

What's Old Is New Again: Complex PTSD in ICD 11, Clinical Practice, and Your Courtroom

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Disclaimer

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Disclosure

The author has no conflicts of interest to disclose.

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Why Should You Care about Complex Trauma?

- It will be in ICD 11.
 - That makes it the law of the land.
- It's real.

You see it and work with people who have it every day.
- You can only treat a problem when you know what it is.
- Treating underlying problems lowers recidivism rates.

The ACE Study

Adverse Childhood Experiences

Complex Trauma and Health: The Adverse Childhood Experiences Study

ACEs = ADVERSE
CHILDHOOD
EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

- 17,421 adult patients of Kaiser Permanente
- Initially 8, later 10 categories of ACEs in the childhood home

Felitti, Anda, et al., 1998

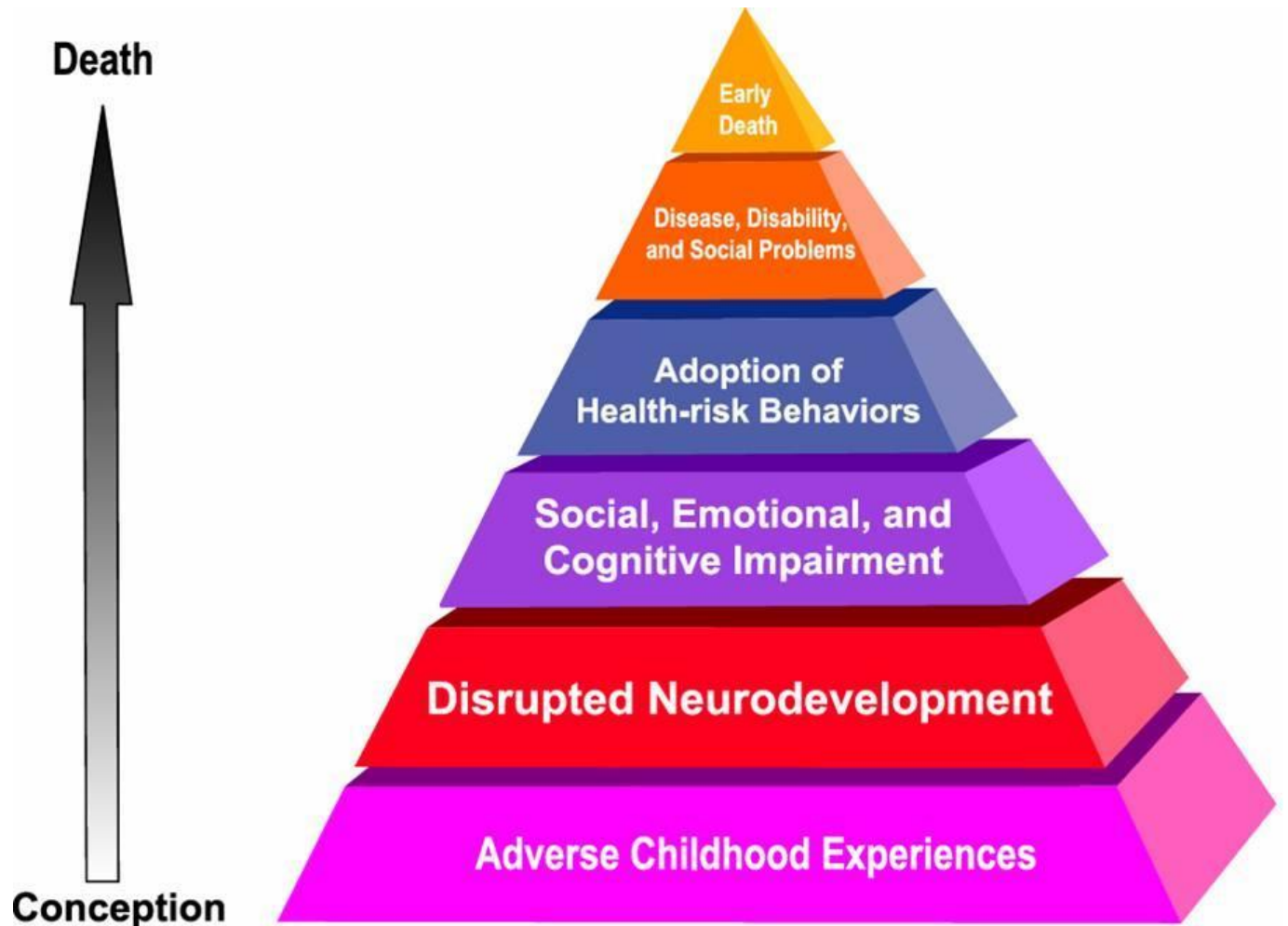
Complex Trauma and Health: The ACE Study

