

Beyond Trauma-Informed: Becoming a Trauma-Responsive Court

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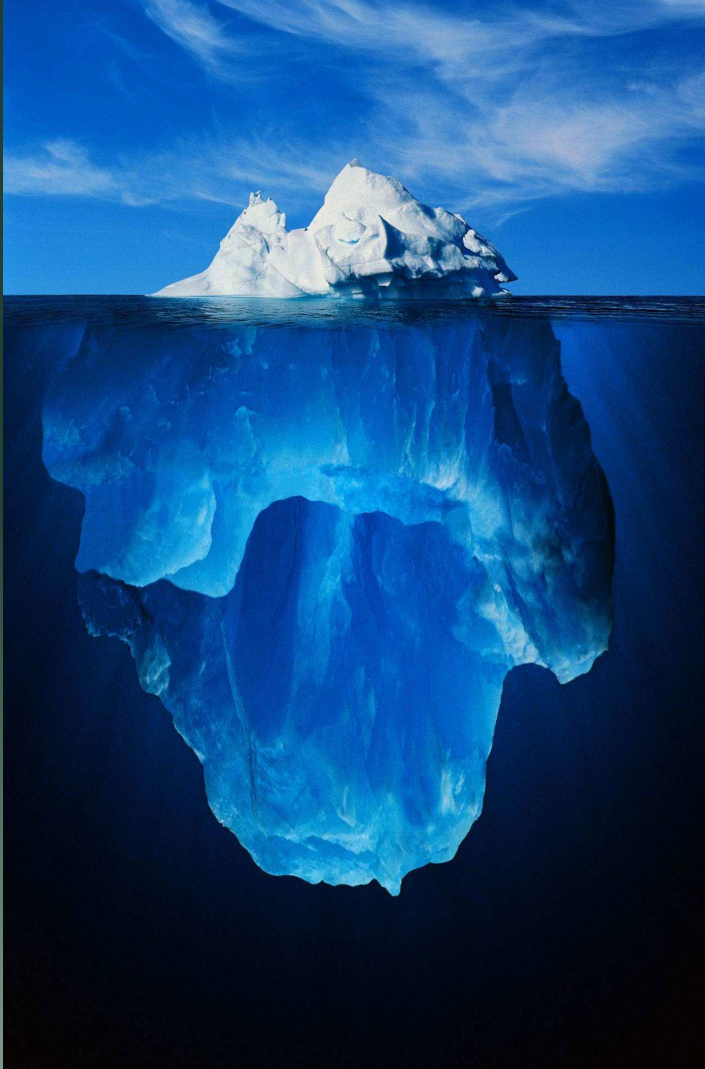
A Very Quick Overview of What It Means to Be Trauma-Informed

**Being Trauma-Informed
Means You Understand...**

What Do We Mean by “Trauma-informed”?

A trauma-informed approach...includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events, whether acute or chronic.

