

# Beyond Trauma-Informed: Becoming a Trauma Competent Court

Brian L. Meyer, Ph.D.  
SUD-PTSD Psychologist  
McGuire VA Medical Center  
Richmond, Virginia

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

**The author has no conflicts of interest to disclose.**

# **A Few Words about Trauma**



# What Do We Mean by “Trauma”?

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

SAMHSA, 2014

# Post-Traumatic Responses Occur on a Continuum



None

Mild

Moderate

Severe

# Many Branches of the Trauma Tree

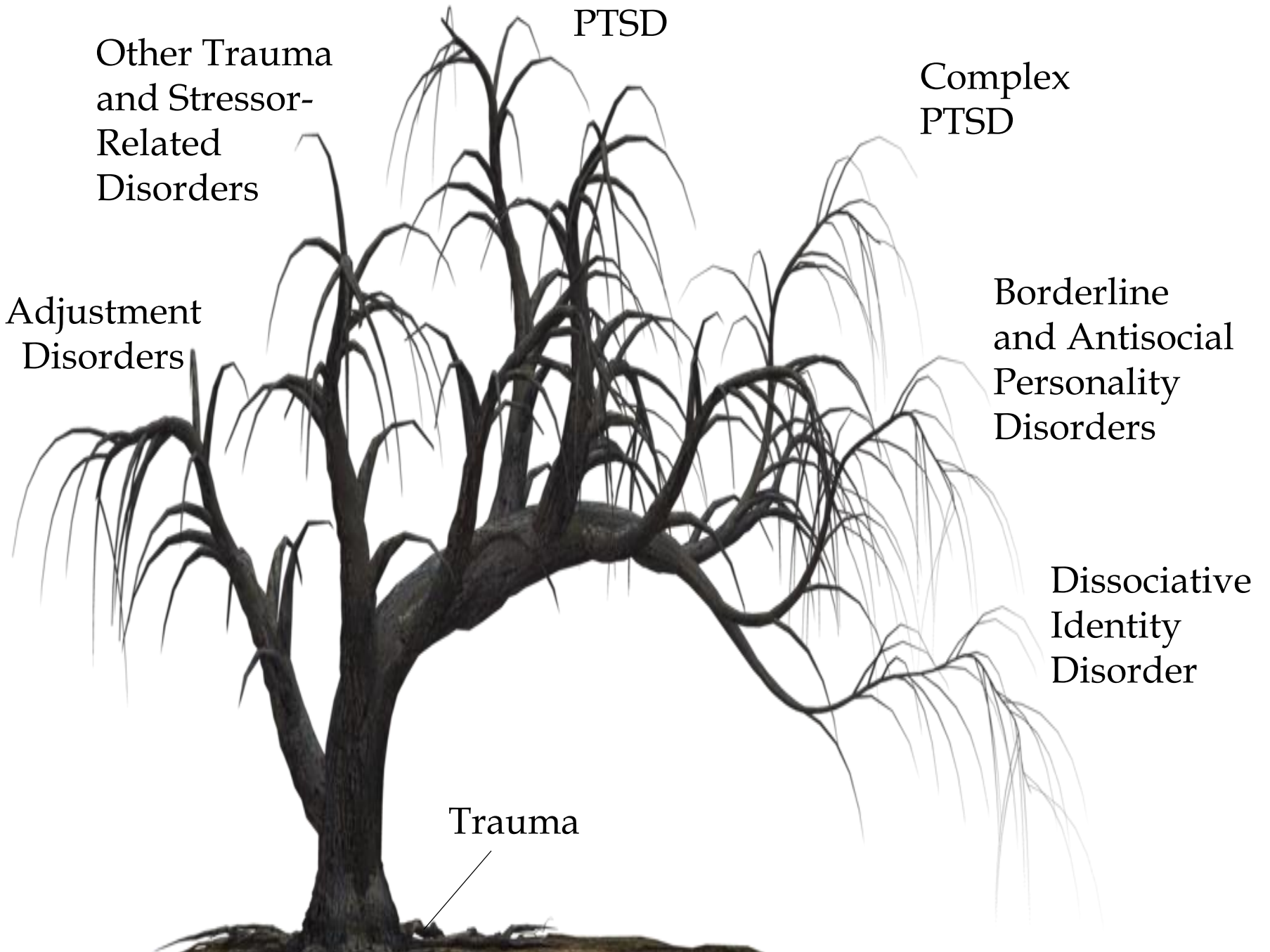


Figure 1

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

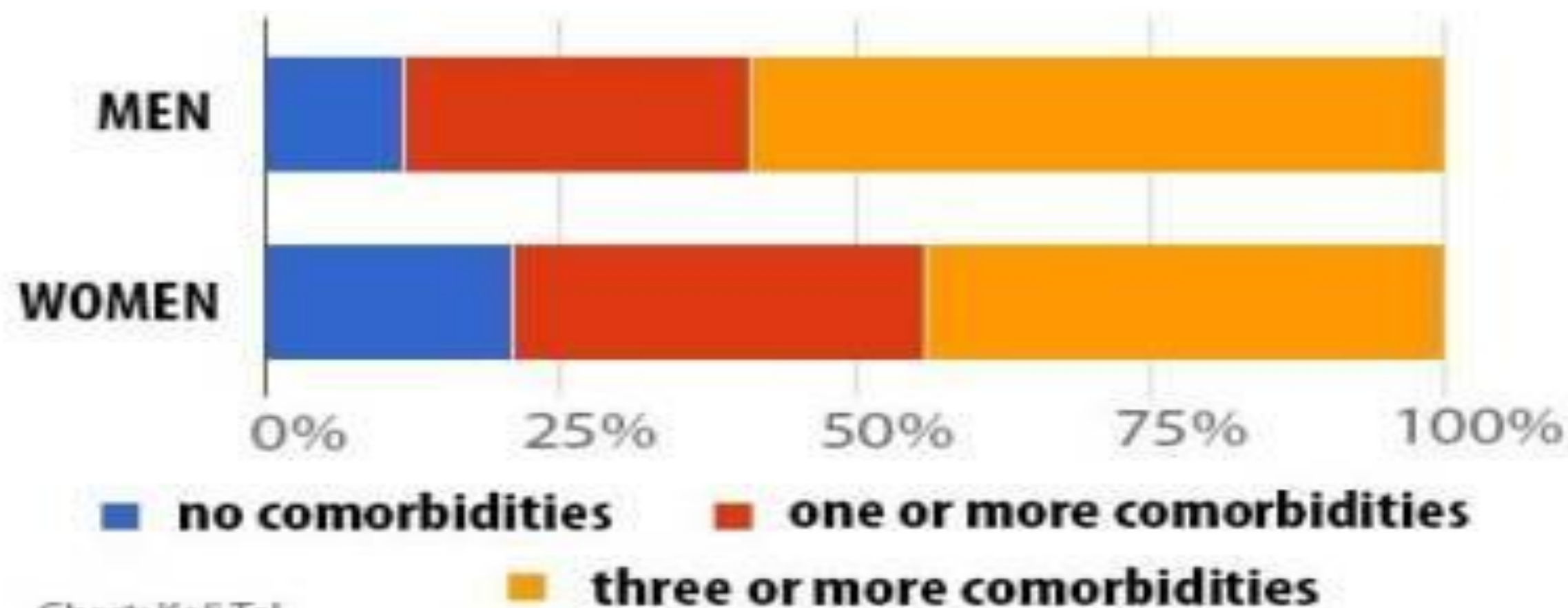


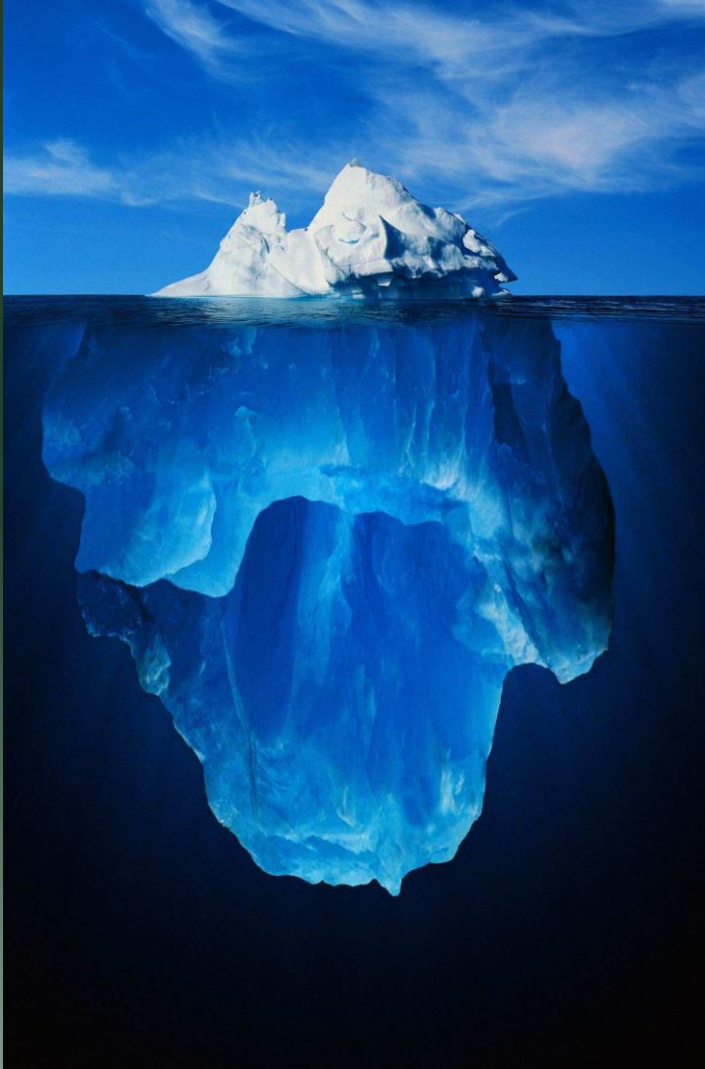
Chart: Kali Tal



# Why Should You Care about Trauma?

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's the Real Story?



What they did to get into court



What happened to them to get them here

# Being Trauma-Informed Is Not Enough



# What Does Being Trauma-Informed Mean?

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

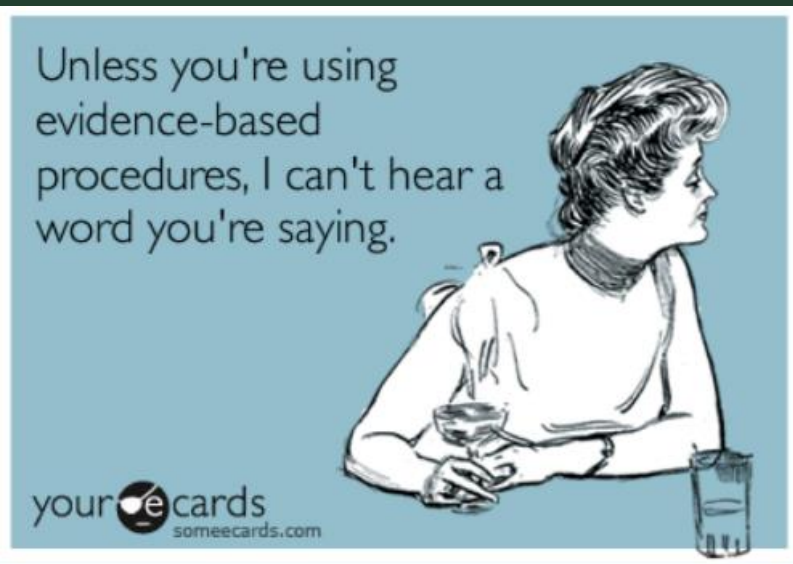
# What Does Being Trauma-Informed Mean?

