THE PATHWAYS FROM TRAUMA TO LEGAL PROBLEMS IN ADOLESCENTS AND HOW TO DIVERT THEM

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TRAUMA IN THE JUVENILE JUSTICE POPULATION
WHY SHOULD YOU CARE ABOUT TRAUMA?

- 69% of a national sample of adolescents reported exposure to trauma (Ford et al., 2010)
  - 32.5% experienced poly-victimization
- 61-93% of youths involved in the juvenile justice system have histories of traumatic experiences (Abram et al., 2004; Ford et al., 2008)
  - 57% of delinquent youth experienced 6 or more traumas
- 90% of youth involved in juvenile justice experience multiple types of trauma (Dierkhising et al., 2013)

Exposure to trauma is a fact of life for delinquent youth.

Karen Abram et al., 2004
AGE OF TRAUMA ONSET FOR YOUTH INVOLVED IN JUVENILE JUSTICE

62% experienced their first trauma in the first five years of life.

Dierkhising et al, 2013
42% of youth in the juvenile justice system are also involved in the child welfare system (Herz, Ryan, & Bilchik, 2010)

An average of 30% of incarcerated youth have PTSD (Ford et al., 2007)

70% of justice-involved youth meet diagnostic criteria for at least one mental health disorder (Schufelt & Cocozza, 2006)

- 79% of these had two or more MH diagnoses

PTS symptoms and cognitions mediate between violence exposure and juvenile delinquency (Allwood & Bell, 2008)

35% of youth involved in juvenile justice settings have histories of complex trauma (Ford et al., 2012)

- Complex trauma exposure leads to aggression in youth
Higher levels of traumatization lead to higher amounts of depression, PTSD, alcohol abuse, and drug abuse in teenagers (Ford et al., 2010)

Poly-victimization results in increased delinquency independently of PTSD, MDD, and SUDs

It also leads to more comorbid diagnoses

79% of arrested youth were arrested for a drug-related offense (National Center on Addiction and Substance Abuse, 2004)
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 include:

- Child physical abuse
- Child sexual abuse
- Domestic violence
- School violence
- Rape
- Cultural trauma
- Historical trauma
- Environmental trauma
- Accidents
- Natural disasters
- Fires
- Forced displacement
- Torture
- Being held hostage
- Combat and war-zone trauma
- Genocide
POST-TRAUMATIC STRESS RESPONSES OCCUR ON A CONTINUUM

None  Mild  Moderate  Severe
YOUTH TRAUMA AND PTSD

- 74.3 million children in the U.S.
- 4.1 million referrals
  - An increase of 9.5% since 2012
  - One referral every 7.7 seconds
- This represents 7.4 million children
- 10% of children
- 2.3 million investigations

ACF, DHHS 2018
THE CHILD WELFARE SYSTEM IN THE UNITED STATES IN 2016

- 676,000 confirmed child victims
- This equals 0.9% of children
- 204,000 additional children received foster care services
- 428,000 total children in foster care on any given day (Children’s Rights, 2015)
- 670,000 children spent time in foster care (Children’s Rights, 2015)
- 1,750 fatalities

ACF, DHHS, 2018
Exhibit S-1 Summary of Child Maltreatment Rates per 1,000 Children, 2012–2016

<table>
<thead>
<tr>
<th>Rate per 1,000 children</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Referrals Rate</td>
<td>47.9</td>
<td>49.0</td>
<td>50.9</td>
<td>53.2</td>
<td>55.1</td>
</tr>
<tr>
<td>National Report</td>
<td>28.2</td>
<td>28.3</td>
<td>29.1</td>
<td>30.1</td>
<td>31.3</td>
</tr>
<tr>
<td>Disposition Rate</td>
<td>42.5</td>
<td>42.8</td>
<td>43.9</td>
<td>45.2</td>
<td>46.7</td>
</tr>
<tr>
<td>National Child</td>
<td>6.8</td>
<td>6.8</td>
<td>9.1</td>
<td>9.2</td>
<td>9.1</td>
</tr>
</tbody>
</table>
| Disposition Rate (Children subject of an
investigation or alternative response) |
| National Victimization  | 8.8  | 8.8  | 9.1  | 9.1  | 9.1  |
| Rate                    |      |      |      |      |      |

ACF, DHHS, 2018
CHILD TRAUMA

- 1/4 of girls are victims of sexual abuse by age 18
- 1/6 of boys are victims of sexual abuse by age 18

Finkelhor et al., 1990
10-20% of children witness IPV each year (DHHS, 2009)

This is approximately 8 million children (Hamby et al., 2011)

30-60% of children who witness domestic violence are also survivors of child abuse (Edleson, 1999)
Children who witness domestic violence are more likely to develop PTSD, depression, anxiety, anger problems, low self-esteem, behavioral problems, delinquency, and substance abuse (NCTSN, 2014).

