**Summary of CPT +A Session 1:**

**Overview of PTSD and CPT**

**1. Administer the PCL-5 (and PHQ-9 if applicable) 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)

* Review Recovery or Nonrecovery from PTSD symptoms following Traumatic Events Handout (**Handout 6.1**)
  + If trauma is severe enough, PTSD symptoms are normal reactions, which include:
    - Intrusive Symptoms: thoughts, dreams, flashbacks
    - Arousal: sleep, irritability/anger, concentration, hypervigilance, startle
    - Cognitions and emotions: 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
* Role of Avoidance in maintaining PTSD symptoms

**3. PTSD and the brain** (10 minutes)

* How the brain is impacted by trauma
* Prefrontal cortex, the amygdala, and fight-flight-freeze response
* CPT works to activate the prefrontal cortex and quiet the amygdala

**4. Describe cognitive theory** (10 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*)
* Introduce concept of Stuck Points

**4. Discuss the role of emotions in trauma recovery** (5 minutes)

* Two types of emotions that follow trauma: natural and manufactured

**5. Briefly review the index trauma** (5 minutes)

**6. Describe the overall course of therapy** (5 minutes)

* Importance of practice and not avoiding
* 1st half of treatment focus on trauma and what you are saying to yourself
* Learn skills to tell the difference between a fact and a thought and ask yourself questions
* Learn to use worksheets to examine thoughts
* Anticipate avoidance - Note importance of compliance with attendance and practice assignments
* In the 2nd half of therapy, address themes impacted by trauma: safety, trust, power/control, esteem and intimacy

**7. Assign practice and problem solve re: completion (Handout 6.2)** (5 minutes)

* Write Impact Statement&read over handouts on PTSD symptoms **(Handout 6.1)**

**8. Check the client’s reactions to the session & practice assignment** (5 minutes)

**Summary of CPT+A Session 2:**

**Impact Statement**

**1. Administer PCL-5 (in waiting room if possible), collect & review. Set agenda.** (5 minutes)

**2. Have client** **read Impact Statement aloud** (5 minutes)

* If practice not written, address nonadherence to the assignment (do this for all practice assignments in CPT). Also, have client describe meaning of event orally and reassign impact statement.

**3. Discuss meaning of Impact Statement with patient & identify Stuck Points** (20 minutes)

* Begin to identify Stuck Points & add Stuck Points to the Stuck Point Log (**Handout 7.1**)
* Review major issues to be focused on in treatment
* Therapist looks for the following: (do not use these terms with client)
* **Assimilation** (changing memories to fit beliefs)
* **Over-accommodation** (going overboard on changing beliefs as a result of memories)
* **Accommodation** (changing beliefs about the world and events…this is desirable)

**4.**  **Examine connections among events, thoughts, and feelings, including the range of emotions, with the Identifying Emotions Handout (Handout 7.2)** (10 minutes)

* Basic emotions: angry, disgusted, sad, scared, happy
* Combined: jealous = mad + scared
* Varying intensity: irritated/angry/enraged
* ‘Manufactured’ emotions (based on our thoughts): guilt, shame.
* Patient examples of own feelings, including physical sensations
* Interpretation of events/self-talk affecting feelings (snubbed on street), alternatives
* Go back to Impact Statement for personal application to practice labelling emotions and noticing the connection between thoughts and feelings

**5. Introduce A-B-C Worksheets and fill one out together (Handout 7.3)** (10 minutes)

**6. Describing Stuck Points more fully** (5 minutes)

* + - Describing them in routine examples and trauma related events
    - Introduce Stuck Point Help Sheet (**Handout 7.4**)

**7. Assign practice (Handout 7.5) and check-in re: client’s reactions to session** (5 minutes)

* Complete A-B-C Worksheets to become aware of connection among events, thoughts, feelings, and behavior
* At least one A-B-C Worksheet each day (as soon after an event as possible), at least one worksheet directly about the Index Trauma
* Add to Stuck Point Log
* If the client did not write Impact Statement, re-assign this in addition to completion of ABC Worksheets

