



Building Connections During CPT: Strategies for Engagement & Retention Course Information Document

Target Audience: Mental Health Care Providers with foundational CPT training

Instructional Level: Intermediate

Course Description:

Cognitive Processing Therapy (CPT) works—but many clinicians struggle with how structured it can feel, especially when clients are avoidant, disengaged, or come from different cultural or identity backgrounds. This workshop is designed for mental health professionals who want to deliver CPT with confidence *and* responsiveness. Rather than choosing between “following the manual” and “being relational,” this training shows how to do both at the same time. You’ll learn practical relational microskills that strengthen the working alliance, address avoidance, and support engagement, all while maintaining CPT fidelity. Through case examples, role plays, and guided discussion, the presenters will demonstrate how to individualize CPT, navigate alliance ruptures, and thoughtfully address sociocultural differences and identity-based trauma within the model. This training is ideal for clinicians who use CPT (or are learning it) and want to improve retention, deepen client engagement, and feel more flexible and effective in real-world practice.

More specifically, this webinar will:

- Review foundational CPT skills, including case conceptualization, Socratic questioning, identification of stuck points, use of CPT worksheets, and skills to mitigate PTSD avoidance.
- Build clinician confidence and competence for responding relationally and with cultural sensitivity to each client, including in cross-cultural and cross-racial clinical dyads.
- Address common therapist and client stuck points about discussing the clinical relationship during CPT.

Learning Objectives:

After the webinar, attendees will be able to:

1. Identify 3 entry points in the CPT protocol to assess and strengthen the treatment alliance and 3 interventions to use to improve the alliance and address treatment ruptures
2. Use foundational CPT skills in order to explore how social identity differences within the clinical dyad are being experienced by the client
3. Identify and remedy common barriers to addressing the clinical relationship within CPT

Date: July 14, 2026

Time: 10 am – 2 pm ET

9 am – 1 pm CT

7 am – 11 am PT

Duration: 4 hours

Where: Zoom

Training Cost and Continuing Education Fee: \$50

Meet the Presenters

Gwendolyn (Wendy) Bassett, MSW, LCSW



Gwendolyn (Wendy) Bassett, MSW, LCSW, is a licensed clinical social worker, psychotherapist, educator, and CPT trainer and consultant with over two decades of experience. Based in New York City and Connecticut, she provides individual psychotherapy for adults navigating trauma-related disorders, grief, anxiety, depression, and life transitions. Wendy brings skilled clinical insight, warmth, and deep respect for the nuances and complexity of human experience to her work. She specializes in posttraumatic stress disorder (PTSD) and related conditions, utilizing Cognitive Processing Therapy (CPT) and Cognitive Behavioral Therapy (CBT) to address acute and persistent symptoms. She also draws from psychodynamic, feminist, and contemplative traditions to support clients contending with disconnection, identity concerns, and relational challenges.

Wendy developed her trauma-focused expertise at the VA Connecticut Healthcare System's PTSD and Anxiety Disorders Clinic, where for more than a decade she provided therapy to veterans with complex trauma and co-occurring conditions. While at the VA, she served as a VA New England CPT Trainer and Consultant, helped design outpatient programming, supervised staff and trainees, and led outreach initiatives to support returning veterans' readjustment. She has trained clinicians and teams in CPT across the U.S., Canada, and the U.K. From 2011 to 2024, Wendy served as an Assistant Clinical Professor of Psychiatry at Yale School of Medicine and is currently an Adjunct Assistant Professor at NYU Silver School of Social Work. Wendy's perspective is shaped by her upbringing in a military family and formative years living overseas as well as years of contemplative practice in yoga and Buddhist traditions. She holds degrees from Smith College and Smith College School for Social Work.

Conflict of Interest: Gwendolyn (Wendy) Bassett receives income as a Trainer and Consultant for Cognitive Processing Therapy for PTSD.

Stephanie Sacks, Ph.D.



Stephanie Sacks, Ph.D., is a licensed clinical psychologist who is passionate about teaching, training, clinical work, entrepreneurship and the dissemination of evidence-based information to the masses. In her private practice, Dr. Sacks specializes in evidence-based cognitive behavioral treatment for PTSD and other Trauma and Stressor-Related Disorders, OCD-Spectrum Disorders and Anxiety Disorders, with particular expertise providing care to clinically complex clients. She has a sub-specialty working with journalists who are exposed to occupational trauma and has received training from the Global Center for Journalism and Trauma.