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

Complex Trauma and Behavioral Health: The ACE Study

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





Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

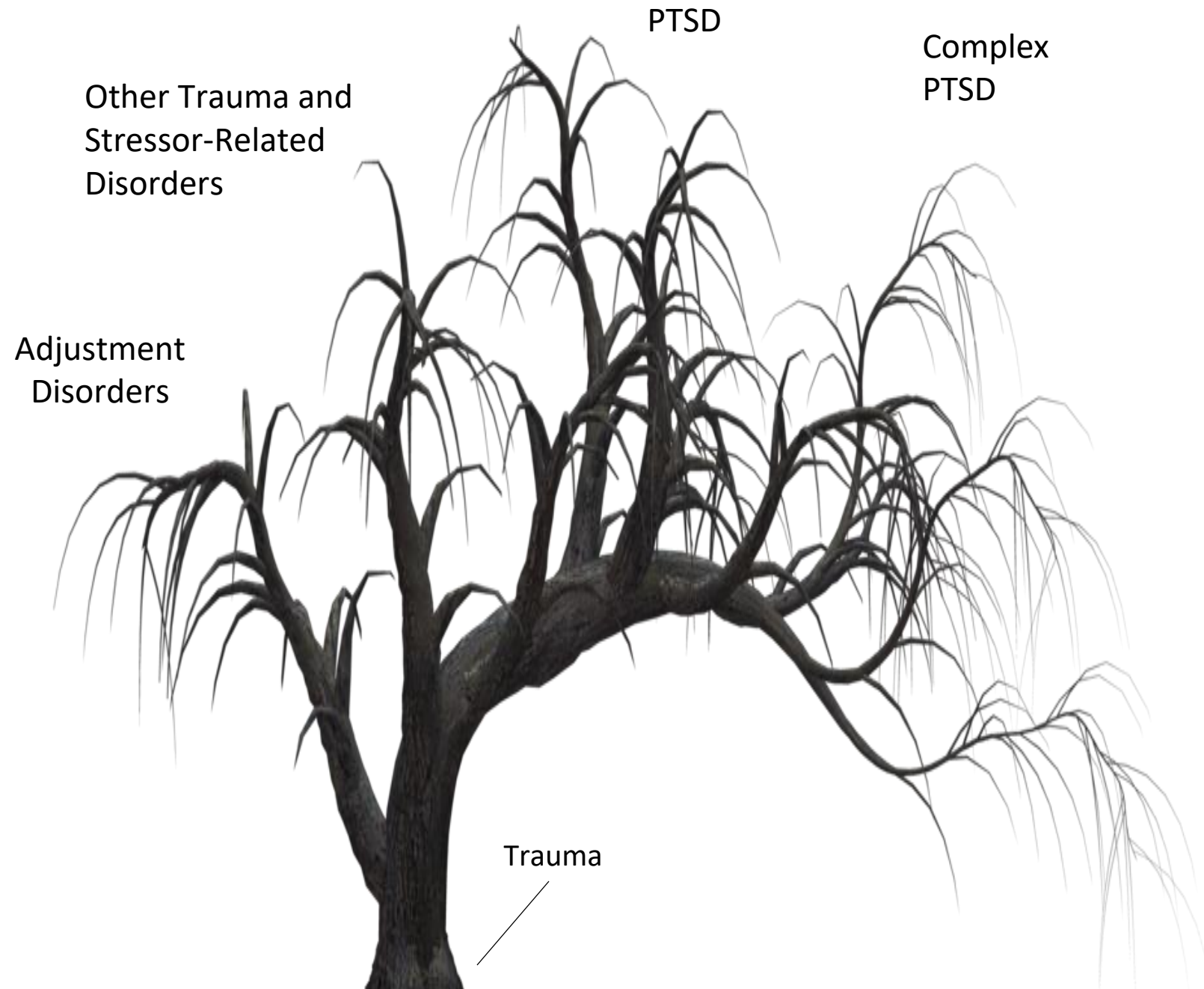
The Aces Pyramid

Complex Trauma

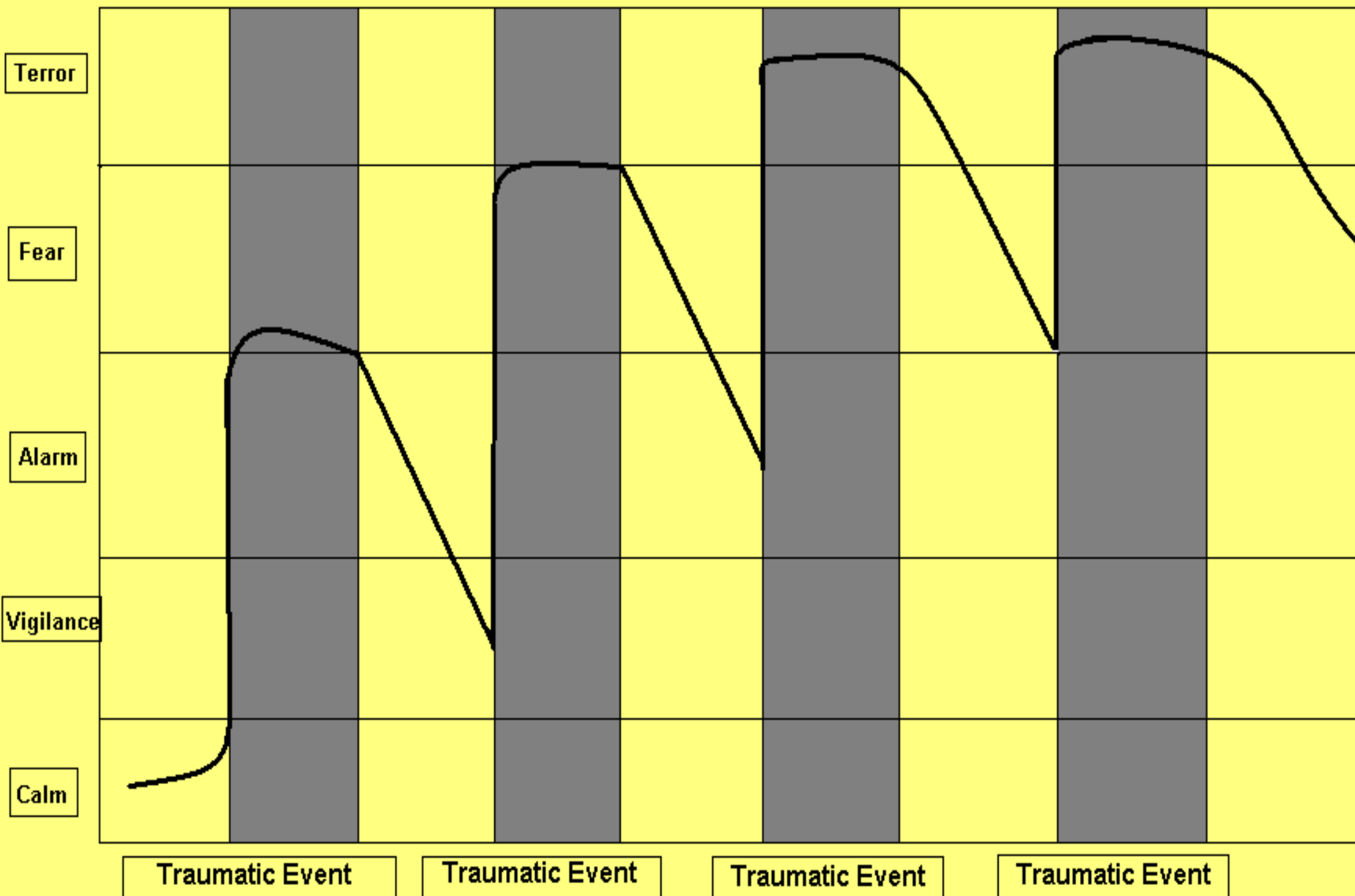
What is Complex Trauma?

- 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



Response to Multiple Traumas



After Bruce Perry, 1999

What is Complex Trauma?

- The psychological effects of chronic, cumulative, and often different types of traumas
- Experiences of 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





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 (cont'd)

- 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

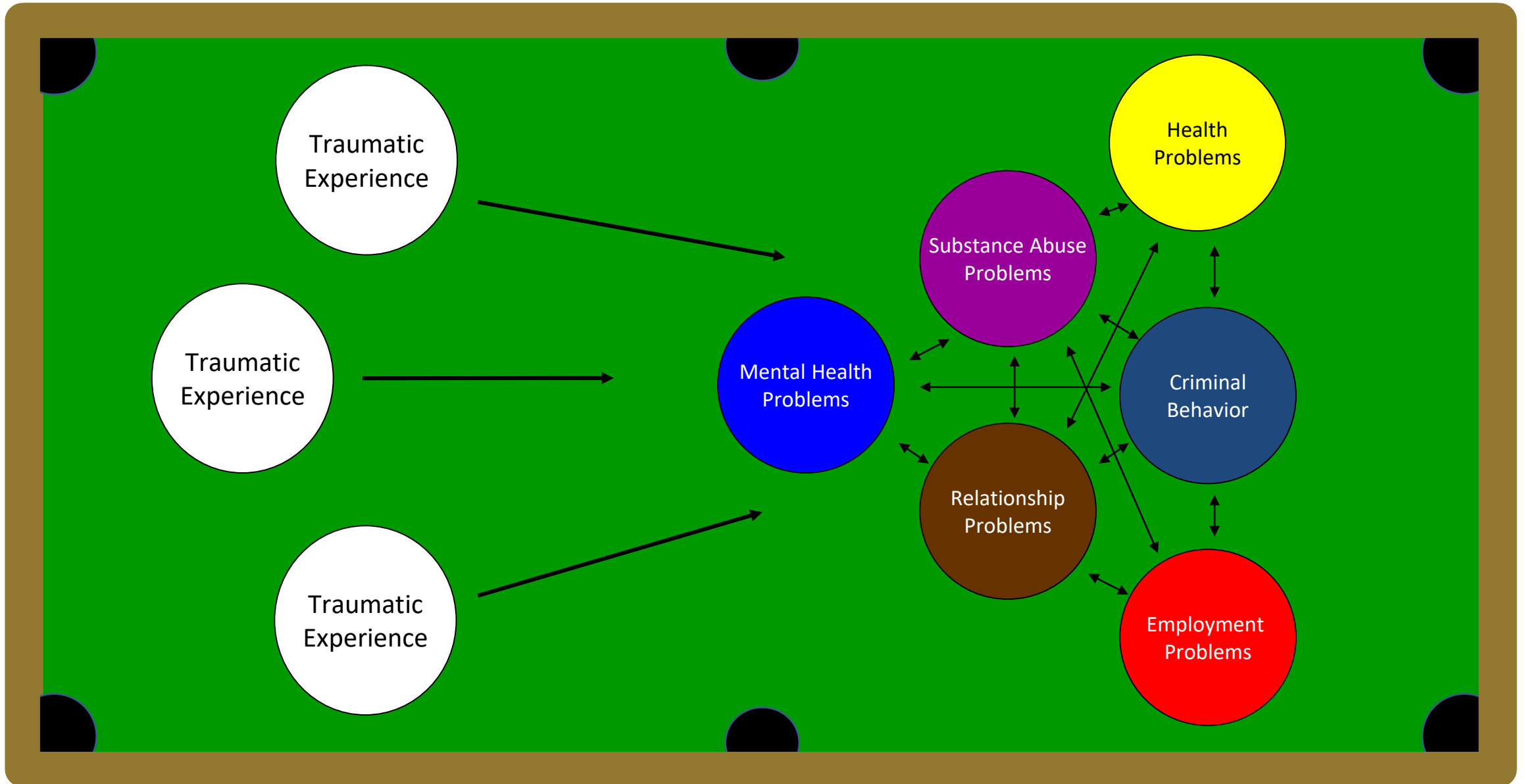
Simple

10-20%

Complex

33-75%

The Catalyzing Effects of Multiple Traumas



Complex PTSD

The Origins of Much Complex PTSD

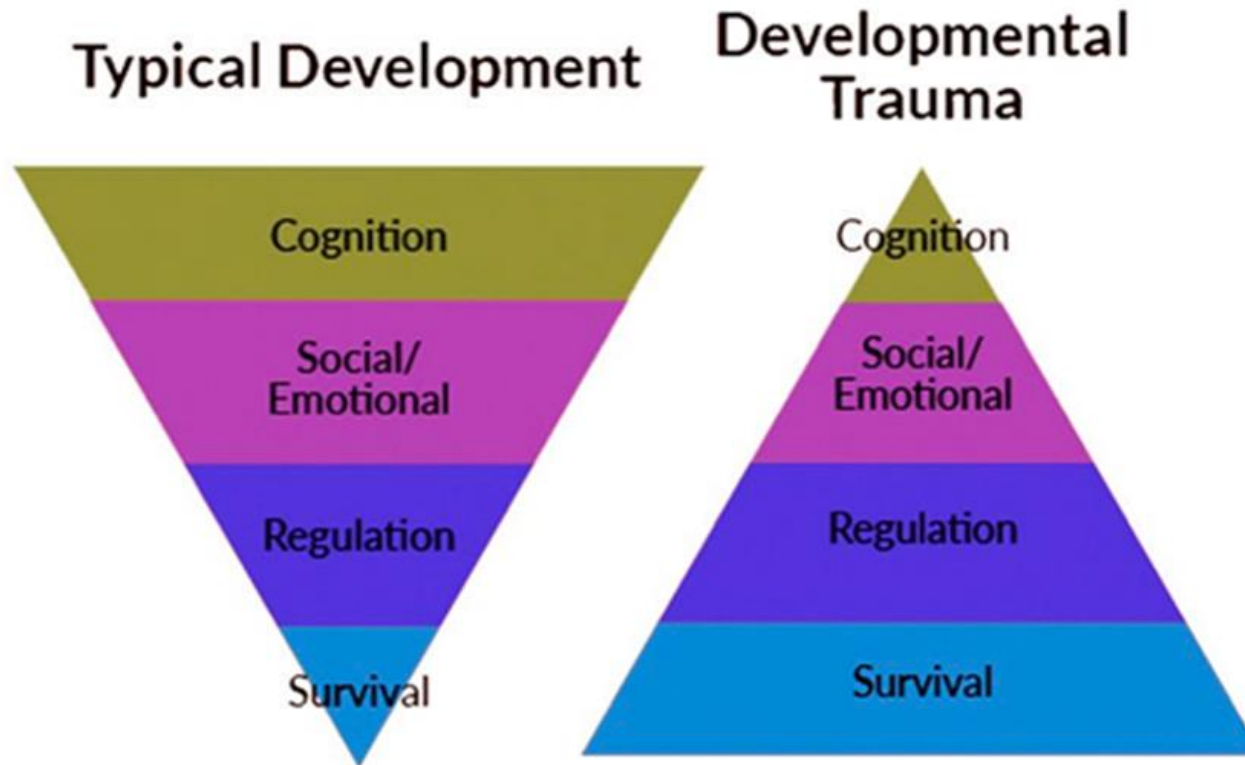


- Complex PTSD usually stems from childhood trauma (Cloitre et al., 2013; Hyland et al., 2017; Karatzias et al., 2016)
 - The greater the number of childhood traumas, the greater the risk of developing Complex PTSD
 - This is especially true of childhood sexual trauma
- Women are more vulnerable to PTSD and C-PTSD than men (Hyland et al., 2017)

Trauma & Brain Development



- Reptilian Brain
- Limbic System
- Neocortex



Adapted from Holt & Jordan, Ohio Dept. of Education

The traumatized child's brain shifts from focusing on learning to focusing on survival (Ford, in Curtois & Ford, 2009).