\*\* Therapist should make a copy of the Stuck Point log to hold on to\*\*

**Summary of CPT+A Session 3:**

**ABC Worksheets**

**1. Administer PCL-5 (in waiting room if possible), collect & review. Set agenda.** (5 minutes)

**2. Review completion of practice assignments.** (5 minutes)

* If impact statement was not completed for Session 2, but has for session 3, therapist should have client read it aloud and find any new Stuck Points (10 minutes).
* If the client has not done any assignments, address nonadherence.

**3. Review A-B-C Worksheets, assist in labeling thoughts and feelings in response to events**(10-20 minutes, depending on need to review impact statement)

* If worksheets completed, praise efforts and provide any corrections in a low key manner
* Label thoughts vs. emotions
* Recognize changing thoughts can change intensity of type of feelings

- Begin considering self-blame and guilt

* Point out mismatches:

- Dominant emotion(s)? - Emotions follow thoughts?

- Dominant thought(s)? - Thoughts and emotional intensity match?

* Look for Stuck Points, add them to the log, and use Socratic questioning to help patient identify alternative hypotheses

**4. Discuss the A-B-C Worksheet related to trauma to examine assimilation-related thoughts** (15 minutes)

* Do one together if patient did not complete
* Focus on identifying assimilation-related Stuck Points
* Explore the assimilation-related Stuck Point (e.g., self-blame) using Socratic questioning

**5. Introduce the Trauma Account** (5 minutes)

* How to write the trauma account
* Cognitive therapy for any concerns about the trauma account (Complete ABC worksheet

about the assignment if needed)

**6. Assign practice (Handout 18.1; CPT+A Session 3)** (5 minutes)

* Write trauma account with sensory details
* Daily reading of trauma account
* Daily completion of A-B-C Worksheets **(Handout 7.3)**

**7. Check-in re: client’s reactions to session & practice assignment** (5 minutes)

**Summary of CPT+A Session 4:**

**Remembering Traumatic Events (First Account)**

**1. Administer PCL-5 (in waiting room if possible), collect & review. Set agenda.** (5 minutes)

**2. Have client read full Trauma Account aloud with affective expression** (10 minutes)

* Goals of written Trauma Account:
  + - * Affective expression - holding back feelings? Why? (soda bottle analogy)
      * Identify stuck points
      * Challenge self-blame—Assimilation-related stuck points?
* Remain quiet during reading (except to stop and ask to restart if no emotions are
* expressed)
* Ask about feelings during writing and reading
* Ask about areas where it seemed something was avoided
* If Trauma Account was not written, discuss reasons and then have client recount the trauma during the session and reassign the writing

**3. Identify stuck points** (10 minutes)

* Use client's expression of affect or lack thereof to identify stuck points
* Listen for stuck points in the content and add them to the log
* Note the places the client had to stop writing and ask about emotions, look for stuck points.

**4. Address client’s assimilation-related Stuck Points using Socratic dialogue to clarify and examine.** (15 minutes)

* Identify context of trauma (use of clarifying questions)

e.g., What else might you have done? And what might have happened then?

* Discuss hindsight bias and outcome based reasoning

**5. Explain differences among the unforeseeable, responsibility and blame** (10 minutes)

* Introduce Levels of Responsibility Handout (**Handout 9.1**)
* Help client differentiate among blame/intent, responsibility, and the unforeseeable

**6. Assign practice (Handout 18.1; CPT+A Session 4)** (5 minutes)

* Rewriting of the Trauma Account
* Daily reading of the re-written Trauma Account
* Daily completion of the ABC Worksheets

**7. Check-in re: client’s reactions to session & practice assignment** (5 minutes)

**Summary of CPT+A Session 5:**

**Remembering Traumatic Events (Second Account)**

**1. Administer PCL-5 (in waiting room if possible), collect & review. Set agenda.** (5 minutes)

**2. Read second Trauma Account aloud; help to identify differences between the first and second**

**accounts** (15 minutes)

* Goals: New Additions (or Deletions)?
* Progress of affective expression and self-blame/guilt
* Continue cognitive therapy on stuck points
* Discuss: Feelings of when it happened and now
* Differences and similarities: at time of event, now
* Feelings after writing it the second time vs. the first time--less intense?