Problems are worse when child abuse is also present (Wolfe et al., 2003).

Boys are more likely to grow up to become domestically violent than girls.
PTSD IN CHILDREN AND YOUTH

- Nightmares of danger, monsters, etc.
- Repetitive play
- Re-enacting of traumatic event
- A sense they won’t live to be adults
- Regression
- Headaches and stomachaches
YOUTH WITH PTSD

- View the world as a dangerous place
- Often identify with victims or aggressors
- May solidify views as they age

Repeated patterns become personality styles
The current psychiatric diagnostic classification system does not have an adequate category to capture the full range of difficulties that traumatized children experience.

White Paper for the NCTSN Complex Trauma Task Force, 2003
THE EFFECTS OF TRAUMA ON EARLY BRAIN DEVELOPMENT
CHILDREN’S BRAINS CHANGE WHEN EXPOSED TO TRAUMATIC EXPERIENCES

- Trauma exposure results in structural and functional changes in the brain (Gabowitz et al., 2008)
- Trauma exposure reduces the volumes of the amygdala, hippocampus, and prefrontal cortex (Wilson, Hansen, & Li, 2011)
- Earlier onset and longer duration of trauma results in more significant structural changes in the brain (De Bellis et al., 1999; Cohen et al., 2002)
THE EFFECTS OF TRAUMA 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 TRAUMA 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 TRAUMA ON EARLY BRAIN DEVELOPMENT

Hyperactivity of the Hypothalamic-Pituitary-Adrenocortical Axis causing:

- Cognitive impairments
- Emotional dysregulation
- Increased passive/avoidant behavior
- Depression
TRAUMATIC STRESS AND THE BRAIN
MATCHED CONTROL COMPARISON OF TWO 11 YEAR OLD BOYS

De Bellis et al., 1999
The traumatized child’s brain shifts from focusing on learning to focusing on survival (Ford, in Curtois & Ford, 2009).
THE EFFECTS OF NEGLECT ON EARLY BRAIN DEVELOPMENT

Decreased brain size at age 3
THE EFFECTS OF NEGLECT ON EARLY BRAIN DEVELOPMENT

Decreased brain growth causing:

- Poor attachment
- Difficulties with peer relationships
- Enduring behavioral problems
- Problems with learning
Post-Traumatic Stress Disorder is a normal response to an abnormal event.
PTSD is characterized by:

- Exposure to a severe life-threatening event
- Repetitive re-experiencing of the event
- Avoidance of stimuli associated with trauma
- Negative moods and cognitions
- Increased arousal
THE ACE 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)

Originally 8, later 10 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
ACFs = ADVERSE CHILDHOOD EXPERIENCES

The three types of ACFs include:

- **ABUSE**
  - Physical
  - Emotional
  - Sexual

- **NEGLECT**
  - Physical
  - Emotional
  - Divorce

- **HOUSHEL D DYSFUNCTION**
  - Mental Illness
  - Mother treated violently
  - Incarcerated Relative
  - Substance Abuse

Felitti & D’Anda, 1998
Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often...
   Swear at you, insult you, put you down, or humiliate you?  
   or
   Act in a way that made you afraid that you might be physically hurt?  
   Yes No  
   If yes enter 1

2. Did a parent or other adult in the household often or very often...
   Push, grab, slap, or throw something at you?  
   or
   Ever hit you so hard that you had marks or were injured?  
   Yes No  
   If yes enter 1

3. Did an adult or person at least 5 years older than you ever...
   Touch or fondle you or have you touch their body in a sexual way?  
   or
   Attempt or actually have oral, anal, or vaginal intercourse with you?  
   Yes No  
   If yes enter 1

4. Did you often or very often feel that...
   No one in your family loved you or thought you were important or special?  
   or
   Your family didn’t look out for each other, feel close to each other, or support each other?  
   Yes No  
   If yes enter 1

5. Did you often or very often feel that...
   You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?  
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
   Yes No  
   If yes enter 1

6. Were your parents ever separated or divorced?  
   Yes No  
   If yes enter 1

7. Was your mother or stepmother:
   Often or very often pushed, grabbed, slapped, or had something thrown at her?  
   or
   Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?  
   or
   Ever repeatedly hit at least a few minutes or threatened with a gun or knife?  
   Yes No  
   If yes enter 1

