Beyond Trauma-Informed: Becoming a Trauma Competent Court

Brian L. Meyer, Ph.D.
SUD-PTSD Psychologist
Central Virginia VA Health System
Richmond, Virginia

Assistant Professor
Department of Psychiatry
Virginia Commonwealth University
Richmond, VA

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Disclaimer

The views expressed in this presentation are solely those of the presenter and do not represent those of the Veterans Administration or the United States government.

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A Very Quick Overview of What It Means to Be Trauma-Informed

Being Trauma-Informed Means You Understand...

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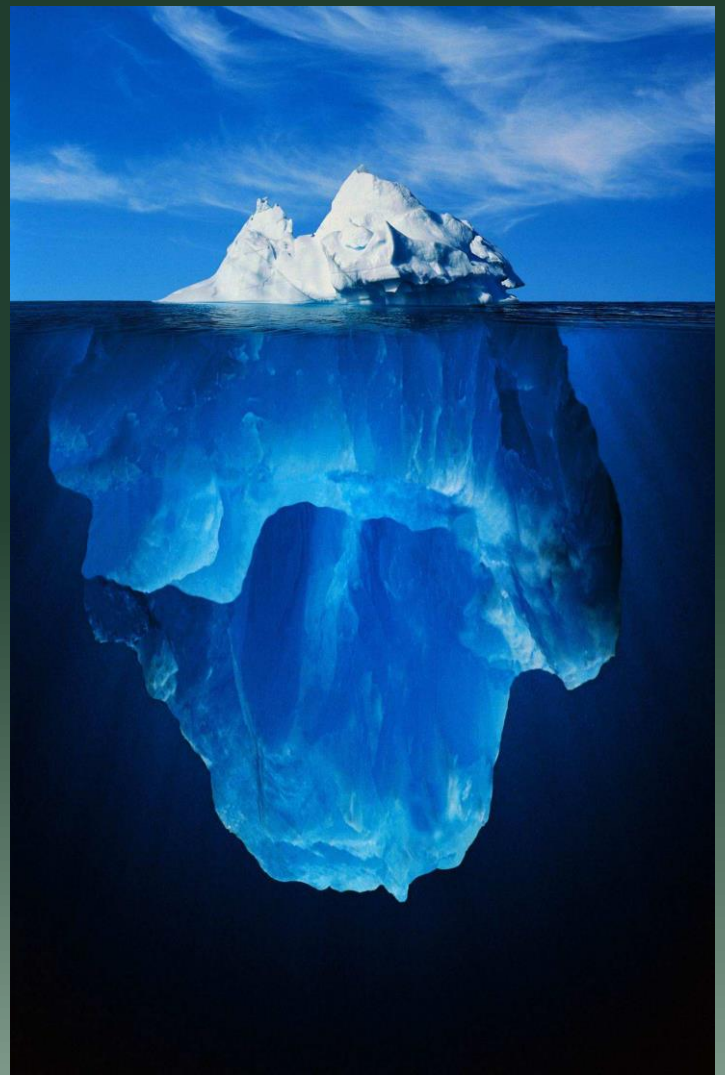
The Real Story

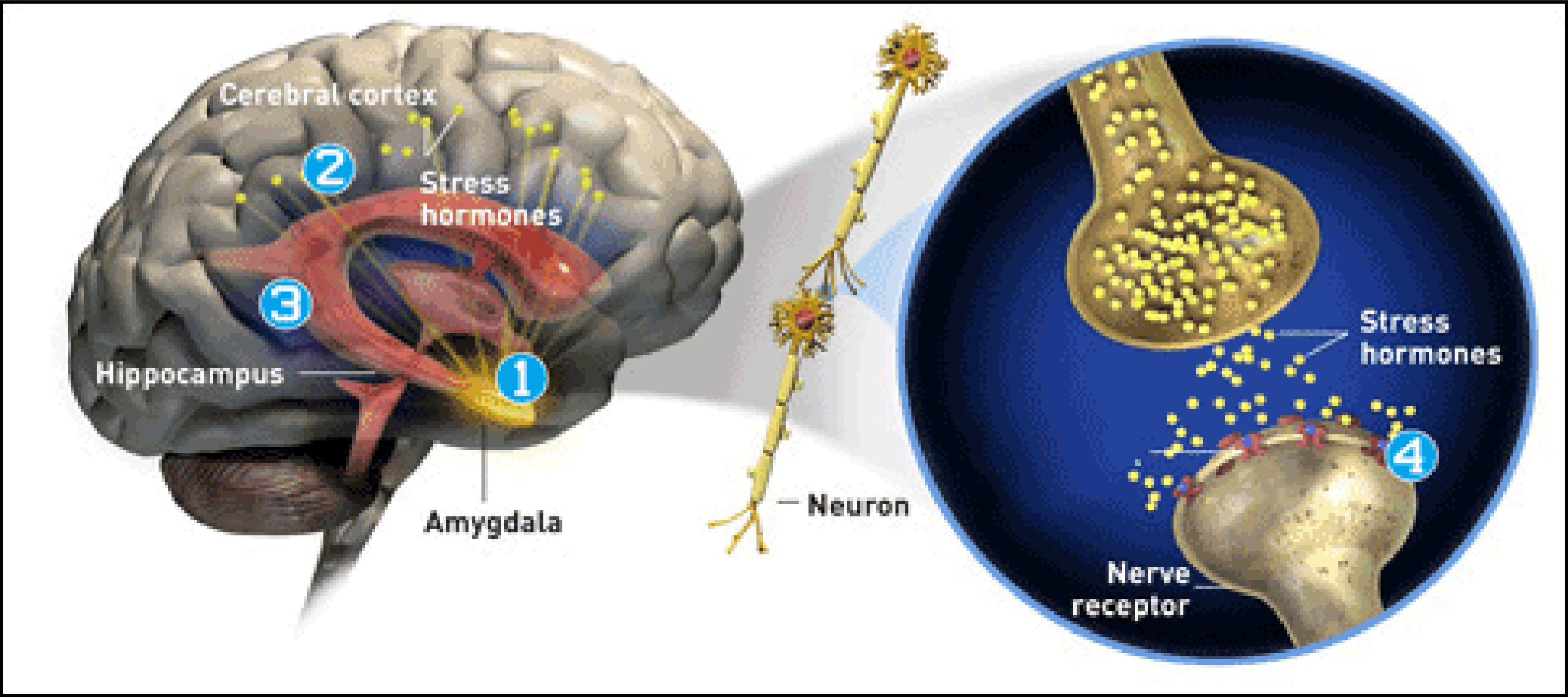


What they did to get into court

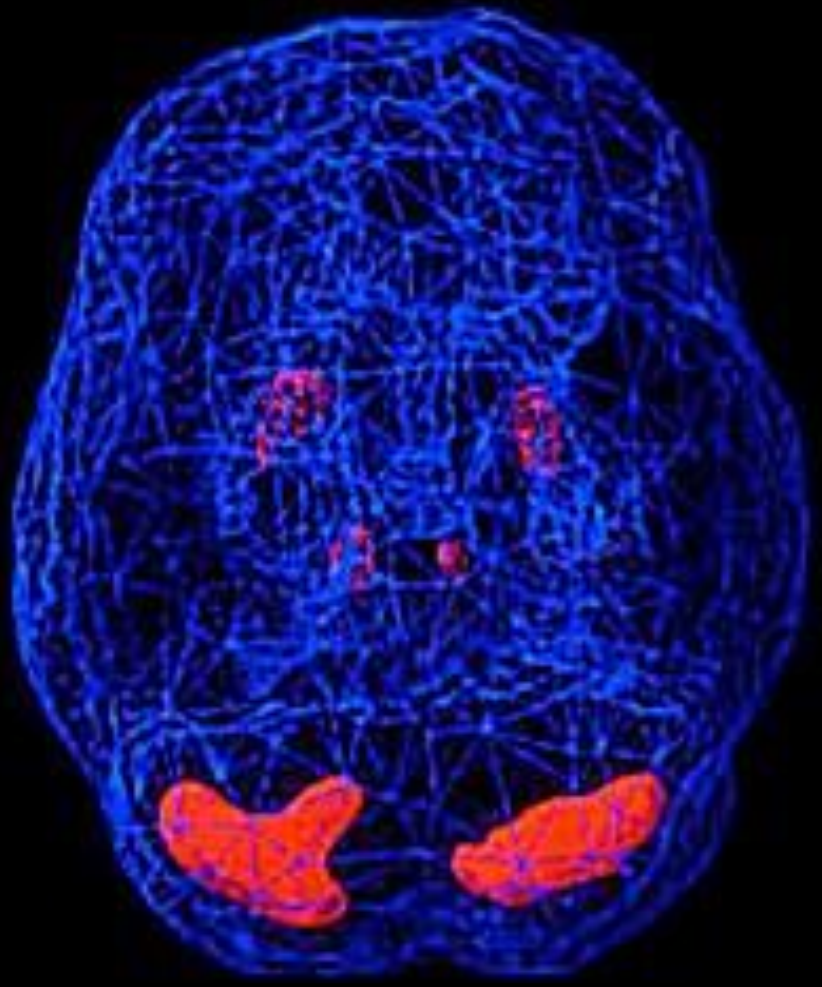
What happened to them that got them here

The key question: What happened in your life that got you here?

