PE and CPT Start-Up Tips:

STICKING TO THE PROTOCOL, INCREASING HOMEWORK COMPLIANCE, MANAGING CRISIS

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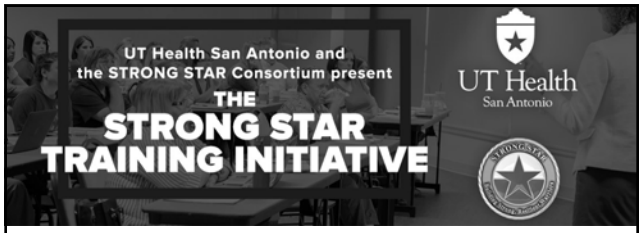

The **STRONG STAR Training Initiative** conducts Learning Communities – competency-based training – in evidence-based treatments for ***PTSD***, including **Cognitive Processing Therapy** and **Prolonged Exposure, Suicide Prevention**, and **Insomnia** and **Nightmares** with licensed mental health providers.

Learn More: www.strongstartraining.org

Save the Date!

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Conflict of Interest Disclosure

The presenter has no conflicts of interest to disclose.

Preparing for Sessions

Therapist Tasks

Before Every Session:
Read manual chapter of the session
PE Session Checklist OR CPT Session Summary

Prep:
Client File
Weekly Assessment measures- PCL-5 & PHQ-9
Practice Assignment for next session
PE: Make sure the client records the session audio
CPT: Extra Stuck Point logs and sheets in case they forget

CPT Client Workbook

2 Options

1. Prep workbook with all sessions to give to your client at session 1
2. Distribute workbook sections session by session

Either option requires some administrative time to prepare.

Telehealth

Fina, B. A., Wright, E. C., Rauch, S. A., Norman, S. B., Acierno, R., Cuccurullo, L. A. J., ... & Foa, E. B. (2020). Conducting prolonged exposure for PTSD during the COVID-19 pandemic: considerations for treatment. *Cognitive and Behavioral Practice*.

Moring, J. C., Dondanville, K. A., Fina, B. A., Hassija, C., Chard, K., Monson, C., ... & Resick, P. A. (2020). Cognitive processing therapy for posttraumatic stress disorder via telehealth: Practical considerations during the COVID-19 pandemic. *Journal of traumatic stress, 33*(4), 371-379.

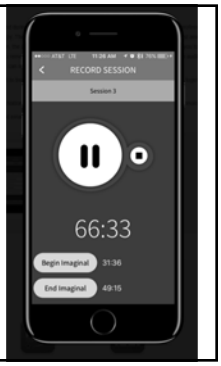
Telehealth

- VA/DoD Clinical Practice Guidelines for the Treatment of PTSD gives strong recommendations to deliver treatment via telehealth
- Ensure the patient has uninterrupted privacy for sessions and for homework/practice

Telehealth

Need to determine how you will be able to:

- Conduct weekly assessments
- Send client informational materials
- Collaboratively track PE in vivo hierarchy and CPT stuck point log
- PE: Record imaginal exposures
- CPT: Receive worksheets and send feedback



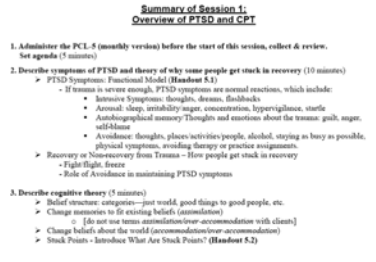
Structure of Sessions

Structure

1. Assessment- PCL-5 & PHQ-9 prior to session
2. Session Length:
   - PE: 60 or 90 minutes
   - CPT: 50 minutes
3. Setting Session Agenda
4. Check-In on Practice
5. Content of Session
6. Introduce New Practice
7. Assign Practice
8. Check-Out

Use PE Session Checklists OR CPT Session Summaries

- It's a Therapist Session Outline
- Reminds you to set an agenda
- Can show it to patient when setting the agenda
- Tells which Handout
- Gives Time Targets
- Put Stickies on it, Highlight it, Write on it



Summary of Session 1:
Overview of PTSD and CPT

1. Administer the PCL-5 (monthly version) before the start of this session, collect & review.
Set agenda (5 minutes)

2. Describe symptoms of PTSD and theory of why some people get stuck in recovery (10 minutes)
- PTSD Symptoms: Functional Model (**Handout 5.1**)
  - If trauma is severe enough, PTSD symptoms are normal reactions, which include:
    - Intrusive Symptoms: thoughts, dreams, flashbacks
    - Arousal: sleep, irritability/anger, concentration, hypervigilance, startle
    - Autobiographical memory/Thoughts and emotions about the trauma: guilt, anger, self-blame
    - Avoidance: thoughts, places/activities/people, alcohol, staying as busy as possible, physical symptoms, avoiding therapy or practice assignments.
- Recovery or Non-recovery from Trauma – How people get stuck in recovery
  - Fight/flight, freeze
  - Role of Avoidance in maintaining PTSD symptoms