**3. Engage client in challenging assumptions and conclusions that the client had made after**

**processing affect, with particular focus on self-blame** (15 minutes)

* Use some of the Socratic questions to help introduce the next worksheet, the

Exploring Questions worksheet, to continue cognitive therapy on stuck points regarding

the worst traumatic event.

* Help patient reduce use of word **blame** which implies intentionality.

**4. Introduce Exploring Questions Worksheet (Handout 9.2) to help patient examine their Stuck Points** (15 minutes)

* Go through blank worksheet
* Go through example worksheets **(Handout 9.2a and 9.2b)**
* Review the Guide for the Exploring Questions Worksheet (**Handout 9.3)**
* Choose a Stuck Point to begin addressing with these questions (a focus on assimilation is helpful at this point in the therapy)

**5. Assign practice (Handout 9.4)** (5 minutes)

* Daily completion of the Exploring Questions Worksheet, using one Stuck Point a day

**6. Check-in re: client’s reactions to session & practice assignment** (5 minutes)

**Summary of CPT+A Session 6:**

**Exploring Questions**

**1. Administer PCL-5 (in waiting room if possible), collect & review. Set agenda.** (5 minutes)

**2. Conduct a mid-protocol assessment of treatment response** (5-10 minutes)

* If symptoms are still elevated, look for factors that might be interfering with progress (e.g., assimilation-related Stuck Points still stuck, avoidance of experiencing emotion, previously undisclosed aspects of the trauma, a different trauma).
* Review item-level responses to see where still stuck and ensure that PCL is anchored to the trauma and not responding as a measure of general distress.

**3**. **Review Exploring Questions Worksheet** (30 minutes)

* Assist client in answering questions they had difficulty answering
* Focus on assimilation-related Stuck Points first. Even if assimilation-related Stuck Points are resolved, complete an Exploring Questions worksheet to reinforce. Do a worksheet together.
* Use of Socratic Dialogue to help client elaborate.

**4. Introduce Thinking Patterns Worksheet** (15 minutes)

* Go over blank handout **(Handout 10.1)**
* Go over example **(Handout 10.1A)**
* Help patient consider if they have a tendency toward particular thinking patterns.
* Help client generate more possible examples of thinking patterns, trauma and non-trauma-related, using the Thinking Patterns Worksheet
* Describe how these patterns become automatic, creating negative feelings (use example) or causing people to engage in self-defeating behavior (use example)
  + What other events in your life has this kind of thinking affected?
  + Over-accommodation?
* Shift to client taking over Socratic questioning of self; be supportive/consultative

**5. Assign practice (Handout 10.2)** (5 minutes)

* Identify Stuck Points and find examples for each Thinking Patterns Worksheet.
* Notice and write down new examples experienced each day. Look for patterns. Look for ways your reactions to events have been affected by your past bad experiences and the habitual patterns that have developed after them.

**6. Check-in re: client’s reactions to session & practice assignment** (5 minutes)

**Summary of CPT+A Session 7:**

**Thinking Patterns**

**1. Administer PCL-5 (in waiting room if possible), collect & review. Set agenda.** (5 minutes)

**2. Review Thinking Patterns Worksheet** (10 minutes)

* Questions to consider or address:

- Does client have strong tendencies toward particular patterns?

