

Trauma Sensitivity Is Not Enough: Becoming a Trauma Competent Court

Brian L. Meyer, Ph.D.
Interim Associate Chief, Mental Health Services/
Supervisory Psychologist
McGuire VA Medical Center
Richmond, Virginia

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Disclaimer

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The author has no conflicts of interest to disclose.

What Is Trauma?

What Do We Mean by "Trauma"?

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening that has lasting adverse effects on the individual's functioning and mental, social, emotional, or spiritual well-being.

SAMHSA, 2014

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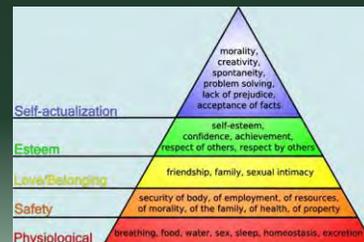
SAMHSA, 2014

Prevalence of Trauma In Justice-Involved Populations

The experience of trauma among people with substance abuse and mental health disorders, especially those involved with the justice system, is so high as to be considered *an almost universal experience.*

SAMHSA, 2013

Maslow's Hierarchy of Needs

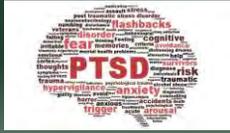


Trauma and PTSD

Incidence and Prevalence of Post-Traumatic Responses

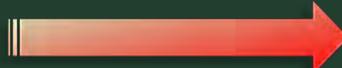
- What is the relationship between trauma and PTSD?
- How common is PTSD?
- Which populations are more likely to develop PTSD?
- What are the symptoms of PTSD?
- Is all PTSD the same?
- What are the physical, psychological, moral, and social consequences of PTSD?

Post-Traumatic Stress Disorder Is Characterized by:



- Exposure to a severe life-threatening event
- Repetitive re-experiencing of the LT event
- Avoidance of stimuli associated with trauma
- Negative mood and cognitions
- Increased arousal

Post-Traumatic Responses Occur on a Continuum



None Mild Moderate Severe

The Continuum of Trauma

- When are you dealing with pre-existing behavior and when are you dealing with post-traumatic behavior?
 - When are you dealing with post-deployment behavior?
- What are the differences between acute, chronic, secondary, and complex trauma?
- Is it possible to have a post-traumatic response without developing PTSD?
- What is the range of post-traumatic responses?
- How do the type(s), frequency, and intensity of traumatic experiences affect an individual?
- What are the roles of environmental, historical and cultural traumas?

The Long Reach of Childhood Experiences



- Are you familiar with the Adverse Childhood Experiences study?
- Do you use the ACE questionnaire?
- How do childhood traumatic experiences affect brain development?
- How do childhood traumatic experiences affect adult behavior?
- How do you know if this is happening in the defendant?

THE SPECTRUM OF TRAUMA DISORDERS



Adjustment Disorder/PTS Symptoms Sub-clinical PTSD PTSD Complex Trauma Borderline and Antisocial Personality Disorders Dissociative Identity Disorder

Who Are We Kidding?

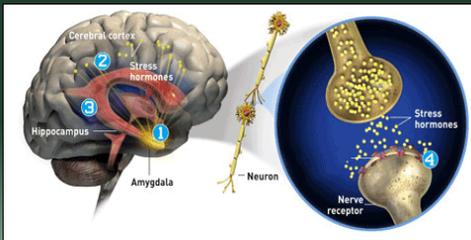


The Importance of Cultural Context

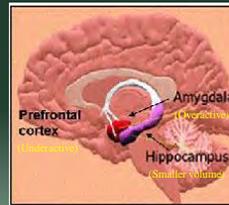
- The culture can be traumatized
 - Historical trauma
 - Discrimination
- Trauma is understood through the lens of culture
 - What is the cultural meaning of traumatic events?
- What is the community's reaction to the trauma?
 - For example, returning military
 - For example, Hurricane Katrina

What You Need to Know: The Neurobiology of Trauma

Traumatic Stress and the Brain



PTSD and the Brain



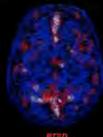
- Amygdala – Emotional reactions, fight or flight alarm system
- Hippocampus – Relay station for sorting memories
- Prefrontal cortex – logic, reasoning, planning, impulse control, organizing

For those that tell me,

"PTSD? it's all in your head bro"...



Healthy Brain



PTSD

Yes, it is.

Fight the phobias,
End the STIGMA.



facebook.com/veteranptsdproject

ToniKauffman '14

The Effects of Abuse on Early Brain Development



- Excess cortisol and heightened amygdalar response causing:
 - Chronic fear and anxiety
 - Inattention
 - Overreactivity
 - Impulsivity
 - Hyperalertness and hyperarousal
 - Sleep problems

The Effects of Abuse on Early Brain Development

Increased epinephrine and stress steroids causing:

- Dissociation
- Disengagement
- Distorted attachments to others
- Numbing
- Emotional detachment
- Inability to feel empathy and remorse

Who does this sound like?