Complex Trauma and Complex PTSD Are Different

- Complex trauma is a series of traumatic experiences, while Complex PTSD is a diagnosis that results from the effects traumatic experiences
- Complex trauma is a risk factor for Complex PTSD
- Not all complex trauma leads to Complex PTSD
- Complex PTSD can also result from severe single event traumas such as torture



Types of Trauma in Childhood vs. Adulthood

Complex PTSD

Child Trauma/ Adverse Events	%
Physical Abuse	80%
Sexual Abuse	65%
Emotional Abuse	80%
Neglect	46%
Did not live with mother	35%
 Adulthood Trauma	
Sexual Assault	52%
Physical Assault	24%
Domestic Violence	12%
Chronic Sexual Assault	11%

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

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

It may also include:

- Tendency to be revictimized
- Loss of a coherent sense of self
- Problems in behavioral self-regulation
- Dissociation
- Changes in systems of belief and meaning

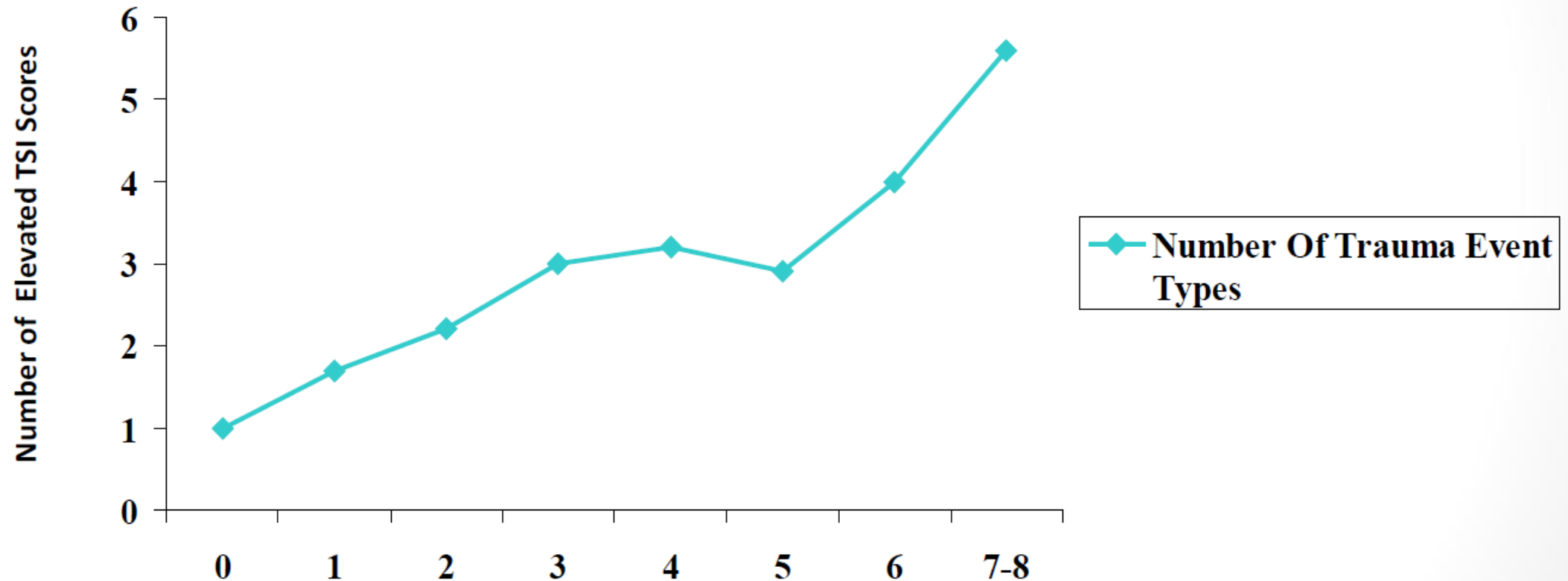


Complex PTSD May Be Confused With:

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



An Increasing Number of Types of Trauma Are Associated with Increased Problems



Briere et al, 2008



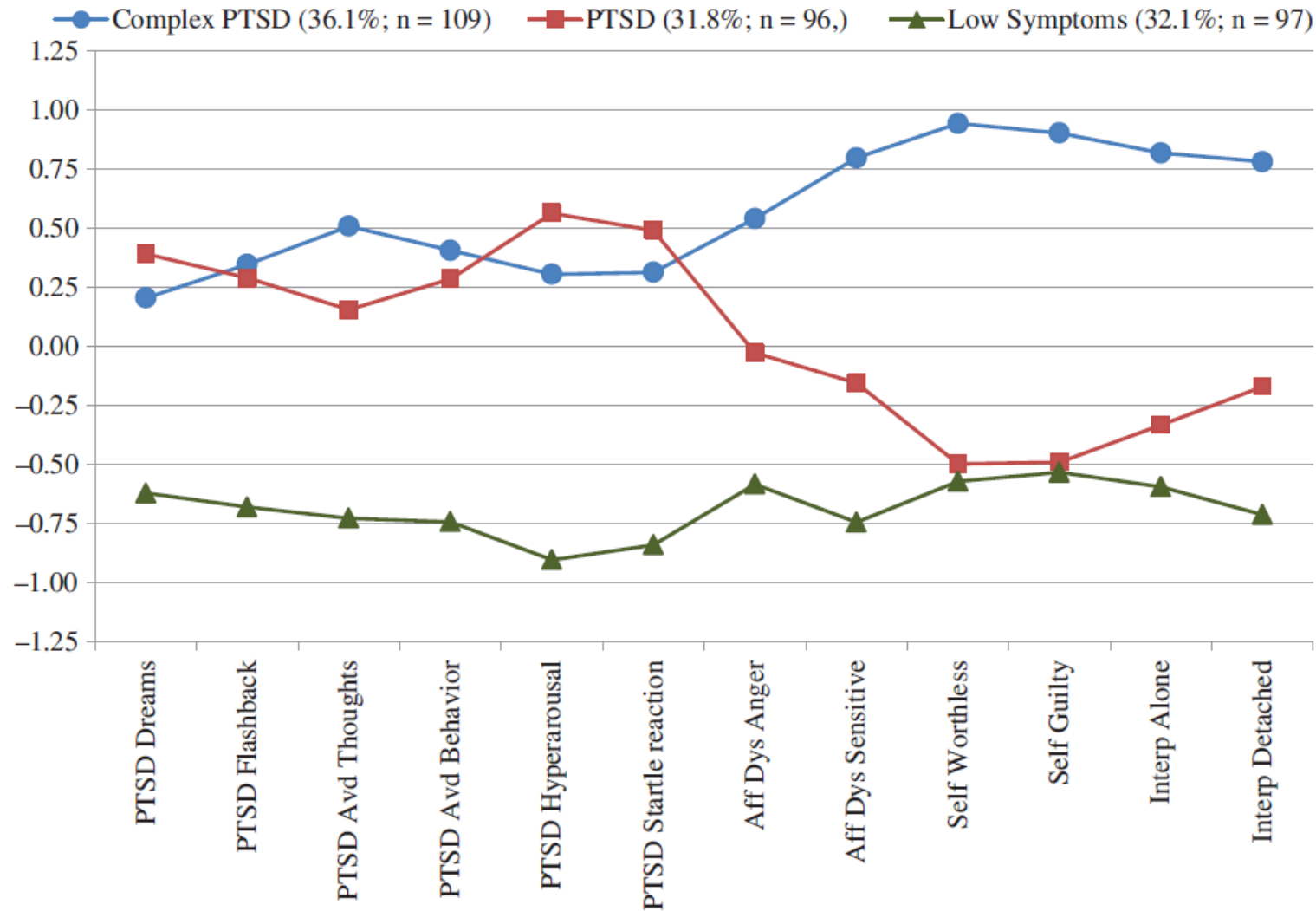
Complex PTSD Is Associated with Other Problems

- Other mental health disorders
- Substance use disorders
- Health problems
- Legal problems

Complex PTSD Is Diagnostically Distinct from PTSD

- Complex PTSD is conceptually different from PTSD (cf., Cloitre et al., 2013; Herman, 1992; Maercker et al., 2013)
- Eight studies show that Complex PTSD has a different factor structure than PTSD (cf., Bottche et al., 2018; Brewin et al., 2017; Hyland et al., 2017; Karatzias et al., 2017, etc.)
- Complex PTSD is associated with greater functional impairment (Brewin et al., 2017; Karatzias et al., 2017)
- There has been some disagreement about this from defenders of DSM 5 (Wolf et al., 2015)

