

Complex Trauma and the Courts

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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 Health Administration, the Department of Defense, or the United States government.

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Trauma

What Is 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 threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.

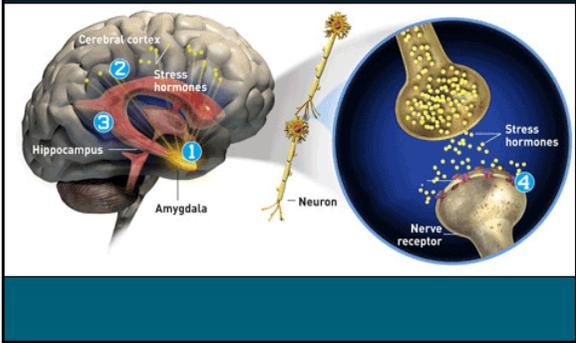
SAMHSA, 2014

- ## Many Types of Trauma
- Combat and war-zone trauma
 - Rape
 - Child physical abuse
 - Child sexual abuse
 - Domestic violence
 - School violence
 - Environmental trauma
 - Forced displacement
 - Torture
 - Being held hostage
 - Genocide
 - Cultural trauma
 - Accidents
 - Natural disasters
 - Fires
 - Historical trauma

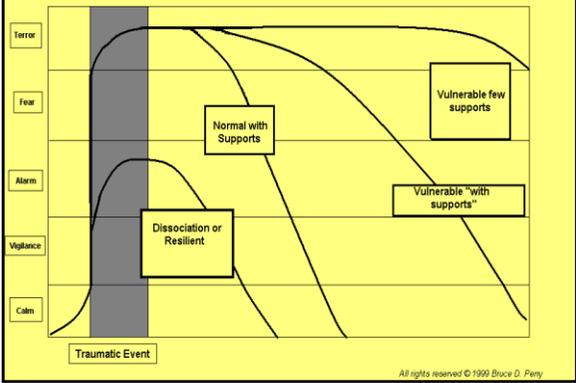
Post-Traumatic Responses Occur on a Continuum

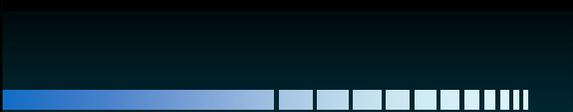


Traumatic Stress and the Brain



ACUTE RESPONSE TO TRAUMA





Child Trauma and PTSD



The Child Welfare System in the United States in 2013

- 74.4 million children in the U.S.
- 3.5 million referrals
 - An increase of 11.6% since 2009
 - One referral *every 9 seconds*
- This represents 6.4 million children
 - 8.6%, or more than 1 out of every 12 children
- 2.1 million investigations

Child Maltreatment 2013, DHHS



The Child Welfare System in the United States in 2013

- 690,000 child victims
 - This equals 1.3% of children
- 269,000 children removed from home
- 144,000 children received foster care services
 - 402,000 total children in foster care (U.S. Children's Bureau, 2013)
- 1,520 fatalities

Child Maltreatment 2013, DHHS

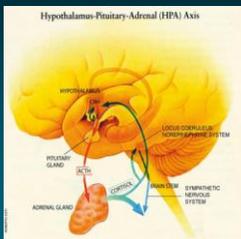
The Effects of Abuse on Early Brain Development

- 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

The Effects of Abuse on Early Brain Development



- Hyperactivity of the Hypothalamic-Pituitary-Adrenocortical Axis causing:
- Cognitive impairments
 - Emotional dysregulation
 - Increased passive/avoidant behavior
 - Depression

The Effects of Neglect on Early Brain Development

Decreased brain growth causing:

- Poor attachment
- Difficulties with peer relationships
- Enduring behavioral problems
- Problems with learning

The Effects of Neglect on Early Brain Development

Decreased brain size at age 3



Photo © 2005
Bruce D. Perry, M.D., Ph.D.

Which Children Get PTSD?