Dr. Sacks developed her expertise in Traumatic Stress at the Washington DC VAMC, where she completed her predoctoral internship, postdoctoral fellowship in Trauma and where she served as a Staff Psychologist in the VA PTSD clinic and two Community Based Outpatient Clinics. She has held the role of CPT Trainer and Consultant since 2013 and has been an invited trainer, consultant and lecturer for many organizations, including the National Center for PTSD, Cohen Veterans Network, Gavin Farrell Foundation, Two Chairs, McLean Hospital, Within Health and Galen Hope. She is an Adjunct Professor at Nova Southeastern University and a voluntary Clinical Adjunct Professor at the University of Southern California and has published numerous peer-reviewed journal articles and book chapters, recently contributing to the book *Cognitive Processing Therapy for Complex Cases*.

Dr. Sacks is also a co-founder and lead instructor at MindScience Collective, a modern and new Continuing Education platform for therapists that provides high-quality evidence-based content that is inspiring, relevant and practical.

Conflict of Interest: Stephanie Sacks receives income as a Trainer and Consultant for Cognitive Processing Therapy for PTSD. She receives compensation as a lecturer for the National Center for Posttraumatic Stress Disorder (NCPTSD). She is a co-founder of MindScience Collective and will receive financial benefit from all course sales.

Special Accommodations

If you require special accommodations due to a disability, please contact the STRONG STAR Training Initiative at admin@strongstartraining.org one week prior to the workshop so that we may provide you with appropriate service.

Continuing Education

The STRONG STAR Training Initiative offers attendees 3.75 Continuing Education (CE) Credits for participating in the 4-hour training. Inquiries regarding Continuing Education Credits may be directed via email to admin@strongstartraining.org.

Our continuing education credits have historically been recognized by most professional state licensing boards. However, this is not guaranteed. Please check with your licensing board for verification.

The University of Texas at San Antonio Health Science Center is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. The University of Texas at San Antonio Health Science Center maintains responsibility for this program and its content.

Cancellation, Substitutions, and Refunds

Registration fees, minus a \$25 service charge, will be refunded to participants who send a written cancellation via email to admin@strongstartraining.org no less than 15 days before the training. No refunds will be made thereafter. A colleague may be substituted for no extra charge if STRONG STAR Training Initiative is notified at least two business days before the training. In some cases, you may be able to reschedule to a future Learning Community with no additional cost.

For additional information, please contact the STRONG STAR Training Initiative at admin@strongstartraining.org.

Agenda

Please note Agenda time is based on Central Standard Time Zone

Time	Content
9:00–11:00 AM	Part I: Literature Review/Review of Terms Review of CPT Review of CPT phases and case conceptualization Phase-by-phase CPT interventions and companion relational microskills
11:00–11:15 AM	Break
11:15 AM–12:30 PM	Continued Part I (if needed) Part II: Activities in small group/big group discussion
12:30–1:00 PM	Case discussions and questions

References

- Andresen, F.J., Monteith, L.L., Kugler, J., Cruz, R.A., & Blais, R.K. (2019) Institutional betrayal following military sexual trauma is associated with more severe depression and specific posttraumatic stress disorder symptom clusters. *Journal of clinical psychology, 75*(7), 1305-1319. doi: 10.1002/jclp.22773
- Bassett, G. A., & Sacks, S. A. (2022, November 9). *Strengthening the working alliance in Cognitive Processing Therapy for PTSD: How to improve relational responsiveness to reduce dropout and increase client outcomes* [Pre-Meeting Institute]. International Society for Traumatic Stress Studies Annual Meeting, Atlanta, GA.
- Beck, J. & Beck, A. (2011). *Cognitive behavioral therapy: Basics and beyond*. New York, NY: Guilford Press.
- Berke, D. S., Tuten, M.D., Smith, A.M., & Hotchkiss, M. (2022). A qualitative analysis of the context and characteristics of trauma exposure among sexual minority survivors: Implications for posttraumatic stress disorder assessment and clinical practice. *Psychological trauma: Theory, research, practice & policy*, advance online. <http://dx.doi.org/10.1037/tra0001226>
- Bernardi, J., Dahiya, M., & Jobson, L. (2019). Culturally modified cognitive processing therapy for Karen refugees with posttraumatic stress disorder: A pilot study. *Clinical psychology & psychotherapy, 26*(5), 531–539. <https://doi.org/10.1002/cpp.2373>
- Bordin, E.S., (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, research and practice, 16*(3), 708-716.
- Chang, D.F., & Yoon, P., (2011). Ethnic minority clients' perceptions of the significance of race in cross-racial therapy relationships. *Psychotherapy research, 25*(5), 567-582. <http://dx.doi.org/10.1080/10503307.2011.592549>
- Chavez, V. (2018). Cultural humility: Reflections and relevance for CBPR. In Wallerstein, N., Duran, B., Oetzel, J., Minkler, M. (Eds.), *Community-based participatory research for health: Advancing social and health equity* (3rd ed., pp. 357-362). San Francisco, CA: Jossey-Bass.
- Chu, B.C., Suveg, C., Creed, T.A., & Kendall, P.C. (2010). Involvement shifts, alliance ruptures, and managing engagement over therapy. In D., Castroblanc & M. Karver (Eds.), *Elusive alliance: Treatment engagement strategies with high-risk adolescents*. Washington, DC: American Psychological Association Press.
- Constantino, M.J., Coyne, A.E. Luukko, E.K., Newkirk, K., Bernecker, S.L., Ravitz, P., & McBride, C. (2017). Therapeutic alliance, subsequent change, and moderators of the alliance–outcome association in interpersonal psychotherapy for depression. *Psychotherapy, (54)*2, 125. <http://dx.doi.org/10.1037/pst0000101>
- Ehlers, A., & Clark, D.M. (2000). A Cognitive Model of Posttraumatic Stress Disorder. *Behaviour*