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



# Trauma Informed Treatment ≠ Trauma Specific Treatment

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



# **SAMHSA's Principles of Trauma Competency**



# The Four R's

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



# Principles of Trauma Competency

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

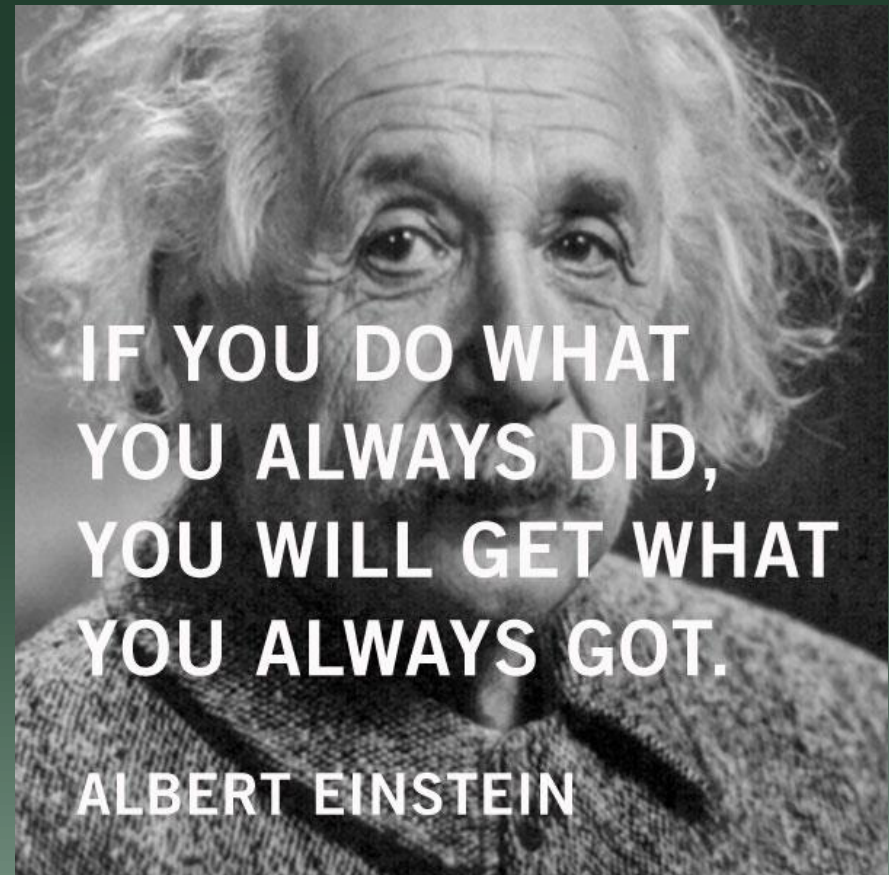
# Principles of Trauma Competency

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

# **Trauma Competency Means Changing Your Point of View**

# The Traditional Approach to Criminal Justice

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



# What You See Depends on How You Look at It



# Continuum of Trauma Responsivity

Trauma  
naïve

Trauma  
aware

Trauma  
informed

Trauma  
competent

# Central Tenets of Trauma Competency

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1. Trauma is a public health problem

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2. Assume that the defendant has experienced traumatic events

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3. PTSD is a normal response to an abnormal event

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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

**There is little or no cost to  
changing your approach.**

# Trauma Competency Means Changing Your Court

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

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

# Reconstruct the Physical Environment

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





# Reconstruct the Physical Environment



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

# Reconstruct the Environment

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



# Decrease Perceived Threats



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

# Take Steps to Avoid Re-traumatization of Participants

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



# **Trauma in the Courtroom: What You Can Do**

# What They May Look Like to You

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



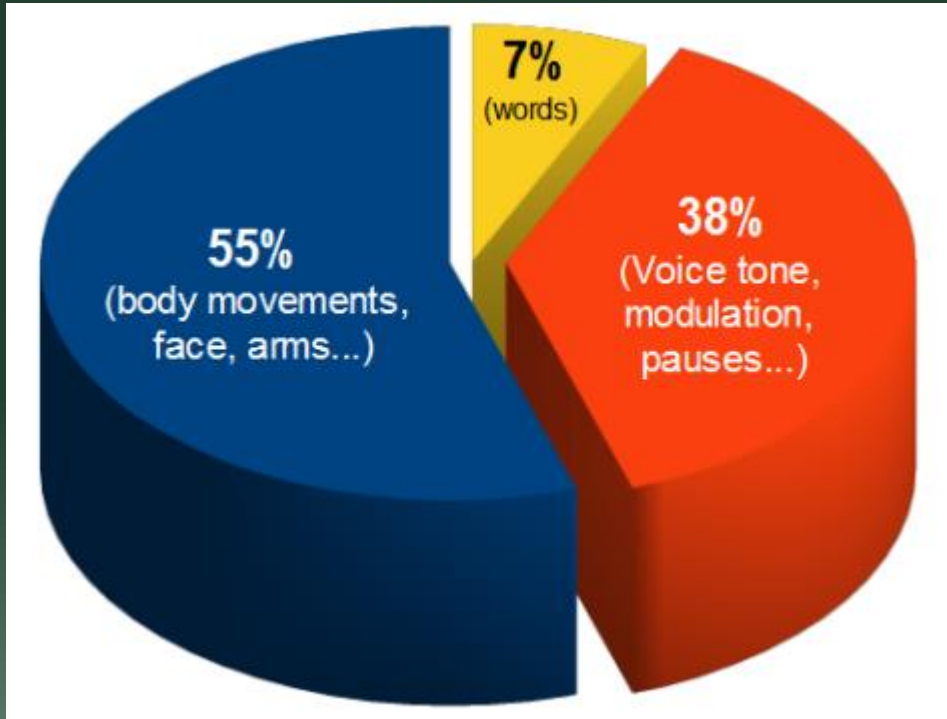
- Distrusting
- Defiant
- Disrespectful
- Hostile
- Provocative