Complex PTSD Is Distinct from PTSD

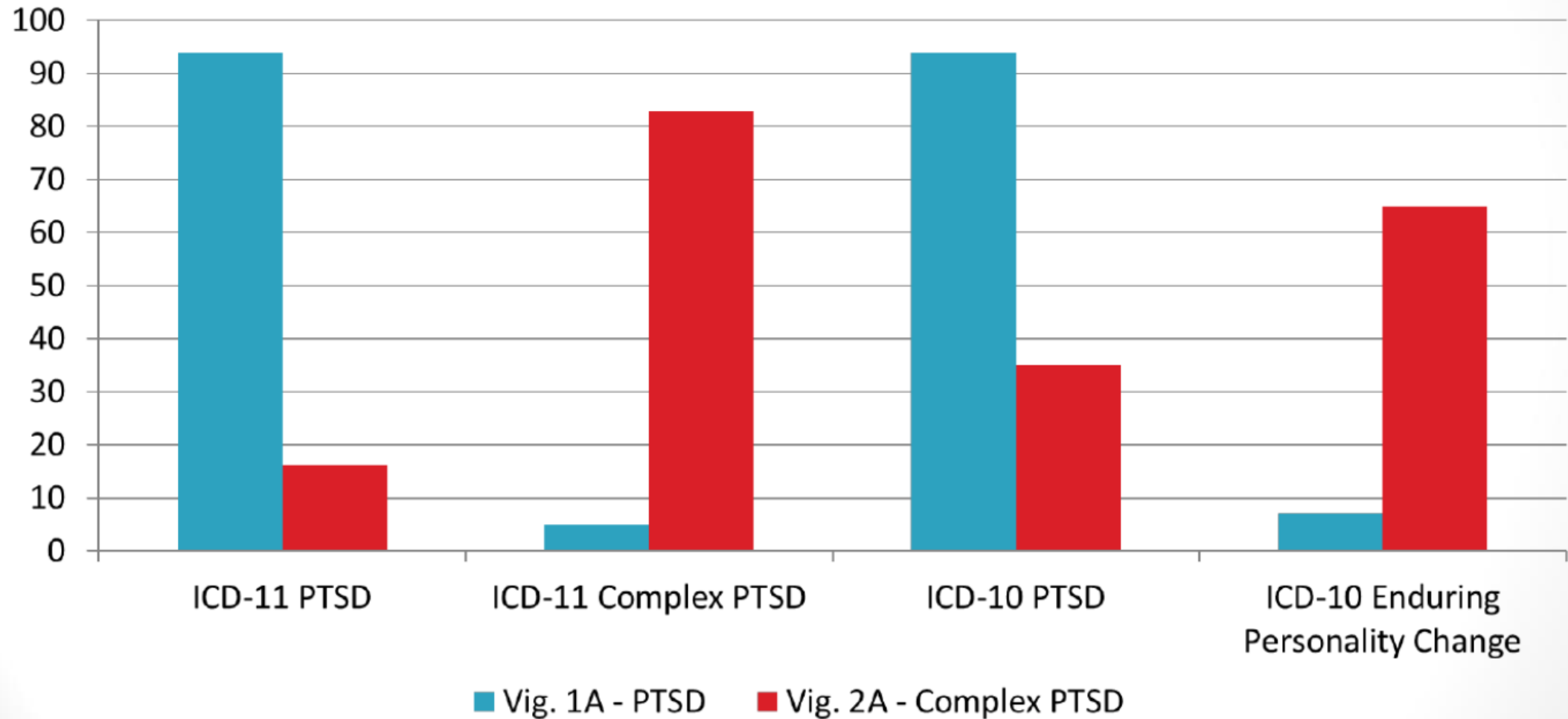


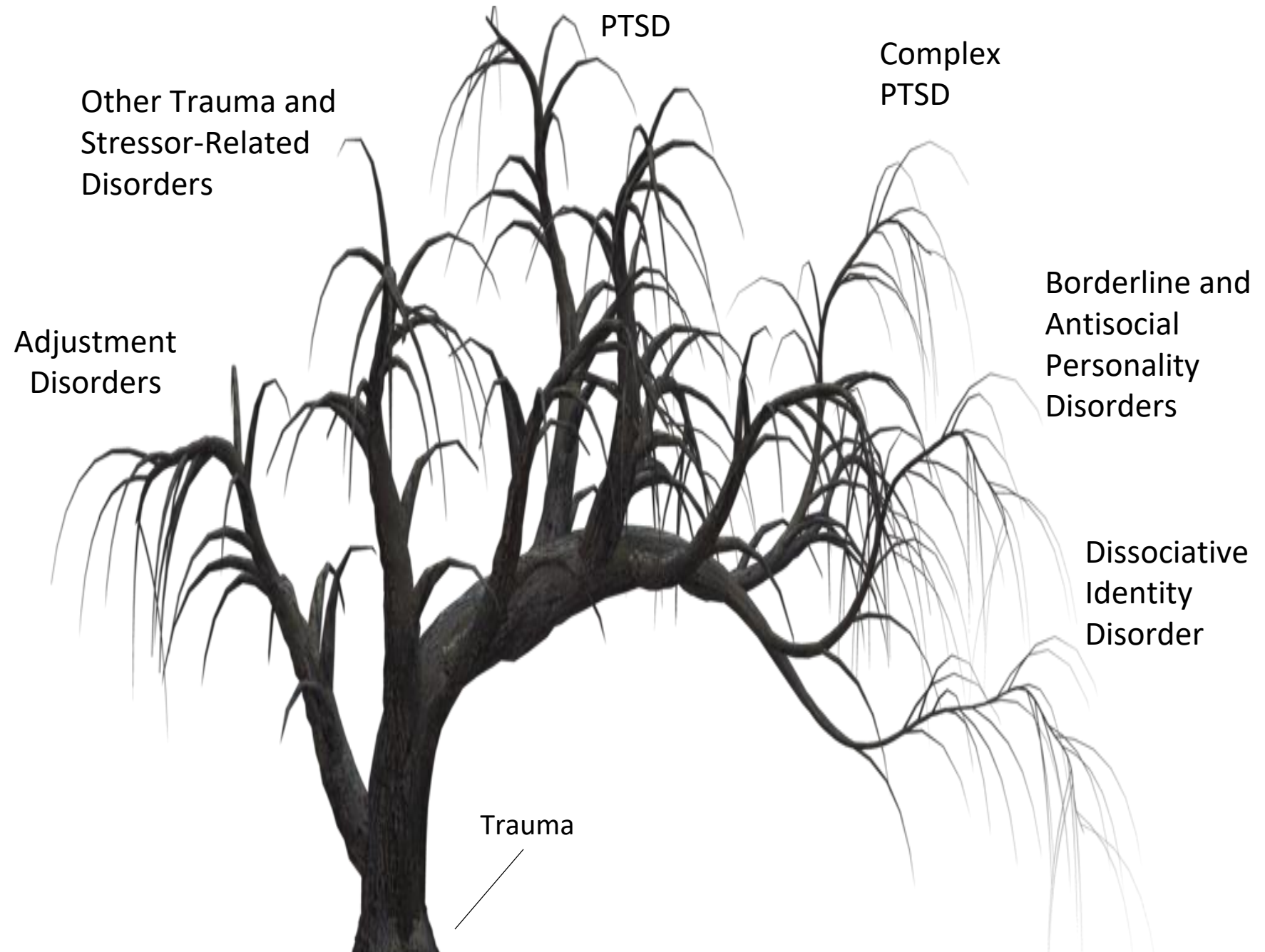
Mean standardized values of complex PTSD items.

Vignette Study, n = 1738 mental health providers from 76 nations:

(1) Can clinicians differentiate Complex PTSD from PTSD?

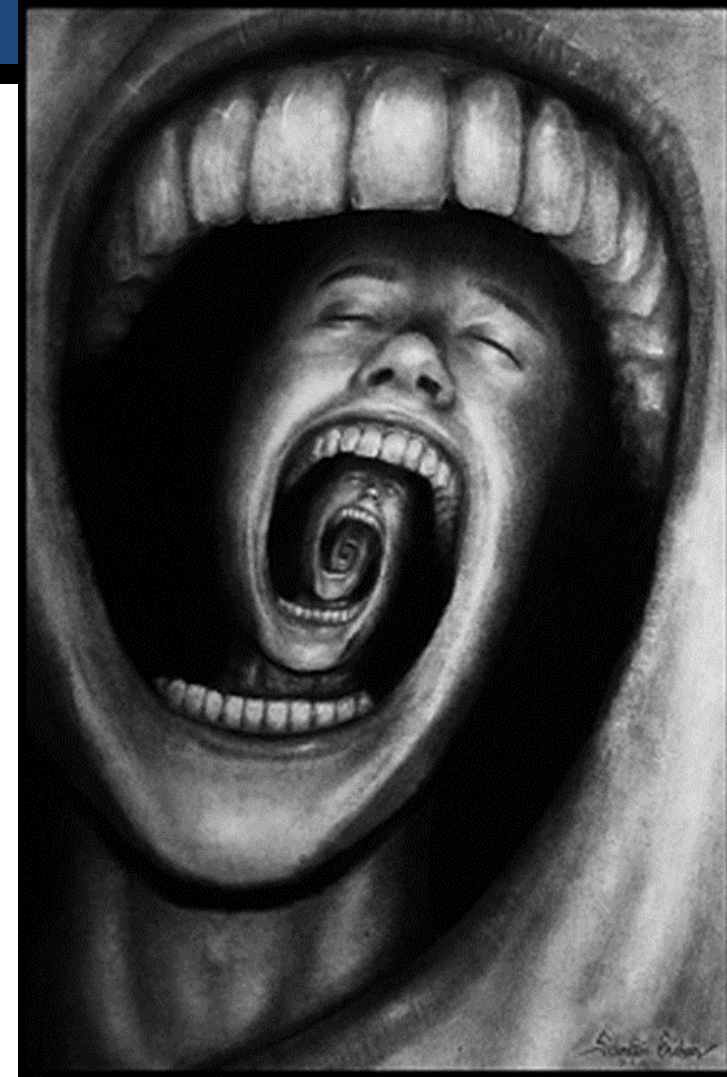
(2) Is accuracy of dx improved from ICD-10 to ICD-11