Best predictors:

- Severity of exposure
- Dissociation during and after LT event

Other risk factors:

- Prior psychopathology
- Prior history of trauma

- Children get more PTSD than adults
But children and adolescents are at equal risk

Protective Factors against PTSD

- Positive relationship with an adult in childhood
- Positive experience in therapy as an adolescent or adult
- Ability to clearly recount childhood abuse
- Anger directed at perpetrator, not self
- Social support

The ACE Study

Origins of the ACE Study

- 55% of 1,500 people in a weight loss program at Kaiser Permanente dropped out each year
- Almost all of them were *losing* weight
- Dr. Vincent Felitti, chief of the Department of Preventive Medicine, wondered why

Stevens, 2005

Origins of the ACE Study



- Felitti interviewed 286 patients
- None were born overweight
- They gained weight abruptly, then stabilized
- When they lost weight, they regained it rapidly
- 50% of the group were sexually abused as children

Stevens, 2005

Complex Trauma and Health: The Adverse Childhood Events Study

- 17,421 adult patients of Kaiser Permanente
- Came out of an obesity program: many dropouts who lost weight believed that it protected them (against further sexual abuse, against violence from prisoners)
- Eight categories of events in the home: physical abuse, emotional abuse, sexual abuse, someone imprisoned, domestic violence, substance abuse, chronic mental illness, and loss of parent

Felitti, Anda, et al., 1998

Adverse Childhood Experiences



Felitti & D'Anda, 1998

Complex Trauma and Health: The ACE Study

Results more than 50 years later:

- More than 1/2 of population experienced one or more ACEs; 1/4 had two or more
- Exposure to one category increases likelihood of exposure to another by 80%
- The higher the ACE score, the worse the health problems

Felitti, Anda, et al., 1998

Complex Trauma and Health: The ACE Study

Results:

- Greater likelihood of health problems:
 - Chronic obstructive pulmonary disease
 - Hepatitis
 - Sexually transmitted diseases
 - Obesity
 - Heart disease
 - Fractures
 - Diabetes
 - Unintended pregnancies

Felitti, Anda, et al., 1998

Complex Trauma and Health: The ACE Study

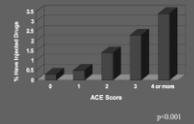
Results:

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

Felitti, Anda, et al., 1998

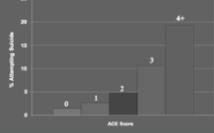
The ACE Study: A Dose-Response Curve

ACE Score vs Intravenous Drug Use



p<0.001

Childhood Experiences Underlie Suicide Attempts

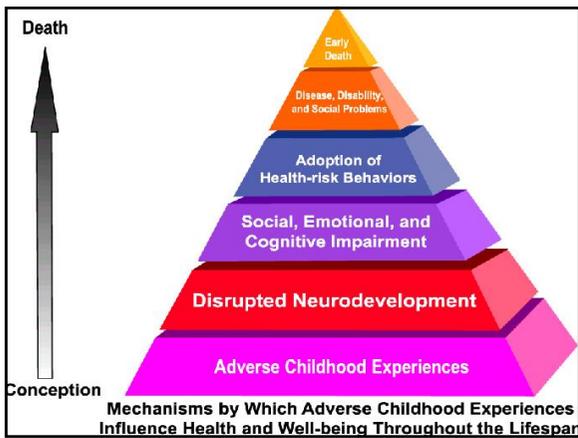


Complex Trauma and Health: The ACE Study

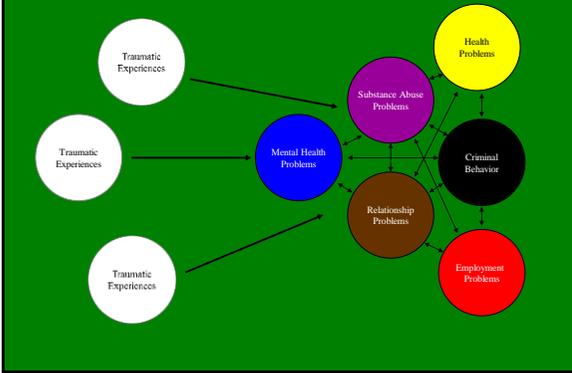
Results:

- Greater likelihood of occupational problems:
 - Occupational health
 - Poor job performance

Felitti, Anda, et al., 1998



The Catalyzing Effects of Multiple Traumas



What We Know about Complex Trauma from Veterans

Premilitary Trauma

- Experiences of multiple traumatic events have a cumulative negative impact on the mental health of veterans after deployment (Bremner et al., 1993; Zinzow et al., 2007)
- Experiences of premilitary trauma increase the likelihood of exposure to traumatic events during and after military service (Himmelfarb et al., 2006; Suris & Lind, 2008)

High Prevalence of Prior Child Maltreatment

Studies of Army soldiers:

Rosen & Martin, 1996:

- 17% of males and 51% of females reported childhood sexual abuse
- 50% of males and 48% of females reported physical abuse
- 11% of males and 34% of females experienced both

Seifert et al., 2011 (combined males and females):

- 46% reported childhood physical abuse
- 25% reported both physical and sexual abuse
- Soldiers with both reported more severe PTSD symptoms and more problem drinking

Pre-military Trauma in Women

- Female service members and veterans report more premilitary trauma than servicemen and female civilians
- More than half of female veterans experienced premilitary physical or sexual abuse
- 1/3 of female veterans report a history of childhood sexual abuse, compared to 17-22% of civilian women
- 1/3 of female veterans report a history of adult sexual assault, compared to 13-22% of civilian women

Schultz et al., 2006; Zinzow et al., 2007; Merrill et al., 1999

Pre-military Trauma in Women

- Female veterans report more severe childhood abuse, including sexual abuse by a parent and greater duration of sexual abuse, than civilian women (Schultz et al., 2006)
- Adult rape was 4 times more likely among Navy servicewomen who experienced childhood sexual abuse and 6 times more likely if they experienced childhood physical and sexual abuse (Merrill et al., 1999)

Prior Child Maltreatment Increases Military PTSD

- Two or more adverse childhood experiences (ACEs) are associated with increased risk of PTSD, beyond combat exposure (Cabrera et al., 2007)
- Veterans with PTSD are more likely to have been physically abused as children than those without PTSD (Bremner et al., 1993; Zaidi and Foy, 1994)
 - Physical abuse as a child also associated with greater severity of PTSD (Zaidi and Foy, 1994)
- Childhood physical abuse and combat-related trauma *both* increase later anxiety, depression, and PTSD (Fritch et al., 2010)

Multiple and Repeated Types of Trauma in the Military

- Combat and war-zone trauma
- Traumatic grief/loss
- Military sexual trauma
- Accidents

Combat Exposure and PTSD

- Combat exposure increases PTSD (Kulka et al., 1990; Prigerson et al., 2002)
- High war zone stress associated with greater levels of PTSD, both current and lifetime, than low and moderate war zone stress in Vietnam era veterans (Jordan et al., NVVRS, 1991)
- Up to 58% of soldiers in heavy combat
- 50-75% of POWs and torture victims

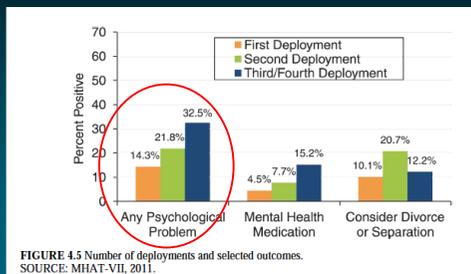
The Problem of Repeated Deployments

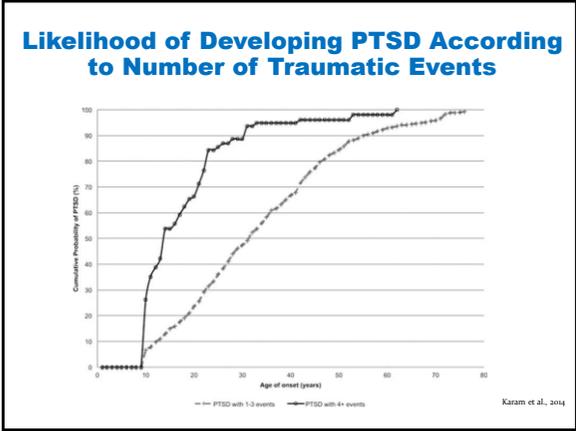
- The Persian Gulf war was the longest war in American history, with the most repeated deployments
- Repeated deployments wear down resiliency
- 36% of servicemen and women were deployed twice or more (Department of Defense, 2008)
- More than 400,000 servicemen and women were deployed at least 3 times (Rosenbloom, 2013)
- 50,000 servicemen and women had at least four deployments (Army Secretary John McHugh, testifying before Congress, 3/21/12)

Repeated Deployments Increase PTSD

- Mental health problems increase with repeated deployments: 14.3% of those with one deployment, 21.8% of those with two, and 32.5% of those with three or four (Mental Health Advisory Team-VII, 2011)
- Army soldiers deployed twice have 1.6 times greater chance of developing PTSD than those deployed once (Reger et al., 2009)
- Active duty military with PTSD may be sent back into combat
- Shorter dwell times increase risk of PTSD (MacGregor et al., 2012)

