

Use of the Trauma Account in Cognitive Processing Therapy for PTSD: Tips for Using CPT +A

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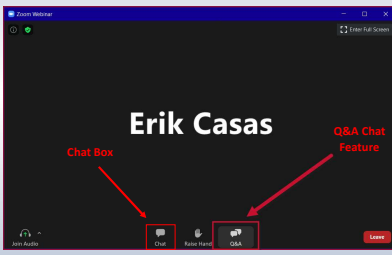
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Conflict of Interest Disclosure

The presenter(s) have no conflicts of interests to disclose.

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Acknowledgements

- Drs. Patricia Resick, Candice Monson & Kate Chard, the treatment developers and my mentors
- The community of CPT Trainer and Consultant colleagues
- The clinicians I worked with in CPT consultation
- And the clients who have entrusted me with their PTSD treatment

***This webinar covers intermediate/advanced CPT skills and, thus, is designed for clinicians with experience delivering and training in CPT. It is not a substitute for a 2-day, foundational training in Cognitive Processing Therapy for PTSD.*

To learn more about CPT Trainings and the CPT intervention, visit www.CPTforPTSD.com and Resick, P.A., Monson, C.M., & Chard, K.M. (2017). *Cognitive Processing Therapy: A Comprehensive Manual*. New York, NY: Guilford Press.

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Today's Agenda

- Overview of key CPT concepts
- Overview of research on CPT vs. CPT+A
- Selecting CPT or CPT+A
- Review CPT+A Interventions: Sessions 3-7 and clinical tips for trauma processing with the account
- Resources
- Questions

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OVERVIEW OF CPT KEY CONCEPTS

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CPT is a brief, trauma-focused cognitive behavioral therapy that addresses PTSD, trauma(s) and its repercussions throughout the treatment.

When using CPT, the decision is not **WHETHER** to do trauma processing, but **HOW** to do trauma processing.

Resick et al.(2008), and subsequent studies, show we are fortunate to have TWO ways to do this:
CPT and CPT +A.

In either version, trauma processing occurs specifically in sessions 3-6.

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Social Cognitive Theory of PTSD

To make sense of the world, humans ask "why."

We organize our life experiences into categories or schemas to make meaning and feel a sense of control.

Prior schemas inform beliefs about the trauma and why it occurred.

The trauma clashes with prior schemas or confirms them.

When people cannot make sense of why a trauma happened and/or use oversimplified schemas to explain it, the results are negative thoughts and feelings and other symptoms of PTSD.

(Resick, et al., 2017)

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PTSD is a disorder of stalled recovery.

After a trauma, people get “stuck” in PTSD and non-recovery in 3 ways:

- **Avoidance**
- Distorted **thoughts** (stuck points) about the trauma and why it happened/what caused it (assimilation) and about self/other/world in the wake of the trauma (overaccommodation)
- Natural **feelings** get numbed-out and stuffed away and manufactured emotions dominate

Adapted from Resick, P.A., Monson, C.M., & Chard, K.M. (2019). *Cognitive Processing Therapy Workshop [powerpoint presentation]*. Washington, D.C.: Department of Veteran Affairs.

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CPT helps people get unstuck – and integrate the trauma

Education about PTSD, thoughts, and emotions

Trauma processing to:

- Block avoidance
- Dissipate natural emotions
- Identify and challenge event specific cognitive distortions or “stuck points” (assimilation)

Examine here and now stuck points post event (overaccommodation)

Goal: By blocking avoidance, we help clients achieve more balanced thinking about self, trauma, others, and the world and help them to accept the event happened just as it did.

(Resick et al, 2017)

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CPT OR CPT+A TRAUMA PROCESSING APPROACHES

Trauma Processing
in session

CPT

Trauma-focused ABC, CQW, and PPT
+ Trauma-focused Socratic questioning

CPT+A

Trauma-focused ABC, CQW, and PPT
+ Trauma-focused Socratic questioning
+ Two sessions of reading written accounts

(Adapted from Resick et al, 2019)

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Purpose of "Trauma Processing" Assignments

- Address "stuckness" by helping clients:
 - Face the trauma: Block avoidance
 - Think it through: Identifying stuck points and challenging them with the aid of Socratic dialog and worksheets
 - Feel natural emotions: Facilitate emotional processing of emotions that dissipate over time
- It is helpful to explain this rationale when giving the assignment to increase understanding of the purpose and importance of completing the assignments and enhance motivation to do it.
- It is critical to also explore avoidance and other barriers to completing the assignments before the session ends.