The Real Story



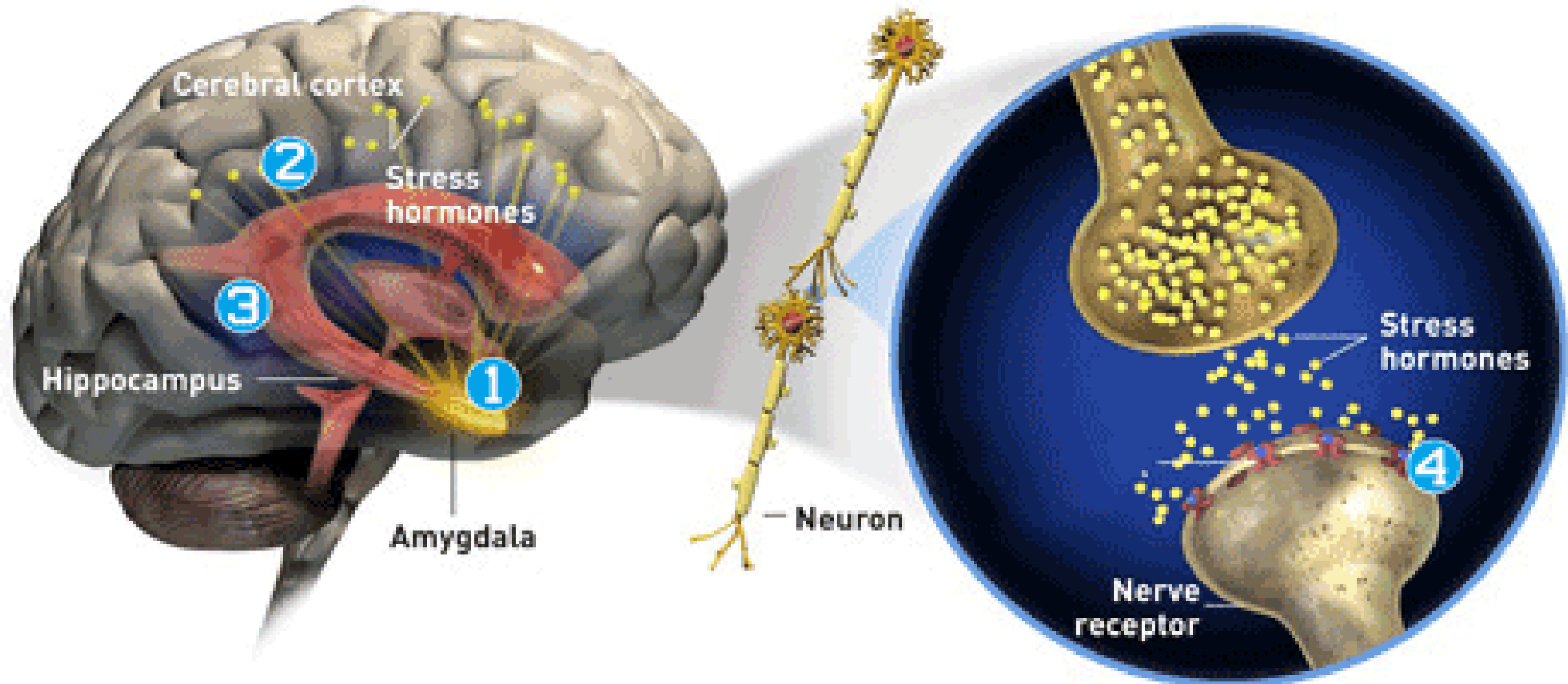
What they did to get into court



What happened to them
that got them here

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

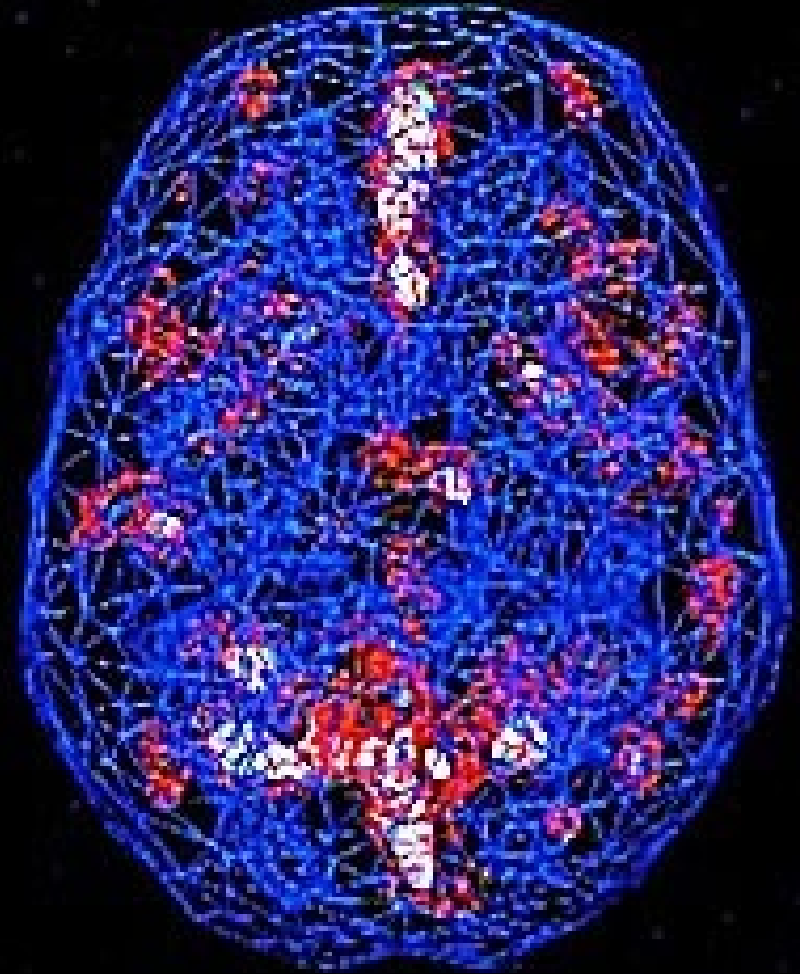
Trauma Moves the Brain into Survival Mode



Trauma Changes the Brain

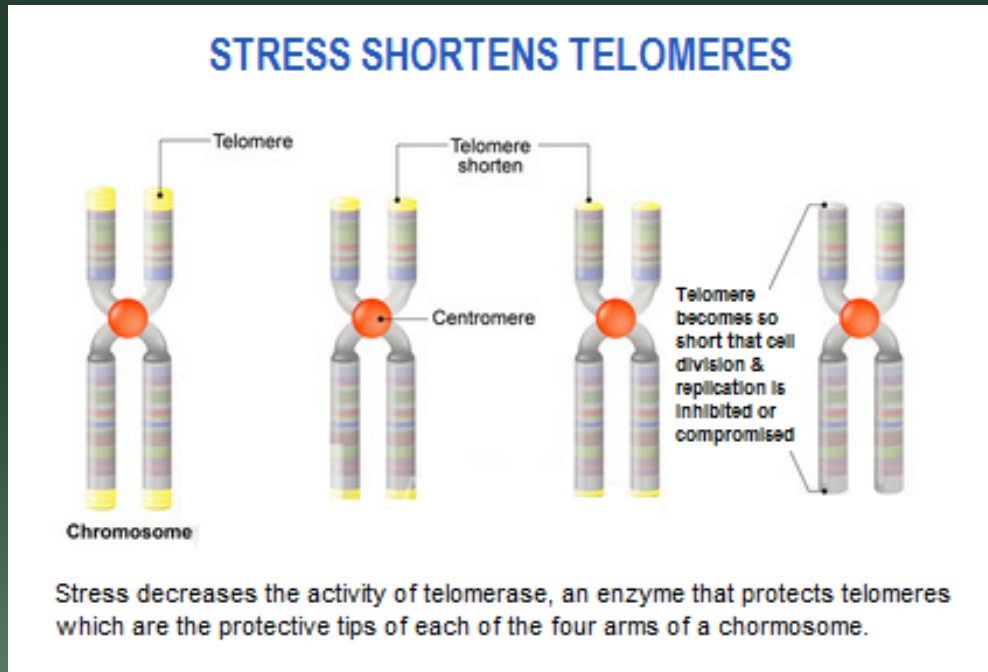


Non-traumatized



PTSD

Trauma Lives in the Brain, the Mind, and the Body



- “The body keeps the score” (van der Kolk, 2014)
- Weathering shortens chromosome telomeres (Geronimus, 2023)
 - This results in premature aging of the cells
- Post-Traumatic Stress (Disorder) is a normal response to an abnormal event