3. Describe cognitive theory (5 minutes)
- Belief structure: categories—just world, good things to good people, etc.
- Change memories to fit existing beliefs (*assimilation*)
  - [do not use terms *assimilation/over-accommodation* with clients]
- Change beliefs about the world (*accommodation/over-accommodation*)
- Stuck Points - Introduce What Are Stuck Points? (**Handout 5.2**)

Staying on Task: Check-Ins

https://www.strongstartraining.org/providers/cpt/cpt-session-2.

Note Templates

PE and CPT note templates have been developed to make your life easier.

The template details the content of each session.

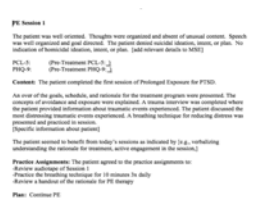
Includes the practice assignments

USE THEM

But edit them for your specific requirements & clients

Include risk assessment & management documentation

Note Template Examples



PE Session 1

The patient was well oriented. Thoughts were organized and absent of unusual content. Speech was well organized and goal directed. The patient denied suicidal ideation, intent, or plan. No indication of homicidal ideation, intent, or plan. [add relevant details to MSE]

PCL-5: (Pre-Treatment PCL-5: _)
PHQ-9: (Pre-Treatment PHQ-9: _)

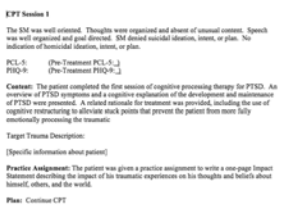
Content: The patient completed the first session of Prolonged Exposure for PTSD.

An over of the goals, schedule, and rationale for the treatment program were presented. The concepts of avoidance and exposure were explained. A trauma interview was completed where the patient provided information about traumatic events experienced. The patient discussed the most distressing traumatic events experienced. A breathing technique for reducing distress was presented and practiced in session.
[Specific information about patient]

The patient seemed to benefit from today's sessions as indicated by [e.g., verbalizing understanding the rationale for treatment, active engagement in the session.]

Practice Assignments: The patient agreed to the practice assignments to:
-Review audiotape of Session 1
-Practice the breathing technique for 10 minutes 3x daily
-Review a handout of the rationale for PE therapy

Plan: Continue PE



CPT Session 1

The SM was well oriented. Thoughts were organized and absent of unusual content. Speech was well organized and goal directed. SM denied suicidal ideation, intent, or plan. No indication of homicidal ideation, intent, or plan.

PCL-5: (Pre-Treatment PCL-5:_)
PHQ-9: (Pre-Treatment PHQ-9: _)

Content: The patient completed the first session of cognitive processing therapy for PTSD. An overview of PTSD symptoms and a cognitive explanation of the development and maintenance of PTSD were presented. A related rationale for treatment was provided, including the use of cognitive restructuring to alleviate stuck points that prevent the patient from more fully emotionally processing the traumatic

Target Trauma Description:

[Specific information about patient]

Practice Assignment: The patient was given a practice assignment to write a one-page Impact Statement describing the impact of his traumatic experiences on his thoughts and beliefs about himself, others, and the world.

Plan: Continue CPT

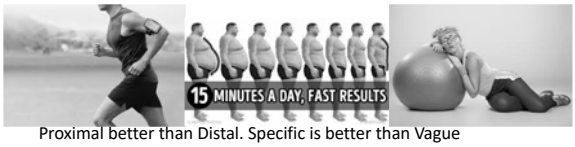
Transitioning from Less Structured Session to PE or CPT

- Talk with your client about the protocol
- Discuss why you think it might be helpful
- Explain how it's going to be different than previous sessions
- Discuss why it's important to stick with the structure
  - We know it works when we do it in a specific way.
  - The more we deviate the less we know about if it will be helpful
- Be on each others team, "We are going to have to work together to make sure we stay on track."
- Set the expectation of redirection

PASSWORD #1:

strong

Increasing Practice Compliance



Proximal better than Distal. Specific is better than Vague

Eating good and exercising is good for my health

Specific, Proximal, and Attainable

eed to lose 10 pounds. If I limit my calories to 2000 per
y, I will lose 1-2 pounds per week. So that that
ll take me 5-10 weeks. I'll be at my target wei
anksgiving

Practice Assignments

- Always explain why we are asking you to do this
- Say "I think you are going to like this" and "I know you can do this."
- Connect the practice with a specific goal of theirs
  - "I know how important it is to take your wife on a date or to be less angry."
- Problem-solve when and where they will do it. Get concrete.