PTSD: Increased Arousal

E. Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event:

- Irritable or aggressive behavior
- Self-destructive or reckless behavior
- Hypervigilance
- Exaggerated startle response
- Problems in concentration
- Sleep disturbance



How Does the Neurobiology of Trauma Show Itself in the Courtroom?

- Agitation
- Anxiety and panic
- Hypervigilance
- Startle responses to noise
- Discomfort with crowds
- Being touched — alarm



- Distrust
- Defiance
- Disrespect
- Hostility
- Provocative

What You Need to Learn: Becoming Trauma Competent

What's the Real Story?



- ← What they did to get into court
- ← What happened to them to get them here

Developmental Trauma

- What are Adverse Childhood Experiences (ACEs)?
- What are the effects of ACEs?
- What is the relationship between trauma and ACEs?
- How is developmental trauma different from adult trauma exposure?
- How are traumas passed from generation to generation?
- What is toxic stress and what are its effects?
- When does brain development end?

Trauma

- What are the differences between interpersonal and environmental traumas?
- What are historical, intergenerational, and community traumas, and what are their effects?
- How are military traumas different than other traumas?
- What role does betrayal play in trauma?
- What are the differences between Big T and little t traumas?



Trauma



- What are the biological, psychological, spiritual, interpersonal, and societal effects of trauma?
- In what ways does the culture in which a person lives impact the experience of trauma?
- What is the relationship between trauma and emotional dysregulation?
- What conditions and problems are commonly co-morbid with trauma?

Trauma and Substance Abuse

- In what ways are trauma and substance abuse related?
- How accurate is the self-medication hypothesis?
- How are substances used to cope to deal with the effects of trauma?



Trauma Interventions

- What are trauma-responsive interventions and supports?
- What are the evidence-based assessments for trauma?
- Why don't current medications treat all of the symptoms of PTSD?
- Which current medications have been approved to treat some symptoms of PTSD?
- What are the evidence-based treatments for trauma?
- How do you know if a provider is actually using evidence-based treatments?
- Why is integrated treatment more successful than sequential or parallel treatment of trauma and substance abuse?

Some Areas Where PTSD and the Legal System Intersect

- Domestic violence
- Child abuse
- Divorce
- Juvenile delinquency
- Homelessness
- DUI/DWI
- Misdemeanors
- Threats
- Violence
- Criminal actions



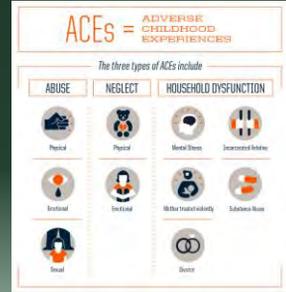
What You Need to Know: Adverse Childhood Experiences

The Adverse Childhood Experiences Study

- 17,421 adult patients of Kaiser Permanente
- Eight categories of adverse childhood events (ACEs) in the home: physical abuse, emotional abuse, sexual abuse, someone imprisoned, domestic violence, substance abuse, chronic mental illness, and loss of parent
- Results more than 50 years later:
 - More than 1/2 of population experienced one or more ACEs; 1/4 had two or more
 - The higher the ACE score, the worse the health and life outcomes

Felitti, Anda, et al., 1998

Adverse Childhood Experiences



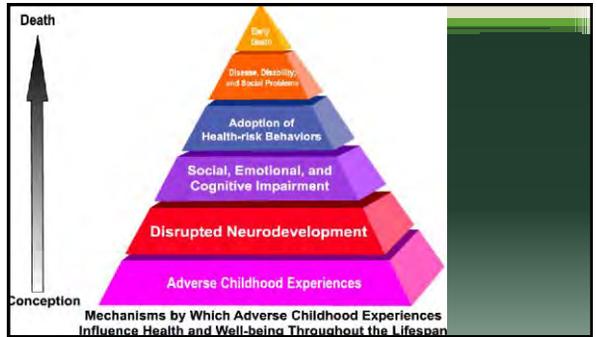
Felitti & D'Anda, 1998

ACE Study Results

- Greater health problems
- Greater behavioral health problems:
 - Alcoholism
 - Intravenous drug abuse
 - Smoking
 - Depression
 - Attempted suicide
- Greater occupational problems



Felitti, Anda, et al., 1998

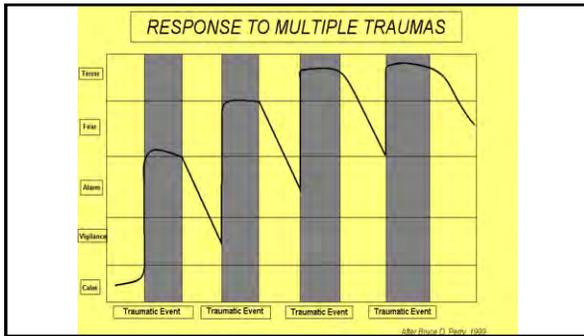


What You Need to Know: Complex Trauma

What is Complex Trauma?