**This is all due to their neurobiology**

# What You May Look Like to Them



# 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?



# Four Things You Must Establish Above All

Safety

Trust

Respect

A sense of some control

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



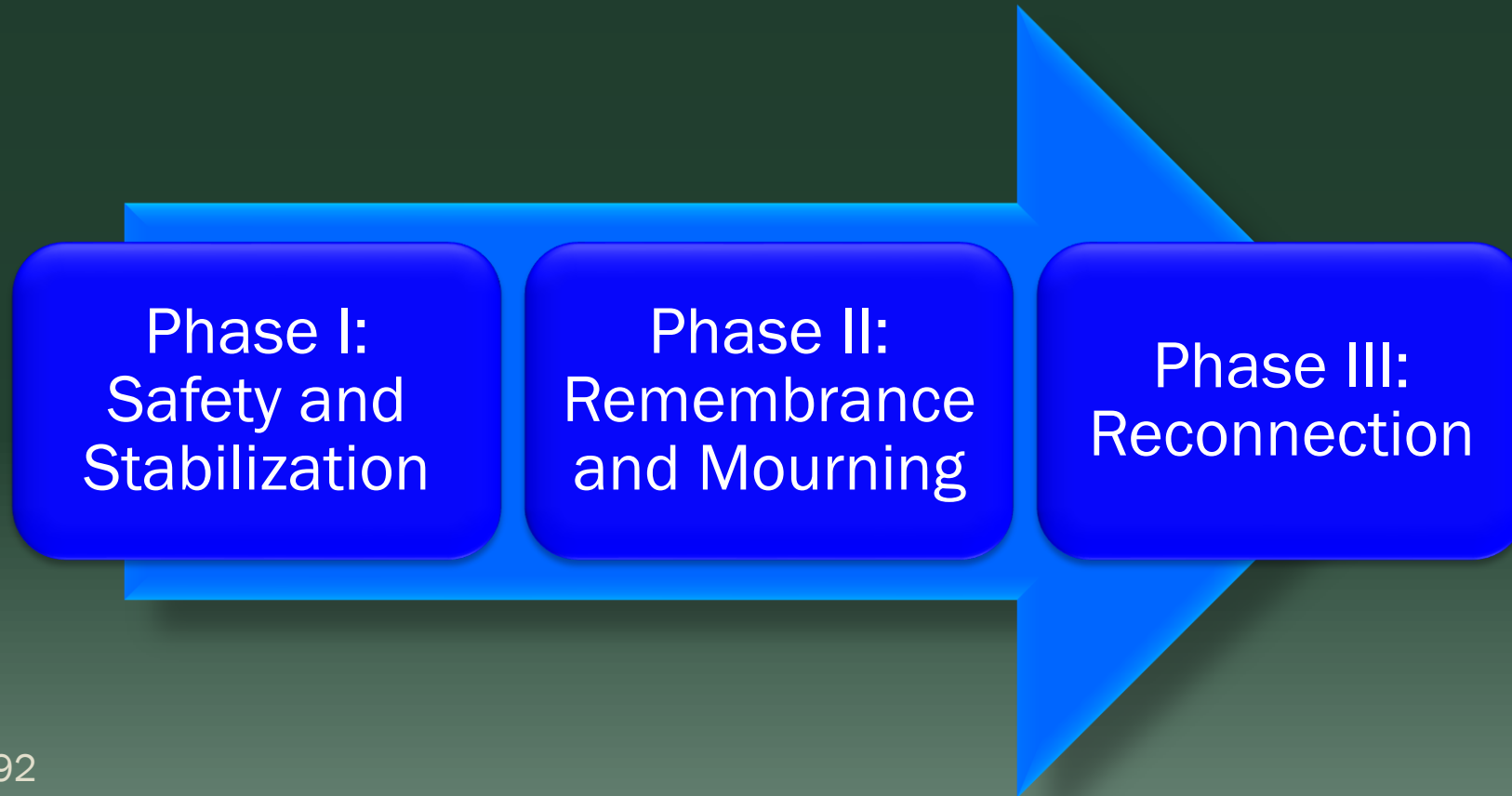
# Evidence-Based Assessments for Trauma

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

# Medical Treatment of Trauma

- Medication for symptom management and co-morbid disorders
  - Antidepressants
  - Mood stabilizers
  - Anticonvulsants
  - Sleep aids, including Prazosin for nightmares
  - ~~Atypical antipsychotics~~ *No longer*
  - Anxiolytics *Not benzodiazepines*
- Only 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

