# Cognitive Processing Therapy for Post-traumatic Stress Disorder in Individuals with Concurrent Disorders

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# Agenda

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|---|---|
| The Basics | 1. What is PTSD? |
| | 2 .What is Concurrent Disorders? |
| | 3. What is the Prevalence of PTSD in Concurrent Disorders? |
| | 4. What are Treatments for PTSD |
| | 5. How is CPT provided at SJHH? |
| The Treatment | 6. What happens in CPT? |
| Treatment Considerations | 7. Treatment considerations for CD and CPT |
| | 8. Treatment considerations for CD and CPT from Candice Monson! |
| | 9. Case Studies |

# What is PTSD?

| | |
|---|---|
| **Stressor** | Direct or indirect exposure to actual or threatened death, serious injury, sexual violence |
| **Intrusion symptoms** | Unwanted upsetting memories, Nightmares, Flashbacks, Emotional distress, Physical reactivity related to the stressor |
| **Avoidance** | Avoidance of trauma-related stimuli after the trauma (e.g. trauma related thoughts or feelings or reminders) |
| **Negative alterations in cognitions and mood** | Forgetting key features of the trauma<br>Overly negative thoughts and assumptions about oneself or the world<br>Exaggerated blame of self or others for causing the trauma<br>Negative affect<br>Decreased interest in activities<br>Feeling isolated<br>Difficulty experiencing positive affect |
| **Alterations in arousal and reactivity** | Irritability or aggression, Risky or destructive behavior, Hypervigilance<br>Heightened startle reaction, Difficulty concentrating, Difficulty sleeping |
| **More than a month and causing functional problems** | |

# What is Concurrent Disorder?

- Any mental health diagnosis and any substance use disorder.
- For this presentation, we're focusing on the situation where the concurrent disorder includes PTSD and any substance use disorder.

# What is the prevalence of PTSD and Concurrent Disorders?

- In a study of 100 adolescents and emerging adults presenting to a concurrent disorders outpatient program almost half of female (46%) and almost a third of male (31%) participants endorsed symptoms consistent with PTSD. (Catchpole and Brownlie 2016)
- Half of participants in a sample of 500 plus vetrans who received PTSD treatment had current or past AUD.  (Kaysen, Schumm, Pedersen et al 2014)

# What are Treatments for PTSD?

(Lancaster et al. 2016)

| | | |
|---|---|---|
| **Psychotherapy** | Cognitive-behavioural Therapies | **Prolonged Exposure:** face both situations and memories that are perceived as frightening and learn to cope with them. |
| | | **Cognitive Processing Therapy:** recognize the ways of thinking that are keeping you stuck (e.g. negative beliefs about yourself and the risk of traumatic things happening again) |
| | **Eye Movement Desensitization and Reprocessing:** EMDR combines exposure therapy with a series of guided eye movements that help you process traumatic memories and change how you react to them. | |
| **Pharmacotherapy** | Medications for anxiety, depression or difficulty sleeping etc. | |
| **Mutual Support Groups** | A group where participants share their own experiences and learn from others, and help each other connect with people who understand what you're going through. | |

# How is CPT provided at SJHH?

(Resick, Monson and Chard 2017)

| Manual | CPC | ATRC |
|---|---|---|
| Based on the treatment manual Resick, Monson and Chard 2017<br><br>**12 group sessions** (**1.5 hours** each)<br><br>Or<br><br>**12 1-hour individual sessions** | Based on the treatment manual Resick, Monson and Chard 2017<br><br>12 group sessions (**2 hours** each) and a 1 month follow-up appointment<br><br>Plus an **orientation** session<br><br>Plus optional ongoing monthly "**booster**" sessions after completion of group.<br><br>Plus **6 individual sessions** throughout the group,<br><br>**High** rate of co-occurring (but often already treated emotion dysregulation) | Based on the treatment manual Resick, Monson and Chard 2017<br><br>12 group sessions (**2 hours** each)<br><br>Plus an **orientation** session<br><br>Plus optional ongoing monthly "**booster**" sessions after completion of group.<br><br>**No additional individual** counselling sessions<br><br>**Low** rate of co-occurring emotion dysregulation |

# What happens in CPT? (slide 1/14)

- Session 1
  - recovery vs. non-recovery from traumatic events (education)
  - Stuck points (education and daily as homework)
  - Impact statement (once as homework)