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
   Yes No  
   If yes enter 1

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?  
   Yes No  
   If yes enter 1

10. Did a household member go to prison?  
    Yes No  
    If yes enter 1

Now add up your “Yes” answers:  
This is your ACE Score.
THE ACE STUDY: A DOSE-RESPONSE CURVE

ACE Score vs Intravenous Drug Use

Childhood Experiences Underlie Suicide Attempts

p<0.001
Results:

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

Felitti, Anda, et al., 1998
The ACES Pyramid

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
A higher number of ACES is associated with increasing diagnostic complexity

- More ACES → More diagnostic categories

When combined, some ACEs have a synergistic effect

- For example, childhood sexual abuse + domestic violence = higher risks than would be expected by adding the individual risk levels together

- Childhood sexual abuse is worse than other ACEs
  - It combines for more synergies than any other ACE

Putnam et al., 2013
COMPLEX TRAUMA AND COMPLEX PTSD
Complex psychological trauma is “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?

- “Children’s experiences of multiple traumatic events that occur within the caregiving system—the social environment that is supposed to be the source of safety and stability in a child’s life.”

  -White Paper for the NCTSN Complex Trauma Task Force, 2003

- Chronic and early childhood exposure to simultaneous or sequential traumatic events
WHAT IS COMPLEX TRAUMA?

- Chronic, cumulative, and usually multiple types of traumas
- Results from interpersonal victimization, multiple traumatic events, and/or traumatic exposure of prolonged duration
  - Sexual and physical abuse
  - Domestic violence
  - Ethnic cleansing
  - Rape
  - Torture
  - Being held hostage
Complex trauma is a series of traumatic experiences

Complex PTSD is the effects of those experiences

- In children and adolescents, it is often called Developmental Trauma Disorder

- 31% of youth who meet criteria for complex trauma exposure met criteria for Developmental Trauma Disorder (Stolbach et al., 2013)

- Not everyone who experiences complex trauma develops Complex PTSD

THE RELATIONSHIP BETWEEN COMPLEX TRAUMA AND COMPLEX PTSD
An Increasing Number of Types of Traumas Are Associated with Increased Problems
CHILDHOOD TRAUMAS ARE MORE LIKELY TO RESULT IN COMPLEX PTSD THAN ADULT TRAUMAS

<table>
<thead>
<tr>
<th>Child Trauma/ Adverse Events</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>80%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>65%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>80%</td>
</tr>
<tr>
<td>Neglect</td>
<td>46%</td>
</tr>
<tr>
<td>Did not live with mother</td>
<td>35%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adulthood Trauma</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Assault</td>
<td>52%</td>
</tr>
<tr>
<td>Physical Assault</td>
<td>24%</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>12%</td>
</tr>
<tr>
<td>Chronic Sexual Assault</td>
<td>11%</td>
</tr>
</tbody>
</table>

Cloitre et al, 2009
All diagnostic requirements for PTSD are met. In addition, Complex PTSD is characterized by severe and persistent 1) problems in affect regulation; 2) beliefs about oneself are diminished, defeated, or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event; and 3) difficulties in sustaining relationships and in feeling close to others. These symptoms cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

WHO, 2018
Complex PTSD in ICD 11*

PTSD
- Re-experiencing
- Avoidance
- Hyperarousal

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

*Takes effect January 1, 2022
Trauma
Adjustment Disorders
Other Trauma and Stressor-Related Disorders
PTSD
Complex PTSD
Trauma
CORE PROBLEMS IN COMPLEX PTSD

- Affect dysregulation
- Negative self-concept
- Relationship difficulties

In addition to symptoms of PTSD and other comorbid disorders

Disturbances in self-organization
COMPLEX PTSD IS MUCH MORE THAN SIMPLE PTSD

- Disorganized attachment (Pearlman & Courtois, 2005)
- This results in aggression and Oppositional Defiant Disorder (Lyons-Ruth and Jacobvitz, 1999)
- Problems in self-regulation
- Guilt and shame
- Tendency to be revictimized
- Comorbid mental health disorders
- Substance use disorders
- Health problems
- Changes in systems of belief and meaning
DEVELOPMENTAL TRAUMA DISORDER

A. Exposure

- To one or more forms of developmentally adverse interpersonal traumas (i.e., abandonment, betrayal, physical/sexual abuse, emotional abuse)

- Subjective feelings of shame, defeat, resignation, rage, betrayal, fear

Van der Kolk, 2005
B. Dysregulation

Disturbances in:

- Emotions
- Health
- Behavior (i.e., self injury)
- Cognition (i.e., dissociation)
- Relationships
- Self-attributions

Van der Kolk, 2005
C. Negative attributions and expectations

- Negative beliefs in line with experience of interpersonal trauma
- May stop expecting protection from others and believe future victimization is inevitable

D. Functional impairments

- Academic, peer, family, legal

Van der Kolk, 2005
EVIDENCE FOR COMPLEX PTSD

- 9 of 10 published studies identify two symptom profiles among people exposed to trauma (Brewin et al., 2017)
  - These correspond to simple PTSD and Complex PTSD
  - Community rates of PTSD are higher, while Complex PTSD rates are higher in trauma specialty clinics
- Two of the nine (Perkonigg et al., 2016; Sachser, Keller, & Goldbeck, 2016) find those differences in adolescents
Vignette Study, n = 1738 mental health providers from 76 nations:
(1) Can clinicians differentiate Complex PTSD from PTSD?
(2) Is accuracy of dx improved from ICD-10 to ICD-11

EXPOSURE TO MULTIPLE TRAUMA TYPES

- 22% of a representative sample of more than 2,000 children ages 2-17 experienced four or more types of victimization in the past year (Finkelhor et al, 2007)
- 66% of a representative sample of more than 4,000 children ages 2-17 experienced one type of victimization (Turner et al., 2010)
  - 30% had been exposed to five or more types
  - 10% had been exposed to 11 or more types
- Multiple types of traumatic experiences increases the risk of CPTSD compared to PTSD in a dose-response manner (Hyland et al., 2017)
- Multiple types of traumatic experiences leads to increased PTS, difficulties in emotion regulation, and internalizing problems (Finkelhor et al, 2011)
FURTHER EFFECTS OF MULTIPLE TRAUMATIC EXPOSURES

- Anger and aggression, as well as anxiety and depression, are frequently comorbid with complex trauma (Heim & Nemeroff, 2001)

- ADHD can result from complex trauma (Brown et al., 2016; Conway et al., 2011)
  - Complex trauma can be misdiagnosed as ADHD (Ruiz, 2014)

- Complex PTSD symptoms mediate between childhood maltreatment and later substance abuse (Rosenkranz et al., 2014)
CONSEQUENCES OF COMPLEX
TRAUMA IN CHILDREN AND ADOLESCENTS

- Self-regulatory, attachment, anxiety, and affective disorders in infancy and childhood
- Addictions, aggression, social helplessness, and eating disorders
- Dissociative, somatoform, cardiovascular, metabolic, and immunological disorders
- Sexual disorders in adolescence
- Revictimization
- Legal problems
- Homelessness
The Catalyzing Effects of Multiple Traumas
The Paths from Trauma to Legal Problems

Childhood Abuse → Complex PTSD

Complex PTSD → Violence, incl. domestic

Violence, incl. domestic → Prostitution

Prostitution → PTSD and TBI

PTSD and TBI → Substance Abuse

Substance Abuse → Accidents

Accidents → Legal Problems
TREATMENT OF TRAUMA IN CHILDREN AND ADOLESCENTS
Some medications may be used to treat symptoms of PTSD:

- Antidepressants
- Mood stabilizers
- Anticonvulsants
- Anxiolytics *not* benzodiazepines
- *Not* antipsychotics

There is no medication that specifically treats PTSD

- Only Prozac, Zoloft, and Paxil have been approved
TREATMENT OF TRAUMA

- Trauma-focused Cognitive-Behavioral Therapy (TF-CBT)
- Integrative Treatment of Complex Trauma (ITCT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Dialectical Behavior Therapy (DBT)
- Seeking Safety
TRAUMA-FOCUSED COGNITIVE-BEHAVIORAL THERAPY

- 12-20 sessions of skill-building and trauma processing for 3-18 year olds
  - Affect expression, cognitive coping, and trauma processing for children
  - Parenting skills for adults
  - Conjoint parent-child sessions
- Has the most research support of any child trauma treatment (Cohen, Mannarino, & Deblinger, 2012)
- Works on both PTSD and Complex PTSD (Sachser, Keler, & Goldbeck, 2017)
- Training is free!
INTEGRATIVE TREATMENT OF COMPLEX TRAUMA

- An evidence-informed approach
- Uses standardized assessment protocols
- The treatment protocol that matches specific problem areas (e.g., post-traumatic stress, attachment insecurity, suicidality) with multiple specific interventions (e.g., affect regulation, relationship building, and safety training)
- Uses elements from empirically-based treatments such as cognitive therapy, exposure therapy, play therapy, and relational therapy
- Individual, family, and group modalities
- Versions for 8-12 year olds and 12-21 year olds