Complex psychological trauma results from exposure to severe stressors that (1) are repetitive or prolonged, (2) involve harm or abandonment by caregivers or other ostensibly responsible adults, and (3) occur at developmentally vulnerable times in the victim's life.

Ford and Courtois, 2009

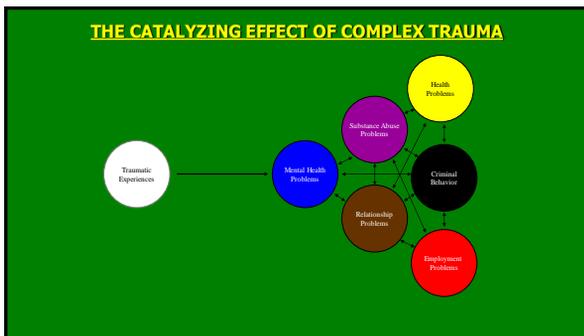
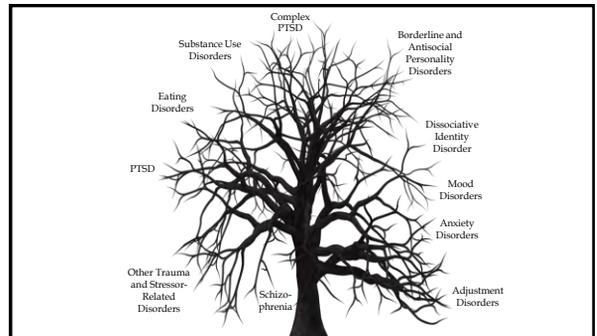


Core Problems in Complex Trauma

- Affect dysregulation
- Dissociation
- Somatic dysregulation
- Impaired self-concept
- Disorganized attachment patterns

In addition to symptoms of PTSD and other comorbid disorders

Ford and Courtois, 2009



What You Need to Know: Common Co-Morbidities

Co-occurrence of PTSD and Substance Abuse

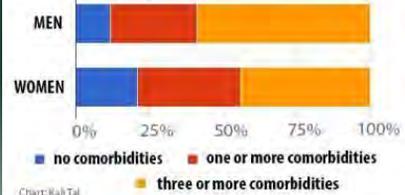
Co-occurring disorders are the rule rather than the exception.

(SAMHSA, 2002)



Figure 1

COMORBID DISORDERS ARE THE RULE, RATHER THAN THE EXCEPTION FOR PTSD



Co-occurrence of PTSD and Substance Abuse

National Comorbidity Survey

Among those with PTSD:

	Male	Female
Alcohol Abuse/Dependence	51.9%	27.9%
Drug Abuse/Dependence	34.5%	26.9%

Kessler et al., 1995

Co-occurrence of PTSD and Substance Abuse

- PTSD and substance abuse co-occur at a high rate
 - 20-40% of people with PTSD also have SUDs (SAMHSA, 2007)
 - 40-60% of people with SUDs have PTSD
- Substance use disorders are 3-4 times more prevalent in people with PTSD than those without PTSD (Khanjian & Albanese, 2008)
- The presence of either disorder alone increases the risk for the development of the other
- PTSD increases the risk of substance relapse (Norman et al., 2007)
- The combination results in poorer treatment outcomes (Ouimette et al., 2003; Sonne et al., 2003)

Co-Occurring PTSD and SUDs Make Each Other Worse

- Substance abuse exacerbates PTSD symptoms, including sleep disturbance, nightmares, rage, depression, avoidance, numbing of feelings, social isolation, irritability, hypervigilance, paranoia, and suicidal ideation
- People who drink or use drugs are at risk for being retraumatized through accidents, injuries, and sexual trauma

Other Common Psychiatric Diagnoses In People Exposed to Traumatic Events

- Dysthymic Disorder
- Major Depressive Disorder
- Mood Disorder NOS
- Bipolar Disorder
- Generalized Anxiety Disorder
- Phobic Disorder
- Panic Disorder
- Schizophrenia
- Schizoaffective Disorder
- Anorexia
- Bulimia
- ADHD
- Oppositional Defiant Disorder
- Conduct Disorder
- Reactive Attachment Disorder
- Borderline Personality Disorder
- Antisocial Personality Disorder
- Narcissistic Personality Disorder

Co-morbidity of PTSD and Pain

- **PTSD samples:**
 - 66-80% of individuals diagnosed with PTSD experience chronic pain (Beckham et al., 1997; Jakupcak, Osborne, Michael, Cook, Albrizio, & McFall, 2006; Shipherd et al., 2007)
- **Pain samples:**
 - 34% - 50% of civilians with chronic pain are diagnosed with PTSD (Geisser et al., 1996; Asmundson, et al., 1998)



Insomnia and PTSD



- Insomnia is one of 20 defining characteristics of PTSD
- It frequently continues even after PTSD is successfully treated
- Nightmares are another of the 20 defining characteristics of PTSD
 - Both nightmares and avoidance of nightmares can cause insomnia

Being Trauma-Informed Is Not Enough

What Does Being Trauma-Informed Mean?

