

ServingTogether.
Connecting Veterans.

A program of EveryMind.

Affiliated with AmericaServes

Supporting Our Veterans Trauma and Cognitive Processing Therapy

Mid-Atlantic and North East Regional Community of Practice
Professional Training Event
March 3, 2021

Please note: Headphones are
recommended for best audio quality

Welcome & Introductions

Regional Community of Practice Champion

Jennifer Watson

Program Manager,

ServingTogether, a program of EveryMind

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EveryMind strengthens communities and empowers individuals to reach optimal mental wellness



- Counseling and Case Management for Child, Youth and Families
- Crisis Phone/Text/Chat Line
- Service Coordination for Veterans, Service Members and their Families
- Community Education

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Regional Community of Practice

- EveryMind serves as our Regional Community of Practice Champion for the Mid-Atlantic & North East Regions
 - **ServingTogether**, National Capital Region
 - **Mission United**, South Hampton Roads
 - **PA Serves**, Greater Pittsburgh
 - **RI Serves**, Rhode Island
 - **NYC Veterans | VetConnectNYC**, New York City
- Conducting these trainings based on feedback we receive from you
 - More to come soon
 - We need your feedback!



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Presenters



Dr. Heidi Kraft
Chief Clinical Officer
PsychArmor Institute



Dr. Carie Rodgers
Chief Program Officer
PsychArmor Institute

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Posttraumatic Stress Disorder

COGNITIVE PROCESSING THERAPY FOR PTSD

CARIE RODGERS, PH.D., ABPP
CHIEF PROGRAM OFFICER

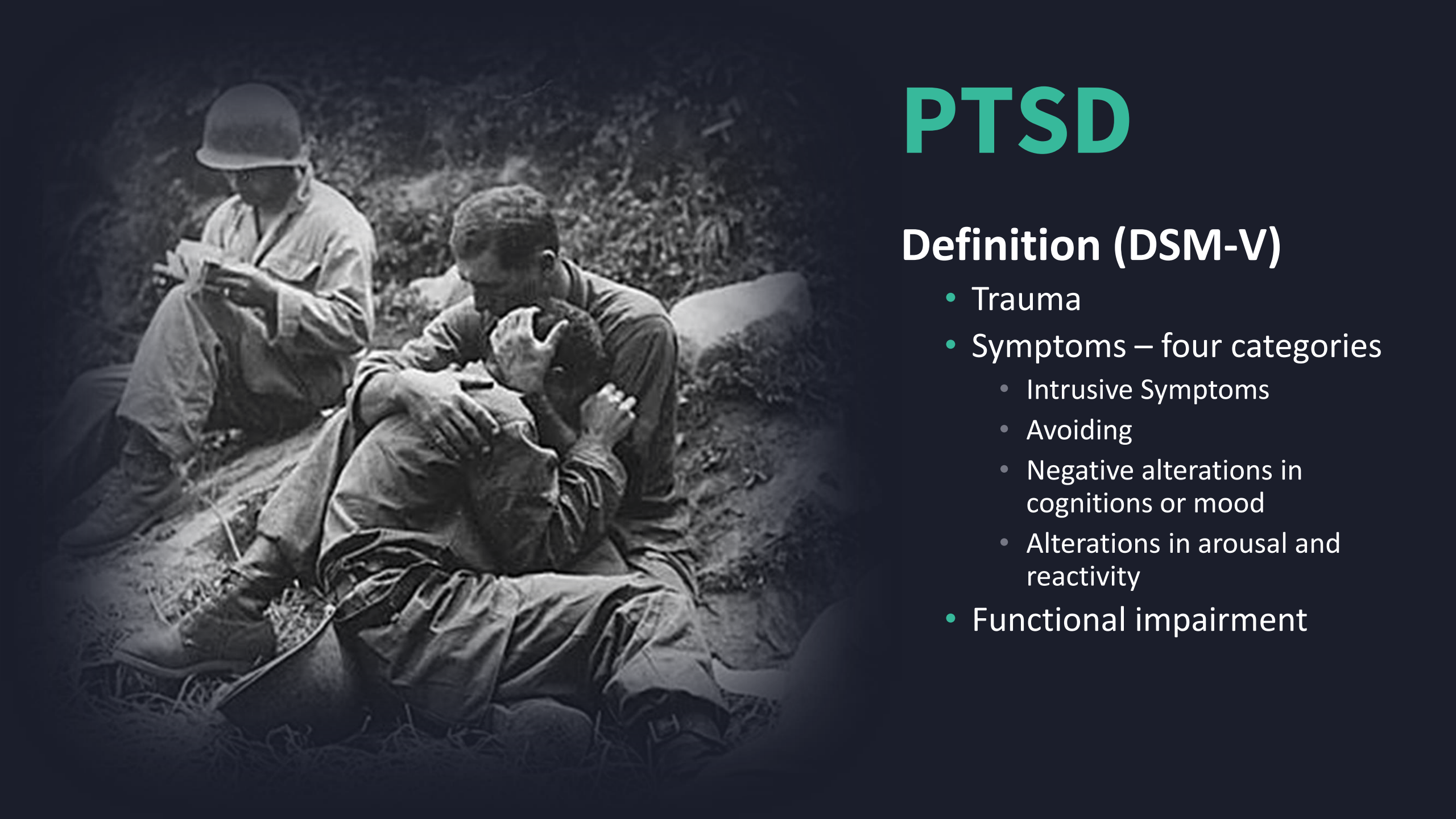
HEIDI KRAFT, PH.D.
CHIEF CLINICAL OFFICER