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

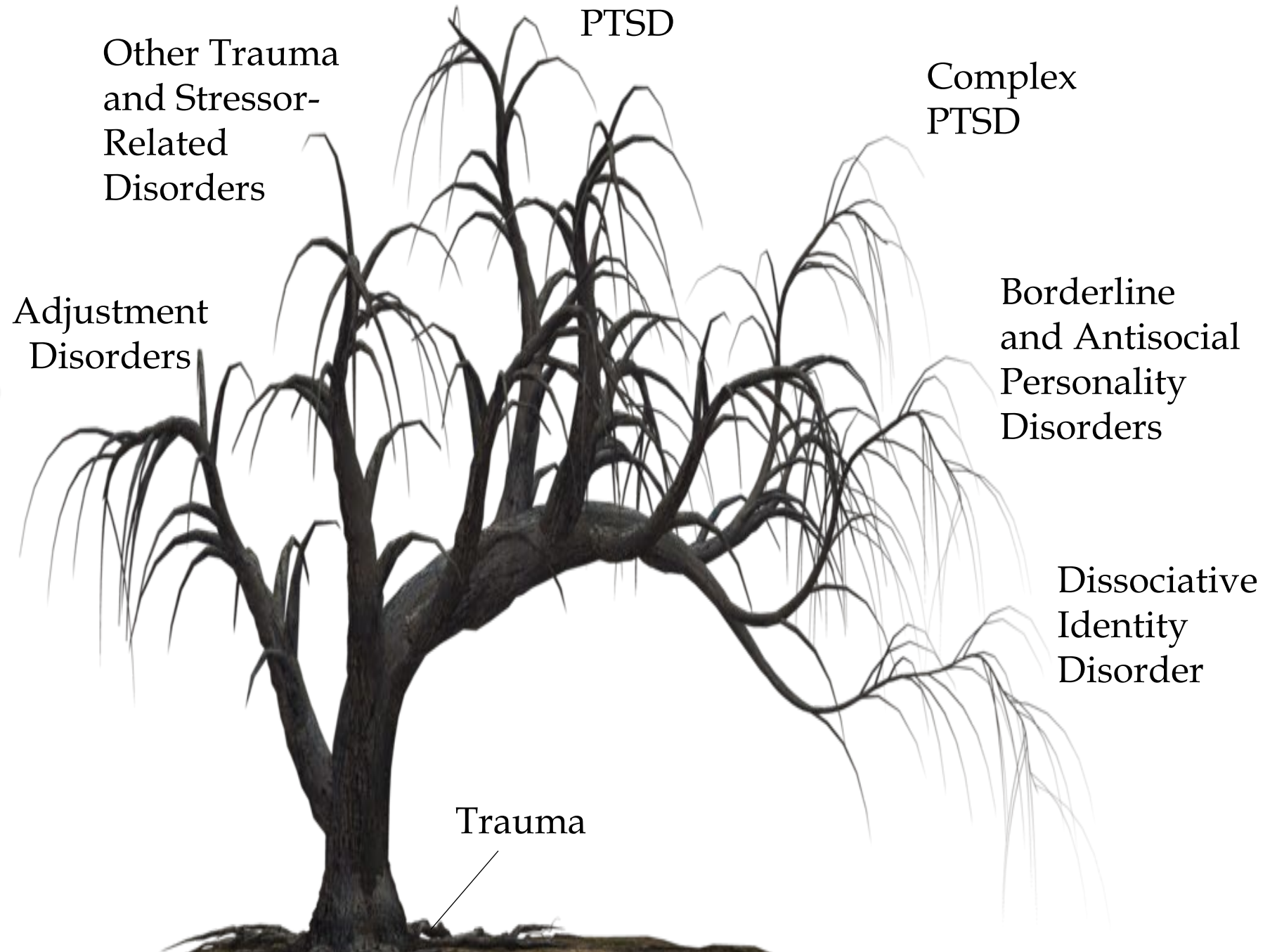


Figure 1

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

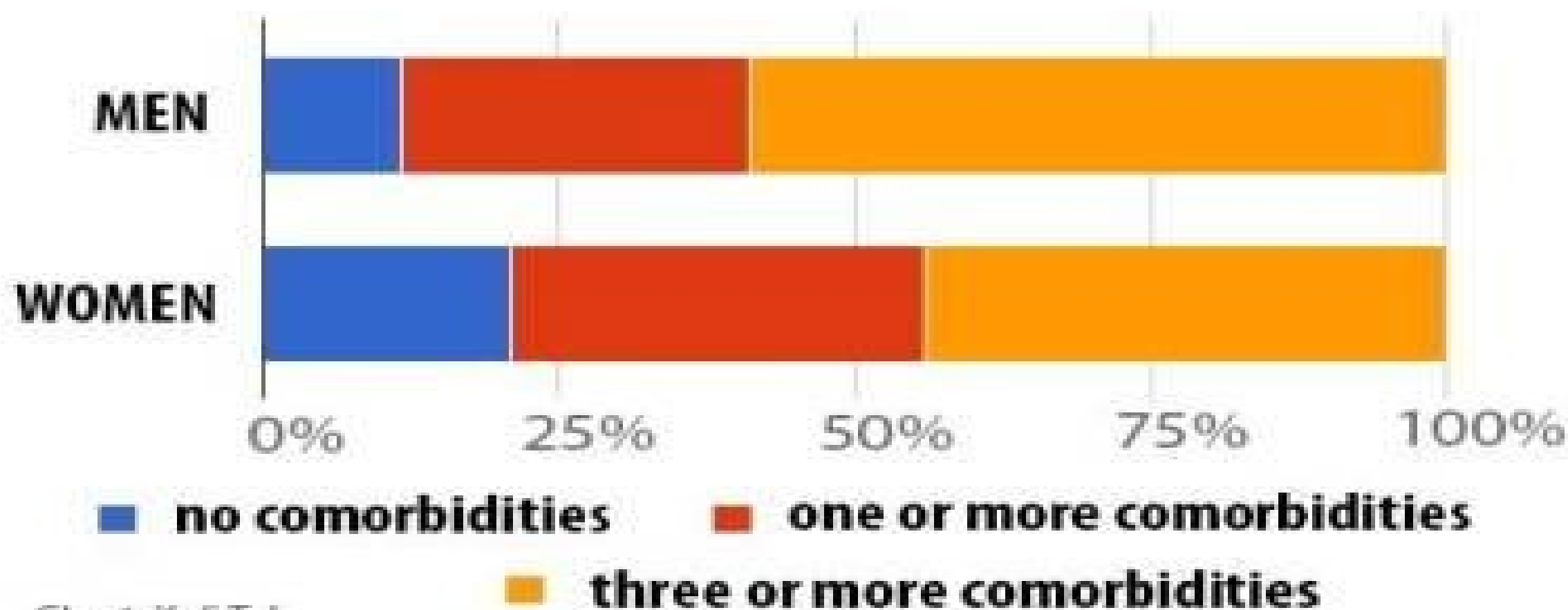
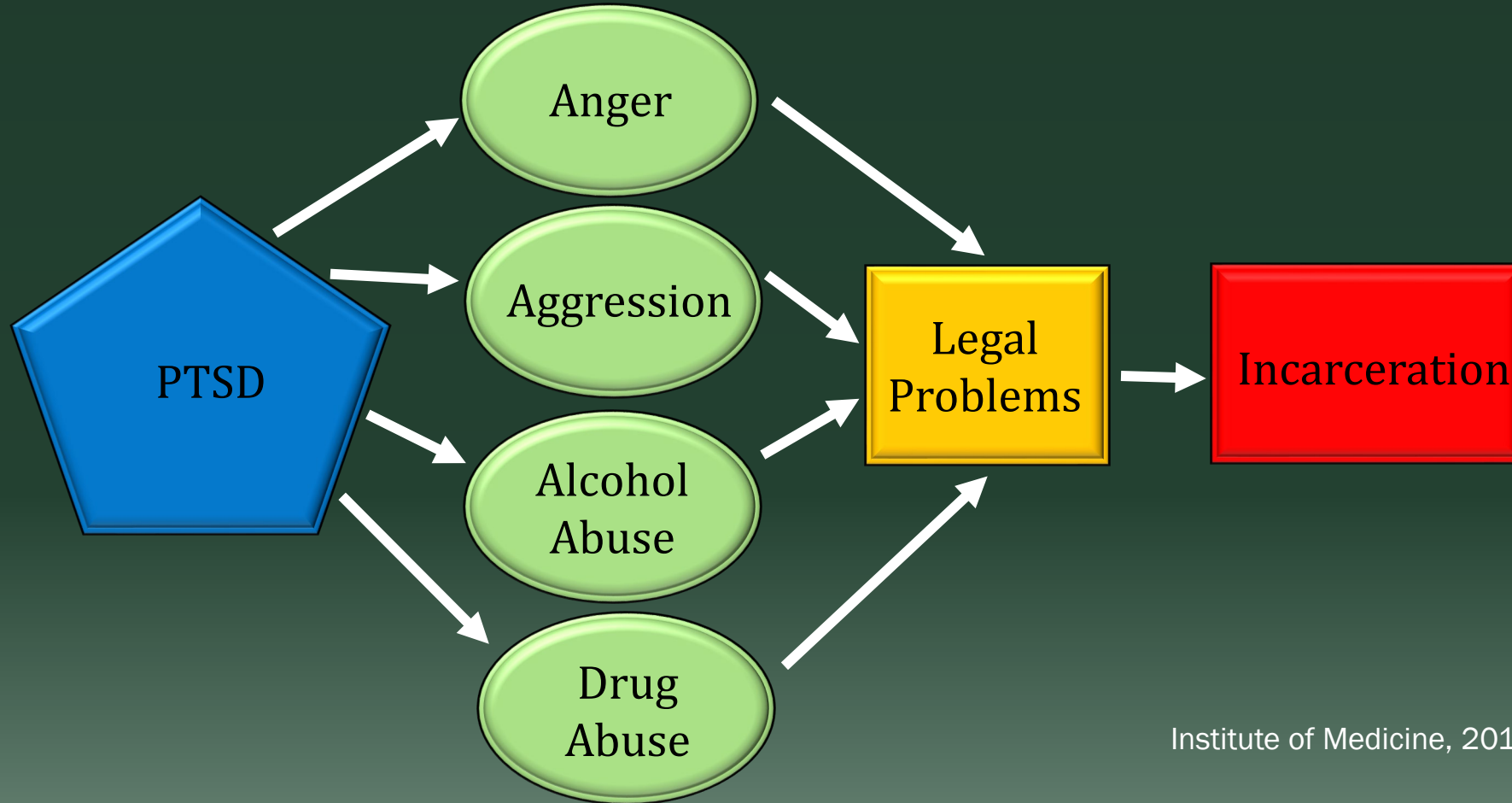


Chart: Kali Tal

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*.

Links from PTSD to Incarceration



Institute of Medicine, 2012

Trauma Leads to Other Problems

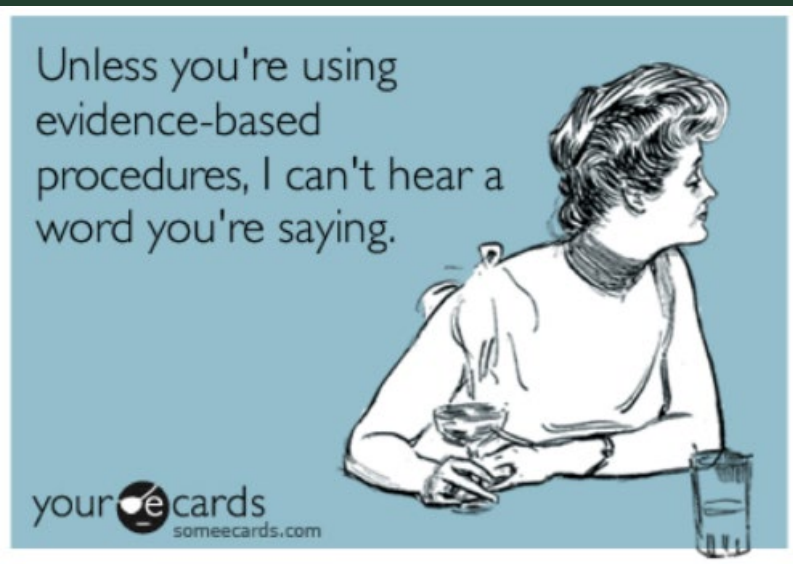
- Being aware of the high frequency of trauma in defendants
 - 60% of people with substance abuse disorders have experienced trauma
 - The rate is probably much higher in judicial settings
- Rates of criminal behavior and violent offenses are much higher in victims of child abuse and neglect (Widom, 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 Responsivity



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 Responsivity

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 Responsivity

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 Responsivity 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?