- Being aware of the high frequency of trauma in defendants
 - 60% of people with substance abuse disorders have experienced trauma
 - The rate is probably much higher in judicial settings
- Rates of criminal behavior and violent offenses are much higher in victims of child abuse and neglect (Widom, 1989)
- Rates of child maltreatment are high among drug abusers
 - This is especially true among women, of whom 55-99% have a history of trauma (Najavits et al., 1997)
- Rape victims have far higher rates of drug abuse than those who have not been raped (Kilpatrick et al., 1992)
- 68% of prisoners report childhood abuse, and 23% report multiple forms of abuse (Weeks and Widom, 1998)

What Does Being Trauma-Informed Mean?

- You understand that there is a link between trauma and substance abuse
- You also understand that, in order for substance abuse to end, trauma also needs to be treated
- Now you are trauma-informed.



Trauma Informed Treatment ≠ Trauma Specific Treatment



- Trauma-informed treatment means that trauma is taken into account when treating substance abuse
 - *Beyond Trauma: A Healing Journey for Women* by Stephanie Covington
- Trauma specific treatment treats *both* trauma and substance abuse
- Trauma-specific treatment must be evidence-based
- Evidence-based means that research has shown treatment to be effective
 - *Seeking Safety* by Lisa Najavits

SAMHSA's Principles of Trauma Competency

The Four R's

- **Realize** the widespread impact of trauma and understand potential paths for recovery
- **Recognize** the signs and symptoms of trauma in participants, families, and staff
- **Respond** by integrating knowledge about trauma into policies, procedures, and practices
- Actively **resist re-traumatization**

Principles of Trauma Competency

1. **Safety:** Staff, participants, and their families should feel physically and psychologically safe
2. **Trustworthiness and transparency:** Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, participants, and family members
3. **Peer support and mutual self-help:** Both are viewed as integral to the organizational and service delivery approach, and are understood as key vehicles for building trust, establishing safety, and empowerment

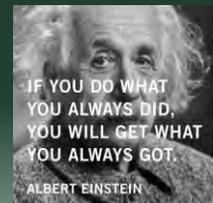
Principles of Trauma Competency

4. **Collaboration and mutuality:** There is true partnering between staff and participants and among organizational staff from direct care to administrators
5. **Empowerment, voice, and choice:** In the organization and among staff, individual strengths are recognized, built on, and validated, and new skills are developed as necessary
6. **Cultural, historical, and gender issues:** The organization moves past cultural stereotypes and biases, and considers language and cultural considerations in providing support, offers gender-responsive services, leverages the healing value of traditional cultural and peer connections, and recognizes and addresses historical trauma

Trauma Competency Means Changing Your Point of View

The Traditional Approach to Criminal Justice

- The traditional approach can be re-traumatizing
 - Revolving door justice
 - Multigenerational justice
 - Disruption and violence in the courtroom
- How can we stop this cycle?



What You See Depends on How You Look at It



Continuum of Trauma Responsivity



Central Tenets of Trauma Competency

1. Trauma is a public health problem
2. Assume that the defendant has experienced traumatic events
3. PTSD is a normal response to an abnormal event
4. Viewpoint changes from "What is wrong with you?" to "What happened to you?"

Changing Your Approach

Old View	New View
<ul style="list-style-type: none"> • Trauma is irrelevant • Trauma can be considered as a mitigating factor in sentencing • See the problem behavior • Respond to public pressure • Needs of the institution 	<ul style="list-style-type: none"> • Trauma is central • Trauma-centric case processing • See the whole person • Respond to emerging science • Needs of all participants

Changing the Court's Approach

Old Approach	New Approach
<ul style="list-style-type: none"> • Adversarial • Incarcerate • Punishment • Order • Authoritarian 	<ul style="list-style-type: none"> • Collaborative • Treat • Healing • Partner • Collaborative

Changing Your Approach to Defendants

Old Approach	New Approach
<ul style="list-style-type: none"> • Tough love • They are hopeless • Judgmental • Shames and blames • Notices problems • Defendant has a personality disorder <p>Interprets behavior negatively</p>	<ul style="list-style-type: none"> • Compassion • We have hope • Welcoming • Accepts and holds accountable • Notices strengths • Defendant has experienced complex trauma • Understands behavior is a communication and serves a function

Changing Your Communication

Hurtful

- Criticize
- Confront
- Sarcasm
- Talk loudly
- Distracted
- Judgmental
- Disrespectful
- Uses jargon

Helpful

- Express concern
- Support
- Empathy
- Talk softly but firmly
- Active listening
- Accepting
- Patient
- Uses language everyone understands

Changing Your Language

Hurtful

- Characterizes behavior negatively, e.g., defendant is "disruptive and explosive"
- "You could stop using drugs if you wanted to."
- "You should know better."
- Victim

Helpful

- Characterizes behavior constructively, e.g., defendant "needs calming strategies"
- "You need safety, stability, and support to succeed, and we want to help you."
- "These are our expectations."
- Survivor

There is little or no cost to changing your approach.