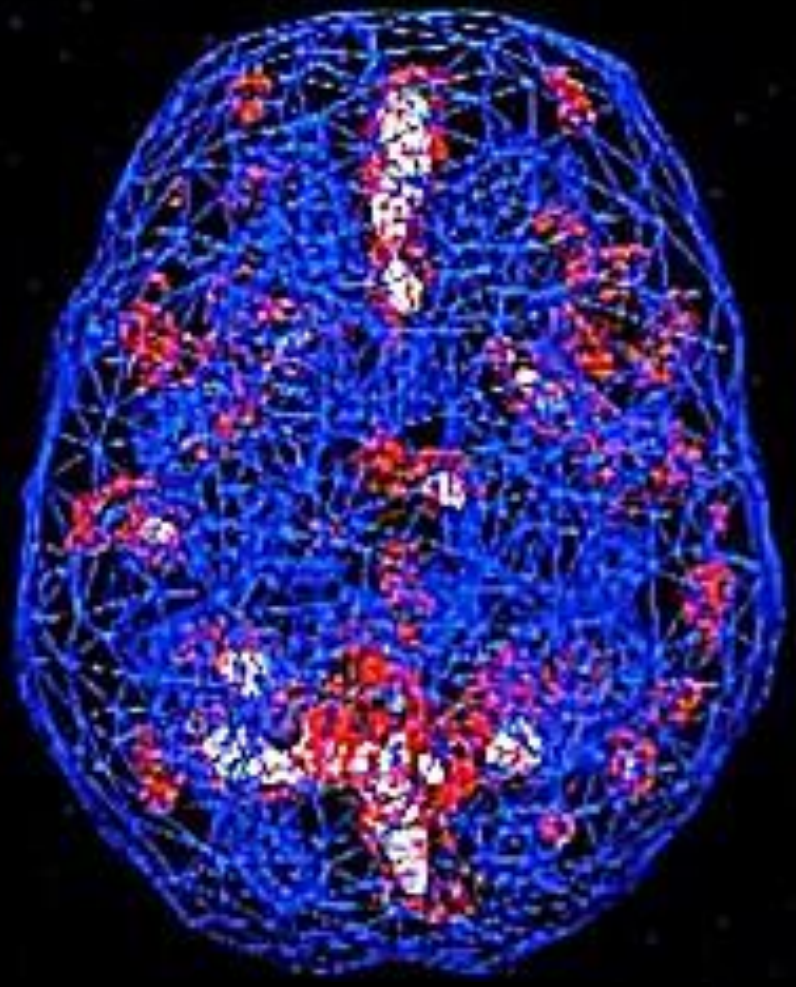
Trauma Moves the Brain into Survival Mode



Trauma Changes the Brain



Non-traumatized



PTSD

Post-Traumatic Responses Occur on a Continuum

None Mild Moderate Severe

PTSD vs. Complex PTSD in ICD 11*

PTSD

- Re-experiencing
- Avoidance
- Hyperarousal

Complex PTSD

- Re-experiencing
- Avoidance
- Hyperarousal
- Affect Dysregulation
- Negative Self-Concept
- Interpersonal Disturbances

*Began January 1, 2022

Many Branches of the Trauma Tree

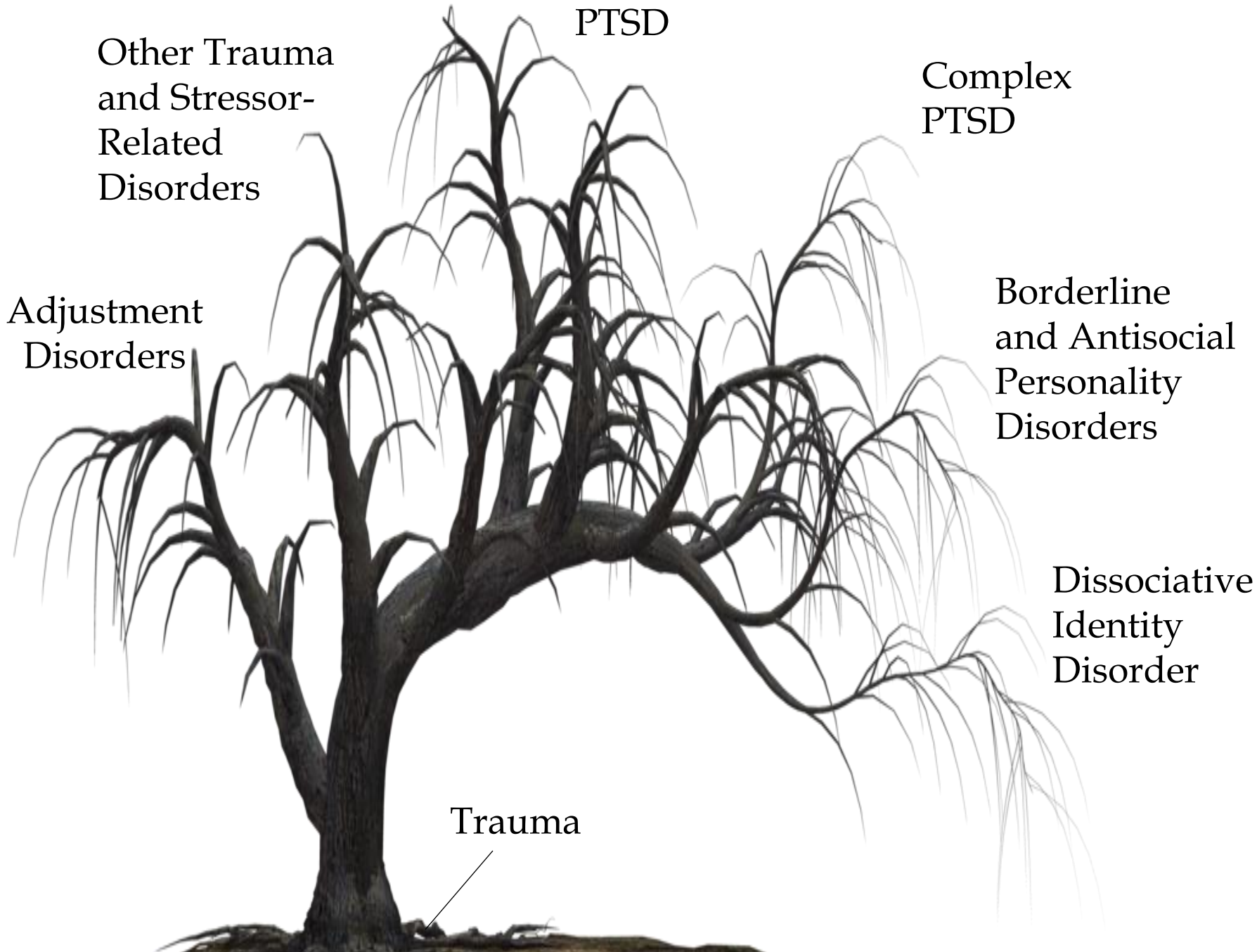
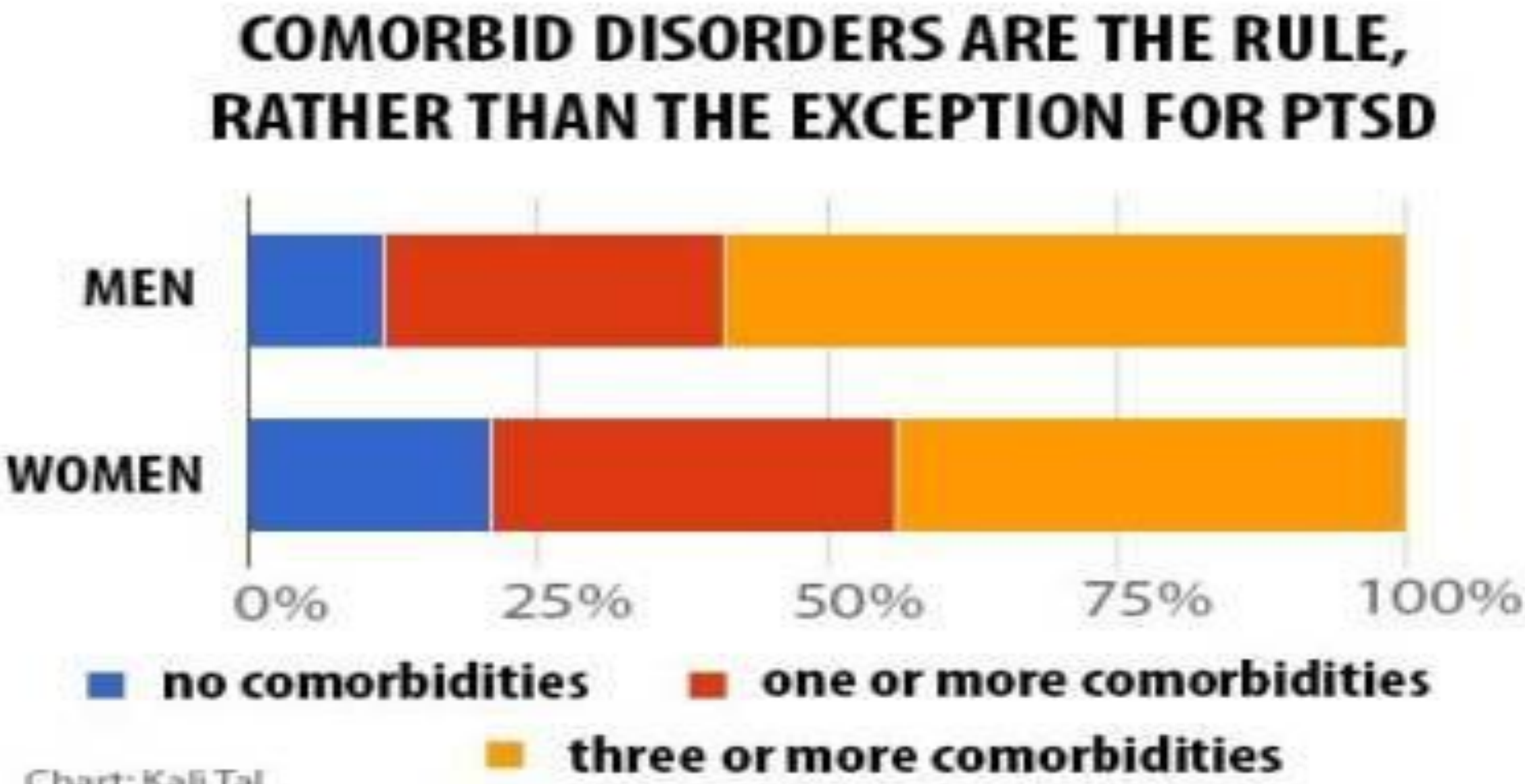