"If you always do what you always did, you will always get what you always got."

(Moms Mabley)



What You See Depends on How You Look at It



Central Tenets of Trauma Responsivity

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

- Adversarial
- Incarcerate
- Punishment
- Order
- Authoritarian

New Approach

- Cooperative
- Treat
- Healing
- Partner
- 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

- 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

Changing Your Language

Hurtful

- “Your drug screen was dirty.”
- “
- You failed to keep your contract.”

Helpful

- 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 Responsivity Means Changing Your Court

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



Becoming a trauma responsive 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 →



- Distrusting
- Defiant
- Disrespectful
- Hostile
- Provocative

ALARM

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

Respond, Don't React to common behaviors of traumatized people

Fight

- Take a few minutes outside the courtroom with a team member
- Take some deep breaths
- Meditate

Flight

- Take some deep breaths
- Coloring
- Meditate

Freeze

- Grounding
- Squeeze a stress ball
- Chew gum or suck on piece of candy

- Help them understand that their reactions may cause others to react negatively to them

Respond, Don't React

- To hostility with calm and compassion
- To avoidance with invitation and reaching out
- To fear with gentleness
- In other words, *respond with the opposite of what is expected*

The difference between responding and reacting is a choice. When you react, they're in control. When you respond, you are.



How to *respond*:

1. Take a mental step back
2. Take a deep breath
3. Think for a moment
4. Give a thoughtful, reasonable response

Four Things You Must Establish Above All

Safety

Trust

Respect

A sense of some control

SAMHSA's Four R's of Trauma-Informed Courts

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**

Never ask for or allow the participant to share details of their trauma in court

1. It violates their boundaries
2. It shames them
3. It can retraumatize them
4. It can trigger other participants
5. It can trigger other members of the treatment team
6. When we prevent the sharing of traumatic details, we decrease secondary traumatization, triggering, compassion fatigue, and burnout.