Trauma Competency Means Changing Your Court

Changing Your Point of View: 5 Ps, an E, and an A

Becoming a trauma competent court requires major shifts in your environment, philosophy, attitudes, perspective, policies, procedures, and practices

Reconstruct the Physical Environment

- The goal is to reduce environmental stress
- Build buildings with easy navigation
- Smaller rooms are better
- Everyone sits at the same table
 - The judge joins
- Have separate waiting rooms for alleged perpetrator and trauma survivor



Reconstruct the Physical Environment



- Remove confusing signage
 - Too many No's and Don'ts
 - Use languages spoken by participants
- Eliminate clutter
- For juvenile and dependency courts, create a youth-friendly environment
 - Smaller, lower ceilings, more colorful

Reconstruct the Environment

- Avoid ticking clocks and loud noises
- No yelling
- Keep the temperature comfortable



Decrease Perceived Threats



- Bailiffs should not stand behind defendants
- Respect personal space
 - No touching
- Avoid trauma triggers when possible
 - No handcuffs or shackles
 - Avoid jumpsuits
 - Don't put defendants in isolation rooms

Take Steps to Avoid Re-traumatization of Participants

- Decrease the power dynamic
 - Judge comes down from the bench
 - Judge takes off robe
- Use a solution-oriented approach instead
 - "What can you do differently? How can other people help?"
- Create a solution-oriented team
 - Invite everyone to participate actively
 - This is empowering

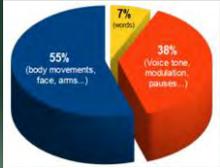


Trauma in the Courtroom: What You Can Do

What You Look Like To Them



You Have to Change Their Perceptions, Too



Mehrabian & Ferris, 1967

- What are your facial expressions?
- What are you communicating non-verbally?
- What is your tone of voice?
- What is the volume of your voice?
- How do you respond to their behavior?

Four Things You Must Establish Above All

Safety

Trust

Respect

A sense of some control

What You Need to Know: Evidence-Based Assessment and Treatment

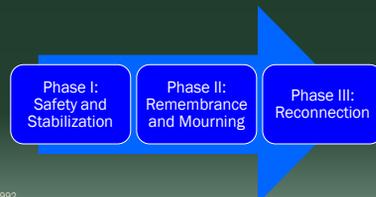
Evidence-Based Assessments for Trauma

- PTSD Checklist 5 (PCL 5)
 - 20 item checklist corresponding to 20 symptoms of PTSD in DSM 5
- Clinician Assessment of PTSD Symptoms (CAPS)
 - This is the gold standard of PTSD assessment

Medical Treatment of Trauma

- Medication for symptom management and co-morbid disorders
 - Antidepressants
 - Mood stabilizers
 - Anticonvulsants
 - Sleep aids, including Prazosin for nightmares
 - Atypical antipsychotics **No longer**
 - Anxiolytics **not benzodiazepines**
- Only SSRIs are approved for treating PTSD
- There is no medication that specifically "cures" PTSD

Phases of Integrated Treatment



After Herman, 1992

Stage I: Safety and Stabilization

- Alliance building
- Psychoeducation about multiple traumas
- Safety
- Stabilization
- Skills-building
 - Affective regulation
 - Cognitive
 - Interpersonal
- Self-care



Stage I: Safety

- Safety plans
- Tension reduction activities (e.g., exercise)
- Harm reduction and elimination
 - Self-harm and suicidal behaviors
 - Gambling
 - Driving
 - Fighting
 - Eating
 - Sex
 - Medication
 - Breaking laws



Harm Reduction for Co-occurring Trauma and Substance Abuse In Drug Courts

- *Immediate* abstinence may not be possible for complex trauma patients
 - Alcohol and drugs are frequently used to regulate emotions
 - If they are taken away completely, they may be flooded by traumatic memories and emotions, which may lead to relapse
- Gradual reduction of substances with a goal of abstinence may be more realistic
- Punishing them for harm reduction is countertherapeutic and may result in failure

Stage I: Stabilization

- Elimination of drug and alcohol abuse
- Health
- Housing
 - In a safe neighborhood
- Income
 - Employment
- Financial skills (budgeting, banking)
- Transportation
- Setting and keeping a schedule



Requiring AA/NA May Fail for People with Complex Trauma

- The first step in AA/NA is to admit helplessness
 - This may reignite their traumas
- AA/NA requires acknowledgement of a higher power
 - People who have experienced complex trauma may be agnostic or atheistic
- Therefore, other groups like SMART Recovery may fit better