PSYCH/ARMOR®

PTSD

Definition (DSM-V)

- Trauma
- Symptoms – four categories
 - Intrusive Symptoms
 - Avoiding
 - Negative alterations in cognitions or mood
 - Alterations in arousal and reactivity
- Functional impairment



PTSD

Trauma or stressor

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: **(one required)**

- Direct exposure.
- Witnessing, in person.
- Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
- Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties
 - First responders or professionals repeatedly exposed to details of trauma.
 - This does **not** include indirect non-professional exposure through electronic media, television, movies, or pictures.

PTSD

Intrusive Symptoms

The traumatic event is persistently re-experienced in the following way(s): **(one required)**

- Recurrent, involuntary, and intrusive memories. Note: Children older than six may express this symptom in repetitive play.
- Traumatic nightmares. Note: Children may have frightening dreams without content related to the trauma(s).
- Dissociative reactions (e.g., flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness. Note: Children may reenact the event in play.
- Intense or prolonged distress after exposure to traumatic reminders.
- Marked physiologic reactivity after exposure to trauma-related stimuli

PTSD

Avoidance Symptoms:

Persistent effortful avoidance of distressing trauma-related stimuli after the event: **(one required)**

- Trauma-related thoughts or feelings.
- Trauma-related external reminders (e.g., people, places, conversations, activities, objects, or situations).

PTSD

Negative alterations in cognitions and mood

- Negative alterations in cognitions and mood that began or worsened after the traumatic event: **(two required)**
 - Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol, or drugs).
 - Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous").
 - Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.
 - Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt, or shame).
 - Markedly diminished interest in (pre-traumatic) significant activities.
 - Feeling alienated from others (e.g., detachment or estrangement).
 - Constricted affect: persistent inability to experience positive emotions



PTSD



Alterations in arousal and reactivity

Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event: (two required)

- Irritable or aggressive behavior
- Self-destructive or reckless behavior
- Hypervigilance
- Exaggerated startle response
- Problems in concentration
- Sleep disturbance



PTSD

Co-morbidities:

- Alcohol/Drug abuse
- Depression
- Anxiety
- Domestic/ other violence
- Health problems
- Pain
- Suicide

PTSD Treatment:

An Integrated Approach



PTSD IS COMPLICATED AND
BEST TREATED WITH AN
INTEGRATED APPROACH



CBT-BASED THERAPY



PSYCHOPHARMACOLOGY AS
NEEDED



COMPLEMENTARY
THERAPIES

PSYCHOPHARMACOLOGY

FDA Approved

- SSRI
 - Paxil
 - Zoloft

Other off-label

- SSRI
- SNRI
- Sleep medication
- Anti psychotics
- Beta blocker
- Marijuana
- MDMA-assisted therapy

PTSD Treatment



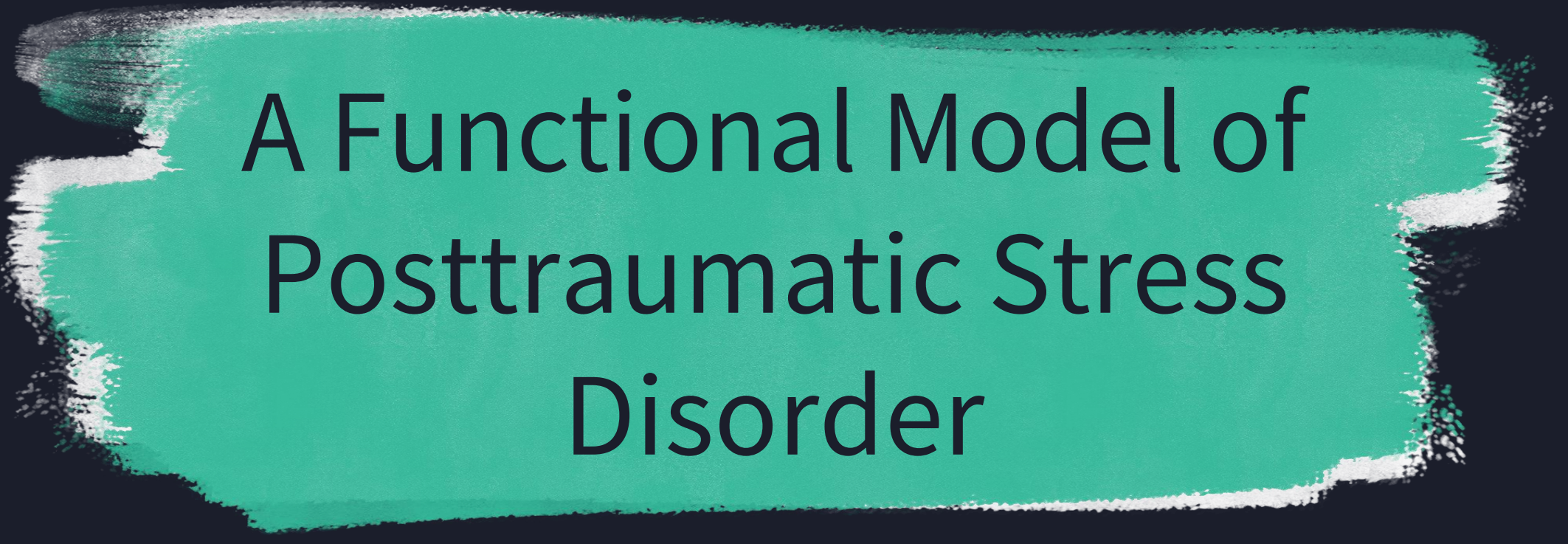
Evidence-based treatment:

What does it mean to be evidence-based?

- DoD/VA
 - Prolonged Exposure
 - Cognitive Processing Therapy
 - Eye Movement Desensitization Reprocessing
 - Narrative Exposure Therapy
 - Brief Eclectic Psychotherapy
 - Written Narrative Exposure

COGNITIVE PROCESSING THERAPY

for Posttraumatic Stress Disorder



A Functional Model of Posttraumatic Stress Disorder

Treatment Description

Cognitive Behavioral Treatment
Effective (20 RCTs)
Recovery Focused
Twelve, 50 minute sessions

Main components:

1. Education about trauma and PTSD
2. Processing the trauma
3. Learning to challenge
4. Trauma themes
5. Facing the future

Between session practice

- Largely written worksheets & materials to review

A-B-C SHEET

ACTIVATING EVENT

BELIEF/STUCK POINT

CONSEQUENCE

A

B

C

“Something
happens”

“I tell myself
something”

“I feel
something”

Are the thoughts above in “B” realistic?