Resick, Monson and Chard, 2017

# What happens in CPT? (slide 2/14)

**Sample Impact Statement:**

*"The overall feeling of what it means to have been assaulted is the feeling that I must be bad or a bad person for something like this to have occurred. I feel it will or could happen again at any time. I feel only safe at home. The world scares me and I think it unsafe. I feel all people are more powerful than I, and am scared by most people. I view myself as ugly and stupid. I can't let people get real close to me. I have a hard time communicating with people of authority, so plainly I haven't been able to work. My fiancée and I rarely have sex and sometimes just a hug revolts me and scares me. I feel if I spend too much time out in the world an event like my past will take place. I feel hatred and anger towards myself for letting these things happen. I feel guilty that I've caused problems with my family (parents divorced). I feel dirty most of the time and believe that's how others view me. I don't trust others when they make promises. I find it hard to accept that these events have happened to me."*

# What happens in CPT? (slide 3/14)

- Session 2
  - Building the stuck point log
  - Identifying emotions
  - ABC worksheet (daily as homework)

# What happens in CPT? (slide 4/14)

**HANDOUT 6.3B**

## Sample ABC Worksheet

Date: _____ Client: _____

| **Activating Event**<br>**A**<br>*"Something happens"* | **Belief/Stuck Point**<br>**B**<br>*"I tell myself something"* | **Consequence**<br>**C**<br>*"I feel something"* |
|---|---|---|
| My uncle raped me | "I let it happen and didn't tell anyone." | Guilt and shame |

Are my thoughts above in column B realistic or helpful? _____

_____

_____

What can I tell myself on such occasions in the future? _____

_____

_____

_____

# What happens in CPT? (slide 5/14)

- Session 3
  - Review homework (ABC worksheets)
  - Practice more ABC worksheets (in session and as daily homework)
- Session 4
  - Review homework (ABC worksheets)
  - Intention and responsibility "*It's my fault that the trauma happened*"
  - Challenging Questions Worksheet (in session and as daily homework)

**HANDOUT 7.2B**

## Sample Challenging Questions Worksheet

Date: _____ Client: _____

Below is a list of questions to be used in helping you challenge your Stuck Points or problematic beliefs. Not all questions will be appropriate for the belief you choose to challenge. Answer as many questions as you can for the belief you have chosen to challenge below.

**Belief:**

*It is my fault that my brother was killed in the car accident, because I should have done things differently.*

1. What is the evidence for and against this Stuck Point?

   **For:**

   *I should have made him wear his seat belt. He refused, and I thought it was only a few blocks so it didn't really matter. We were laughing and talking.*

   **Against:**

   *I didn't cause the crash. The other person was texting and ran the red light. The officer said that even with a seat belt, being hit from the side like that, my brother would have been killed anyway.*

2. Is your Stuck Point a habit or based on facts?

   *Habit. I have been blaming myself for 2 years. I guess it was wishful thinking.*

3. In what ways is your Stuck Point not including all of the information?

   *When the light turned green, I did look both ways before I entered the intersection. He was coming so fast that there was nowhere for me to go.*

4. Does your Stuck Point include all-or-none terms?

   *I thought it was all my fault because my brother died, and I didn't even think about the driver of the other car. I kept saying I should have done something different to avoid the crash.*

5. Does the Stuck Point include words or phrases that are extreme or exaggerated (such as "always," "forever," "never," "need," "should," "must," "can't," and "every time")?

   *"All my fault." "Should have done things differently."*

6. In what way is your Stuck Point focused on just one piece of the story?

   *I was focused on the fact that my brother refused to put on his seat belt, and I didn't really listen when the officer said that with that kind of side crash, it wouldn't have made a difference. I was also focused on the fact that we were talking and laughing, but I overlooked the fact that I did look both ways.*

*(continued)*



# What happens in CPT? (slide 6/14)

**HANDOUT 7.2B** *(p. 2 of 2)*

7. Where did this Stuck Point come from? Is this a dependable source of information on this Stuck Point?

   *The Stuck Point came from me, but when it first happened my parents' first reaction was that it was my fault, and that I shouldn't have started the car until he put his seat belt on. Later they were more supportive, but I think they were so upset at the time that they took it out on me.*

8. How is your Stuck Point confusing something that is possible with something that is likely?

   *I kept thinking that I could have done something different to avoid the crash. Maybe there was something I could have done, but it isn't likely.*

9. In what ways is your Stuck Point based on feelings rather than facts?

   *Because I felt guilty, I thought it must be my fault.*

10. In what ways is this Stuck Point focused on unrelated parts of the story?

    *I was focused completely on the seat belt. I didn't kill my brother. The other driver did. He shouldn't have been texting and driving too fast. Focusing on the fact that we were laughing was irrelevant. I was paying attention and following the rules.*