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!**

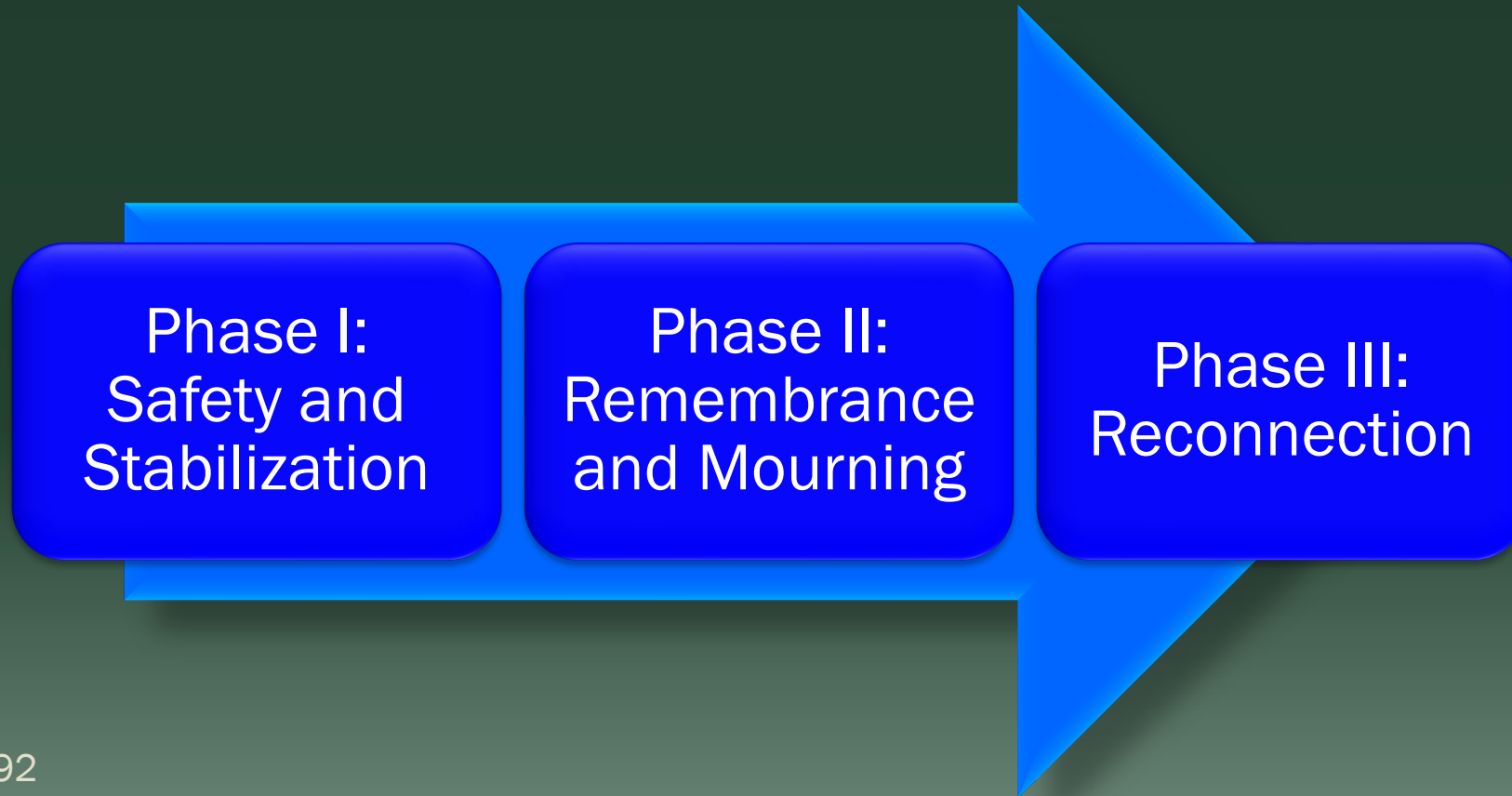
Evidence-Based Assessments for Trauma

- 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



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

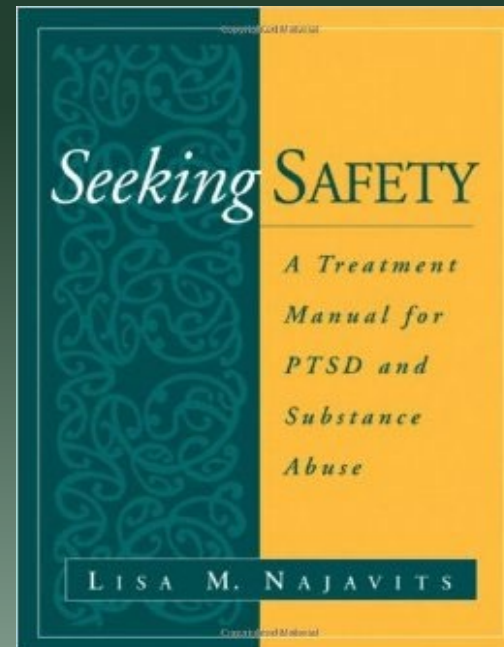
- The first step in AA/NA is to admit helplessness
 - This may reignite their traumas
- AA/NA requires acknowledgement of a higher power
 - People who have experienced complex trauma may be agnostic or atheistic
- Therefore, other groups like SMART Recovery may fit better

Evidence-Based Treatments for Stage I



Seeking Safety

- 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



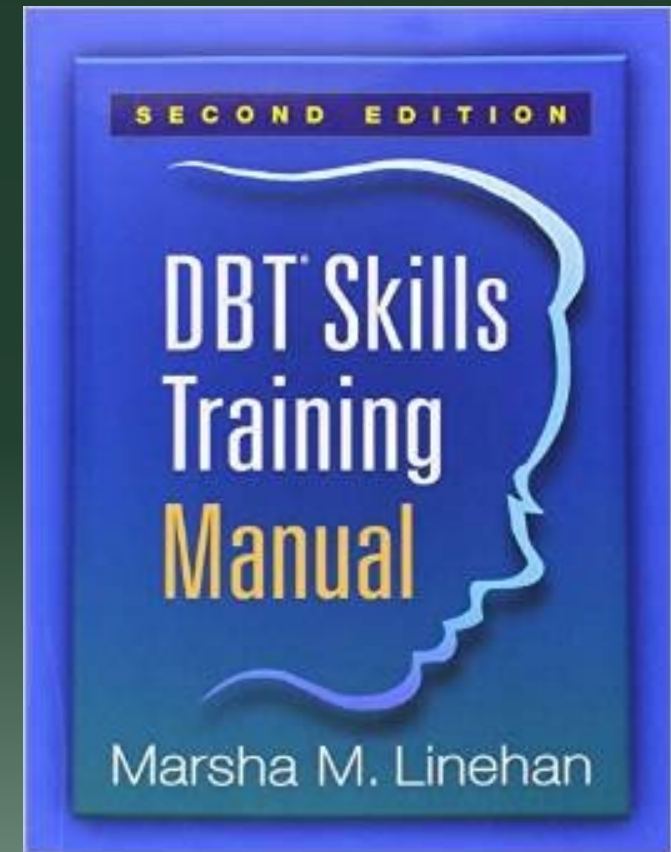
Seeking Safety

- 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

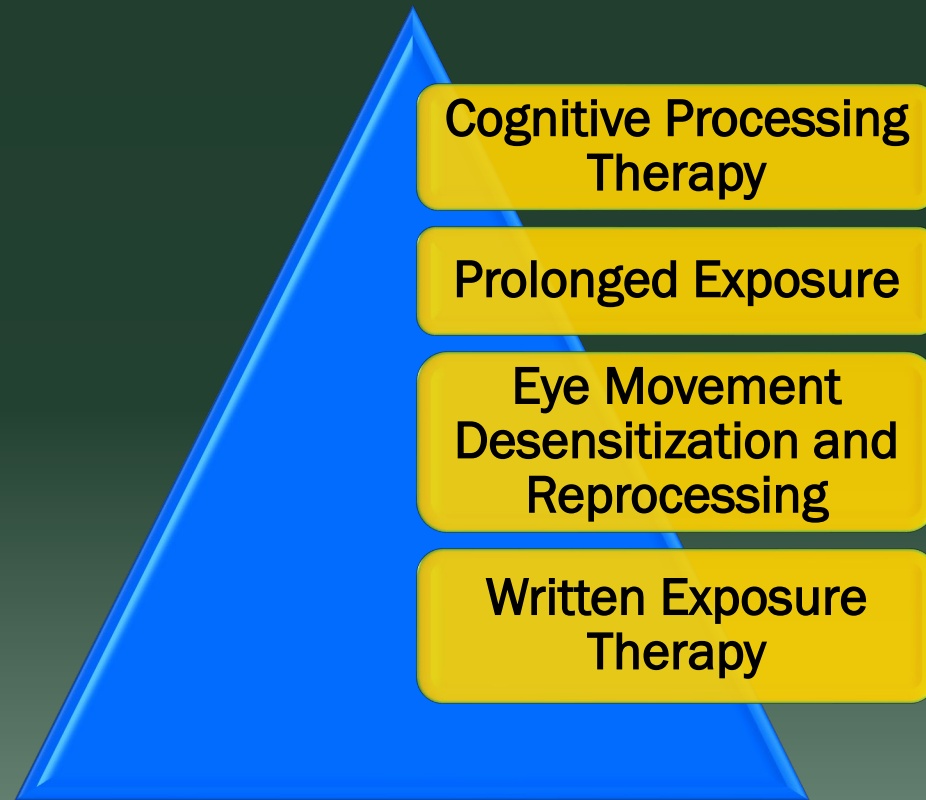
- Four topics with multiple lessons
 - Mindfulness
 - Interpersonal Effectiveness
 - Distress Tolerance
 - Affect Regulation
- New manual provides suggested menus of different specific skills and exercises with different populations