(Adapted from Resick et al., 2019). 16

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OVERVIEW OF CPT vs. CPT+A RESEARCH

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CPT +A was the first and the only version of CPT for a long time.

- CPT+A was developed in the late 1980s
- Resick et al. (2008) delineated two versions of the intervention: CPT (now known as CPT+A) and CPT-C (now known as CPT)
- Resick, Monson, & Chard (2017), revised this, as research emerged, establishing CPT as the primary intervention with CPT+A as an optional version

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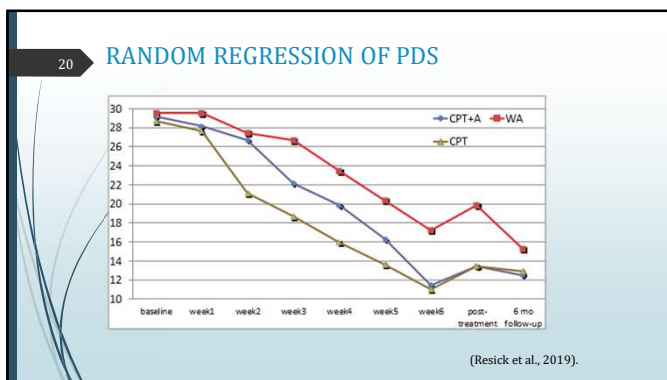
DISMANTLING STUDY

(Resick et al., 2008)

CPT+A	CPT	Written Account (WA)
<ul style="list-style-type: none"> 12 sessions/60 min/2x week Full Protocol 	<ul style="list-style-type: none"> 12 sessions/ 60 min/2x week Removed the written account (2 sessions) Extra time spent reviewing cognitive therapy components 	<ul style="list-style-type: none"> 7 sessions/ 1st week was two 60 minute sessions; 5, 120-min weekly sessions 1-hour writing account 1-hour reading/processing with therapist

(Resick et al., 2019)

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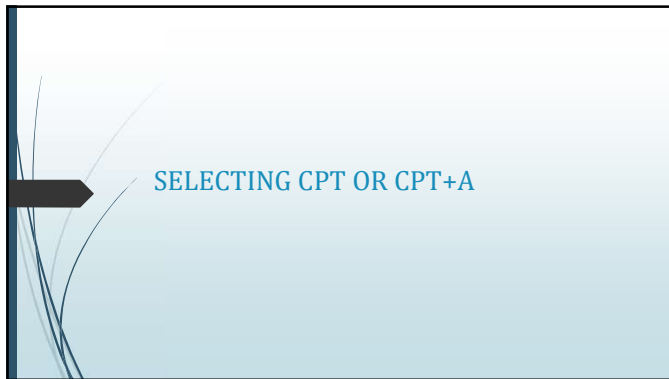


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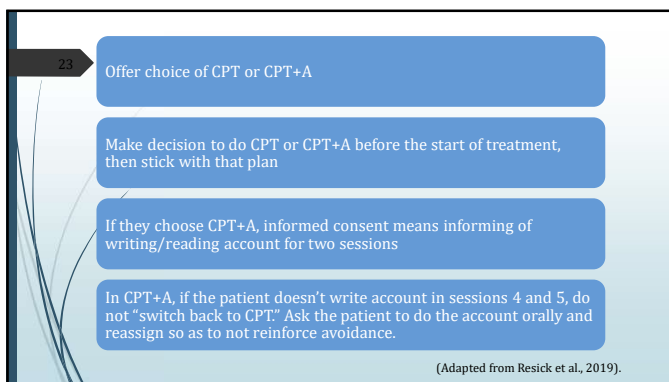
Key findings from the CPT vs CPT +A research

- Both CPT and CPT +A work and work well
- CPT patients got better faster by 2 sessions per self report (Resick et al, 2008)
- Drop out rate higher with trauma account: CPT+A 34%; 22% CPT (Resick et al, 2008; Resick et al, 2017)
- Dissociation: high levels of pretreatment dissociation had better PTSD outcomes with CPT+A. Lower levels of dissociation did better with CPT (Resick et al., 2012; Resick et al., 2017)
- TBI: No difference in PTSD outcomes with PTSD with TBI, but depression improved more with CPT+A (Walter et al., 2014; Resick et al., 2017)