- Discuss how these patterns may have affected his/her reactions to the trauma

- Replace with other, more adaptive, cognitions

**3. Introduce Alternative Thoughts Worksheet (Handout 11.1)** (15 minutes)

* Point out that this worksheet brings together skills they have already learned

- Starts with ABC Worksheet

* Rate strength of belief (0%–100%)
* Rate strength of emotion (0%–100%)

- Prompts from Exploring Questions Worksheet

- Prompts from Thinking Patterns Worksheet

- Generate new, balanced, evidence-based statement

**4. Practice Alternative Thoughts Worksheet with a Stuck Point from the Stuck Point log** (10 minutes)

* Prioritize assimilation-related Stuck Points

**5. Provide an overview of the five specific themes/modules** (5 minutes)

* Five themes: safety, trust, power/control, esteem, intimacy
* Prior/after: How did trauma affect beliefs about \_\_\_\_\_ for self? For others?
* Help the client begin to introduce more moderate self-statements

**6. Introduce first of five themes: Safety issues related to self and others (Handout 12.1)**

(10 minutes)

* Identify negative beliefs about relative safety of others and ability to protect oneself from harm
* Recognize how beliefs influence behavior/avoidance
* Differentiate prudent safety practices from fear-based avoidance
* Practice Alternative Thoughts Worksheet by introducing one on a safety-related Stuck Point (which may be completed for practice)

**7. Assign practice (Handout 18.1)** (5 minutes)

* Use the Alternative Thoughts Worksheet each day to analyze your Stuck Points — complete at least one related to safety.
* Help the client choose Stuck Points to work on and write them down on copies of Alternative Thoughts Worksheets.
* Provide example Alternative Thoughts Worksheets relevant to client’s own situation **(Handouts 11.1a-11.1e)**.
* Read over the Safety Issues Module **(Handout 12.1)**

**8. Check-in re: patient’s reactions to session & practice assignment** (5 minutes)

**Summary of CPT+A Session 8:**

**Alternative Thoughts Worksheets and**

**Trauma Themes - Safety**

**1. Administer PCL-5 (in waiting room if possible), collect & review. Set agenda.** (5 minutes)

**2. Review the client’s Alternative Thoughts Worksheets related to the Safety theme and to other Stuck Points.**  (30 minutes)

* Help patient analyze cognitions and generate alternative beliefs using the Alternative Thoughts Worksheet
  + Help the client to complete practice, if necessary
  + Discuss success or problems in changing cognitions
* Review Safety Module; focus on client’s self- or other- safety issues
  + Probability: Low vs. high = reality vs. fear
  + Differences between “could “ and “will”
  + Calculate %’s

**3. Introduce second of five theme areas: Trust issues related to self and others (Handout 13.1)**(15 minutes)

* Self-trust = belief you can trust or rely on your own judgments and decisions
* After trauma, many begin to second-guess own judgment about

- Being there in the first place: *“Did I do something to ‘ask for it’?”*

- Own behavior during event: *“Why didn’t I \_\_\_\_ when it was happening?”*

- Ability to judge character: *“I should have known \_\_\_\_\_ about him.”*

* Trust in others is also frequently disrupted after a trauma

- Betrayal if perpetrator was trusted

- Betrayal if others don’t give belief or support

- Rejection if others can’t tolerate what happened and withdraw

* Compare trust in self/others before/after

**4. Assign practice (Handout 13.2)** (5 minutes)

* Use the Alternative Throughts Worksheet each day to analyze your Stuck Points — complete at least one related to trust.
* Read over the Trust Issues Module **(Handout 13.1)**

**5. Check-in re: client’s reactions to session & practice assignment** (5 minutes)

**Summary of CPT+ A Session 9:**

**Trauma Themes - Trust**

**1. Administer PCL-5 (in waiting room if possible), collect & review. Set agenda.** (5 minutes)

**2. Review the client’s Alternative Thoughts Worksheets related to the Trust theme and to other Stuck Points** (20 minutes)