Figure 1

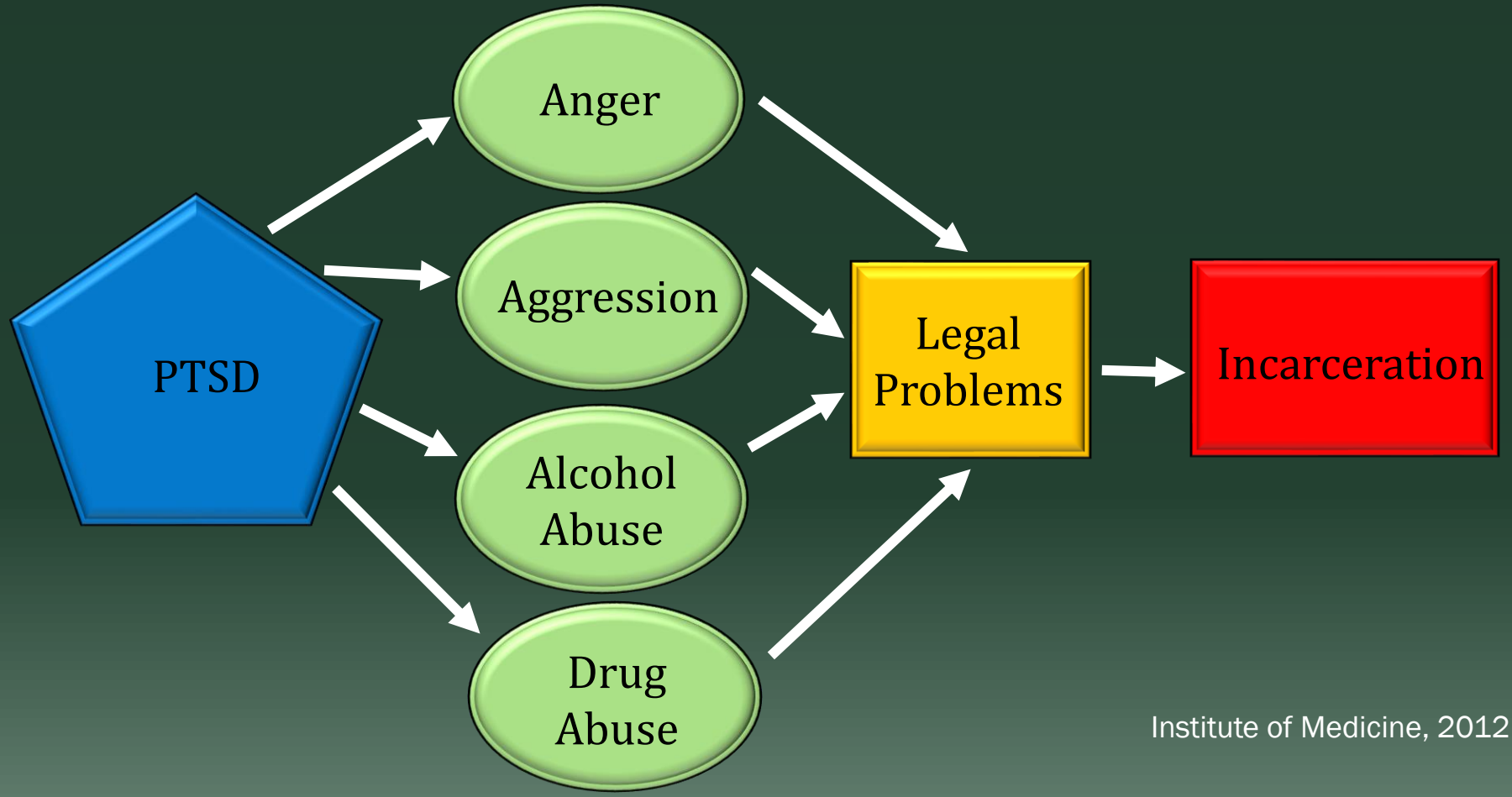

COMORBID DISORDERS ARE THE RULE, RATHER THAN THE EXCEPTION FOR PTSD
MEN
WOMEN
0%
25%
50%
75%
100%
no comorbidities
one or more comorbidities
three or more comorbidities
Chart: Kali Tal

The Relationship between Trauma, Mental Health, Substance Abuse, and Justice Involvement

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

Links from PTSD to Incarceration



Institute of Medicine, 2012

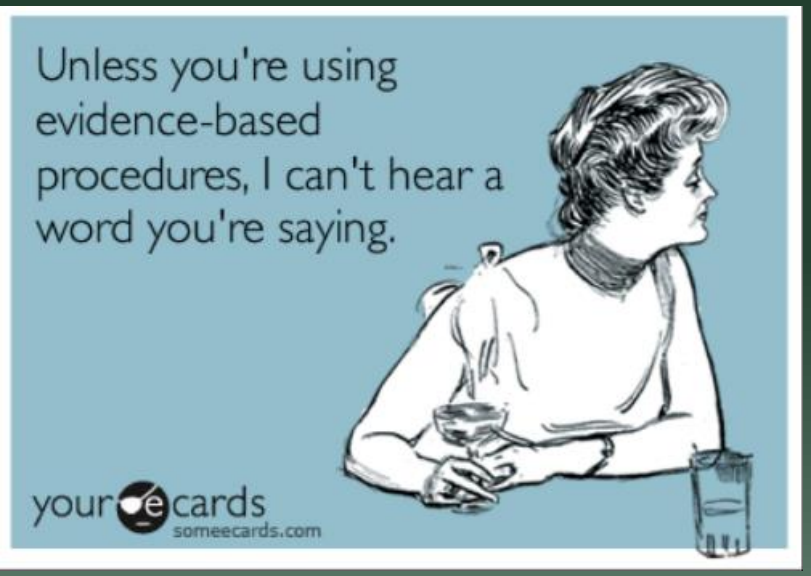
Trauma Leads to Other Problems

- 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 traumatic experiences cause changes in the brain, and that early trauma causes more
- 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

Trauma Informed Treatment ≠ Trauma Focused 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 focused treatment treats *both* trauma and substance abuse
- Trauma-focused treatment must be evidence-based
- Evidence-based means that research has shown treatment to be effective
  - *Seeking Safety* by Lisa Najavits

Now That You Are Trauma-Informed, What Do You Do?