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)

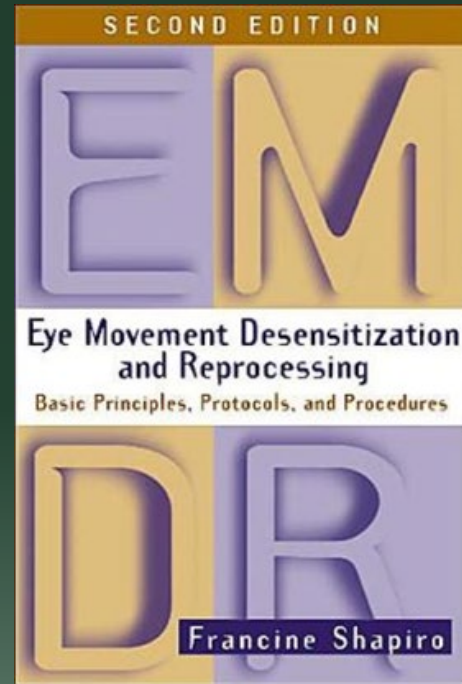
Prolonged Exposure

- 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; Ehling 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)



Written Exposure Therapy



- Five session therapy
- Each session contains 20 minutes of discussion and 30 minutes of writing by hand
- Structured writing process paying attention to thoughts and emotions
 - Written feedback given regarding fidelity to writing instructions
- Writing must be observed
 - Telehealth leads to distracted activities, increased dropout

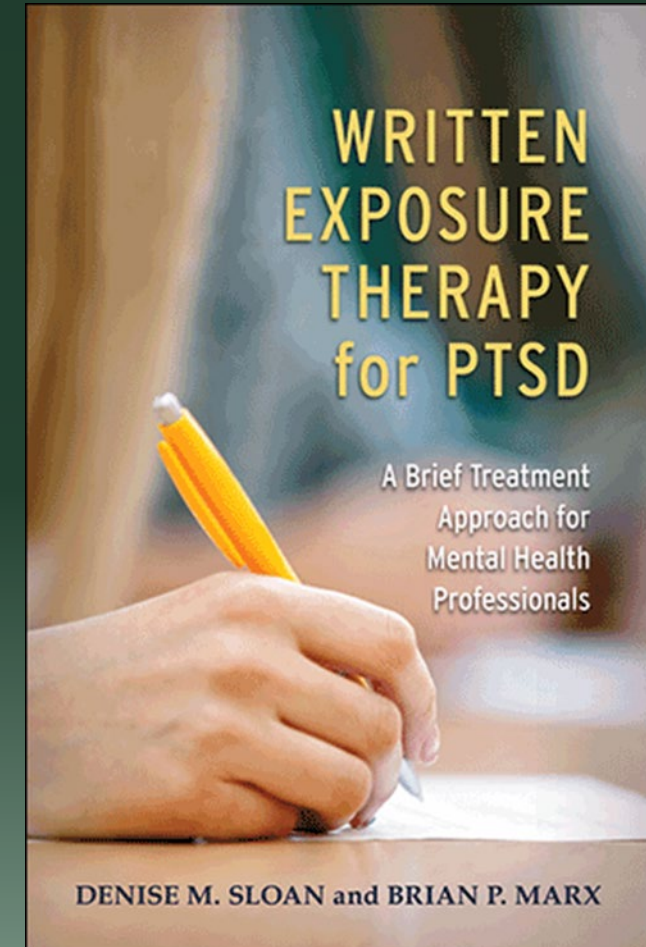
WET Addresses Multiple Therapy Issues

- Length of treatment
- Homework burden
- Dropout rate
- Therapist burden
- Time to train therapist
- Cost to train therapist
- Client unwillingness to discuss details of trauma



Effectiveness of WET

- WET is effective (Sloan, Lee, et al., 2013; Sloan et al., 2018; Sloan et al., 2023; Taylor & Stein, 2023; Thompson-Hollands et al., 2018)
 - This includes three RCTs
- WET vs. CPT (Sloan et al., 2018)
 - Dropouts: 6% vs. 40%
 - Equally effective at 6, 12, 14, and 36 weeks post-tx
- WET vs. PE (Sloan et al., 2023)
 - Dropouts: 13% vs. 36%
 - Equally effective at 10, 20, and 30 weeks post-tx
- Because it is less burdensome, WET should be used as the first treatment for PTSD (Taylor & Stein, 2023)
- Recommended by VA/DoD as a first-line treatment for PTSD
- It could double access to evidence-based treatment



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



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)



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.”**

MORRIE SCHWARTZ

© Lifehack Quotes

When to Use Which EBT

	<u>PTSD</u>	<u>C-PTSD</u>	<u>BOTH</u>
<u>Stage 1</u>		DBT STAIR	SS
<u>Stage 2</u>	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



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](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