What can you tell yourself on such occasions in the future

Challenging Beliefs Worksheet

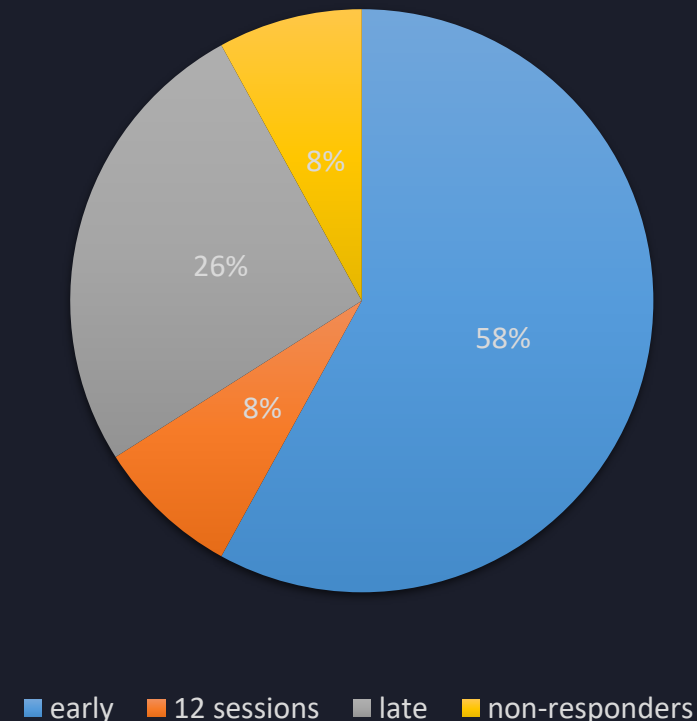
A. Situation	B. Thought/ Stuck Point	D. Challenging Thoughts	E. Problematic patterns	F. Alternative Thought
Describe the event, thought or belief leading to the unpleasant emotion(s).	Write thought/Stuck Point related to Column A. Rate belief in each thought/stuck point below from 0-100% (How much do you believe this thought?)	Use Challenging Questions to examine your automatic thoughts from Column B. Consider if the thought is balanced	Use the Problematic Thinking Patterns sheet to decide if this is one of your problematic patterns of thinking.	What else can I say instead of Column B? How else can I interpret the event instead of Column B? Rate belief in alternative thought(s) from 0-100%
		Evidence For? Evidence Against? Habit or Fact? Not including all information? All or none? Extreme or exaggerated? Focused on just one piece? Source dependable? Confusing possible with likely? Based on feelings or facts? Focused on unrelated parts?	Jumping to conclusions Exaggerating or minimizing Ignoring important parts Oversimplifying Overgeneralizing Mind reading Emotional reasoning	
				G. Re-rate how much you now believe the thought/Stuck Point in Column B from 0-100%
	C. Emotion(s) Specify sad, angry, etc., and rate how strongly you feel each emotion from 0-100%			H. Emotion(s) Now what do you feel? 0-100%

Flexible Length Study (Galovski et al 2012)

Can we improve outcomes by better tailoring the dose of therapy?