Problems after Multiple Deployments





Complex Traumatic Stress Disorders in Male Veterans

Complex trauma symptoms at highest levels in veterans:

- Affect dysregulation
- Anger problems
- Overwhelming distress
- Guilt and shame
- Amnesia for important life events
- Feeling of being permanently damaged
- Belief that no one understands
- Distrust of others
- Relational conflict or avoidance
- Despair and hopelessness
- Loss of meaning in life

Newman, Orsillo et al., 1995; Ford, 1999

Complex Traumatic Stress Disorders in Male Veterans

- Study of 84 veterans in a specialized residential PTSD treatment program
- 31% diagnosed with both PTSD and DESNOS, 29% PTSD only, 27% DESNOS only, and 13% met criteria for neither
- These data suggest that DESNOS overlaps with but is distinct from PTSD

Ford, 1999

Complex Traumatic Stress Disorders in Male Veterans

- All veterans diagnosed with personality disorders were diagnosed with DESNOS
- Veterans diagnosed with DESNOS were more likely to have diagnoses of major depression
- Veterans with DESNOS were more likely to be psychiatrically hospitalized
- Veterans with DESNOS had more extreme intrusive reexperiencing symptoms
- DESNOS-only veterans were more likely to have histories of childhood trauma, while PTSD-only veterans were more likely to report severe combat trauma
- DESNOS-only group were more likely to have participated in combat atrocities

Ford, 1999

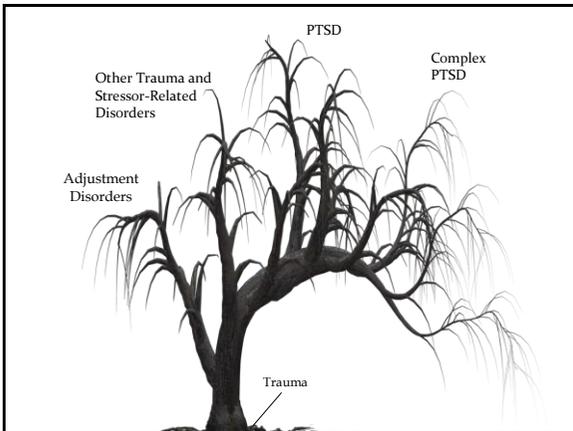
Complex Traumatic Stress Disorders in Male Veterans

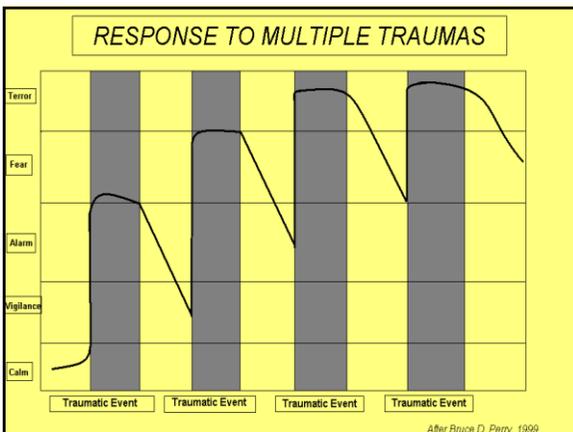
- Complex trauma may be more common in veterans with prior histories of traumatic experiences
 - 80% of sample in Newman et al. study
 - Among veterans who seek treatment, many have histories of child abuse (Bremner et al., 1993)
 - Can combat-only trauma result in complex traumatic outcomes?
 - The necessity of taking a full traumatic experiences history

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





What is Complex Trauma?

- The psychological effects of chronic and cumulative traumas
- Results from interpersonal victimization, multiple traumatic events, and/or traumatic exposure of prolonged duration
 - Sexual and physical abuse
 - Domestic violence
 - Ethnic cleansing
 - Prisoners of war
 - Torture
 - Being held hostage



What is Complex Trauma?

- Complex trauma is often relational
- Trauma creates vulnerability to further trauma: adults who are traumatized may have been traumatized previously as children

What Are Complex Traumatic Stress Disorders?