* Help patient analyze cognitions and generate alternative beliefs using the Alternative Thoughts Worksheet
  + Help the client to complete practice, if necessary
  + Discuss success or problems in changing cognitions
  + Review Trust Module; focus on client’s self- or other- trust issues
    - Look for assimilation-related Stuck Points re: self-blame related to inability to trust one’s own decisions
    - Discuss client’s social support systems (family and friends): their response to trauma may be protecting themselves from emotions/helplessness/vulnerability, inadequacy/ignorance—not rejection

**3. Complete a Trust Star Worksheet (Handout 14.1) together** (15 minutes)

* + Trust falls on a continuum, not “all or none”
  + Different kinds of trust: with money vs. with a secret
  + Consider what ways they can trust someone in their life (and what they have no information about).

**4. Introduce third of five theme areas: Power/control issues related to self and others (Handout 14.2)** (10 minutes)

* Self-power (self-efficacy)
* People naturally expect they can solve problems and meet new challenges
* Traumatized people often try to control everything–to stay safe
* Lack of TOTAL CONTROL may feel like NO CONTROL
* Power/control falls on a continuum and is multidimensional – “Control with regard to what? Getting dressed each day? Your children? etc.”
* Power over others:

- Need to control may spill into relationships, ruining old ones and preventing new ones

**5. Assign practice (Handout 14.3)** (5 minutes)

* Use the Alternative Thoughts Worksheet each day to analyze your Stuck Points — complete at least one related to power/control.
* Complete a Trust Star Worksheet **(Handout 14.1)** about someone in your life (if not completed in session)
* Read over the Power/Control Issues Module **(Handout 14.2)**

**6. Check-in re: client’s reactions to session & practice assignment** (5 minutes)

**Summary of CPT+A Session 10:**

**Trauma Themes – Power/Control**

**1. Administer PCL-5 (in waiting room if possible), collect & review. Set agenda.** (5 minutes)

**2. Review Alternative Thoughts worksheets related to the Power/Control theme and to other Stuck Points. (as well as Trust Star Worksheet if completed as practice assignment)**(30 minutes)

* Review Trust Star Diagram, if assigned
* Help client gain a *balanced* view of power/control

- No such thing as total control, but not completely helpless either

- Consider where they do have control (decisions made in a day)

* Explore relationship between excessive control behaviors and assimilation-related beliefs (e.g., I could have prevented it)
* Address anger issues:

- Anger may be related to hyperarousal, lack of sleep, increased startled reactions

- “Stuffed” when unable to express at time of event, emerges later

- Anger vs. aggression (not the same thing)—can come out on family

- Anger at self for what they “should have done”

**3. Introduce fourth of five theme areas: Esteem issues related to self and others (Handout 15.1)** (10 minutes)

* Review Esteem Module; self and others
* Explore client’s self-esteem before event and impact after

**4. Assign practice (Handout 15.3)** (5 minutes)

* Use the Alternative Thoughts Worksheet each day to analyze your Stuck Points — complete at least one related to esteem.
* Read over the Esteem Module **(Handout 15.1)**
* Practice giving and receiving compliments daily and record on tracking sheet **(Handout 15.2)**
* Do at least one nice thing for self each day and record on tracking sheet **(Handout 15.2)**

**5. Check-in re: client’s reactions to session & practice assignment** (5 minutes)

**Summary of CPT+A Session 11:**

**Trauma themes - Esteem**

**1. Administer PCL-5 (in waiting room if possible), collect & review. Set agenda.** (5 minutes)

**2. Review the client’s Alternative Thoughts Worksheets related to the Esteem theme and to other Stuck Points** (15 minutes)

* Does client believe she is permanently damaged as a result of the trauma?
* Perfectionist? Does client believe he/she made a mistake?
* Esteem for others—overgeneralize disregard to whole groups?

**3. Review assignments regarding compliments and engaging in a pleasant activity** (15 minutes)

* Reinforce—How did it go? Did it trigger any new Stuck Points?
* Compliments/Pleasant Activities

- What happened? - Like it?

- Able to hear for self? - Feel you deserved it?