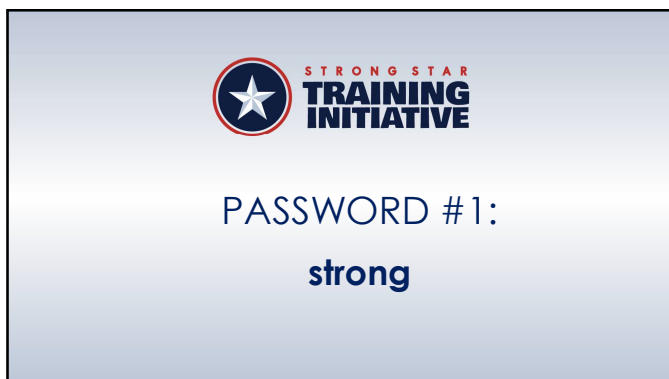
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CPT VERSUS CPT+A? Let the Client Choose!

CPT	CPT + A
<ul style="list-style-type: none"> Client does not want to write an account Client really has no recollection of the event or wasn't there when the trauma happened to a loved one Maybe not enough time for full protocol: impending deployment/in school/baby coming Early sobriety; psychosocial stressors Tried CPT +A before and dropped out Conceptualization of case warrants more cognitive restructuring Want more time to focus on cognitive skills Conducting CPT in group 	<ul style="list-style-type: none"> Client would like to write an account Account writing and sharing full details might be therapeutic Client states they have little or no memory of the event secondary to avoidance (writing may help recover some or many details) Client is highly dissociative or has history of frequent child sexual abuse Conceptualization of case warrants supporting access and tolerance of avoided emotions.

(Adapted from Resick, et al., 2019).

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Explaining CPT vs CPT +A for client choice

- Both versions of the therapy work
- Both are trauma focused, both 12 sessions.
- Both focus on the trauma in session, via worksheets and SQ and for out of session practice
- Only difference is: CPT +A **provides the opportunity** to hand write out the worst event in detail and to read it to yourself daily, for two sessions: session 4 and session 5
- "What do you think? Which appeals most to you?"

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CPT+A INTERVENTIONS

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CPT plus Account (CPT+A)

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Also 12 sessions

Adds written account assignment in Session 3 and 4

Major Changes:

- Session 3: Assign written account
- Session 4: Reassign written account
- Session 5: Introduce Challenging Questions
- Session 6: Introduce Patterns of Problematic Thinking
- Session 7: Introduce of Challenging Beliefs Worksheet AND Safety Module

(Resick, et al., 2019).

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CPT VERSUS CPT+A

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1. Overview of PTSD and CPT	1. Overview of PTSD and CPT
2. Examining Impact of Trauma	2. Examining Impact of Trauma
3. Working with Events, Thoughts and Feelings (ABC)	3. Working with Events, Thoughts and Feelings (ABC)
4. Examining the Index Event (ABC)	4. Remembering Traumatic Event (Account)
5. Challenging Questions	5. Remembering Traumatic Event (Account)
6. Patterns of Problematic Thinking	6. Challenging Questions
7. Challenging Beliefs	7. Patterns of Problematic Thinking
8. Processing Safety	8. CBW/Processing Safety
9. Processing Trust	9. Processing Trust
10. Processing Power/Control	10. Processing Power/Control
11. Processing Esteem	11. Processing Esteem
12. Processing Intimacy and Meaning of the Event	12. Processing Intimacy and Meaning of the Event

(Resick et al., 2019).

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SESSION 3 CPT +A AGENDA

Review ABC worksheets

Address assimilation via ABC worksheet and GENTLE Socratic questioning

Assign and explain rationale for written account

Assign daily ABC worksheets

Address barriers to completion: avoidance and related stuck points

(Adapted from Resick et al., 2019).

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SESSION 3. PRACTICE ASSIGNMENT FOR CPT+A

"Please begin this assignment as soon as possible. Write a full account of the traumatic event and include as many sensory details (sights, sounds, smells, etc.) as possible. Also, include as many of your thoughts and feelings that you recall having during the event. Pick a time and place to write so you have privacy and enough time. Do not stop yourself from feeling your emotions. If you need to stop writing at some point, please draw a line on the paper where you stop. Begin writing again when you can, and continue to write the account even if it takes several occasions. Read the whole account to yourself every day until the next session. Allow yourself to feel your feelings. Bring your account to the next session."