Evidence-Based Treatments for Stage I

- Seeking Safety
- Dialectical Behavior Therapy (DBT)
- Mindfulness-Based Stress Reduction
- Therapies for specific problems
 - Imagery Rehearsal Therapy
 - Cognitive-Behavioral Therapy
 - Motivational Interviewing
 - SAMHSA's Anger Management workbook

Seeking Safety

- An integrated treatment for PTSD and Substance Abuse
- Combines psychoeducational and psychodynamic treatment
- 25 lessons on topics that overlap between PTSD and Substance Abuse
 - Safety Skills
 - Grounding
 - Anger
 - Boundaries
 - Self-care
 - Honesty
 - Compassion



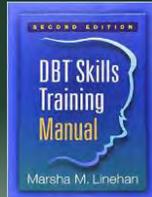
Seeking Safety

- Can be provided by professionals or paraprofessionals
- 6 randomized controlled trials and 3 controlled studies
- Seeking Safety has shown positive results across all studies (Najavits & Hien, 2013)
- **Seeking Safety is the only evidence-based treatment for PTSD and Substance Abuse**



DBT Skills Training

- Four topics with multiple lessons
 - Mindfulness
 - Interpersonal Effectiveness
 - Distress Tolerance
 - Affect Regulation
- New manual provides suggested menus of different specific skills and exercises with different populations

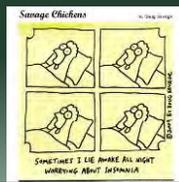


DBT Results

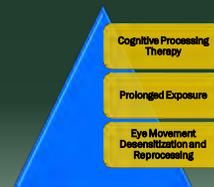
- 18 randomized controlled trials
- Results are all positive
- Populations include:
 - Women: with Borderline Personality Disorder (BPD) and suicidality, with BPD and substance dependence, with bulimia nervosa, with binge eating disorder, with opiate-addiction and BPD, domestic violence victims, with childhood sexual abuse, and with trichotillomania;
 - Adults: with BPD, with personality disorders, with Bipolar Disorder, prisoners with intellectual disabilities, and prisoners with impulsivity;
 - Male prisoners; and
 - Adolescents: suicidal, female offenders, with self-injurious behavior, with eating disorders

CBT-I for Insomnia

- Cognitive-Behavioral Therapy for Insomnia (Perlis et al., 2008)
 - Psychoeducation about sleep and what interferes with it
 - Sleep restriction
 - Stress management
 - Cognitive restructuring
 - Relapse prevention



Evidence-Based Stage II Treatments for PTSD



Cognitive Processing Therapy

- A cognitive intervention to change the way a traumatized person thinks
- 12 weekly sessions delivered in a structured, manualized protocol
 - Number of sessions can be expanded
- May or may not include a trauma narrative
- Can be delivered individually and/or in groups
- Homework worksheets between sessions

Cognitive Processing Therapy

- Central techniques:
 - Identifies stuck points
 - Examines evidence for thoughts and beliefs
 - Challenges beliefs
- Changing the interpretation of the traumatic event changes the emotions resulting from the event
- CPT is an effective treatment for PTSD (Vickerman & Margolin, 2009; Ougrin, 2011; Jonas et al., 2013; Ehrling et al., 2014)
- CPT successfully treats complex trauma (Resick et al., 2003; Galovski et al., 2013)

Prolonged Exposure

- A behavioral intervention that repeatedly exposes patients to distressing stimuli in order to decrease their anxiety in response to those stimuli
- 10 weekly sessions
- First part involves *in vivo* exposure to places that increase anxiety (e.g., public places)
 - Uses an anxiety hierarchy

Prolonged Exposure

- Second part involves writing and dictating a trauma narrative focusing on one traumatic experience
 - The patient listens to the narrative over and over for an hour each day
 - Repeated and prolonged exposure decreases their anxiety
- ◆ Prolonged exposure is an effective treatment for PTSD (Vickerman & Margolin, 2009; Ougrin, 2011; Jonas et al., 2013; Ehrling et al., 2014)
- There is no evidence that it successfully treats complex trauma
- The evidence shows that it does not effectively treat substance abuse, even when a substance abuse program is provided side by side

Eye Movement Desensitization and Reprocessing

- Patient focuses on distressing image
 - States a belief that goes with it
 - Notices feelings that go with it
 - Identifies body sensations that go with it
- Therapist passes fingers back and forth, guiding the eyes
- As this occurs, the images, thoughts, feelings, and body sensations change
- Adaptive information processing results

Eye Movement Desensitization and Reprocessing

- Auditory and tactile alternatives to eye movements using bilateral stimulation
- Additional exercises:
 - Safe Place
 - Lightstream
 - Resource-building
 - Protocol for substance abuse
 - Etc.