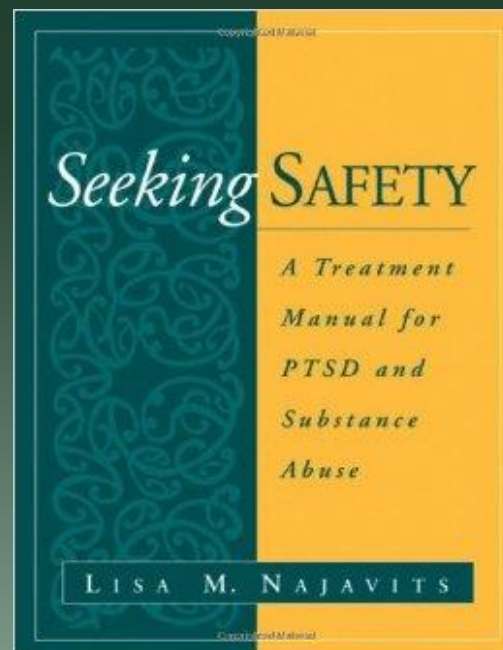
- The first step in AA/NA is to admit helplessness
  - This may reignite their traumas
- AA/NA requires acknowledgement of a higher power
  - People who have experienced complex trauma may be agnostic or atheistic
- Therefore, other groups like SMART Recovery may fit better