Lanktree & Briere, 2017
EYE MOVEMENT DESENSITIZATION AND REPROCESSING

- Client 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
- Used for ages 4-adult

Greenwald, 1999
For adolescents and adults
Weekly 90 minute sessions
12-25 lessons
Provided individually or in groups
Typical group size is 8 members
Largely a cognitive-behavioral approach
Can be provided by professionals or paraprofessionals

25 topics that overlap between PTSD and Substance Abuse, such as
Safe Coping Skills
Grounding
Anger
Boundaries
Self-care
Honesty
Compassion

Najavits, 2002
DIALECTICAL BEHAVIOR THERAPY

- 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

Four topics:
- Mindfulness
- Interpersonal effectiveness
- Distress tolerance
- Emotion regulation

Linehan, 2014
EVIDENCE-BASED SOCIAL TREATMENTS OF TRAUMA

- Treatment Foster Care
- Multi-Dimensional Treatment Foster Care
WELLNESS ACTIVITIES

Mindfulness Meditation

Yoga
HOW YOU CAN HELP
WHAT COURTS CAN DO

- Make the courtroom a safe place to be
- Become trauma-informed
- Better yet, become trauma-competent
- Screen all participants for trauma histories and trauma symptoms
- Maximize choice and control where possible
- Act respectfully and nonjudgmentally
- Provide a stable, encouraging presence in the lives of families
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
ONE WAY TO HELP TROUBLED TEENAGERS

Circle of Caring
ONE WAY TO HELP TROUBLED TEENAGERS

Circle of Caring for Teens Who Have Killed
ONE WAY TO HELP TROUBLED TEENAGERS

Circle of Caring + 1 for Teens Who Have Killed

Your first job is to expand the circle by one.
A SECOND WAY TO HELP TROUBLED TEENAGERS

- Remember “Superkids”? 
- They were abused and neglected children, mostly in foster care 
- Q: What did they all have in common? 
  A: One person who cared about them unconditionally 
- Your second job is to find that one person.
RESOURCES
ASSSESSMENTS FOR TRAUMA

- ACE questionnaire  http://www.ncjfcj.org/sites/default/files/Finding Your ACE Score.pdf
RESOURCES ON TRAUMA IN CHILDREN

- *Complex Trauma in Children and Adolescents*, NCTSN White Paper, available at [http://www.nctsn.org/sites/default/files/assets/pdfs/ComplexTrauma_All.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/ComplexTrauma_All.pdf)
- *Treating Complex Traumatic Stress Disorders in Children and Adolescents*, ed. by Julian Ford and Christine Courtois
- *Developmental Trauma Disorder with Bessel van der Kolk* (DVD)
BOOKS ON TREATMENT

- *EMDR Therapy and Adjunct Approaches with Children: Complex Trauma, Attachment, and Dissociation* by Ana Gomez
- *Eye Movement Desensitization and Reprocessing in Child and Adolescent Psychotherapy* by Ricky Greenwald
- *Treating Trauma and Traumatic Grief in Children and Adolescents*, by Judith Cohen, Anthony Mannarino, and Esther Deblinger
BOOKS ON TREATMENT

- *Treating Complex Trauma in Children and Their Families: An Integrative Approach* by Cheryl Lanktree and John Briere
- *Treating Complex Trauma in Adolescents and Young Adults* by John Briere and Cheryl Lanktree
- *Seeking Safety* by Lisa Najavits
- *DBT Skills Manual for Adolescents* by Jill Rathus and Alec Miller
INTERNET RESOURCES ON CHILD TRAUMA

- National Child Traumatic Stress Network
  [http://www.NCTSNet.org](http://www.NCTSNet.org)

- International Society for Traumatic Stress Studies:
  [http://www.istss.org](http://www.istss.org)

- The Trauma Center (Bessel van der Kolk)
  [http://www.traumacenter.org/](http://www.traumacenter.org/)

- Child Trauma Academy (Bruce Perry)
INTERNET RESOURCES ON CHILD TRAUMA TREATMENT

- Trauma Focused-Cognitive Behavioral Therapy: http://tfcbt.musc.edu and https://tfcbt.org/

- EMDR: www.emdr.org
INTERNET RESOURCES ON ADOLESCENT TRAUMA TREATMENT


- Dialectical Behavior Therapy: http://www.behavioraltech.com

- Seeking Safety: http://www.treatment-innovations.org/seeking-safety.html
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