Eye Movement Desensitization and Reprocessing Results

- EMDR works for PTSD and complex trauma (Davidson & Parker, 2001; Foa et al., 2009; Maxfield & Hyer, 2002; Seidler & Wagner, 2006)
- EMDR addresses substance abuse (Vogelmann-Sine et al., 1998)
- EMDR uses the same mechanism for resolution (eye movements) that sleep does
 - EMDR also targets nightmares

Promising Treatments: STAIR Narrative Therapy

Skills Training in Affective and Interpersonal Regulation (STAIR) Narrative Therapy (Cloitre et al., 2006)

- Uses coping skills from Stress Inoculation Training and Dialectical Behavior Therapy
- 8-10 sessions of skills building and 8 sessions of narrative therapy
- This is the only Phase I and Phase II treatment for complex trauma

Promising Treatments: STAIR Narrative Therapy

- Narrative Therapy: developing an autobiography
 - Repeated narration to organize trauma memory and reduce fear
 - Analyze meaning of event(s) to revise beliefs/schemas about self and others, integrate traumatic memories into a life history, and explore and resolve feelings other than fear
 - Continue practice of STAIR skills

Promising Treatments: STAIR Narrative Therapy

- Four studies of STAIR Narrative Therapy (Cloitre et al., 2002; Levitt et al., 2007; Trappier & Newville, 2007; Cloitre et al., 2010) show:
 - Decreases in PTSD symptoms
 - Improvements in interpersonal problems
 - Improvements in emotion regulation
- Studies of women with child abuse histories, post 9/11 survivors, and inpatients with co-morbid PTSD and Schizoaffective Disorder

Stage III: Reconnection



- Gradually decrease isolation
- Re-establishing estranged relationships
- Developing trusting relationships
- Developing intimacy
- Developing sexual intimacy
- Parenting
- Community-based activities
- Spirituality

Stage III: Reconnection

- Giving back to the community
- Making amends
- Acceptance
- Reclaiming
- Creativity
- Finding meaning
- Post-traumatic growth

"IT'S NOT TOO LATE TO DEVELOP NEW FRIENDSHIPS OR RECONNECT WITH PEOPLE."

MORRIS SCHWARTZ

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Wellness Activities

- Mindfulness Meditation
- Yoga
- Qi Gong
- Tai Chi
- Massage
- Acupuncture



Trauma in the Courtroom: Secondary Traumatization

Secondary Traumatization

- Secondary traumatization typically occurs when a person hears stories of traumatic experiences
- It may also occur when a person lives with someone who has been traumatized
- It results in post-traumatic symptoms like hypervigilance, irritability, startle responses, distrust of others, negative thoughts/feelings/ beliefs, avoidance, and isolation
- Children are particularly susceptible to Secondary Traumatization

Dealing with Secondary Traumatization

- Ongoing training
- Regular scheduled debriefing meetings
- Use of EAP or psychotherapy
- Set firm boundaries between work and home
- Engage your support network
- Play
- Be creative: sing, dance, write, draw, sculpt, etc.

Resources

Trauma Competent Courts

- *Essential Components of Trauma-Informed Judicial Practice*, SAMHSA. Retrieved from http://www.samhsa.gov/sites/default/files/JudgesEssential_8x20_12202013finalrevd.pdf
- Also valuable: *TIP 57: Trauma-Informed Care in Behavioral Health Services*, SAMHSA, available at www.store.samhsa.gov.
- SAMHSA www.samhsa.gov

Adverse Childhood Experiences Study

- www.cdc.gov/ace
- <http://acestudy.org>
- ACE questionnaire
http://acestudy.org/yahoo_site_admin/assets/docs/ACE_Calculator-English.127143712.pdf

Resources for PTSD

- *Handbook of PTSD* by Matthew Friedman, Terence Keane, and Patricia Resick
- *Once a Warrior, Always a Warrior: Navigating the Transition from Combat to Home—Including Combat Stress, PTSD, and mTBI* by Charles Hoge
- *When Someone You Love Suffers from Posttraumatic Stress: What to Expect and What You Can Do* by Claudia Zayfert and Jason Deviva

Resources for PTSD

- National Center for PTSD: www.ptsd.va.gov
- International Society for Traumatic Stress Studies: www.istss.org
- International Society for the Study of Trauma and Dissociation: www.isst-d.org
- PTSD 101 courses:
www.ptsd.va.gov/professional/ptsd101/course-modules.asp

Resources for Complex Trauma

- *Trauma and Recovery*, 1992, Judith Herman
- Luxenberg, T., Spinazzola, J., and van der Kolk, B. (2005). Complex Trauma and Disorders of Extreme Stress (DESNOS) Diagnosis, Part One: Assessment (2005). *Directions in Psychiatry*, 21, 373-393.
- *Treating Complex Traumatic Stress Disorders*, 2009, Christine Courtois and Julian Ford, eds.
- *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach* (2012), Christine Courtois, Julian Ford, and John Briere
<http://www.nctsn.org/trauma-types/complex-trauma/assessment/>