# 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

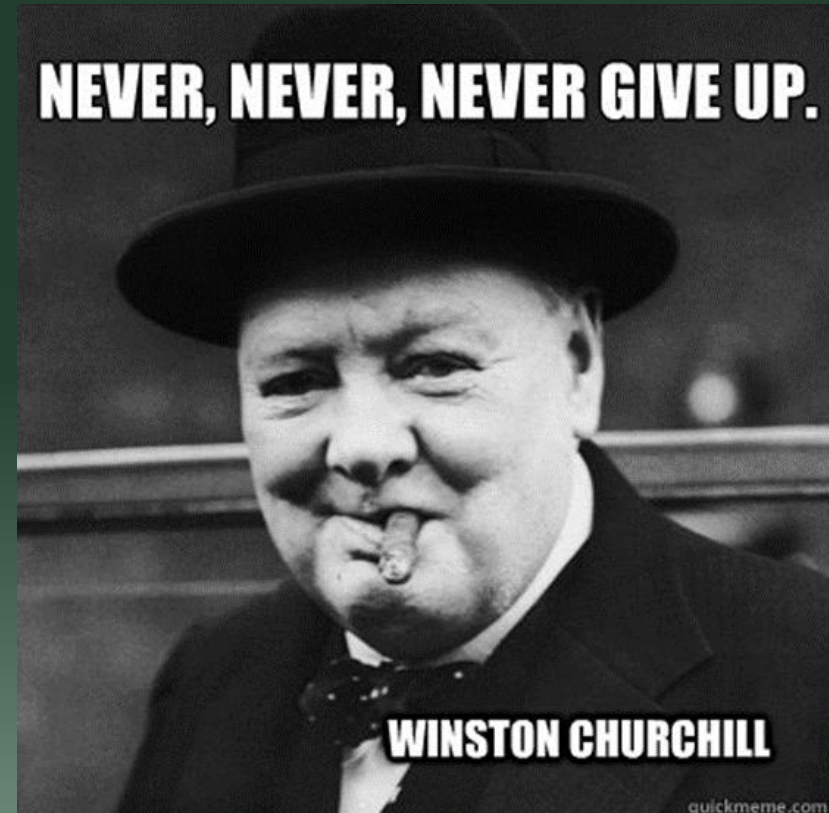
# Seeking Safety

- 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



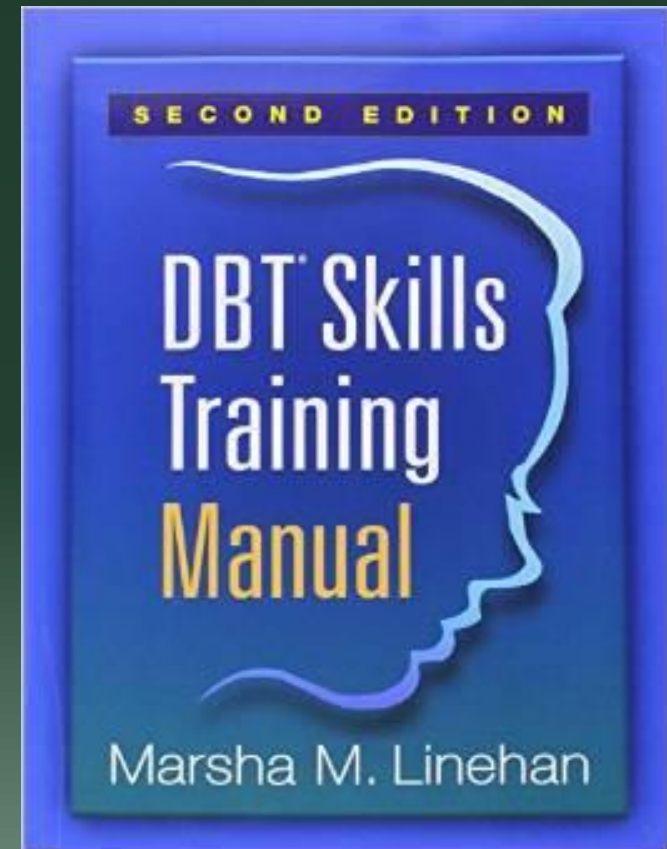
# Seeking Safety

- 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

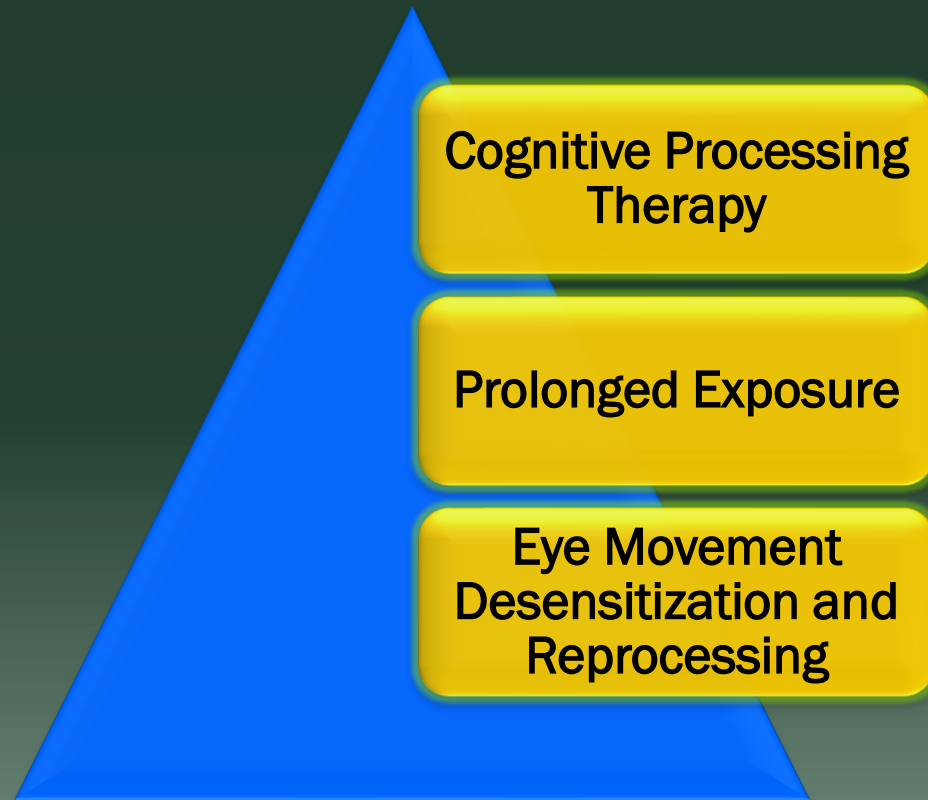
# CBT-I for Insomnia

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





# Evidence-Based Stage II Treatments for PTSD



# Cognitive Processing Therapy

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

# Cognitive Processing Therapy

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