- Recipients pleased? - Feel guilty?

- Continue to talk? - Encourage *more* and enjoy!

**4. Discuss therapy termination and use Alternative Thoughts Worksheets to examine Stuck Points related to ending therapy** (5 minutes)

* Discuss if there are any Stuck Points about ending therapy

**5. Introduce fifth of five theme areas: Intimacy issues related to self and others (Handout 16.1)**

1. minutes)

* How have relationships been affected by the trauma?
* Self-intimacy—ability to calm and soothe oneself?
* How were these both *before* and *after*?
* Any problems: e.g., food? alcohol? spending?

**6. Assign practice (Handout 16.2)** (5 minutes)

* Use the Alternative Thoughts Worksheet each day to analyze your Stuck Points — complete at least one related to intimacy.
* Read over Intimacy Module **(Handout 16.1)**
* Write New Impact Statement (discuss the purpose of this)
* Continue to give and receive compliments **(Handout 15.2)**
* Continue to do at least one nice thing for self each day **(Handout 15.2)**

**7. Check-in re: client’s reactions to session & practice assignment** (5 minutes)

**Summary of CPT+A Session 12:**

**Intimacy and Facing the Future**

**1. Administer PCL-5 (in waiting room if possible), collect & review. Set agenda.** (5 minutes)

**2. Review the client’s Alternative Thoughts Worksheets related to the Intimacy theme and to other Stuck Points** (15 minutes)

* Focus on development and maintenance of *relationships*

- Be watchful for deficits in self-soothing (Food? Alcohol? Spending?)

- Intimacy

- Interpersonal Intimacy—emotional closeness, withdrawal from others, remaining in unhealthy relationships

- Sexual Intimacy—desire, physical cueing (triggers)

**3. Review Client’s New and Original Impact Statement** (15 minutes)

* Client to read New Impact Statement aloud and go over its meaning
* Therapist to read aloud original Impact Statement
* Compare the two
* Note how beliefs have changed by work in therapy in only a short period
* Reinforce client’s progress as a result of the work done
* Any remaining Stuck Points?

**4. Involve patient in reviewing the course of treatment and patient’s progress**(10 minutes)

* Review concepts and skills
* Client to reflect on own good work, progress, and changes made
* Patient to take credit for facing and dealing with difficult and traumatic event
* Continuing success depends on patient’s continuing practice of skills learned

**5.** **Help patient identify goals for the future and delineate strategies for meeting them**(5 minutes)

* Also remind patient that he is taking over as therapist now and should continue to use the skills that he has learned
* Set up follow up appointment in month or two, having client bring worksheets they continue to complete

**Personalized-Length CPT Guide**

CPT is approximately 12 sessions but could be more or less depending on client need. The CPT session plan may be amended as follows:

**Delayed Termination:** **Some clients may need more than 12 sessions to achieve therapy goals**

* Adhere to the protocol for the first 11 sessions (do not add extra sessions midway to ensure sequential skill building).
* If client is still scoring above threshold on objective measures AND there are indications that additional time in CPT would benefit the client (e.g., doing practice assignments, remaining Stuck Points to work on). Have a shared decision-making discussion and may decide to extend treatment by a few sessions.
* If decide to extend, do not assign Impact Statement in Session 11.
* In additional sessions, continue practice with Alternative Thoughts Worksheets on remaining Stuck Points.
* Once goals of therapy have been achieved, assign new Impact Statement in the next-to-final session and review it in the final session.

**Early Termination: Some clients may not need 12 sessions to achieve therapy goals**

* When clients no longer meet criteria for PTSD and have low self-report scores (e.g., below 19 on PCL-5), therapists can initiate discussion about whether therapy goals have been met. Ending therapy early should be mutual decision.
* If decision to end early due to achievement of therapy goals, may combine modules and/or provide modules for review.
* Always end with the reassignment of the Impact Statement. Assign new Impact Statement in the next-to-final Session and review it in the final session.