research and therapy, 38, 319-345. doi: 10.1016/s0005-7967(99)00123-0.

Ellis, A. E. (2020). Providing trauma-informed affirming care: Introduction to special issue on evidence-based relationship variables in working with affectional and gender minorities. *Practice innovations* 5(3), 179-188. <http://dx.doi.org/10.1037/pri0000133>

Ellis, A. E., Simiola, V., Brown, L., Courtois, C., & Cook, J. M. (2018). The role of evidence-based therapy relationships on treatment outcome for adults with trauma: A systematic review. *Journal of trauma & dissociation: The official journal of the International Society for the Study of Dissociation (ISSD)*, 19(2), 185–213. <https://doi.org/10.1080/15299732.2017.1329771>

Ennis, N., Shorer, S., Shoval-Zuckerman, Y., Freedman, S., Monson, C. M., & Dekel, R. (2020). Treating posttraumatic stress disorder across cultures: A systematic review of cultural adaptations of trauma-focused cognitive behavioral therapies. *Journal of clinical psychology*, 76(4), 587–611. <https://doi.org/10.1002/jclp.22909>

Eskici, H. S., Hinton, D. E., Jalal, B., Yurtbakan, T., & Acarturk, C. (2021). Culturally adapted cognitive behavioral therapy for Syrian refugee women in Turkey: A randomized controlled trial. *Psychological trauma: Theory, research, practice and policy*, 10.1037/tra0001138. Advance online publication. <https://doi.org/10.1037/tra0001138>

Eubanks, C. F., Muran, J. C., & Safran, J. D. (2018). Alliance rupture repair: A meta-analysis. *Psychotherapy*, 55(4), 508–519. <https://doi.org/10.1037/pst0000185>

Glassgold, J. M. (2009). The case of Felix: An example of gay-affirmative, cognitive-behavioral therapy. *Pragmatic case studies in psychotherapy*, 5(4), 1–21. <https://doi.org/10.14713/pcsp.v5i4.995>

Glowacki, C. R., & Glowacki, Z. R. (2021). Utilizing Cognitive Processing Therapy to Treat Sexual Trauma with a Pakistani-American: A Case Report. *Clinical case studies*, 20(6), 435–451. <https://doi.org/10.1177/15346501211011255>

Held, P., Meade, E. A., Kovacevic, M., Smith, D. L., Pridgen, S., Coleman, J. A., & Klassen, B. J. (2022). Building strong therapeutic relationships quickly: The effect of the perceived working alliance on veterans' intensive PTSD treatment outcomes. *Psychotherapy (Chicago, Ill.)*, 59(3), 470–480. <https://doi.org/10.1037/pst0000447>

Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books/Hachette Book Group.