- The sequelae of complex trauma
- Also known as Complex PTSD, or C-PTSD

Complex PTSD Is Much More Than Simple PTSD

- Loss of a coherent sense of self
- Problems in self-regulation
- Tendency to be revictimized
- Other mental health disorders
- Substance use disorders
- Health problems
- Relationship problems
- Changes in systems of belief and meaning



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

Disorders of Extreme Stress Not Otherwise Specified (DESNOS)

- A. Alterations in regulating affect arousal
 - Persistent dysphoria
 - Difficulty modulating anger
 - Self-injurious behavior
 - Suicidal preoccupation
 - Difficulty modulating sexual involvement
 - Addictive behavior
- B. Alterations in attention and consciousness
 - Amnesia
 - Dissociation
 - Depersonalization/derealization

Herman, 1992, and Courtois, 2004

Disorders of Extreme Stress Not Otherwise Specified (DESNOS)

- C. Alterations in self-perception
 - Chronic guilt, intense shame, and self-blame
 - Helplessness
 - Sense of defilement
 - Sense of being completely different from others
- D. Alterations in perception of perpetrator
 - Preoccupation with relationship with perpetrator
 - Unrealistic attribution of total power to perpetrator
 - Idealization or gratitude
 - Sense of special relationship
 - Acceptance of belief system of perpetrator

Herman, 1992, and Courtois, 2004

Disorders of Extreme Stress Not Otherwise Specified (DESNOS)

- E. Alterations in relationships with others
 - Isolation and withdrawal
 - Inability to trust others
 - Inability to feel intimate
 - Repeated search for rescuer
 - Repeated failures of self-protection
- F. Somatic and/or medical conditions
 - Involving all major body systems
 - Chronic pain

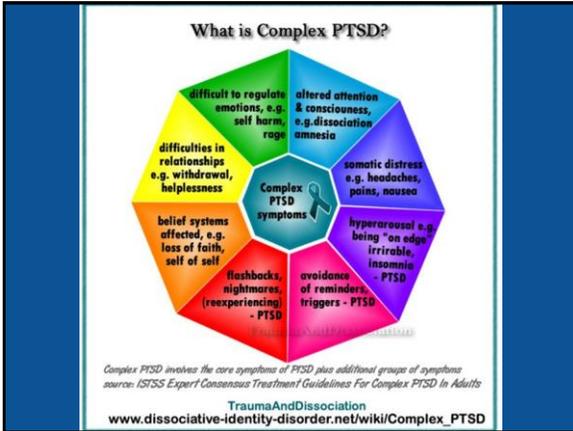
Herman, 1992, and Courtois, 2004

Disorders of Extreme Stress Not Otherwise Specified (DESNOS)

- G. Alterations in systems of meaning
 - Loss of sustaining faith
 - Sense of hopelessness and despair

Note: While these symptoms were not included in DSM IV as symptoms of PTSD, some of these were included in DSM 5 as symptoms of PTSD

Herman, 1992, and Courtois, 2004



Experiencing Complex Trauma

- Emotional instability
- Overwhelming feelings of rage, guilt, shame, despair, ineffectiveness and/or hopelessness
- Tension reduction activities such as self-mutilation, compulsive sexual behavior, and bulimia
- Suicidal or violent behavior
- Dissociation

Experiencing Complex Trauma

- Loss of a sense of trust, safety, and self-worth
- Loss of a coherent sense of self
- Belief of being bad or unlovable
- Insecure attachments/damaged interpersonal relationships
- Difficulty functioning in social settings, including work
- Loss of faith
- Enduring personality changes

People at Risk of Developing Complex Traumatic Stress Disorders

- Economically impoverished inner city minorities
- Incarcerated individuals
- Homeless persons
- Sexually and physically revictimized children or adults
- Victims of genocide or torture
- Developmentally, intellectually, or psychiatrically challenged persons
- Civilian workers and soldiers harassed on the job or in the ranks
- Emergency responders

Vogt et al., 2007

Rates of PTSD for Simple vs. Complex Trauma

Simple	Complex
10-20%	33-75%

Copeland et al., 2007; Kessler et al., 1995

Complex PTSD May be Confused With:

- PTSD
- ADHD
- Other anxiety disorders
- **Bipolar Disorder**
- Mood Dysregulation Disorder
- Psychotic Disorder NOS
- Reactive Attachment Disorder