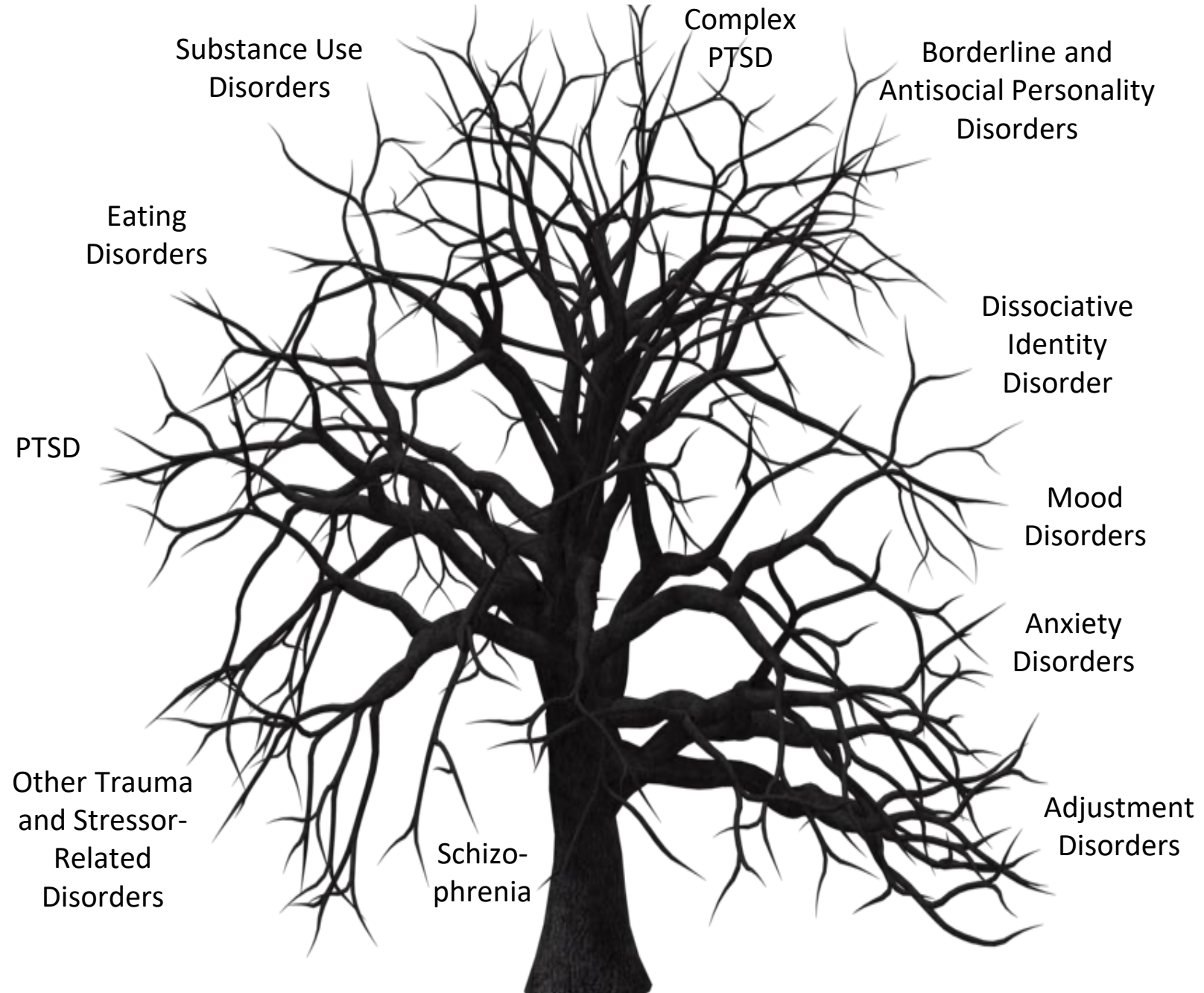




Personality Disorders

- 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





Assessment of Complex PTSD

Diagnosis of Complex PTSD

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.

Clinical Assessment

- In addition to the Re-experiencing, Avoidance, and Hyperarousal associated with PTSD, Complex PTSD adds the following:
 - Severe and pervasive problems in affect regulation
 - Persistent beliefs about oneself as diminished, defeated or worthless, accompanied by deep and pervasive feelings of shame, guilt or failure related to the traumatic event
 - Persistent difficulties in sustaining relationships and in feeling close to others

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.

ACE Evaluation

Part 1

Instructions: Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						
9. Other unwanted or uncomfortable sexual experience						
10. Combat or exposure to a war-zone (in the military or as a civilian)						
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
12. Life-threatening illness or injury						
13. Severe human suffering						
14. Sudden violent death (for example, homicide, suicide)						
15. Sudden accidental death						
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience						

Life Events Checklist 5

Below are problems that people who have had stressful or traumatic events sometimes experience. The questions refer to ways you typically feel, ways you typically think about yourself and ways you typically relate to others. Answer the following thinking about how true each statement is of you.

<i>How true is this of you?</i>	<i>Not at all</i>	<i>A little bit</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>Extremely</i>
C1. When I am upset, it takes me a long time to calm down.	0	1	2	3	4
C2. I feel numb or emotionally shut down.	0	1	2	3	4
C3. I feel like a failure.	0	1	2	3	4
C4. I feel worthless.	0	1	2	3	4
C5. I feel distant or cut off from people.	0	1	2	3	4
C6. I find it hard to stay emotionally close to people.	0	1	2	3	4
<i>In the past month, have the above problems in emotions, in beliefs about yourself and in relationships:</i>					
C7. Created concern or distress about your relationships or social life?	0	1	2	3	4
C8. Affected your work or ability to work?	0	1	2	3	4
C9. Affected any other important parts of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

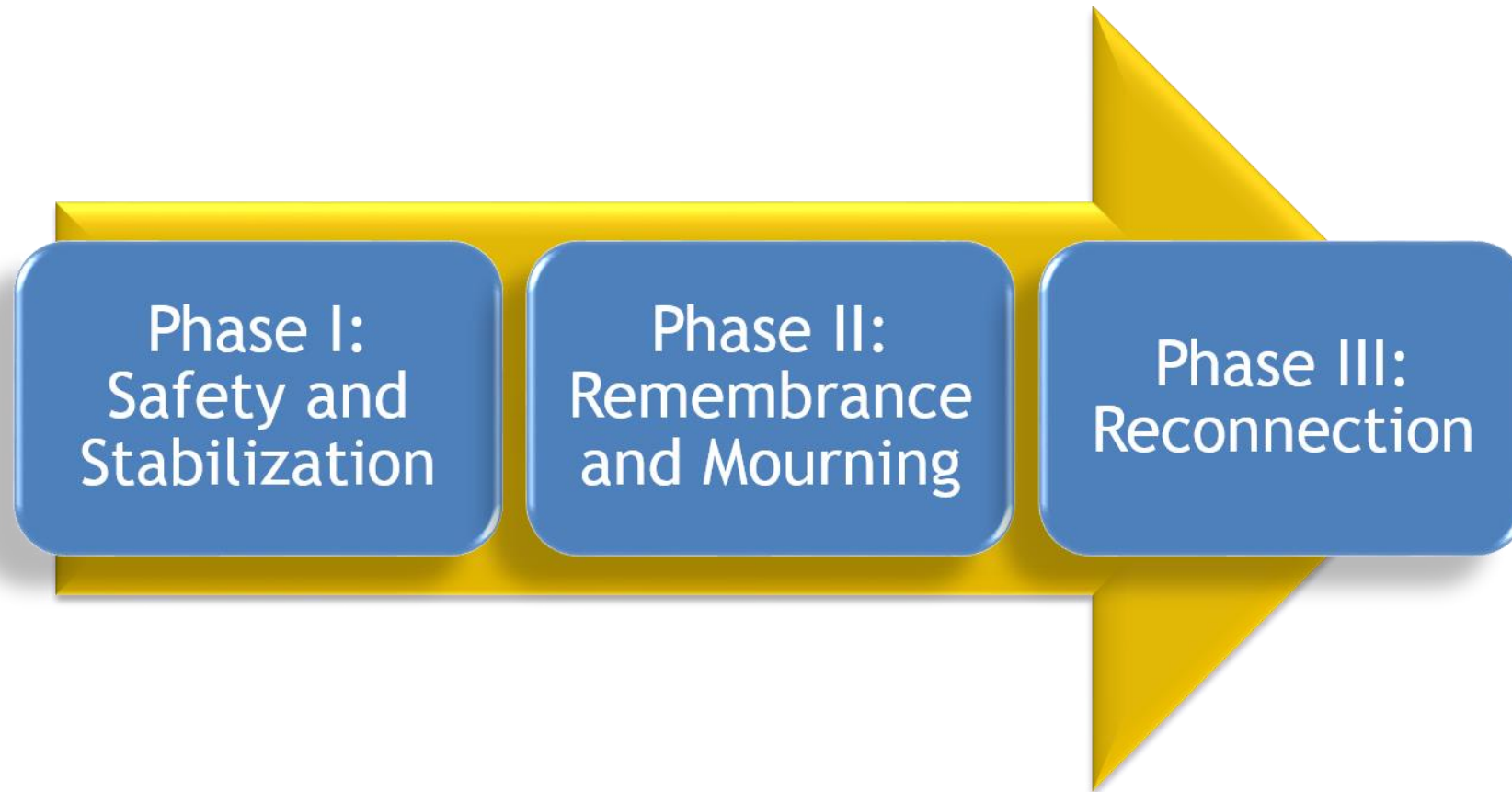
International Trauma Questionnaire

Evidence-Based Treatment of Complex PTSD

Medication in the Treatment of Complex PTSD

- Medication for symptom management and co-morbid disorders
 - Antidepressants
 - Mood stabilizers
 - Anticonvulsants
 - Sleep aids, including Prazosin for nightmares
- Only SSRIs are approved for treating PTSD
- There is no medication that “cures” PTSD
- There is no medication for Complex PTSD