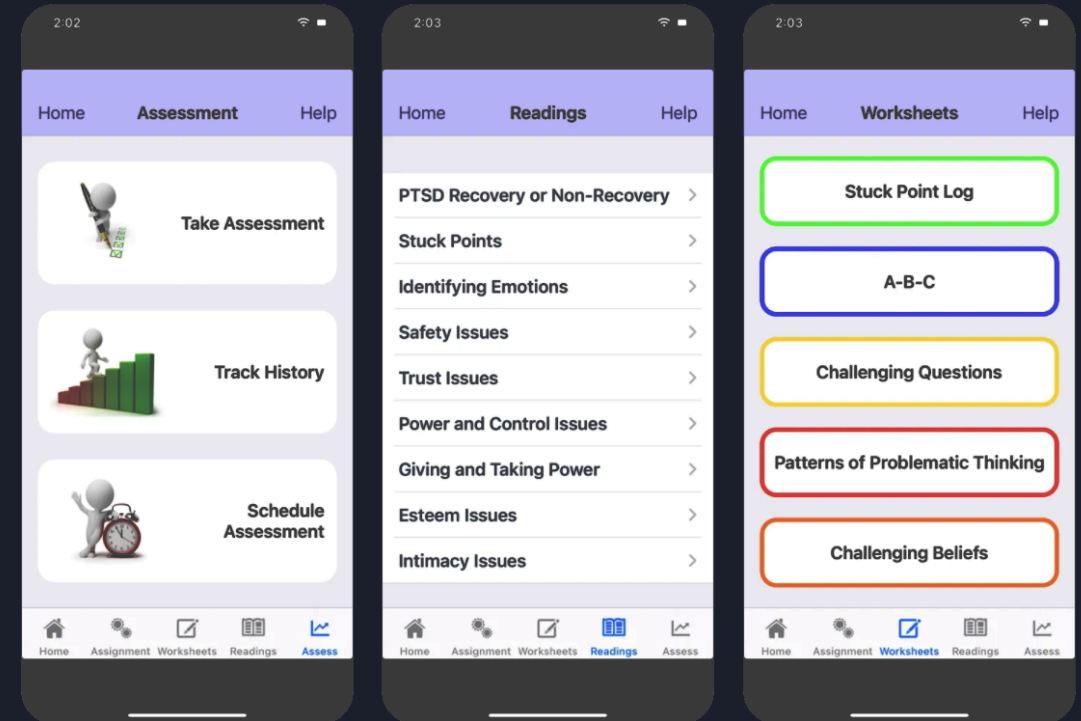
- Objective: Determine how many sessions were needed to reach “good end state functioning” (i.e., $PDS \leq 20$ & $BDI-II \leq 18$)
- Modified version of CPT+A
 - Treatment continued until participant reached good end state functioning
 - 18 sessions max
 - Could end before 12 sessions
 - The average was 9 sessions

Number of sessions to good end-state functioning



CPT APP

- Designed for patients to use while in CPT with a provider
- Contains support materials including:
 - Assignments
 - Readings
 - PTSD symptom monitoring
 - CPT worksheets
 - Appointment reminders
 - Therapist contact information
- Can be used on iPhones or iPads
- Available at the Apple App Store
- Will be available for Android soon



EMPIRICAL SUPPORT FOR CPT

>20 published randomized controlled trials (RCTs) of CPT

Traumas

- Rape
- Child Sexual abuse
- Physical Assault
- Military Sexual Trauma
- Combat
- All studies include individuals with multiple traumas