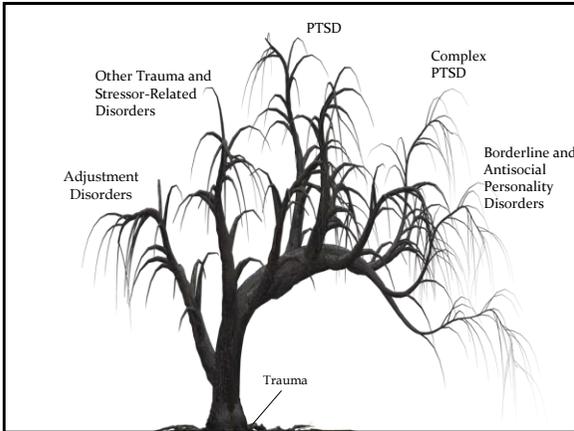


Complex PTSD Often Appears as or Co-Occurs with:

- PTSD
- Other Anxiety Disorders
- Mood Disorders
- Behavior Disorders, especially ADHD
- Substance Use Disorders

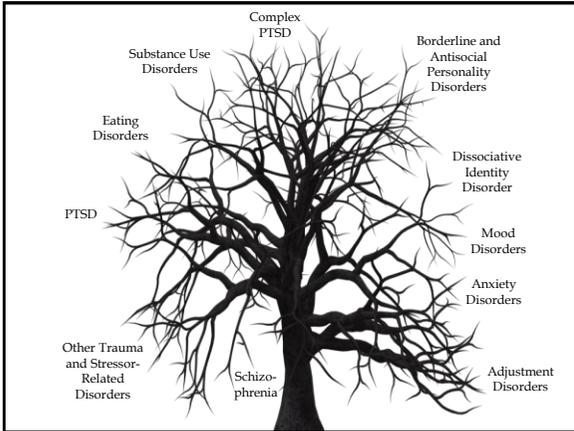
Co-morbidity is the rule





Personality Disorders

- Borderline Personality Disorder
 - 81% have histories of childhood trauma (Herman et al., 1989)
- Antisocial Personality Disorder
 - Childhood trauma significantly increases likelihood (Dutton & Hart, 1992; Horwitz et al., 2001; Marchall & Cooke, 1999)
 - 73% of people with personality disorders have histories of child abuse (Battle et al., 2004)
 - This suggests that personality disorders may be specific manifestations of complex trauma



Complex Trauma and the Courts

The Real Story



← What they did to get into court

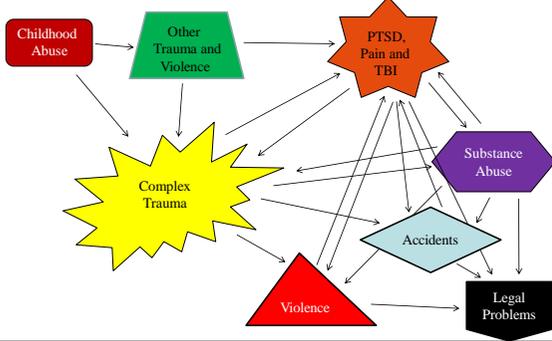
← What happened to them to get them here

The 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

Involvement of Complex Trauma in Legal Problems



Links from PTSD to Incarceration



Institute of Medicine, 2012

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
- Provocation

Trauma-Competent Courts

- Take a different perspective
- Use different language
- Change their approach to defendants
- Restructure the courtroom
- Take steps not to retraumatize participants
- Order evidence-based treatments for complex trauma

Evidence-Based Treatment of Complex Trauma

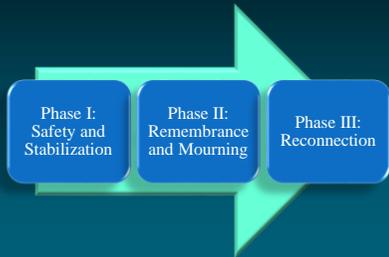
Recognizing Complex Traumatic Stress Disorders

Recognizing complex trauma allows therapists to:

- Develop greater empathy and understanding
- Gain distance from difficult and noncompliant behaviors
- Anticipate obstacles to building and maintaining therapeutic alliances
- Identify non-PTSD targets for intervention

Newman, Orsillo et al., 1995

Phases of Complex Trauma Treatment



After Herman, 1992

Treatment of PTSD

Stage I:
Safety and Stabilization
(The Longest Stage)

Stage I: Safety and Stabilization

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

Stage I: Stabilization

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

Evidence-Based Treatments for Stage I

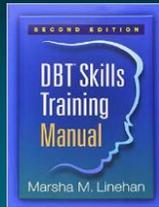
- Dialectical Behavior Therapy (DBT)
- Seeking Safety
- Mindfulness-Based Stress Reduction
- Therapies for specific problems
 - Imagery Rehearsal Therapy
 - Cognitive-Behavioral Therapy
 - CBT for Insomnia
 - Motivational Interviewing
 - SAMHSA's Anger Management workbook

