventions developed within their social context specific for symptom management. Adult sufferers of CPTSD experience variable symptoms and situations where they auto-didactically developed strategies that enable them to participate in everyday life and to handle their symptom burden. However, those strategies were not always functional, indeed sometimes dysfunctional, potentially resulting in severe outcomes, for instance, suicidality (Stadtman, Maercker, Binder, & Schnepf, 2018). The phenomena of "not recognizing symptoms as such" indicate the need for continuous monitoring of symptom management support and individualized interventions. Significantly, this research indicates that relatives were not well integrated into the clinical care treatment of those affected and that their collaboration with health care providers was insufficient. Our work resulted in a final multilevel model of collaboration in symptom management of patients with CPTSD. The structure is based on the socio-ecological model. With this approach, multilevel symptom management strategies as well as barriers and facilitators on the patient, relatives and health care system level are described. The findings show effective symptom management to be a multilevel und multidimensional structure rather than a task left to those affected. It is proposed that, to provide effective everyday symptom management support, this discussion should be broadened by including health care providers' and patients' perspectives as well as perspectives of the relatives.

Maercker, A., Brewin, C. R., Bryant, R. A., Cloitre, M., Reed, G. M., van Ommeren, M., . . . Llosa, A. E. (2013). Proposals for mental disorders specifically associated with stress in the International Classification of Diseases-11. *The Lancet*, *381*(9878), 1683. doi:10.1016/s0140-6736(12)62191-6

WHO (2018). *International statistical classification of diseases and related health problems 11th Revision (ICD-11)*. Geneva: World Health Organization.

Stadtman, M. P., Maercker, A., Binder, J., & Schnepf, W. (2017). Symptom management in complex post-traumatic stress disorder (ICD-11), view and experience of patients and their relatives: a mixed methods approach (Research Proposal). *BMC Research Notes*, *10*(1), 461. doi:10.1186/s13104-017-2790-7

Stadtman, M. P., Maercker, A., Binder, J., & Schnepf, W. (2018). Why do I have to suffer? Symptom management, views and experiences of persons with a CPTSD: a grounded theory approach. *BMC psychiatry*, *18*(1), 392.