Populations

- Civilian
- Active Duty
- Veteran
- Male
- Female
- Adolescents

Locations

- U.S.
- Australia
- Germany
- Democratic Republic of Congo

Modalities

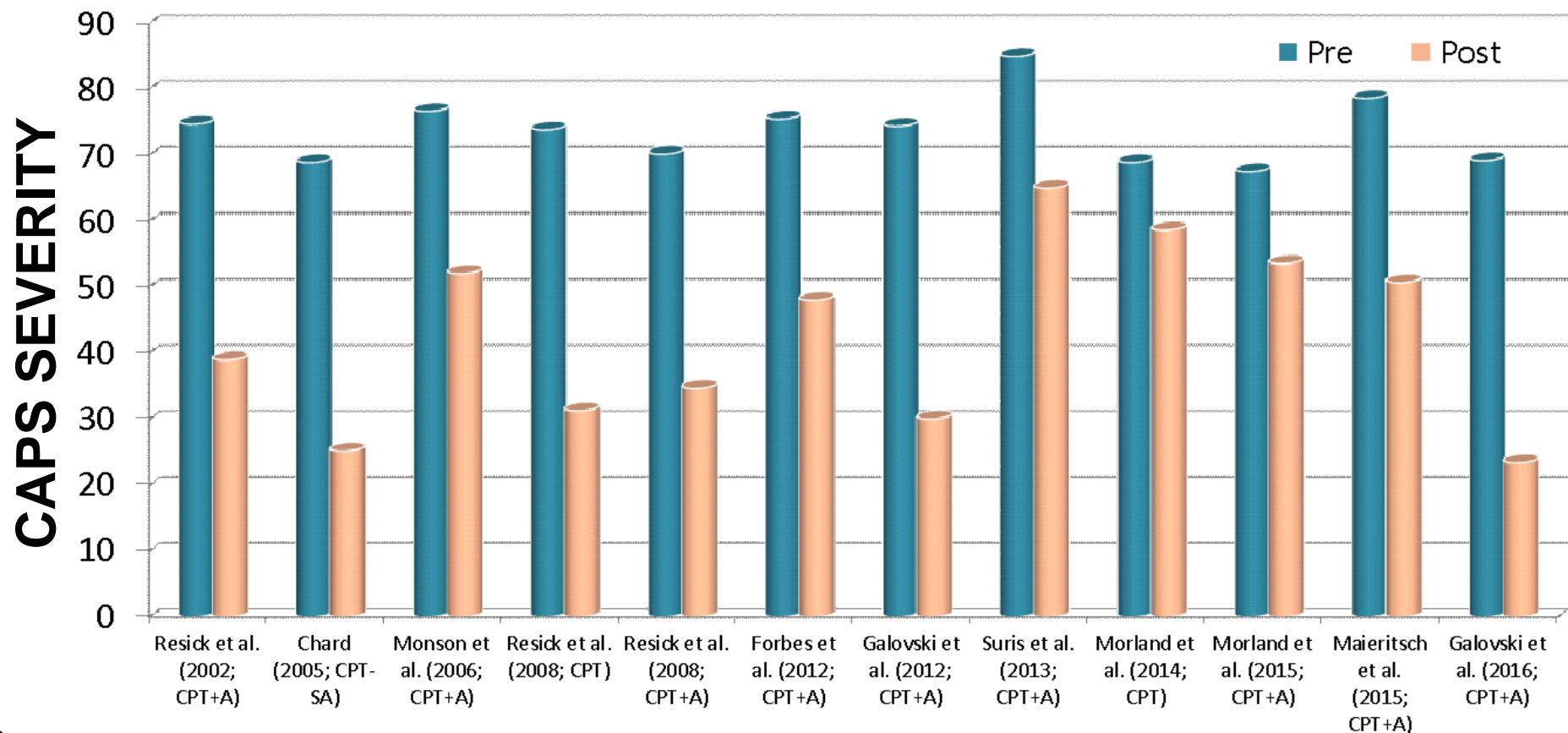
- CPT
- CPT +A
- Individual
- Group
- Combined
- Telehealth
- CPT + rTMS

Comparison conditions

- Delayed treatment
- Treatment as Usual
- Present-Centered Therapy
- Prolonged Exposure
- Dialogical Exposure Therapy
- Written Exposure Therapy
- Differing CPT modalities