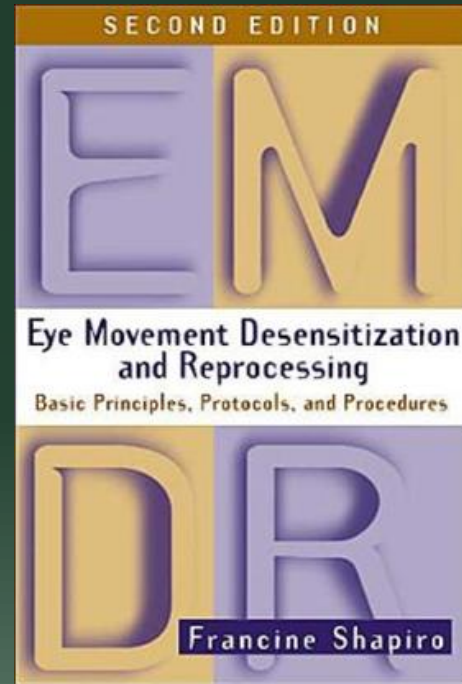
# Prolonged Exposure

- 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



# The Three-Pronged Protocol

Past  
memories

- Assess impact of trauma
- Reprocess past memories

Present  
triggers

- Desensitize present triggers

Future  
template

- Install future template
- Reassess impact of trauma

# Eight Phases of EMDR

**I.** Client history and treatment planning

**II.** Preparation

**III.** Assessment

**IV.** Desensitization

**V.** Installation

**VI.** Body Scan

**VII.** Closure

**VIII.** Re-evaluation

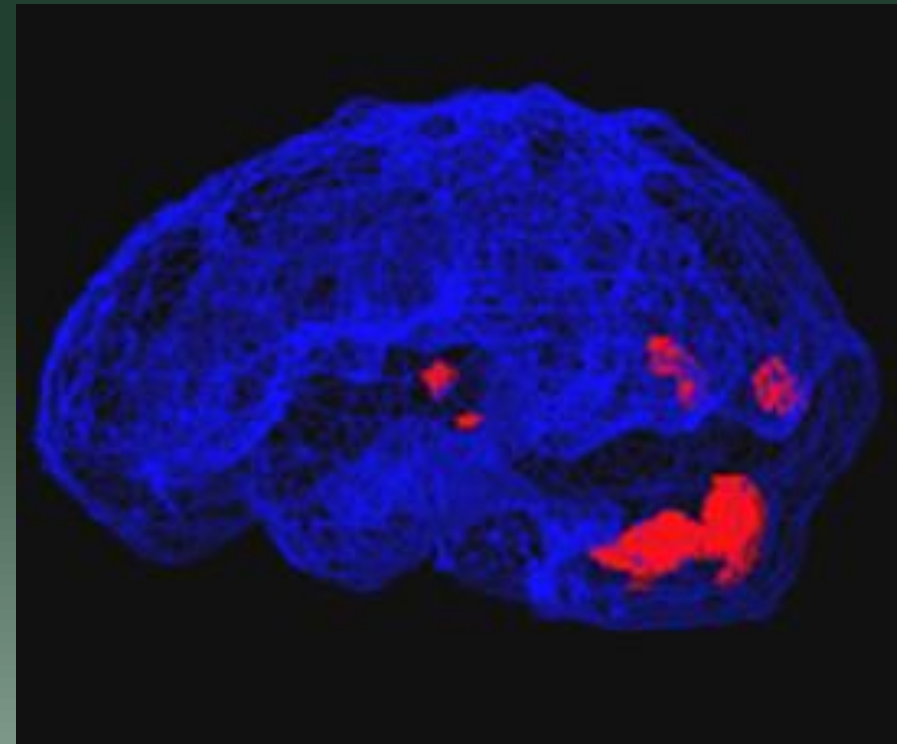
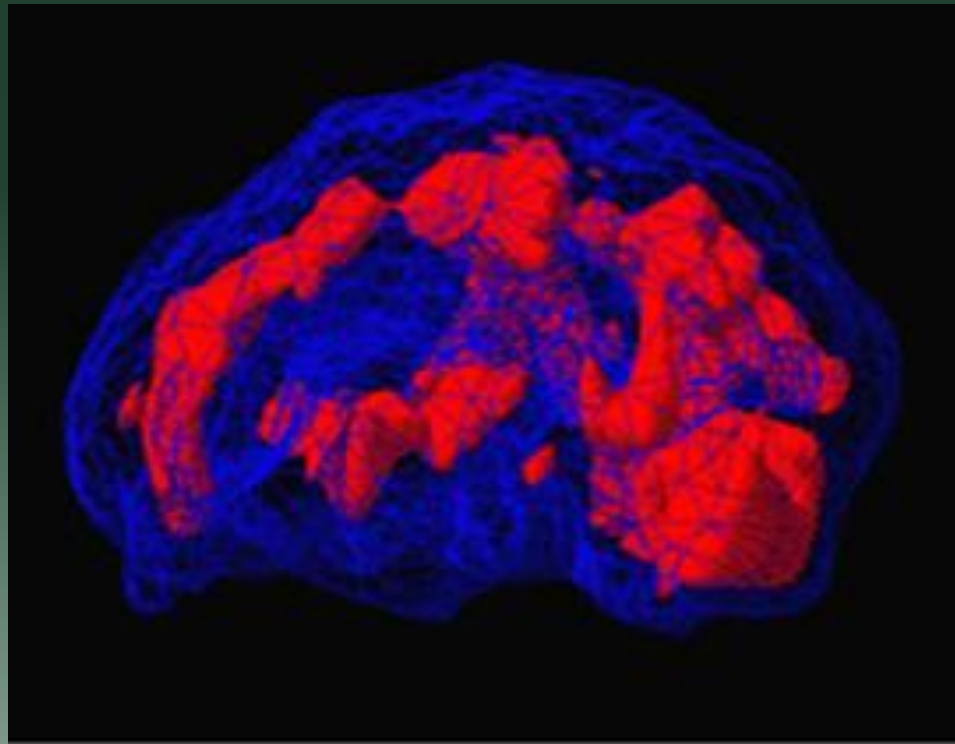
# EMDR Is Effective