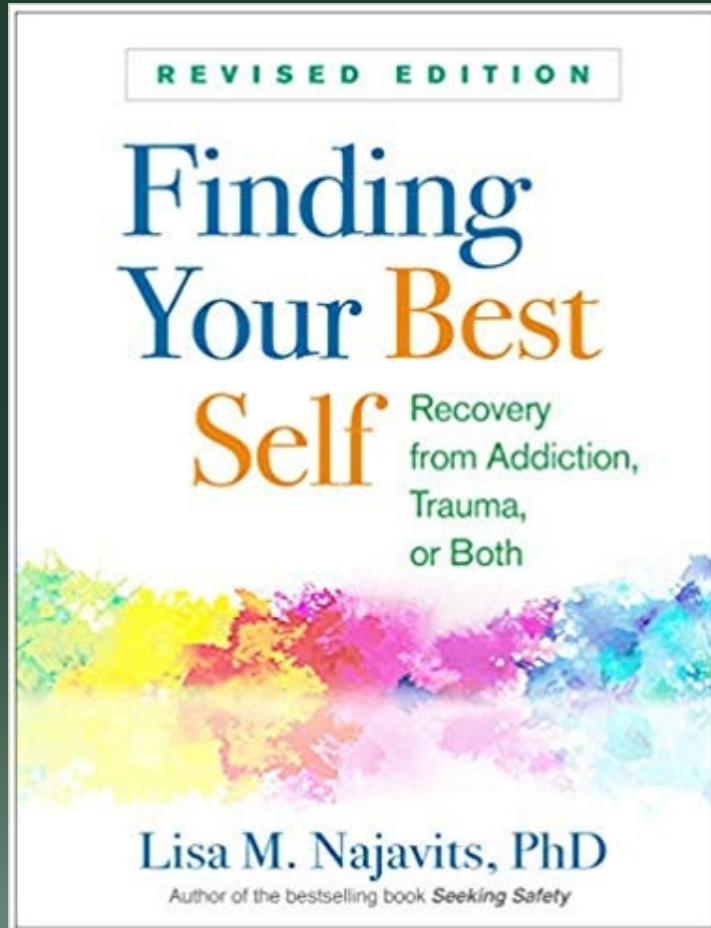
Resources for PTSD and SUDS

- *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>

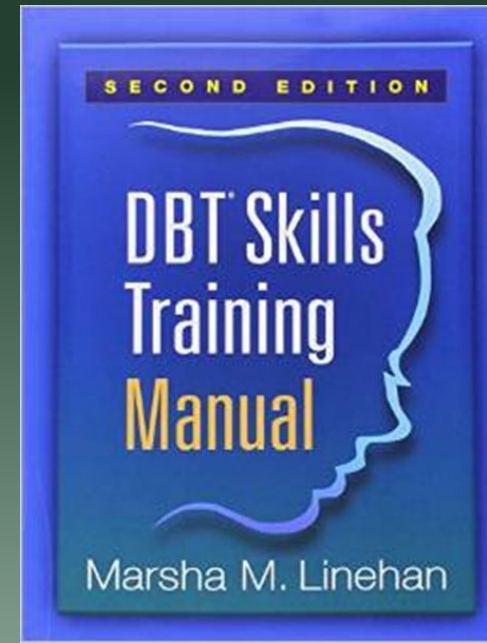
Seeking Safety



- *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>

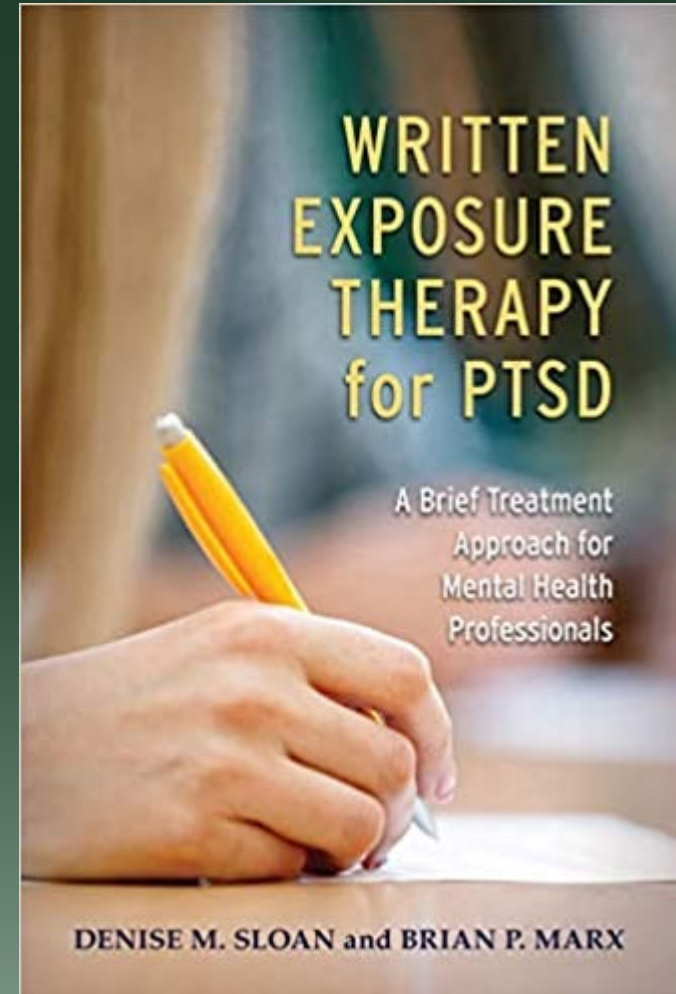


EMDR

- 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

Written Exposure Therapy

- *Written Exposure Therapy for PTSD* (2019), Denise Sloan and Brian Marx



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

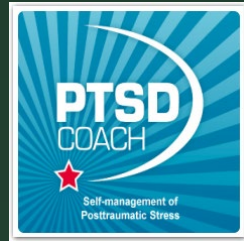
Family Resources

- *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>

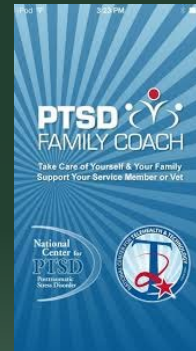
Self-Help Mobile Applications

<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



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