# What happens in CPT? (slide 7/14)

- Session 5
  - Review of homework (challenging questions worksheets)
  - Patterns of problematic thinking (in session and as daily homework)

**HANDOUT 7.5A**

## Sample Patterns of Problematic Thinking Worksheet

Date: _____ Client: _____

Listed below are several different patterns of problematic thinking that people use in different life situations. These patterns often become automatic, habitual thoughts that cause people to engage in self-defeating behavior. Considering your own Stuck Points, or samples from your everyday thinking, find examples for each of these patterns. Write in the Stuck Point or typical thought under the appropriate pattern, and describe how it fits that pattern. Think about how that pattern affects you.

1. **Jumping to conclusions** or predicting the future.

   [Victim of childhood sexual abuse:] *If a man is alone with a child, then the man will hurt the child. But I know my husband will not hurt my kids so this belief is causing problems in my marriage*

2. **Exaggerating or minimizing** a situation (blowing things way out of proportion or shrinking their importance inappropriately).

   [Traveler:] *I saw a dead body and riots, but I didn't get hurt and others saw worse, so my reaction to the situation was wrong. I was weak.*

3. **Ignoring important parts** of a situation.

   [Robbery victim:] *I keep forgetting the fact that the perpetrator had a gun, which is important information about how much control I had.*

4. **Oversimplifying** things as "good–bad" or "right–wrong."

   [Police officer:] *Not everyone is all good or all bad. I may have done some things in my life that were not that good, but that does not make me a bad person.*

5. **Overgeneralizing** from a single incident (e.g., a negative event is seen as a never-ending pattern).

   [Adult rape victim:] *I was raped by a man, so all men are dangerous. Maybe I am using this belief to stay away from men?*

6. **Mind reading** (in particular, assuming that people are thinking negatively of you when there is no definite evidence for this).

   [Victim of childhood physical abuse:] *My dad yells now, so I assume he must be angry. But it's not true a lot of the times, because he yells sometimes because he is deaf in one ear and going deaf in another. He yells because he doesn't know he is yelling.*

7. **Emotional reasoning** (using your emotions as proof—e.g., "I feel fear, so I must be in danger").

   [Survivor of a traumatic bereavement:] *I feel guilt over my friend's death, so I must have done something wrong.*

# What happens in CPT? (slide 8/14)

# What happens in CPT? (slide 9/14)

- Session 6
  - Review homework (patterns of problematic thinking worksheets)
  - Challenging beliefs worksheets (in session and as daily homework)

# What happens in CPT? (slide 10/14)

**HANDOUT 8.1A**

## Sample Challenging Beliefs Worksheet

| A. Situation | B. Thought/Stuck Point | D. Challenging Thoughts | E. Problematic Patterns | F. Alternative Thought(s) |
|---|---|---|---|---|
| Describe the event, thought, or belief leading to the unpleasant emotion(s). | Write thought/Stuck Point related to situation in section A. Rate your belief in this thought/Stuck Point from 0 to 100%. (How much do you believe this thought?) | Use **Challenging Questions** to examine your automatic thought from section B. Consider whether the thought is balanced and factual, or extreme. | Use the **Patterns of Problematic Thinking Worksheet** to decide whether this is one of your problematic patterns of thinking. | What else can I say instead of the thought in section B? How else can I interpret the event instead of this thought? Rate your belief in the alternative thought(s) from 0 to 100%. |
| *I have to ride on a plane.* | *Air travel is dangerous.—75%* | Evidence for? *People have been killed.*<br>Evidence against? *Airport security has been increased.*<br>Habit or fact? *It is a habit.*<br>Not including all information? *The fact that planes fly every day and nothing happens to them.*<br>All-or-none? *Yes, I am making a statement that all flights are dangerous.*<br>Extreme or exaggerated? *Yes. I am exaggerating the risk.*<br>Focused on just one piece? *I notice in the news when there is a crash, but I don't pay attention to all of the flights that travel safely every day.*<br>Source dependable? *No, I misinterpreted turbulence.*<br>Confusing possible with likely? *Yes, I have been saying that it is likely that the plane will crash.*<br>Based on feelings or facts? *I am letting myself believe this because I feel scared and not because it is realistic.*<br>Focused on unrelated parts? *Many people I know have flown and haven't crashed.* | Jumping to conclusions: *Yes, I assume that if I fly, the plane will crash.*<br>Exaggerating or minimizing: *I am exaggerating the possibility.*<br>Ignoring important parts: *All the thousands of planes that fly every day and don't crash.*<br>Oversimplifying:<br>Overgeneralizing:<br>Mind reading:<br>Emotional reasoning: *Just because I am anxious on flights doesn't mean that flying is dangerous* | *The chances are very small that I will be killed or hurt while flying.—95%*<br>*Even if the plane blew up, I could not do anything about it.—80%* |
| | **C. Emotion(s)**<br>Specify your emotion(s) (sad, angry, etc.), and rate how strongly you feel each emotion from 0 to 100%.<br>*Afraid—100%*<br>*Helpless—75%*<br>*Anxious—75%* | | | **G. Re-Rate Old Thought/ Stuck Point**<br>Re-rate how much you now believe the thought/Stuck Point in section B, from 0 to 100%.<br>*15%*<br>**H. Emotion(s)**<br>Now what do you feel? Rate it from 0 to 100%.<br>*Afraid—40%*<br>*Helpless—5%*<br>*Anxious—10%* |