Resources

- *Complex Trauma in Children and Adolescents*, NCTSN White Paper, available at
http://www.nctsn.org/sites/default/files/assets/pdfs/Complex_Trauma_All.pdf
- *The Trauma Recovery Group: A Guide for Practitioners* (2011), Michaela Mendelsohn, Judith Herman, Emily Schatzow, and Diya Kallivayalil
- International Society for Traumatic Stress Studies:
<http://www.istss.org>
- Trauma Focused-Cognitive Behavioral Therapy:
<https://tctm.usc.edu>

PTSD and SUDs

- PTSD 101 course about treating PTSD and SUDs:
www.ptsd.va.gov/professional/ptsd101/course-modules/SUD.asp
- Practice recommendations for treating co-occurring PTSD and SUDs: www.ptsd.va.gov/professional/pages/handouts-pdf/SUD_PTSD_Practice_Recommend.pdf

Resources for PTSD and SUDS

- *Trauma and Substance Abuse (2nd ed.)* by Page Ouimette and Jennifer Read
- *Treating Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life* by Marylene Cloitre, Lisa Cohen, and Karestan Koenen
- *Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE) Therapist Guide* by Sudie Back, Edna Foa, Therese Killeen, Katherine Mills, Maree Teesson, Bonnie Cotton, Kathleen Carroll, and Kathleen Brady

Seeking Safety

- *Seeking Safety (1998)*, Lisa Najavits
- *8 Keys to Trauma and Addiction Recovery (2015)*, Lisa Najavits
- <http://www.treatment-innovations.org/seeking-safety.html>

Dialectical Behavior Therapy

- *Cognitive-Behavioral Treatment of Borderline Personality Disorder (1993)*, Marsha Linehan
- *DBT Skills Training Manual, 2nd Ed. (2014)*, Marsha Linehan
- *DBT Skills Training Handouts and Worksheets, 2nd Ed. (2014)*, Marsha Linehan
- <http://www.behavioraltech.com>
- <http://www.linehaninstitute.org/>

Prolonged Exposure

- *Prolonged Exposure Therapy for PTSD: Emotional Processing of Traumatic Experiences Therapist Guide (2007)*, Edna Foa, Elizabeth Hembree and Barbara Olaslov Rothbaum
- *Reclaiming Your Life from a Traumatic Experience: A Prolonged Exposure Treatment Program Workbook (2007)*, Barbara Rothbaum, Edna Foa and Elizabeth Hembree

Cognitive Processing Therapy

- *Cognitive Processing Therapy for Rape Victims: A Treatment Manual (1993)*, Patricia Resick and Monica Schnicke

EMDR

- *Eye Movement Desensitization and Reprocessing (EMDR): Basic Principles, Protocols, and Procedures, 2nd Ed. (2001)*, Francine Shapiro
- *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy (2013)*, Francine Shapiro
- www.emdr.com
- www.emdria.org
- www.emdrhap.org

STAIR Narrative Therapy

- *Treating Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life* (2006), Marlene Cloitre, Lisa Cohen, and Karestan Coenen
- Online at <http://www.stairnt.com/index.html>
- http://www.ptsd.va.gov/professional/continuing_ed/STAIR_online_training.asp

Family Resources

- *When Someone You Love Suffers from Posttraumatic Stress: What to Expect and What You Can Do* by Claudia Zayfert and Jason Deviva
- *Finding My Way: A Teen's Guide to Living with a Parent Who Has Experienced Trauma* (2005), Michelle Sherman and DeAnne Sherma
- <http://www.ptsd.va.gov/public/pages/fslist-family-relationships.asp>

SMART Recovery

- www.smartrecovery.org
- <https://calmtrairecoverytraining.org/module/>
- <https://www.smartrecovery.org/community/#/vms804802/>



Cognitive-Behavioral Therapy for Insomnia

- *Cognitive Behavioral Treatment of Insomnia: A Session-by-Session Guide* (2008), by Michael L. Perlis, Carla Jungquist, Michael Smith, and Donn Posner
- *Overcoming Insomnia: A Cognitive-Behavioral Therapy Approach Workbook* (2008), by Jack Edinger and Colleen Carney

Online Resources

- Self-assessment Mental Health screening
<http://www.militarymentalhealth.org/>
- Problem-solving
<http://startmovingforward.t2.health.mil/>
- Wellness resources
<http://afterdeployment.t2.health.mil/>

Online and Telephone Resources



Self-Help Mobile Applications

<http://www.t2health.org/mobile-apps>

- PTSD Coach
- T2 MoodTracker
- Breathe 2 Relax
- Tactical Breather



LifeArmor (includes family section)

Self-Help Mobile Applications

- Positive Activity Jackpot



<http://www.militarymentalhealth.org/articles/media/>

- Virtual Hope Box
- Provider Resilience
- More to come!



Mobile Applications That Assist Psychotherapy

- PE Coach
- CPT Coach
- CBT-I Coach
- Mindfulness Coach
- ACT Coach



Contact:
Brian L. Meyer, Ph.D.
Brian.Meyer@va.gov