Phases of Complex PTSD Treatment



After Herman, 1992

Treatment of Complex PTSD

Stage I: Safety and Stabilization
(The Longest Stage)

Stage I: Safety and Stabilization

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

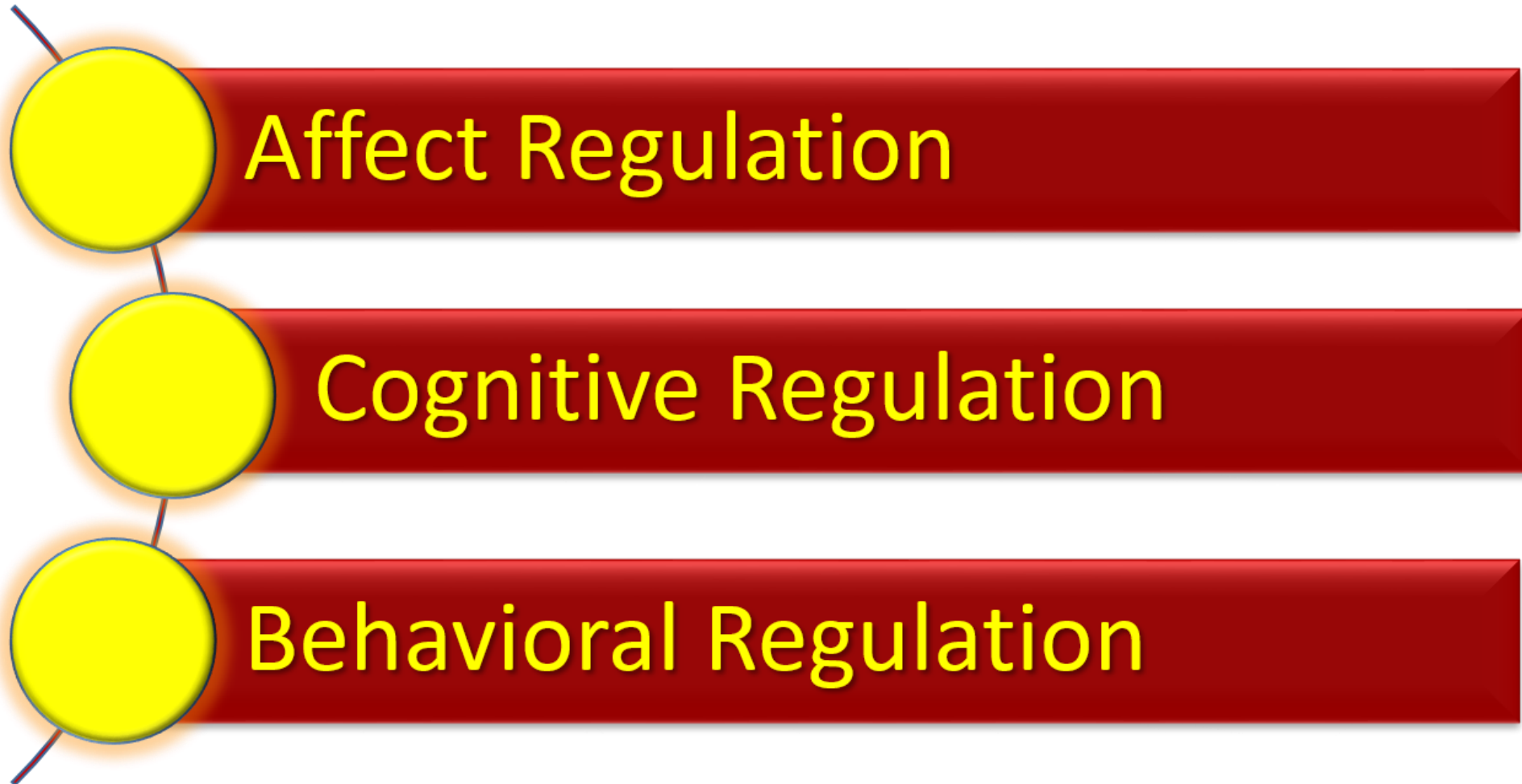


Stage I: Stabilization



- 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

Stage I: Skill-Building

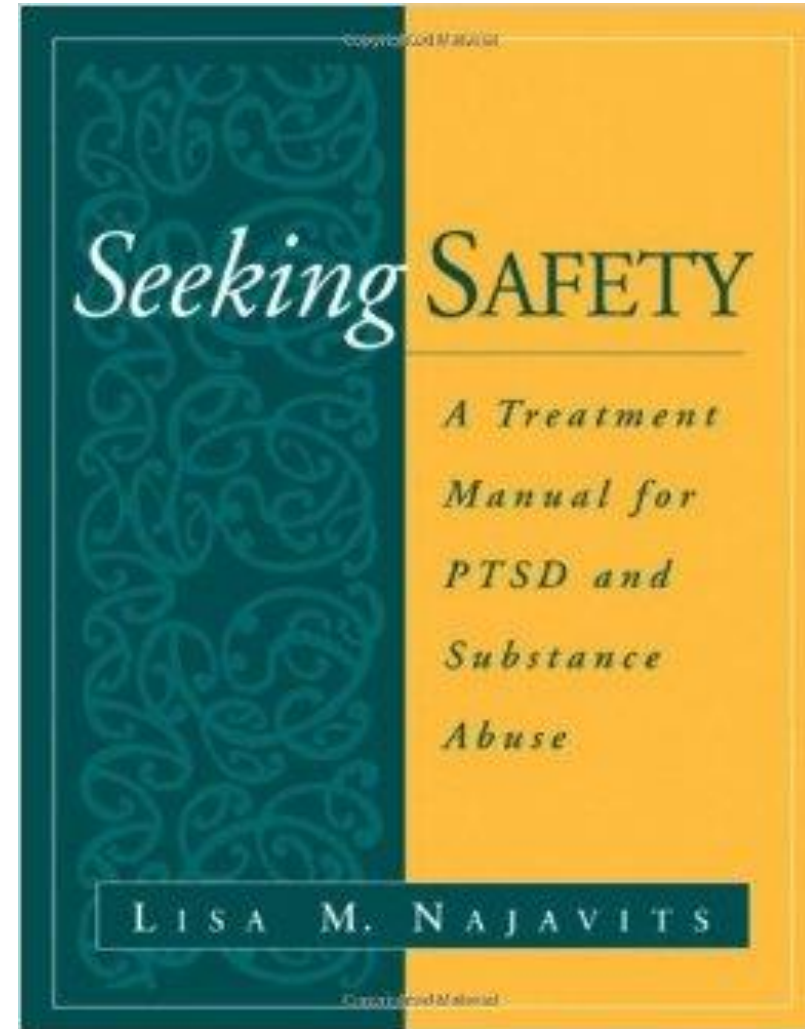


Evidence-Based Treatments for Stage I

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

Seeking Safety

- 25 lessons on topics that overlap between PTSD and Substance Abuse
 - Grounding
 - Asking for Help
 - Anger
 - Boundaries
 - Self-care
 - Honesty
- 84 Safe Coping skills



Seeking Safety (cont'd)

- Weekly 90-minute sessions
- Often taught in 12 sessions
- Semi-structured
- 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

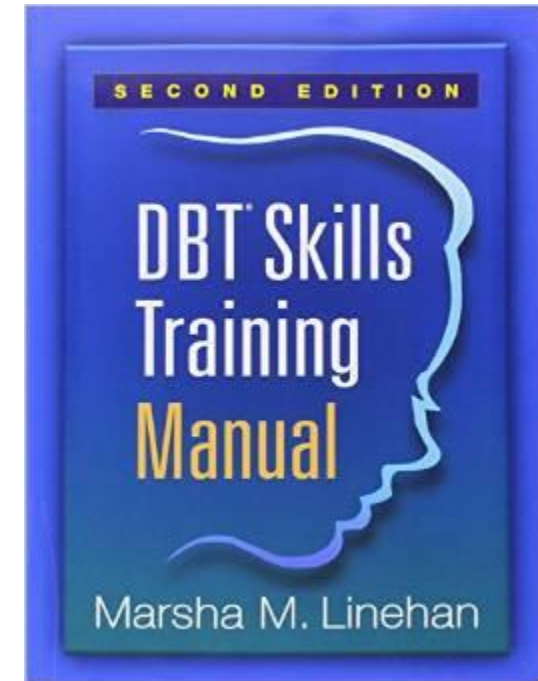


Dialectical Behavior Therapy

- 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 1 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