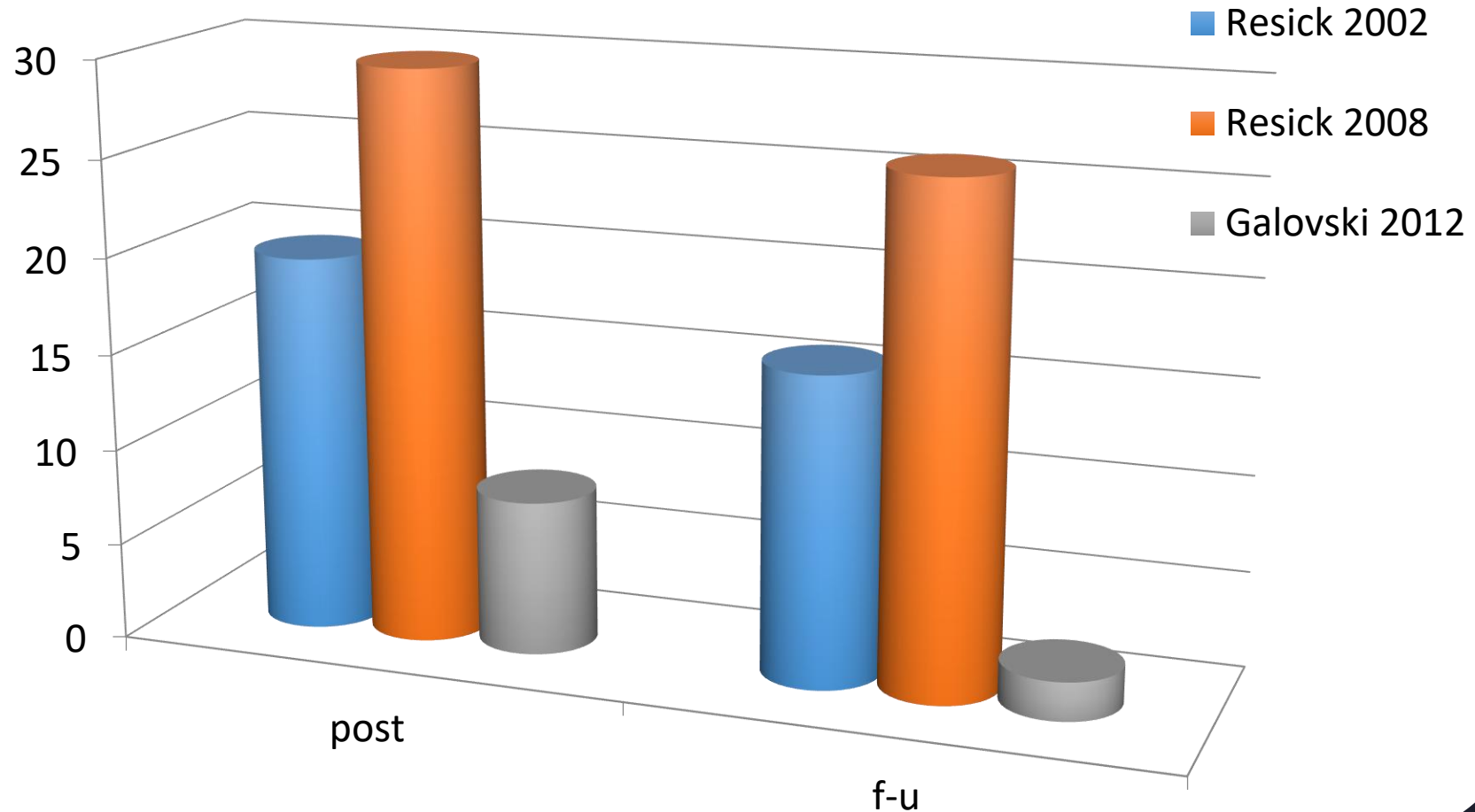
CAPS SEVERITY PRE- AND POST-TREATMENT

(INTENT-TO-TREAT)



PTSD positive diagnostic status

(CAPS with CPT completers)



Closing Remarks

- **ServingTogether**, National Capital Region & Greater Baltimore Community www.servingtogetherproject.org
- **Mission United**, South Hampton Roads unitedwayshr.org/what-we-do/mission-united/
- **PA Serves**, Greater Pittsburgh pittsburgh.americaserves.org/
- **RI Serves**, Rhode Island riserves.org/
- **NYC Veterans | VetConnectNYC** vetconnectnyc.org/



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