Howard, R., Berry, K., & Haddock, G. (2022). Therapeutic alliance in psychological therapy for posttraumatic stress disorder: A systematic review and meta-analysis. *Clinical psychology & psychotherapy*, 29(2), 373–399. <https://doi.org/10.1002/cpp.2642>

Hwang, W. C., Myers, H. F., Chiu, E., Mak, E., Butner, J. E., Fujimoto, K., Wood, J. J., & Miranda, J. (2015). Culturally Adapted Cognitive-Behavioral Therapy for Chinese Americans With Depression: A Randomized Controlled Trial. *Psychiatric services (Washington, D.C.)*, 66(10), 1035–1042. <https://doi.org/10.1176/appi.ps.201400358>

Israel, T., Gorcheva, R., Walther, W. A., Sulzner, J. M., & Cohen, J. (2008). Therapists' helpful and unhelpful situations with LGBT clients: An exploratory study. *Professional psychology: Research and practice*, 39(3), 361–368. <https://doi.org/10.1037/0735-7028.39.3.361>

- Johnson, L.A., & Caldwell, B.E. (2011). Race, gender, and therapist confidence: effects on satisfaction with the therapeutic relationship in MFT. *The American journal of family therapy*, (39)4, 307-324. <http://dx.doi.org/10.1080/01926187.2010.532012>
- Kazantzis, N., Dattilio, F.M., Dobson, K.S. (2017). *The therapeutic relationship in cognitive-behavioral therapy: A clinician's guide*. New York: Guilford.
- Laska, K.M., Gurman, A.S., & Wampold, B.E. (2014). Expanding the lens of evidence-based practice in psychotherapy: A common factors approach. *Psychotherapy*, 51 (4), 467-481. <http://dx.doi.org/10.1037/a0034332>
- Lee, E., Greenblatt, A., Hu, R., Johnstone, M., & Kourgiantakis, T., (2022). Developing a model of broaching and bridging in cross-cultural psychotherapy: Toward fostering epistemic and social justice. *American journal of orthopsychiatry*, 92(3),322-333. <https://doi.org/10.1037/ort0000611>
- Lester, K., Artz, C., Resick, P. A., & Young-Xu, Y. (2010). Impact of race on early treatment termination and outcomes in posttraumatic stress disorder treatment. *Journal of consulting and clinical psychology*, 78(4), 480–489. <https://doi.org/10.1037/a0019551>
- Livingston, N. A., Berke, D. S., Ruben, M. A., Matza, A. R., & Shipherd, J. C. (2019). Experiences of trauma, discrimination, microaggressions, and minority stress among trauma-exposed LGBT veterans: Unexpected findings and unresolved service gaps. *Psychological trauma: Theory, research, practice and policy*, 11(7), 695–703. <https://doi.org/10.1037/tra0000464>
- Livingston, N. A., Berke, D., Scholl, J., Ruben, M., & Shipherd, J. C. (2020). Addressing Diversity in PTSD Treatment: Clinical Considerations and Guidance for the Treatment of PTSD in LGBTQ Populations. *Current treatment options in psychiatry*, 7(2), 53–69. <https://doi.org/10.1007/s40501-020-00204-0>
- LoSavio, S. & Bassett, G.A. (2020). *Unraveling PTSD: Using Case Conceptualization to Enhance Identification of and Target Key Beliefs in Cognitive Processing Therapy*. Webinar Workshop for Association of Behavioral Cognitive Therapists 54th Annual Virtual Conference.
- Loskot, T., Aajmain, S., LoSavio, S. T., Bassett, G., Sher, B., & Stirman, S. W. (2021, August). Patient Outcomes of a PTSD Treatment Training Program in NYC during the COVID-19 Pandemic. Poster presented at the American Psychological Association Annual [Virtual] Convention.
- Marques, L., Eustis, E. H., Dixon, L., Valentine, S. E., Borba, C., Simon, N., Kaysen, D., & Wiltsey-Stirman, S. (2016). Delivering cognitive processing therapy in a community health setting: The influence of Latino culture and community violence on posttraumatic cognitions. *Psychological trauma: Theory, research, practice and policy*, 8(1), 98–106. <https://doi.org/10.1037/tra0000044>
- McLaughlin, A. A., Keller, S. M., Feeny, N. C., Youngstrom, E. A., & Zoellner, L. A. (2014). Patterns of therapeutic alliance: rupture-repair episodes in prolonged exposure for posttraumatic stress disorder. *Journal of consulting and clinical psychology*, 82(1), 112–121. <https://doi.org/10.1037/a0034696>
- Naeem, F., Saeed, S., Irfan, M., Kiran, T., Mehmood, N., Gul, M., Munshi, T., Ahmad, S., Kazmi, A., Husain, N., Farooq, S., Ayub, M., & Kingdon, D. (2015). Brief culturally adapted CBT for psychosis (CaCBTp): A randomized controlled trial from a low income country. *Schizophrenia research*, 164(1-3), 143–148. <https://doi.org/10.1016/j.schres.2015.02.015>