Dialectical Behavior Therapy

- A combination of individual therapy and group DBT Skills Training
- Usually provided in teams with different therapists
- One therapist carries a beeper and takes emergency phone calls for coaching DBT skills
- DBT Skills Training group lasts one year, with each topic covered twice

DBT Skills Training

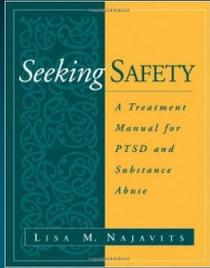
- Four topics with multiple lessons
 - Mindfulness
 - Interpersonal Effectiveness
 - Distress Tolerance
 - Affect Regulation
- New manual provides suggested menus of different specific skills and exercises with different populations



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

Seeking Safety



- 25 lessons on topics that overlap between PTSD and Substance Abuse
 - Safety Skills
 - Grounding
 - Anger
 - Boundaries
 - Self-care
 - Honesty
 - Compassion

Seeking Safety

- Weekly 90 minute sessions
- Often taught in 12 sessions
- Can be provided individually or in groups
- Typical group size is 8 members
- Combined psychoeducational and psychodynamic treatment
- Can be provided by professionals or paraprofessionals

Seeking Safety

- Check-in (3-5 minutes per person)
 - Used to elicit information to be discussed during the course of the session
- Quotation
- Topic of the day (50 minutes)
- Check out with commitment

Seeking Safety Results

- 6 randomized controlled trials and 3 controlled studies
- Seeking Safety has shown positive results across all studies (Najavits & Hien, 2013)
- Populations include:
 - Women outpatients, inpatients, Veterans, homeless women, rural women, and women in prison;
 - Men outpatients, inpatients, and Veterans;
 - Adolescent girls; and
 - Young African-American men

Treatment of PTSD

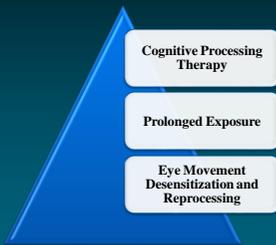
**Stage II:
Remembrance and Mourning**

**The only way out
is through.**

Stage II: Remembrance and Mourning

- Exposure and desensitization
- Processing
- Grieving
- Constructing a narrative
- Integration of the trauma

Evidence-Based Treatments for PTSD



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 uses coping skills from Stress Inoculation Training and Dialectical Behavior Therapy (Cloitre et al., 2006)
- 8-10 sessions of skills building and 8 sessions of narrative therapy

Promising Treatments: STAIR Narrative Therapy

- 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
- Implemented in 26 VA facilities

Treatment of PTSD

Stage III: Reconnection

Stage III: Reconnection



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

Reconnection

- Giving back to the community
- Atonement/penance
- Acceptance
- Reclaiming
- Creativity
- Finding meaning
 - What are you living for?
- Re-finding joy
 - What makes you happy?
 - DBT list of pleasurable activities
- Post-traumatic growth

Reconnection

- There are no Evidence-Based Psychotherapies for Phase III trauma treatment
 - but couples and/or family therapy may be helpful
- Cognitive-Behavioral Conjoint Therapy for PTSD shows promise (Monson and Fredman, 2012)

Resources

Resources for Complex Trauma

- *Trauma and Recovery* (1993), Judith Herman
- *The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms*, 2nd ed. (2013), Mary Beth Williams and Soili Poijula

Complex Trauma Resources

- *Trauma and Recovery* (1992), Judy Herman
- *Treating Complex Traumatic Stress Disorders* (2009), Christine Courtois and Julian Ford, eds.
- *Treating Complex Traumatic Stress Disorders in Children and Adolescents: Scientific Foundations and Therapeutic Models* (2013), Christine Courtois and Julian Ford, eds.
- *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach* (2012), Christine Courtois, Julian Ford, and John Briere
- *The Trauma Recovery Group: A Guide for Practitioners* (2011), Michaela Mendelsohn, Judith Herman, Emily Schatzow, and Diya Kallivayalil

Resources

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

Dialectical Behavior Therapy

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

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>

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>
http://www.ptsd.va.gov/professional/continuing_ed/STAIR_online_training.asp

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