Continuum of Trauma Responsivity

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

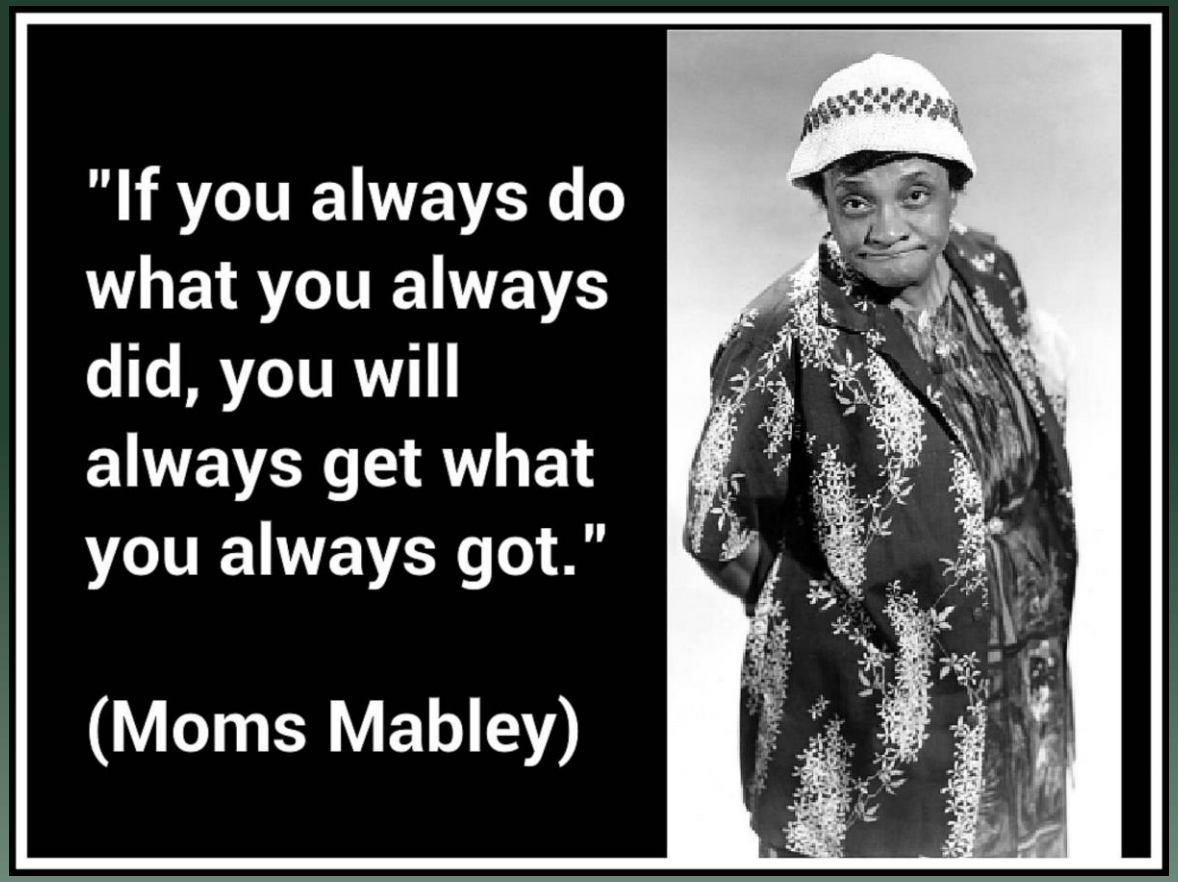
Principles of Trauma Competency

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

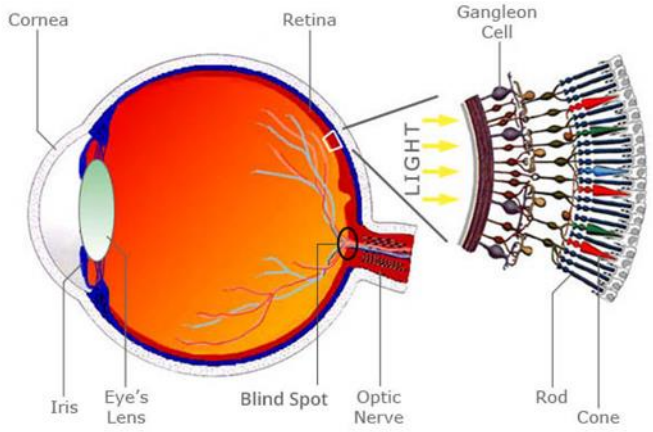
Trauma Competency Means Changing Your Point of View

The Traditional Approach to Criminal Justice

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



Social Blind Spots



- Just as we have visual blind spots, we have social blind spots
- One of our cultural blind spots is the pervasiveness of trauma
- This can affect how courts are run

	Known to Self	Not known to Self
Known to Others	Open	Blind Spot
Not known to Others	Hidden	Unknown

The Johari Window (Luft, 1969)

What You See Depends on How You Look at It

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

- 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

New View

- 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
• Adversarial	• Cooperative
• Incarcerate	• Treat
• Punishment	• Healing
• Order	• Partner
• Authoritarian	• Collaborative

Changing Your Approach to Defendants

Old Approach

- Tough love
- They are hopeless
- Judgmental
- Shames and blames
- Notices problems
- Defendant has a personality disorder
- Interprets behavior negatively

New Approach

- 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	Helpful
• Criticize • Confront • Sarcasm • Talk loudly • Distracted • Judgmental • Disrespectful • Uses jargon	• Express concern • Support • Empathy • Talk softly but firmly • Active listening • Accepting • Patient • Uses language everyone understands

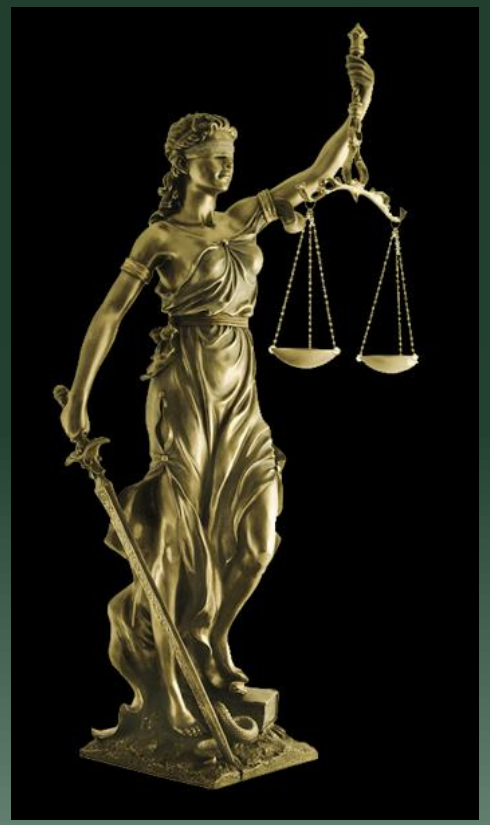
Changing Your Language

Hurtful	Helpful
• Characterizes behavior negatively, e.g., defendant is “disruptive and explosive”	• Characterizes behavior constructively, e.g., defendant “needs calming strategies”
• “You could stop using drugs if you wanted to.”	• “You need safety, stability, and support to succeed, and we want to help you.”
• “You should know better.”	• “These are our expectations.”
• Victim	• Survivor

Changing Your Language

Hurtful	Helpful
• "Your drug screen was dirty." • " • You failed to keep your contract."	• Your drug screen showed the presence of opioids." • "Maybe the way we've been doing things isn't the best way for you. Please don't give up on recovery."