- 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)



# EMDR Changes the Brain

Brain scans of a woman with PTSD showing areas of overactivity in the brain in red, before and after four sessions of EMDR (photos by Daniel Amen).



# EMDR Endorsements

- Institute of Medicine (2012)
- The International Society for Traumatic Stress Studies (2008)
- The American Psychological Association (1998)
- The American Psychiatric Association (2004)
- Therapy Advisor [www.therapyadvisor.com](http://www.therapyadvisor.com) (NIMH, 2010)
- National Registry of Evidence-based Programs and Practices (SAMHSA, 2015)
- VA/DoD Clinical Practice Guideline for the Management of Post-Traumatic Stress (2010)

# Promising Treatments: STAIR Narrative Therapy

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

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

# Promising Treatments: STAIR Narrative Therapy

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

# Promising Treatments: STAIR Narrative Therapy

- Four studies of STAIR Narrative Therapy (Cloitre et al., 2002; Levitt et al., 2007; 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

**“IT’S NOT TOO LATE TO DEVELOP NEW  
FRIENDSHIPS OR RECONNECT WITH PEOPLE.”**

**MORRIE SCHWARTZ**

© Lifehack Quotes

# Wellness Activities

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



# **Trauma in the Courtroom: Secondary Traumatization**



# Secondary Traumatization

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

# Dealing with Secondary Traumatization

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

# Resources



# Trauma Competent Courts

- *Essential Components of Trauma-Informed Judicial Practice*, SAMHSA. Retrieved from [http://www.nasmhpd.org/sites/default/files/JudgesEssential\\_5%201%202013finaldraft.pdf](http://www.nasmhpd.org/sites/default/files/JudgesEssential_5%201%202013finaldraft.pdf)
- Also valuable: *TIP 57: Trauma-Informed Care in Behavioral Health Services*, SAMHSA, available at [www.store.samhsa.gov](http://www.store.samhsa.gov).
- SAMHSA [www.samhsa.gov](http://www.samhsa.gov)



# Adverse Childhood Experiences Study

- [www.cdc.gov/ace](http://www.cdc.gov/ace)
- <http://acestudy.org>
- ACE questionnaire  
[http://acestudy.org/yahoo\\_site\\_admin/assets/docs/ACE\\_Calculator-English.127143712.pdf](http://acestudy.org/yahoo_site_admin/assets/docs/ACE_Calculator-English.127143712.pdf)

# Resources for PTSD

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

# Resources for PTSD

- National Center for PTSD: [www.ptsd.va.gov](http://www.ptsd.va.gov)
- International Society for Traumatic Stress Studies: [www.istss.org](http://www.istss.org)
- International Society for the Study of Trauma and Dissociation:  
[www.isst-d.org](http://www.isst-d.org)
- PTSD 101 courses:  
[www.ptsd.va.gov/professional/ptsd101/course-modules.asp](http://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](http://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](http://www.ptsd.va.gov/professional/pages/handouts-pdf/SUD_PTSD_Practice_Recommend.pdf)

# Resources for PTSD and SUDS

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

# Seeking Safety

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



# Dialectical Behavior Therapy

- Cognitive-Behavioral Treatment of Borderline Personality Disorder (1993), Marsha Linehan
- DBT Skills Training Manual, 2<sup>nd</sup> Ed. (2014), Marsha Linehan
- DBT Skills Training Handouts and Worksheets, 2<sup>nd</sup> 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