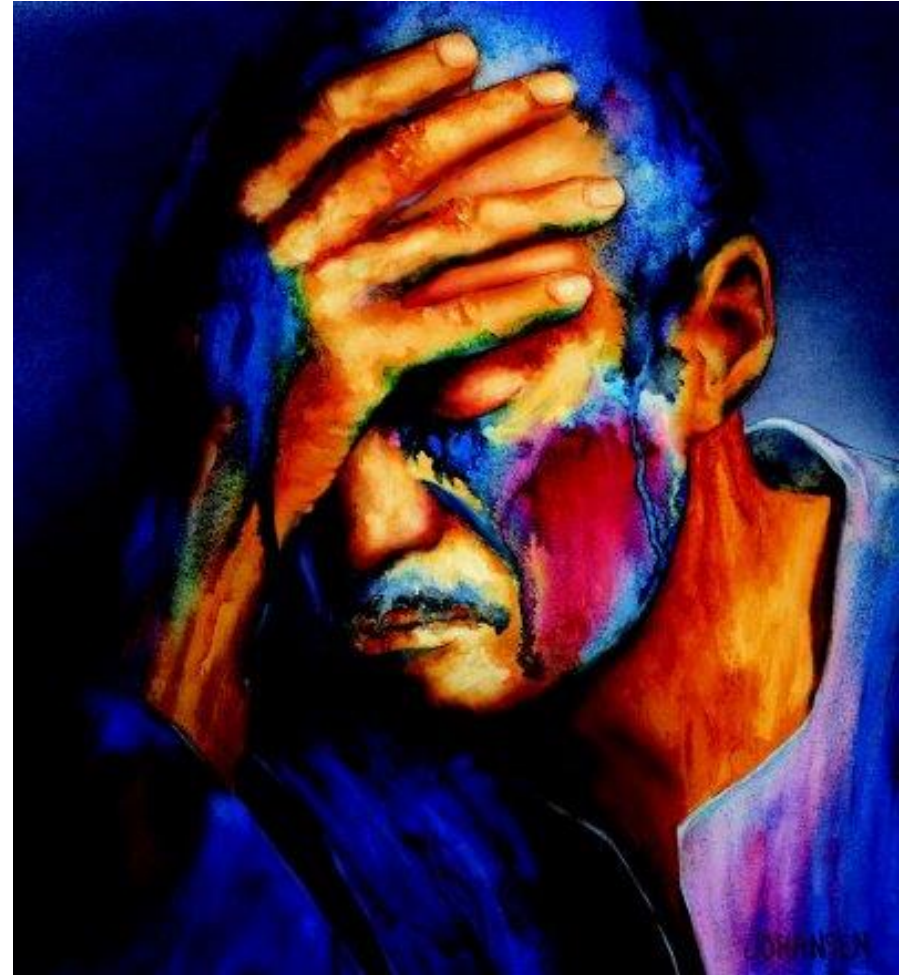
Treatment of Complex PTSD

Stage II: Remembrance and Mourning

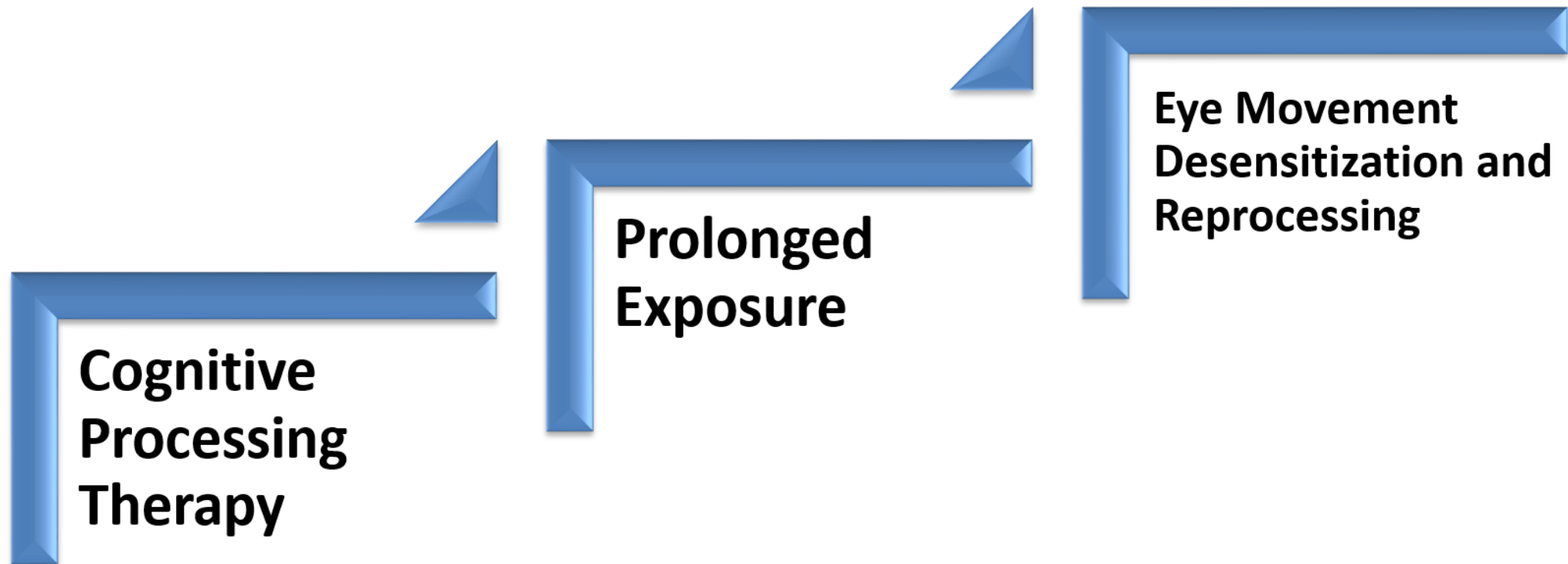
The only way *out*
is *through*.

Stage II: Remembrance and Mourning

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



Evidence-Based Treatments for Stage II



Cognitive Processing Therapy

- A cognitive intervention to change the way a person who has experienced trauma 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

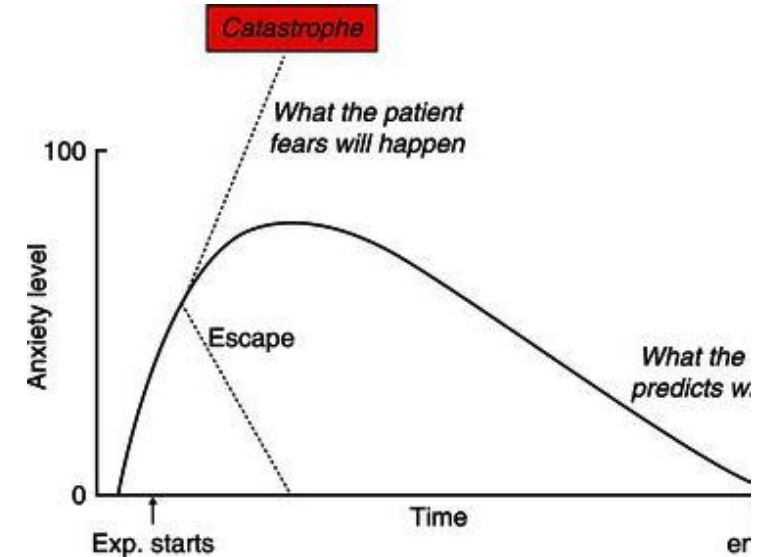
Cognitive Processing Therapy (cont'd)

- 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 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

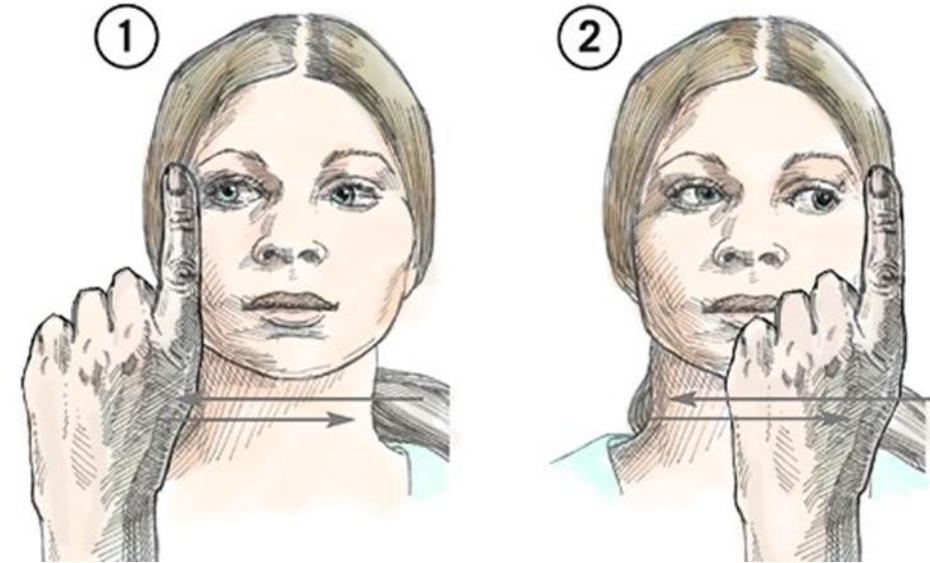


Prolonged Exposure (cont'd)

- 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
- There is no evidence that it successfully treats Complex Trauma

Eye Movement Desensitization and Reprocessing (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

- Auditory and tactile alternatives to eye movements using bilateral stimulation (headphones, tactile pulsars)
- EMDR works for Complex Trauma (Davidson & Parker, 2001; Maxfield & Hyer, 2002; Seidler & Wagner, 2006)



A Promising Treatment: 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
 - 8 sessions of narrative therapy