When to Consider Trauma



- During team meetings
- While listening to evidence of the participant's behavior
- While watching a participant's behavior
- When engaging with the participant during court sessions
- When considering incentives and sanctions
- When delivering incentives and sanctions
- During sentencing in criminal courts

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

Office of the Victims of Crime Recommendations

1. Encourage suggestions from other stakeholders
2. Step down and leave the judge's robe at the bench
3. Adjust the lighting in the courtroom
4. Provide simple conveniences like a box of tissues or a bowl of snacks

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 a little cool
- Consider dimming lights for some, brightening for others

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 They May Look Like to You

- Agitated
- Anxious and panicky
- Hypervigilant
- Startle to noise
- Discomfort with crowds
- Being touched

ALARM

- Distrusting
- Defiant
- Disrespectful
- Hostile
- Provocative

This is all due to their neurobiology

How They May Behave

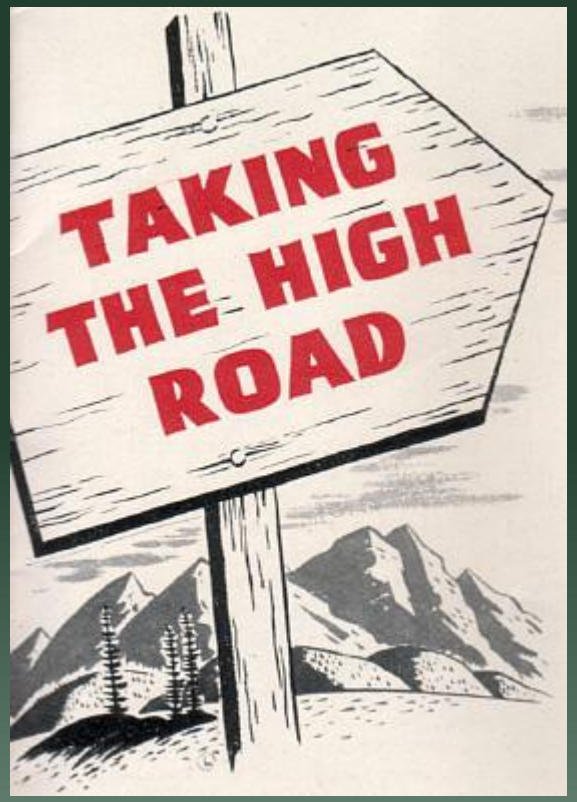
- Defiant
- Disrespectful
- Hostile
- Provocative

- Stand in corners/near exit
- Hypervigilant
- Hide behind others
- Avoidant
- Ashamed

What You Can Do to Decrease Their Anxiety

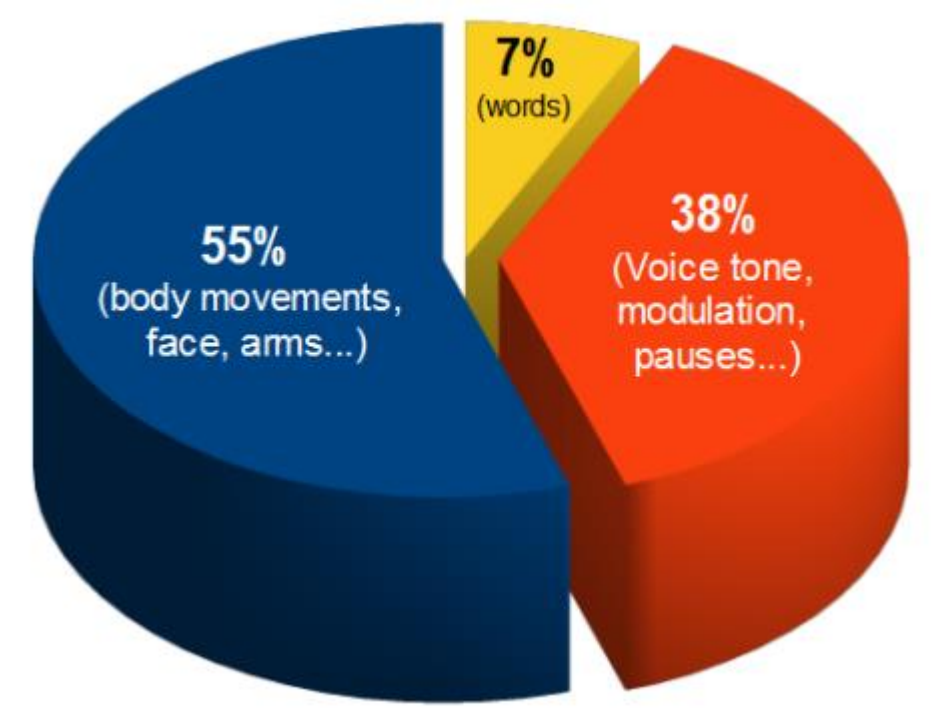
- Have the anxious and agitated participants go first
- Have everyone sit at the same level when possible
- Explain how roles are different in treatment courts, or have participants do the explaining
- Be transparent
- Be predictable: Explain what you are going to do and then follow through

Look Beyond Surface Behavior



- Example: Anger in the courtroom
- In traumatized persons, anger is an amygdalar response to perceived threat
- You could respond with a citation for contempt of court, or you could:
  - Have them take a cool-off period
  - Then bring them back and use it as an example of how their behavior could get them into trouble
  - Get them to talk about how they might respond differently
- Remember to monitor your own internal reaction!
  - Try not to personalize it
  - Take the high road

You Have to Change Their Perceptions, Too



- 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?

Mehrabian & Ferris, 1967

Four Things You Must Establish Above All

- Safety
- Trust
- Respect
- A sense of some control

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

YOU MUST ASSESS WHETHER YOU ARE DEALING WITH SIMPLE OR COMPLEX PTSD IN ORDER TO DEVELOP A TREATMENT PLAN!

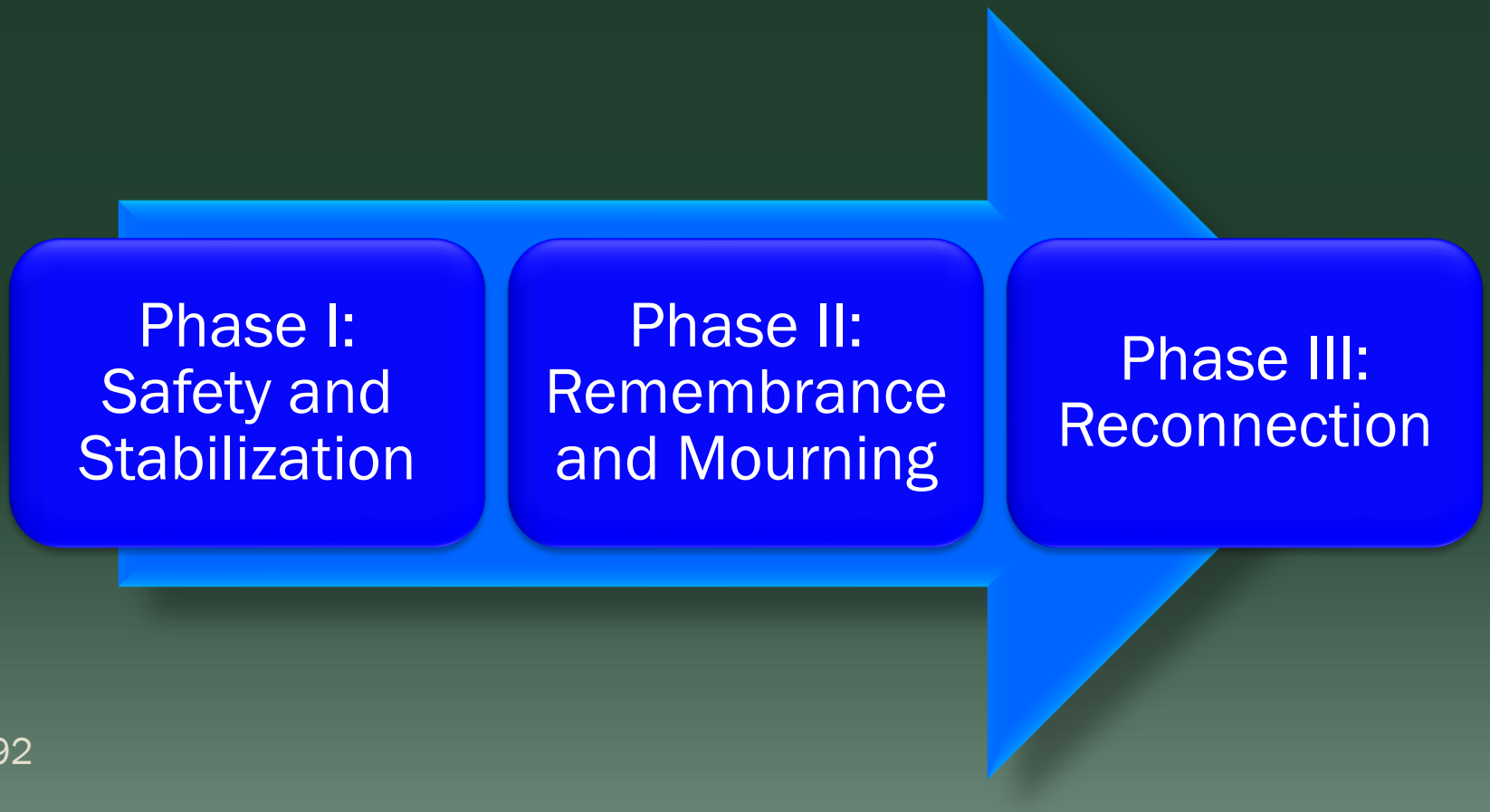
Evidence-Based Assessments for Trauma

- Adverse Childhood Experiences (ACEs)
- PTSD Checklist 5 (PCL 5)
  - 20 item checklist corresponding to 20 symptoms of PTSD in DSM 5
- Life Events Checklist (LEC) (Blake, Weathers, Nagy, Kaloupek, Charney, & Keane, 1995)
  - List of 17 different types of trauma
  - Helps to assess trauma load
- Clinician Assessment of PTSD Symptoms (CAPS)
  - This is the gold standard of PTSD assessment
  - It takes 60-90 minutes to conduct
- International Trauma Questionnaire (ITQ)
  - Assesses both PTSD and Complex PTSD