Personal Analogy

Identify an analogy that is personal to them. Some time in their life where they were learning something new and they had to practice to achieve a goal or a skill.

Examples:

- Sports: running, soccer, basketball, football
- Music: guitar, piano
- Professions: learning a new program or application

No Practice Assignments

Check in:

You: "How did the practice go this week? How many sheets did you do?"

Them: "I didn't do it."

Engagement Talk

You: "Ok, I'm really worried about how we are going to reach your goal (specific to them) if you are not doing the work outside of session."

Engagement Talk: No Practice Assignments

https://www.strongstartraining.org/providers/cpt/cpt-session-3

Some Practice

Check in:
You: "How did it go this week?"
PE: "How many in vivos did you do? How man times did you listen to imaginal?"
Them: "I only did 2 in vivos (explained what)"

CPT: "How many sheets did you do?"
Them: "I only did 2 sheets."

Engagement Talk

You: "Ok, I'm really worried about how we are going to reach your goal (specific to them) if you are not doing the work outside of session. How can we make sure you do 5 in vivos / sheets next week."
"What helped you complete the practice that you did?"

Caveat

- If their scores are below 30 and you are later in the treatment, use your clinical judgement.
- They are making progress.
- They might not need you to lean in so hard on practice.
- Consult.

All the Practice!

Check in:

You: "How did the practice go this week?"

Them: "I did all of it."

You: PRAISE! REINFORCE! "That's great! How did you help yourself do the work?"

Managing Crises

ASAP / Crisis Sessions

- At assessment, talk to the client about how you will need to stick with the treatment each session.
- Tell them they get 2 ASAP or Crisis sessions, and if things come up it will be their choice whether they want to use them.
- Think together about things that might feel like crises that are related to PTSD.
  - Ex: Fights with significant other.
    - How might your PTSD symptoms be affecting your relationship?

PTSD Symptoms increase Crises

If your PTSD was better, do you think your relationship might improve?

It's going to be important we focus on the PTSD to help you to achieve other goals.

CRISIS OR crisis

- Our clients come in distressed. They are distressed a lot in their life. They have PTSD.
- First we need to quickly understand what is the crisis.
- Is it a CRISIS?
  - I was evicted, my husband left me, my mom died. Suicidal thoughts/behaviors without effective coping.
- Or is it a crisis?
  - I had a fight with my wife. My kid is failing 9th grade. I think I'm going to lose my job.

CRISIS

- If it is a true CRISIS ask them if they want to use one of their CRISIS sessions to process.
- Why would we ask them instead of just processing?
  - All along we have been saying they are the expert on their life.
  - Let them be the expert.
  - You may be surprised to learn they are doing ok. They may be using different resources to cope or manage.
- Use your clinical judgement. If they are saying they want to proceed and they are clearly in shock and unable to make a good decision, you decide for them.
  - Ex: Just experienced another trauma

crisis

If it's a crisis, validate their feelings and connect the dots between their crisis and their PTSD symptoms.

- How do you think your stuck points related to trust might be impacting this situation?
- You and your wife seem to have a lot of disagreements. Do you think your PTSD might be affecting your relationship?
- How do you think crisis might be different if your PTSD symptoms were better?

We can offer them the option to use 1 of their CRISIS sessions but caution them that they only have 2. What if something else bigger comes up?

- At the end of the day it's their choice. They are the expert.

ASAP or CRISIS Session

- What to do?- Some suggestions
  - Use good clinical skills to clarify the problem
  - How have they coped with crisis in the past?
  - Gently challenge or wonder if there is a different way to think.
  - Consider connecting the Crisis to other parts of therapy
- If suicidal crisis – complete a comprehensive risk assessment in congruence with agency practice and complete risk management strategies.
- At the end of the session, talk to them about re-engagement in therapy and practice.
- Re-assign what they should have done. If they did it, assign more. Next session we are going to get back on track.

Managing Suicidal Crises

Crisis Response Plan

The Crisis Response Plan (CRP) is **a brief procedure used to reduce an individual's risk for suicidal behavior**. The CRP is created collaboratively between a suicidal individual and a trained individual, and is typically handwritten on an index card for easy, convenient access during times of need.

www.crpforsuicide.com

Managing Suicidal Crises

Safety Planning

A Safety Plan is **a prioritized written list of coping strategies and sources of support patients can use who have been deemed to be at high risk for suicide**. Patients can use these strategies before or during a suicidal crisis. The plan is brief, is in the patient's own words, and is easy to read.

https://www.sprc.org/resources-programs/safety-planning-guide-quick-guide-clinicians

PASSWORD #2:

star

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