Naeem, F., Tuck, A., Mutta, B., Dhillon, P., Thandi, G., Kassam, A., Farah, N., Ashraf, A., Husain, M. I., Husain, M. O., Vasiliadis, H. M., Sanches, M., Munshi, T., Abbott, M., Watters, N., Kidd, S. A., Ayub, M., & McKenzie, K. (2021). Protocol for a multi-phase, mixed methods study to develop and evaluate culturally adapted CBT to improve community mental health services for Canadians of south Asian origin. *Trials*, 22(1), 600. <https://doi.org/10.1186/s13063-021-05547-4>

Neimeyer & Bridges, 2005. Postmodern approaches to psychotherapy. In A. Gurman & S. Messer (Eds.), *Essential psychotherapies: Theory and practice*, (2nd Edition, pp. 272-313). New York: Guilford Press.

Norcross, J. C. (2010). The therapeutic relationship. In B.L. Duncan, S.D. Miller, B.E. Wampold, & M.A. Hubble (Eds), *The heart and soul of change: Delivering what works in psychotherapy* (2nd Ed., pp. 113-141). Washington, D.C.: American Psychological Association.

Norcross, J. C., & Wampold, B. E. (2011). Evidence-based therapy relationships: research conclusions and clinical practices. *Psychotherapy (Chicago, Ill.)*, 48(1), 98–102. <https://doi.org/10.1037/a0022161>

Norcross, J. C., & Wampold, B. E. (2018). A new therapy for each patient: Evidence-based relationships and responsiveness. *Journal of clinical psychology*, 74(11), 1889–1906. <https://doi.org/10.1002/jclp.22678>

Norcross, J. C. & Wampold, B.E. (2019). Relationships and responsiveness in the psychological treatment of trauma: The tragedy of the APA Clinical Practice Guideline. *Psychotherapy*, 56(3), 391–399. <https://doi.org/10.1037/pst0000228>

Psychopathology Committee of the Group for the Advancement of Psychiatry. (2001). Re-examination of Therapist Self-Disclosure. *Psychiatric Services*. <https://doi.org/10.1176/appi.ps.52.11.1489>

Resick, P.A., Monson, C.M., & Chard, K.M. (2024). *Cognitive Processing Therapy: A Comprehensive Manual*. Second Edition. New York, NY: Guilford Press.

Sacks, S.A., & Basset, G. (2020, November). *Enhancing Competence in Cognitive Processing Therapy for PTSD: Improving Skills for Detecting Assimilation and Harnessing the Power of Socratic Dialogue*. Pre-Meeting Institute Workshop. 36th Annual Conference for the International Society for Traumatic Stress Studies. Virtual due to COVID-19.

Selig, S., Tropiano, E., Greene-Moton, E. (2006). Teaching cultural competence to reduce health disparities. *Health promotion practice*, 7(3 Suppl.), 247S-255S. doi:10.1177/1524839906288697

Sijercic, I., Liebman, R.E., Wiltsey Stirman, S., & Monson, C.M. (2021). The effect of therapeutic alliance on dropout in cognitive processing therapy for posttraumatic stress disorder. *Journal of traumatic stress*, 34, 819-828. <http://dx.doi.org/10.1002/jts.22676>

Tee, J., & Kazantzis, N. (2011). Collaborative empiricism in cognitive therapy: A definition and theory for the relationship construct. *Clinical psychology: Science and practice*, 18(1), 47–61. <https://doi.org/10.1111/j.1468-2850.2010.01234.x>

Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. *Journal of health care for the poor and underserved*, 9(2), 117–125. <https://doi.org/10.1353/hpu.2010.0233>

Tosone, C. (2013). On being a relational practitioner in an evidence-based world. *Journal of social work*

practice, 27. 10.1080/02650533.2013.818941.

Van Hook, M. P. (2014). *Social work practice with families: A resiliency-based approach (2nd ed.)*. Chicago: Lyceum.

Wallace, D.D., Carlson, R.G., Ohrt, J.H. (2021). Culturally adapted cognitive-behavioral therapy in the treatment of panic episodes and depression in an African American woman: A clinical case illustration. *Journal of mental health counseling*, 43(1), 40-21. <https://doi.org/10.17744/mehc.43.1.03>

Waltman, S.H., Codd, III, T., McFarr, L.M., & Moore, B.A. (2021). *Socratic questioning for therapists and counselors: Learn how to think and intervene like a cognitive behavior therapist*. New York, NY: Routledge.

Wampold B. E. (2015). How important are the common factors in psychotherapy? An update. *World psychiatry: Official journal of the World Psychiatric Association (WPA)*, 14(3), 270–277. <https://doi.org/10.1002/wps.20238>