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 Fluoxetine, Paroxetine, and Prazosin are approved for treating PTSD
- No medication “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

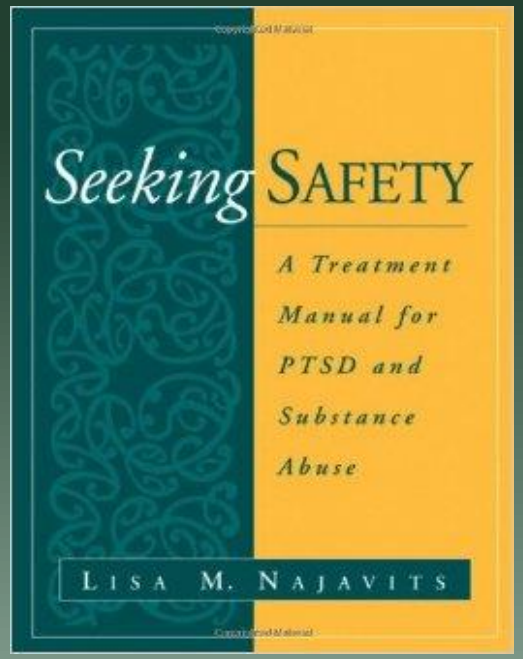
- The first step in AA/NA is to admit helplessness
  - This may reignite their traumas
- AA/NA requires acknowledgement of a higher power
  - People who have experienced complex trauma may be agnostic or atheistic
- Therefore, other groups like SMART Recovery may fit better

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

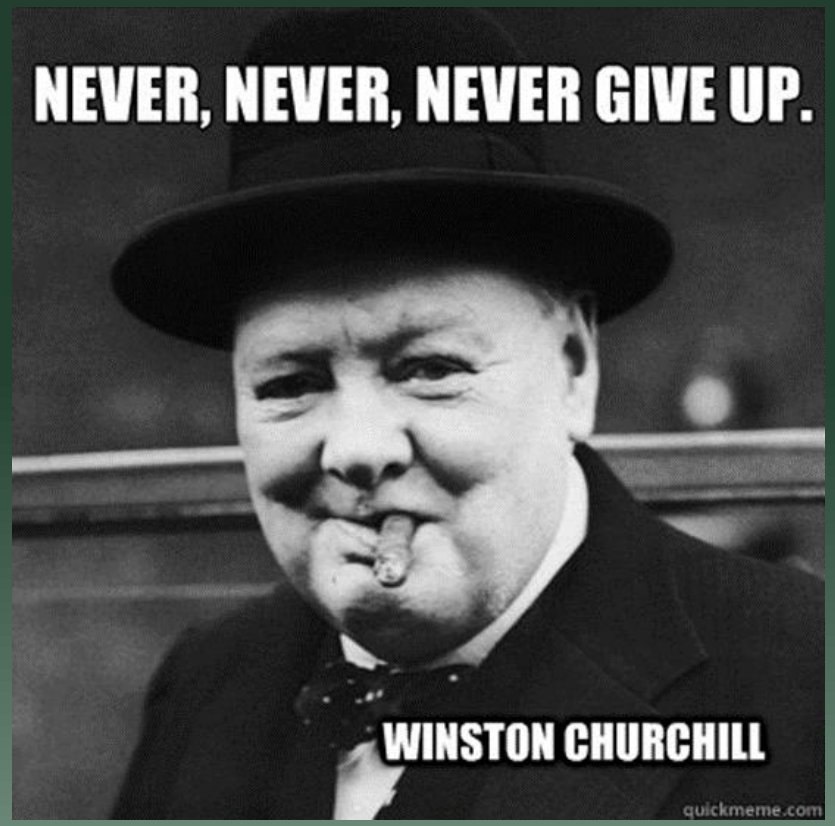
Seeking Safety

- 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



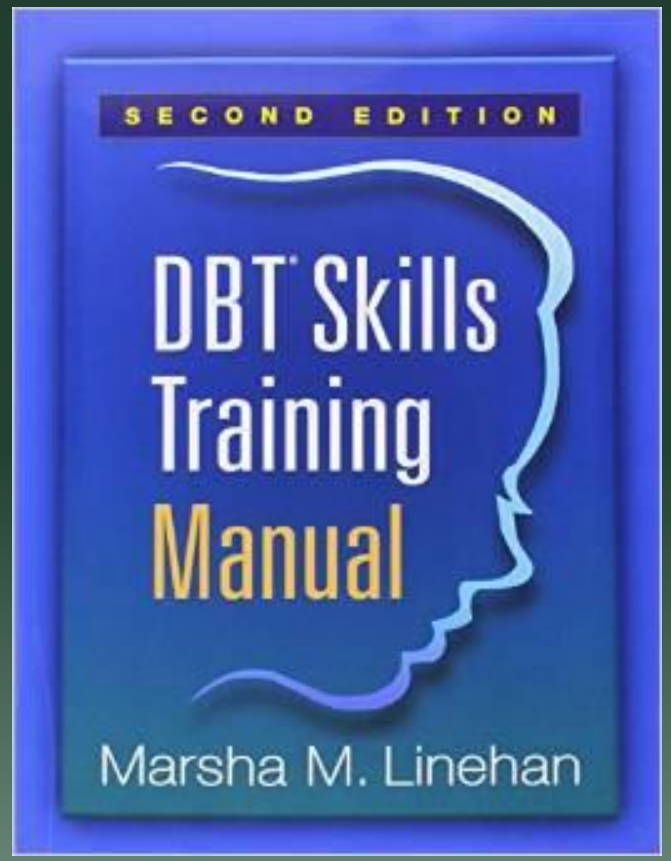
Seeking Safety

- 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

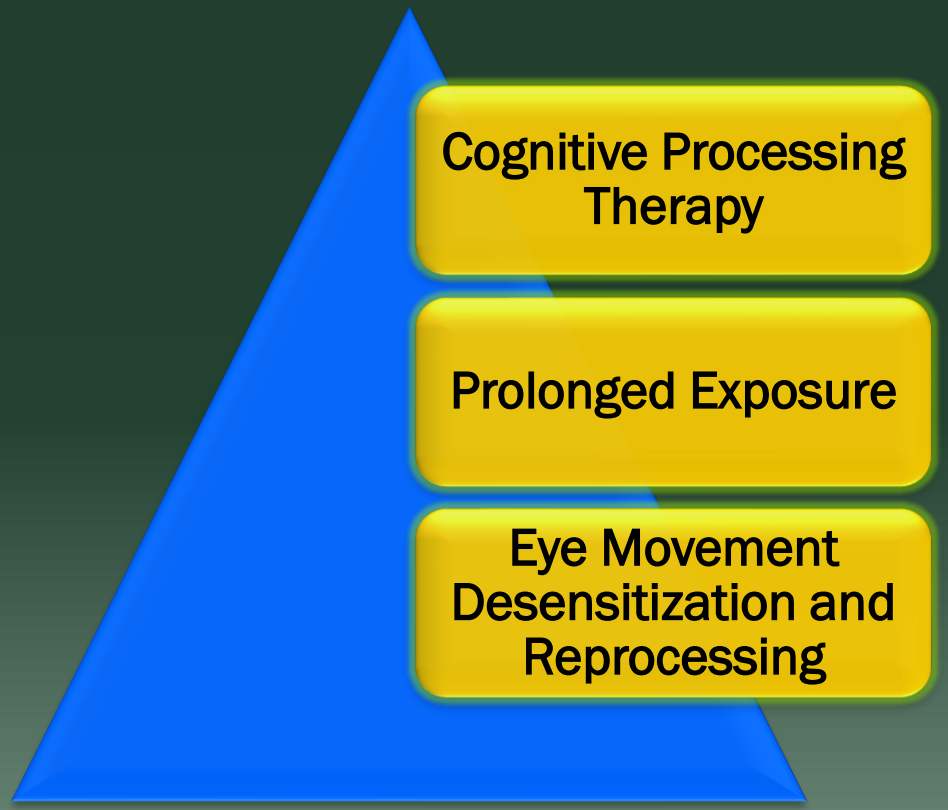
- Four topics with multiple lessons
  - Mindfulness
  - Interpersonal Effectiveness
  - Distress Tolerance
  - Affect Regulation
- New manual provides suggested menus of different specific skills and exercises with different populations