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

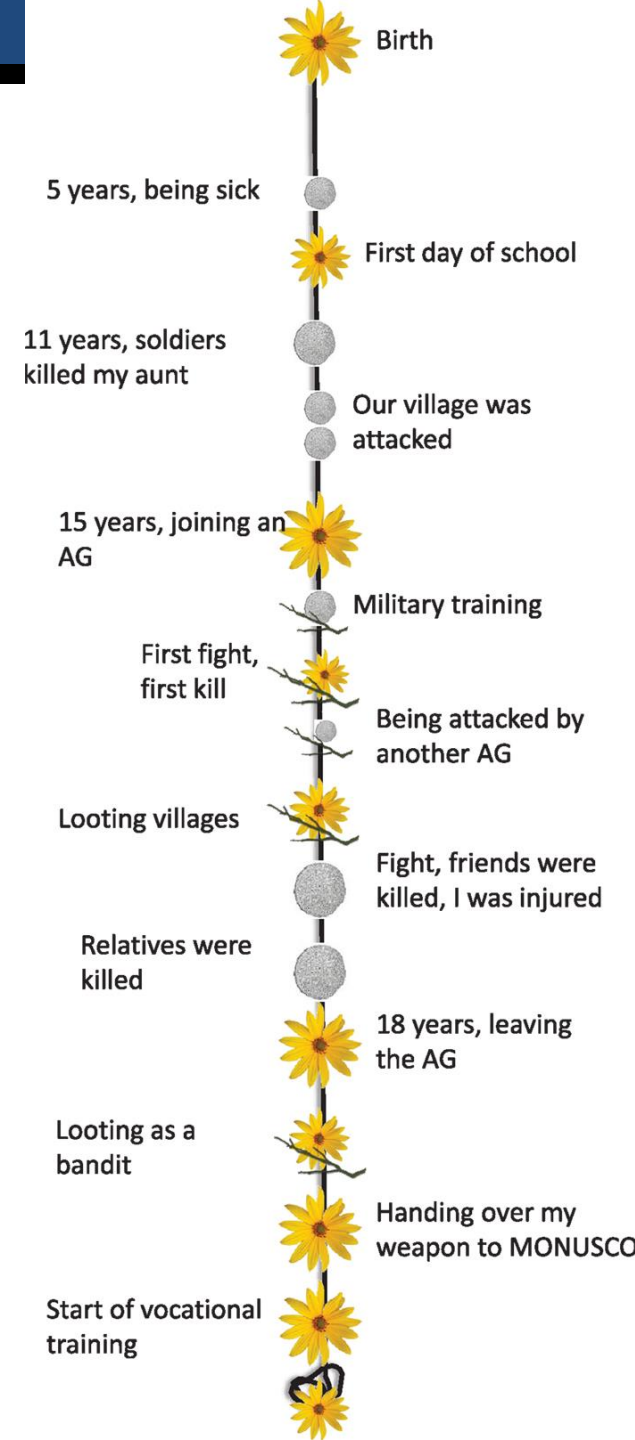
A Promising Treatment: Narrative Exposure Therapy

- Designed for people with complex traumatic experiences (Schauer, Neuner, & Elbert, 2011)
- For small groups or individuals
- 4-10 sessions
- Focuses on developing a narrative for a person's entire life, not just their traumatic experiences



Narrative Exposure Therapy

- Participant tells the story of their life, including thoughts, emotions, and physiological responses while staying in the present
- Uses physical reminders (stones, flowers, etc.) to stay in the present
- Participant creates a lifeline
- Focuses on creating an account of what happens in a manner that emphasizes self-respect and acknowledges human rights
- Participants receive a written biography compiled by the therapist at the end of treatment



Narrative Exposure Therapy



- Often used in community settings with groups such as refugees
- Can be delivered by laypersons
- There is a children's version called KIDNET
- NET is effective (Robjant & Fazel, 2010)
 - Further improvement at follow-up
 - Works even in settings where violence continues

Treatment of Complex 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?

THE SEARCH
FOR MEANING

- 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



Psychological Treatment of Complex PTSD

Evidence-based psychotherapies are not, by themselves, enough, since they are designed for specific diagnoses; careful clinical attention must be paid to the disruptions of cognition, emotion, body, sense of self, and interpersonal relationships associated with complex trauma.

Ford and Courtois, 2009

Wellness Activities



Mindfulness Meditation

Yoga

Qi Gong

Tai Chi

Massage

Acupuncture



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
- *The Trauma Recovery Group: A Guide for Practitioners* (2011), Michaela Mendelsohn, Judith Herman, Emily Schatzow, and Diya Kallivayalil

Complex Trauma Resources

- *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

Resources

- 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.
- <http://www.nctsn.org/trauma-types/complex-trauma/assessment>
- www.acestudy.org

Internet Resources

- National Child Traumatic Stress Network
<http://www.NCTSTNet.org>
- International Society for Traumatic Stress Studies:
<http://www.istss.org>
- The Trauma Center (Bessel van der Kolk)
<http://www.traumacenter.org/>
- Child Trauma Academy (Bruce Perry) <http://childtrauma.org/>

Assessment Resources for Complex Trauma

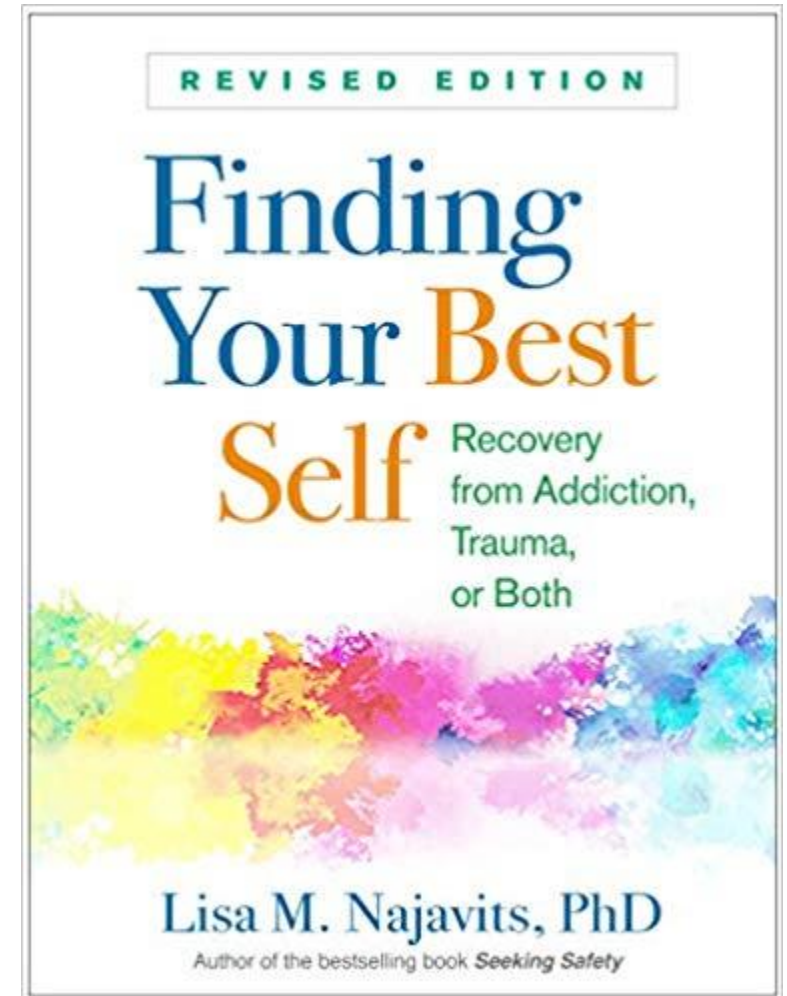
- ACE questionnaire
<http://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf>
- Life Events Checklist 5
https://www.ptsd.va.gov/professional/assessment/documents/LEC-5_Standard_Self-report.pdf
- International Trauma Questionnaire
<https://www.traumameasuresglobal.com/itq>

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
 - <http://www.treatment-innovations.org/seeking-safety.html>
- *Finding Your Best Self: Recovery from Trauma, Addiction, or Both* (2019), Lisa Najavits



Cognitive Processing Therapy

- *Cognitive Processing Therapy for PTSD: A Comprehensive Manual* (2016), Patricia Resick, Candice Monson, and Kathleen Chard

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

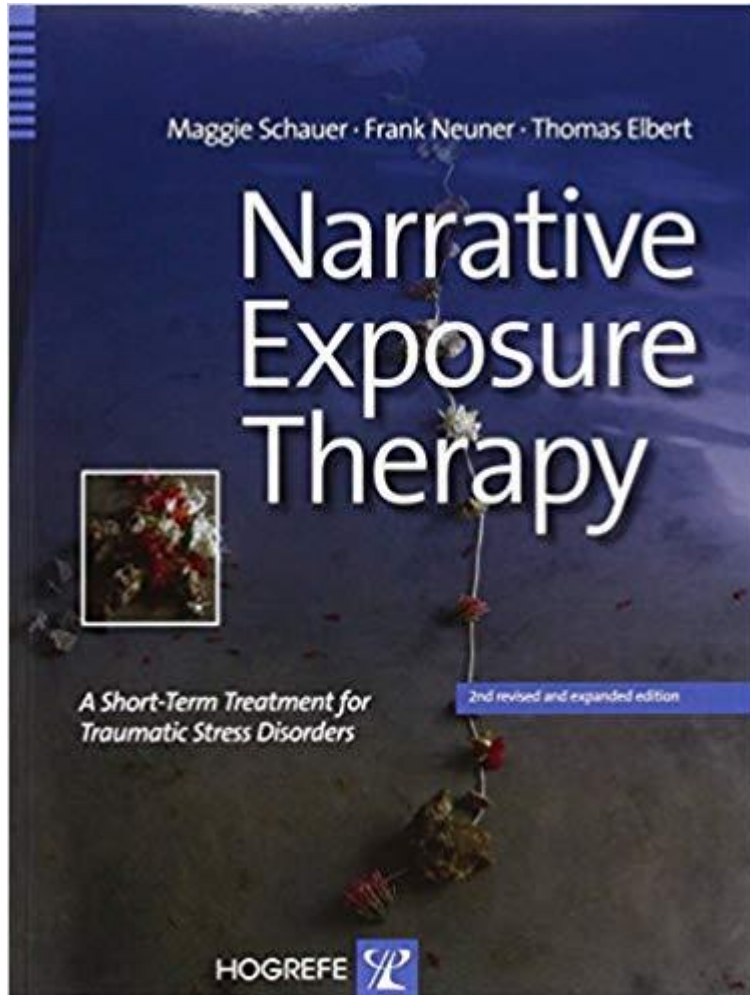
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