Also, continue to work with the A-B-C Worksheets every day."

(Resick, et al., 2019).

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CPT +A: Session 3 Tips

Save time at the end of the session to discuss the assignment of the written account!

- Review rationale for the account: face, think, feel
- Anticipate avoidance
- Address stuck points about doing the account with aid of ABC sheet and Socratic questioning. Common Stuck Points:
 - I will get worse if I do this.
 - This won't help.
 - I will fall apart.
 - You are making me do this.
- Enhance motivation for CPT +A: reflect together on why they chose CPT +A

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SESSION 4 CPT +A: PROCESSING THE FIRST TRAUMA ACCOUNT

Patient reads account aloud to therapist. Praise their bravery.

Patient and therapist discuss reactions to writing it and reading it.

Focus on natural emotions: now, when working and reading it, & at the time of the trauma.

Address avoidance. Where they drew a line; what is missing from the account.

Gently challenge blame, undoing and hindsight bias with Socratic dialog.

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If they did not do the trauma account...

1. Address the avoidance
 1. What role may avoidance have played: What were they most avoiding: image, feeling, thought?
 2. What are the stuck points about those?
 3. Make a note of those stuck points
 2. **Have the client tell the account verbally in session**
 3. Focus on the natural emotions
 4. Address avoidance; check and see if there details left out when recounting.
 5. Identify and challenge assimilated stuck points with SQ and worksheets.
 6. Reassign the first writing for Session 5 +A
- ***This means they will be writing the second writing for Session 6 +A.

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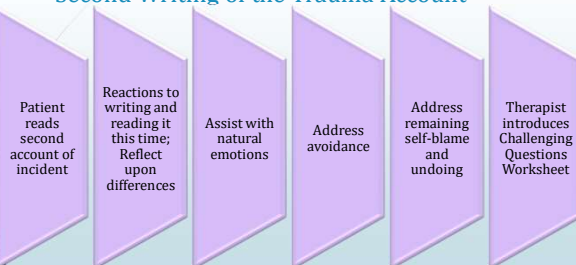
SESSION 4. PRACTICE ASSIGNMENT FOR CPT + A

Write another account of the whole traumatic incident as soon as possible. If you were unable to complete the assignment the first time, please write more than you did last time. Add more sensory details, as well as your thoughts and feelings during the incident. Also, this time write your current thoughts and feelings in parentheses - for instance "(Right now I'm feeling very angry)". Remember to read over the new account every day before the next session. Also, continue to work with the ABC Worksheets every day."

(Resick et al., 2019). 35

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SESSION 5 FOR CPT + A: Processing the Second Writing of the Trauma Account



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SESSION 5 FOR CPT +A. PRACTICE ASSIGNMENT

"Please choose one stuck point each day and answer the questions on the Challenging Questions Worksheet with regard to each of these stuck points. There are extra copies of the Challenging Questions Worksheets provided, so you can work on multiple stuck points. If you have not finished your accounts of the traumatic event(s), please continue to work on them. Read them over before the next session and bring all of your worksheets and Trauma Accounts to the next session."

(Resick et al., 2019). 37

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If they did not do the trauma account for Session 5

1. Address the avoidance
 1. Identify what they may have been most avoiding: image, feeling, thought?
 2. What were the stuck points about those?
 2. **Have the client tell the account verbally in session**
 3. Address the natural emotions
 4. Address avoidance; check and see if there details left out when recounting.
 5. Identify and challenge assimilated stuck points with SQ and worksheets.
 6. Reassign the first writing for Session 6 +A
- ***This means they will be writing the second writing for Session 7 +A.

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SESSION 6 FOR CPT + A: Teaching Problematic Patterns