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

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; Ehring et al., 2014)
- CPT successfully treats complex trauma (Resick et al., 2003; Galovski et al., 2013)

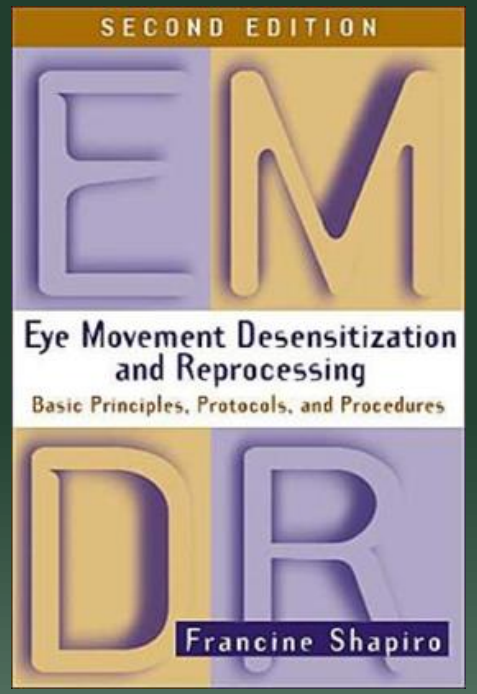
Prolonged Exposure

- 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; Ehring 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



- Eye Movement Desensitization and Reprocessing was developed in 1989 by Francine Shapiro
- Typical treatment lasts 12-16 sessions, although it can be shorter or longer
- 60-90 minute sessions

What is EMDR?

- EMDR is an integrative psychotherapeutic treatment for PTSD and other anxiety problems
- It helps clients calm their responses to triggers and develop different beliefs, emotions, and behaviors so that:
  - Their memories no longer upset them
  - They are no longer triggered by current stimuli

What Happens in EMDR?

- 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

EMDR Is Effective

- Seven recent meta-analyses have found EMDR to be an effective treatment for PTSD (Bisson et al., 2013; Bradley et al., 2005; Davidson & Parker, 2001; Lee & Cuijpers, 2013; Maxfield & Hyer, 2002; Rodenberg et al., 2009; Seidler & Wagner, 2006)
- 20 randomized clinical trials have found EMDR to be effective in treating PTSD (EMDRIA.org)

Promising Treatments: STAIR

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

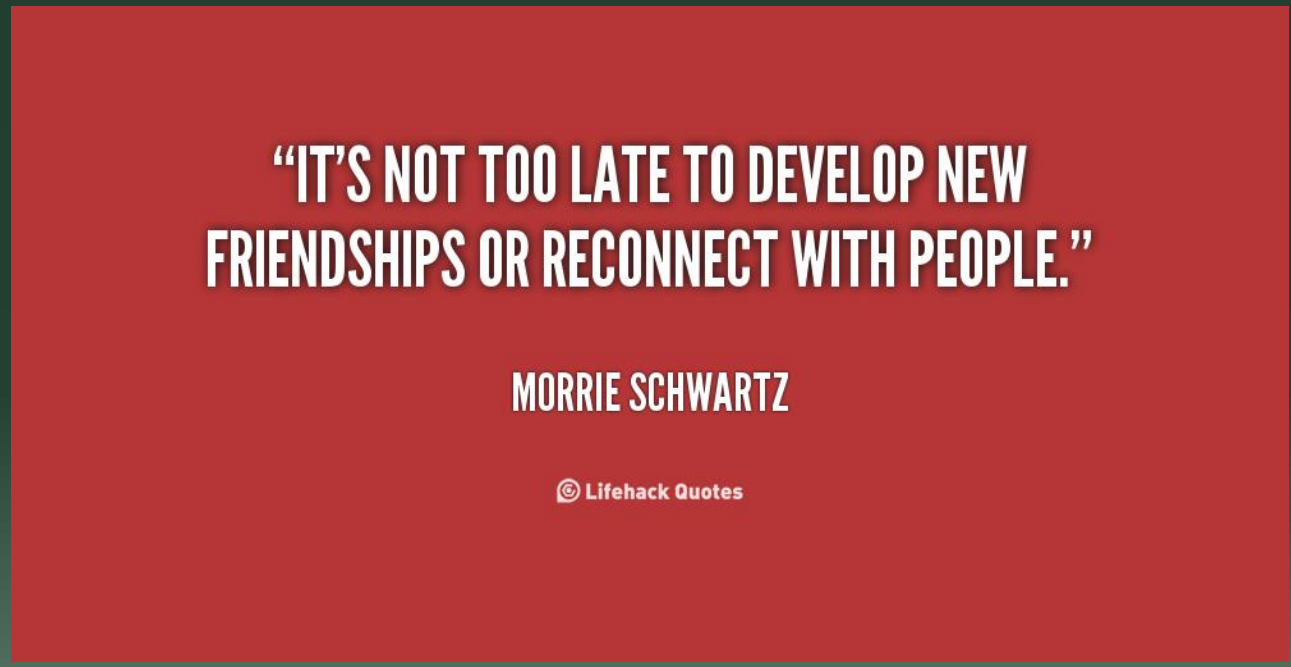
- Four studies of STAIR Narrative Therapy (Cloitre et al., 2002; Levitt et al., 2007; Trappler & Newville, 2007; Cloitre et al., 2010) show:
  - Decreases in PTSD symptoms
  - Improvements in interpersonal problems
  - Improvements in emotion regulation
- Studies of women with child abuse histories, 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



Newer Evidence-Based and Evidence-Informed Treatments

- Written Exposure Therapy (WET)
- Narrative Exposure Therapy (NET)
- Conjoint Behavioral Couples Therapy (CBCT)
- Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE)
- Dialectical Behavior Therapy-Prolonged Exposure (DBT-PE)

When to Use Which EBT

	PTSD	C-PTSD	BOTH
Stage 1		DBT STAIR	SS
Stage 2	PE WET VR CBCT	NET DBT PE	CPT EMDR COPE

Trauma in the Courtroom: Secondary Traumatization

Secondary Traumatization

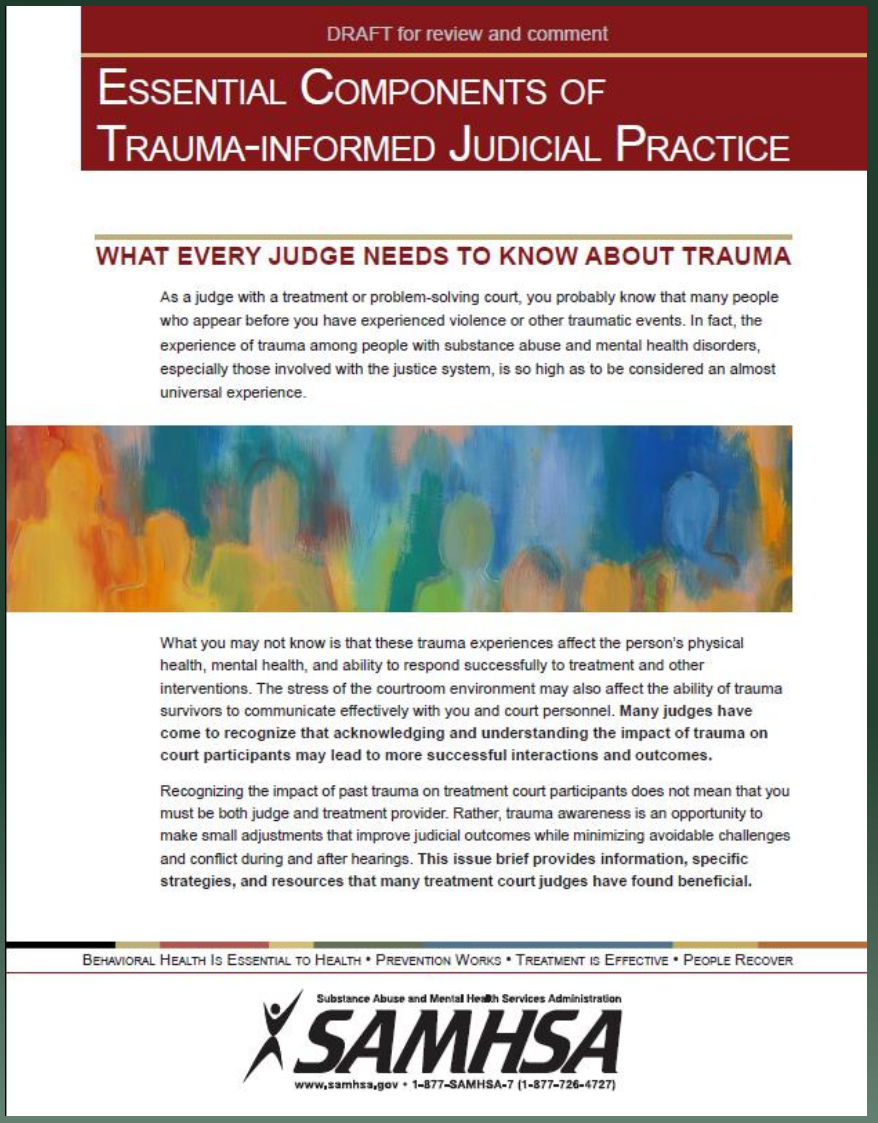
- Secondary traumatization typically occurs when a person hears stories of traumatic experiences
- It may also occur when a person lives with someone who has been traumatized
- It results in post-traumatic symptoms like hypervigilance, irritability, startle responses, distrust of others, negative thoughts/feelings/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