# EMDR

- Eye Movement Desensitization and Reprocessing (EMDR): Basic Principles, Protocols, and Procedures, 2<sup>nd</sup> 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](http://www.emdr.com)
- [www.emdria.org](http://www.emdria.org)
- [www.emdrhap.org](http://www.emdrhap.org)

# STAIR Narrative Therapy

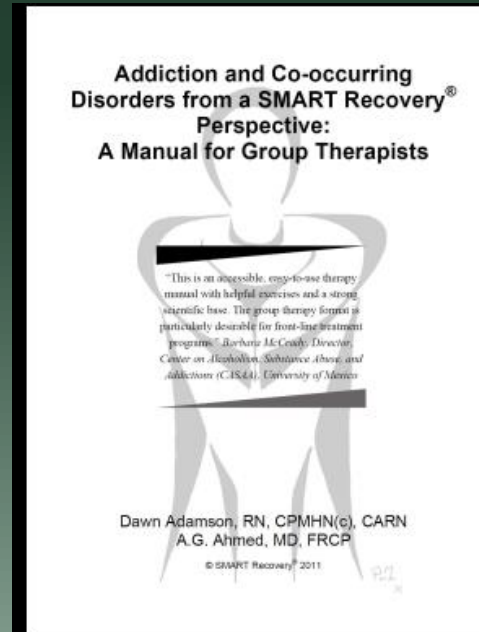
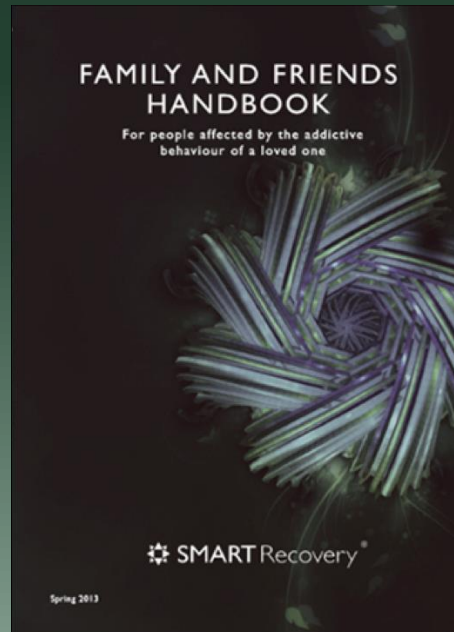
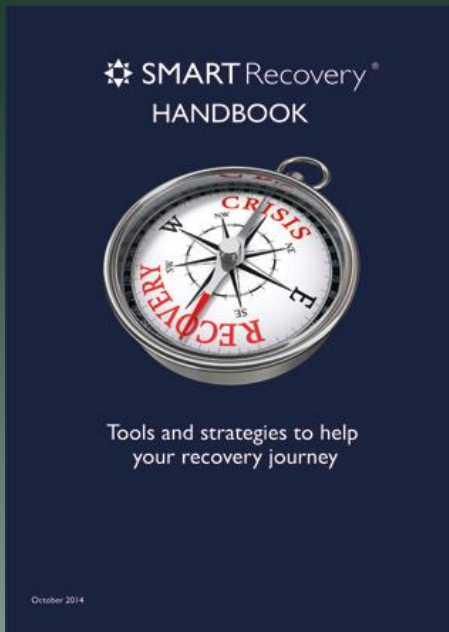
- Treating Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life (2006), Marilene Cloitre, Lisa Cohen, and Karestan Coenen
- Online at <http://www.stairnt.com/index.html>
- Training available at [http://www.ptsd.va.gov/professional/continuing\\_ed/STAIR\\_online\\_training.asp](http://www.ptsd.va.gov/professional/continuing_ed/STAIR_online_training.asp)

# Family Resources

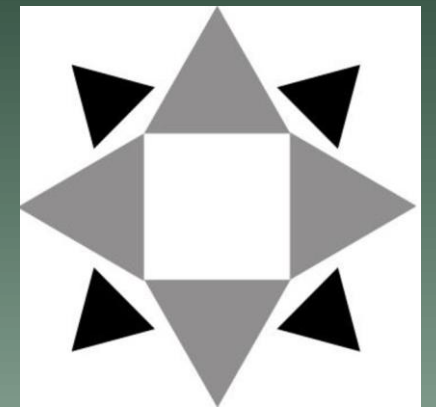
- *When Someone You Love Suffers from Posttraumatic Stress: What to Expect and What You Can Do* by Claudia Zayfert and Jason Deviva
- *Finding My Way: A Teen's Guide to Living with a Parent Who Has Experienced Trauma* (2005), Michelle Sherman and DeAnne Sherma
- <http://www.ptsd.va.gov/public/pages/fslist-family-relationships.asp>

# SMART Recovery

- [www.smartrecovery.org](http://www.smartrecovery.org)
- <http://smartrecoverytraining.org/moodle/>
- <http://www.smartrecovery.org/community/#.Vims8GtRI2Y>



SMART  
Recovery App



# Cognitive-Behavioral Therapy for Insomnia

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



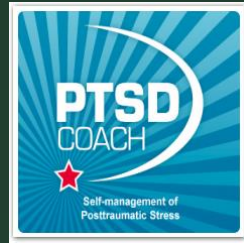
# Online Resources

- Self-assessment Mental Health screening  
<http://www.militarymentalhealth.org>
- Problem-solving  
<http://www.startmovingforward.t2.health.mil>
- Wellness resources  
<http://afterdeployment.t2health.mil>

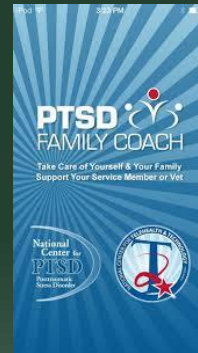
# Self-Help Mobile Applications

<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](mailto:brianlmeyerphd@gmail.com)**