Continue work on accounts, if needed

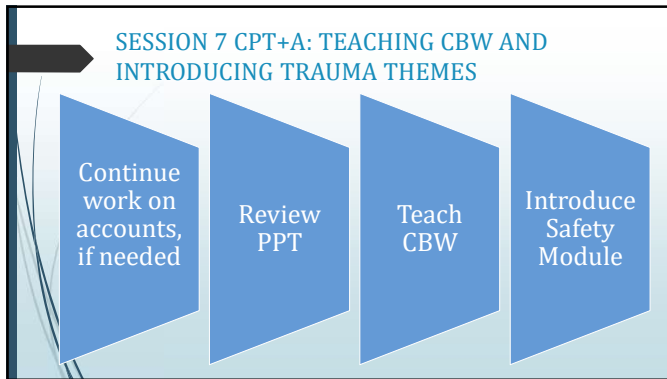
Focus on assimilation

Review CQW

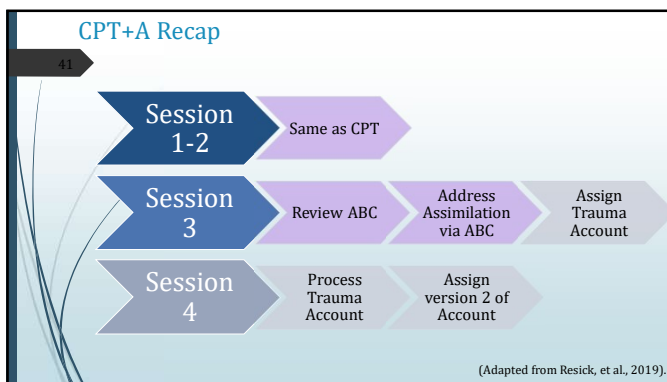
Teach PPT

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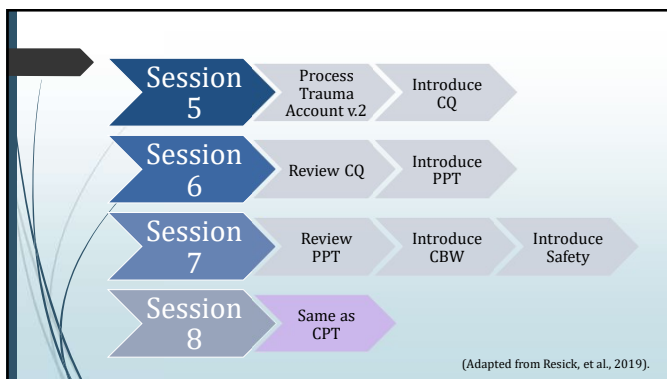
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Other tips....

- Pay careful clinical attention to avoidance.
- Work on barriers to writing the account at each session.
- If after no account writing for S4, S5 and S6, we may opt to let go of the account.
 - Weigh the pros/cons collaboratively of continuing to assign and them not completing it.
 - We will continue if they are doing the worksheets and working on the assimilation in session and doing their practice assignments.
 - *"We can opt to drop the account for now. You can always come back to do that assignment by yourself when you are ready. Instead we can focus on the stuck points and the worksheets. What do you think?"*

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CPT+A (and CPT) is an intimate, potent intervention. Trauma work is difficult and meaningful for both client and therapist.

- Praise your client's bravery and commitment to recovery at every step.
- Hearing graphic trauma details can be profoundly moving and meaningful for therapists **and** it can be intense and draining. Seek supervision and peer support while doing this work from others who are experienced trauma therapists.

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PASSWORD #2:

star

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Resources

Resick, P.A., Monson, C.M., & Chard, K.M. (2017). *Cognitive Processing Therapy: A Comprehensive Manual*. New York, NY: Guilford Press.
www.CPTforPTSD.com

Free on-line training in CPT: www.musc.edu/cpt

This American Life "10 Sessions" Episode (August 23, 2019)
www.thisamericanlife.org/682/ten-sessions

Whiteboard video about CPT:
<http://www.ptsd.va.gov/public/materials/videos/whiteboards.asp>

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Sources

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Wendy Bassett, LCSW-R, is a psychotherapist with a private practice based out of New York City. Wendy's expertise is posttraumatic stress disorder (PTSD) and brief, evidence-based cognitive behavioral therapies for PTSD with individuals, groups, and couples. For more than a decade, she worked with veterans with PTSD at VA Connecticut Healthcare System in West Haven, CT. In addition to her clinical work, Wendy is a Cognitive Processing Therapy (CPT) for PTSD trainer and consultant. A graduate of Smith College School for Social Work, she is currently an Assistant Clinical Professor of Psychiatry, Yale School of Medicine, and an Adjunct Assistant Professor at NYU Silver School for Social Work.

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Next Month's Webinar

- *Addressing Moral Injury Through PE and CPT*
- Presented by **Wyatt R. Evans, PhD, ABPP, VA**
North Texas Health Care System
- **When:** Thursday, December 2 at 1pm CST