Dealing with Secondary Traumatization

- Engage in *daily* self-care activities: meditation, yoga, etc.
- 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.

Know when your cup is running over.

Resources



DRAFT for review and comment

ESSENTIAL COMPONENTS OF TRAUMA-INFORMED JUDICIAL PRACTICE

WHAT EVERY JUDGE NEEDS TO KNOW ABOUT TRAUMA

As a judge with a treatment or problem-solving court, you probably know that many people who appear before you have experienced violence or other traumatic events. In fact, 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.

What you may not know is that these trauma experiences affect the person's physical health, mental health, and ability to respond successfully to treatment and other interventions. The stress of the courtroom environment may also affect the ability of trauma survivors to communicate effectively with you and court personnel. **Many judges have come to recognize that acknowledging and understanding the impact of trauma on court participants may lead to more successful interactions and outcomes.**

Recognizing the impact of past trauma on treatment court participants does not mean that you must be both judge and treatment provider. Rather, trauma awareness is an opportunity to make small adjustments that improve judicial outcomes while minimizing avoidable challenges and conflict during and after hearings. **This issue brief provides information, specific strategies, and resources that many treatment court judges have found beneficial.**

BEHAVIORAL HEALTH IS ESSENTIAL TO HEALTH • PREVENTION WORKS • TREATMENT IS EFFECTIVE • PEOPLE RECOVER

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Trauma-Informed Courts

- *Essential Components of Trauma-Informed Judicial Practice,* SAMHSA. Retrieved from http://www.nasmhpd.org/sites/default/files/JudgesEssential_5%201%202013finaldraft.pdf
- McKinsey et al. (2022) *Trauma-Informed Judicial Practice from the Judge's Perspective* https://judicature.duke.edu/articles/trauma-informed-judicial-practice-from-the-judges-perspective/
- Also valuable: *TIP 57: Trauma-Informed Care in Behavioral Health Services,* SAMHSA, available at www.store.samhsa.gov.
- GAINS Center for Behavioral Health and Justice Transformation https://www.samhsa.gov/gains-center

Trauma Assessment Tools

- PCL 5
  http://www.ptsd.va.gov/professional/assessment/documents/PCL-5_Standard.pdf
- Life Events Checklist
  http://www.integration.samhsa.gov/clinical-practice/life-event-checklist-lec.pdf
- CAPS 5
  http://www.ptsd.va.gov/professional/assessment/adult-int/caps.asp
- International Trauma Questionnaire
  https://www.traumameasuresglobal.com/itq

Assessment Resources for Complex Trauma

- ACE questionnaire (ACEs) http://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf
- Life Events Checklist 5 (LEC 5) https://www.ptsd.va.gov/professional/assessment/documents/LEC-5_Standard_Self-report.pdf
- International Trauma Questionnaire (ITQ) https://www.traumameasuresglobal.com/itq

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: http://tfcbt.musc.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

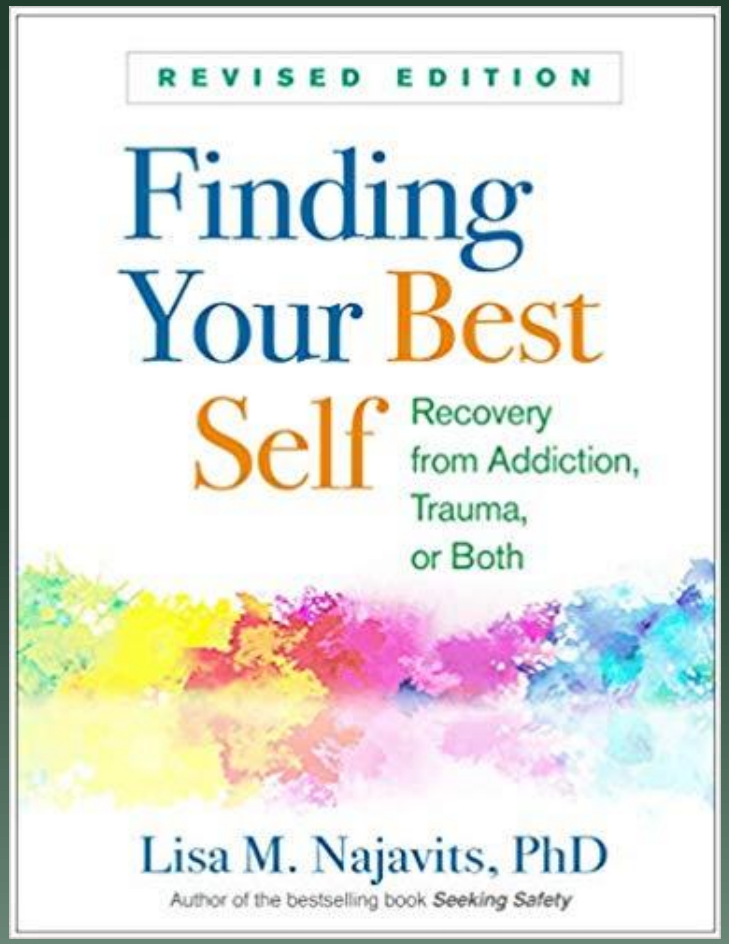
Resources for PTSD and SUDS

- *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

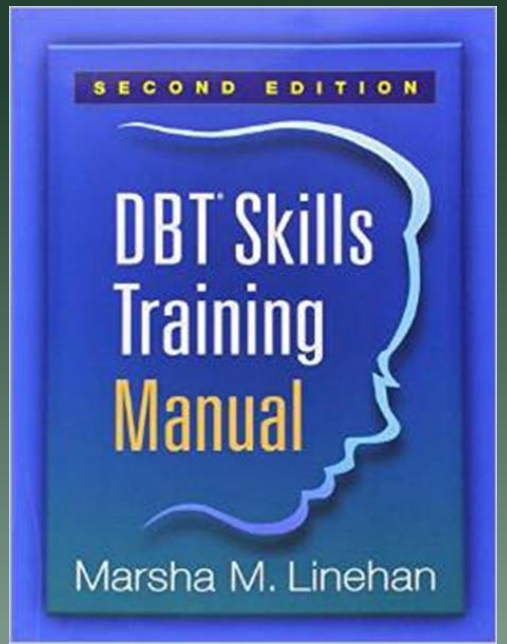
Seeking Safety



- *Seeking Safety* (2002), Lisa Najavits
- *Finding Your Best Self* (2019), 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 PTSD: A Comprehensive Manual* (2016), Patricia Resick, Candice Monson, and Kathleen Chard
- Online courses:

https://cpt.musc.edu

http://www.deploymentpsych.org/online-courses/cpt

CDP Center for Deployment Psychology

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), Marilene Cloitre, Lisa Cohen, and Karestan Coenen
- Online at http://www.stairnt.com/index.html
- Training available at 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

Self-Help Mobile Applications

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

- PTSD Coach

- PTSD Family Coach

- Stop, Breathe, and Think

Self-Help Mobile Applications

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

- 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.

brianlmeyerphd@gmail.com