# What happens in CPT? (slide 11/14)

- Session 7
  - Homework review (challenging beliefs worksheets)
  - Identify stuck points related to **safety** and "process" these beliefs using the Challenging Beliefs Worksheet *"I can't protect myself from danger"*
- Session 8
  - Homework review (challenging beliefs worksheets)
  - Identify stuck points related to **trust** and "process" these beliefs using the Challenging Beliefs Worksheet *"I can't make good decisions, so I let others make decisions for me"*
- Session 9
  - Homework review (challenging beliefs worksheets)
  - Identify stuck points related to **power and control** and "process" these beliefs using the Challenging Beliefs Worksheet *"Because I can't be completely in control, I might as well be out of control."*

# What happens in CPT? (slide 12/14)

- Session 10
  - Homework review (challenging beliefs worksheets)
  - Identify stuck points related to **esteem** and "process" these beliefs using the Challenging Beliefs Worksheet *"I am bad, destructive or evil" "Because I am worthless, I deserve unhappiness and suffering."*
  - Practice **giving and receiving compliments and logging "nice things"** (in session and as homework)

# What happens in CPT? (slide 13/14)

## Compliments Log

Practice giving and receiving compliments each day, and keep track of this here:

| Day | Gave/Received Compliment | How did it feel? |
|---|---|---|
| *Monday* | *Gave ☐ Received ☑ My friend told my dress looked nice* | *It was hard not to "deflect" the compliment but I just said "thank you"* |
| *Wednesday* | *Gave ☑ Received ☐ I told my partner that dinner they cooked was really good* | *It felt good to give the compliment. We had a nice night together.* |
| | *Gave ☐ Received ☐* | |
| | *Gave ☐ Received ☐* | |
| | *Gave ☐ Received ☐* | |
| | *Gave ☐ Received ☐* | |
| | *Gave ☐ Received ☐* | |
| | *Gave ☐ Received ☐* | |

## Nice Things Log

Do one nice thing for yourself "**just because**" each day, and keep track of this here:

| Day | What did I do? | How did it feel? |
|---|---|---|
| *Monday* | *I relaxed with a cup of tea by the fire* | *It felt a little weird at first to just do nothing, but I was relaxed by the end and happy I did it* |
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# What happens in CPT? (slide 14/14)

- Session 11
  - Homework review (challenging beliefs worksheets)
  - Identify stuck points related to **Intimacy** and "process" these beliefs using the Challenging Beliefs Worksheet (in session and as homework) *"If I get emotional, I will be out of control" "If I get too close to someone, I'll get hurt"*
  - Rewrite the Impact statement (as homework)
- Session 12
  - Homework review (challenging beliefs worksheets)
  - Strategies for maintaining gains
  - Symptom lapse vs. relapse

# Treatment Considerations for CD and CPT

CPT is provided to individuals with substance use disorder.

One study recently examined CPT in 72 veterans with PTSD and Substance use disorder. (Kelly, Peck, Scott et al. 2018)

# Treatment Considerations for CD and CPT

## The NICE guidelines

| Recommendations we're following | Recommendations we're not following |
| --- | --- |
| Don't exclude people with mental health issues from mental health care if they have substance use issues. | Adapt existing specialist mental health services to meet both a person's coexisting mental health and substance use needs |
| Don't exclude people from accessing care for their physical health, housing and social services if they have substance use issues. | |

# Treatment Considerations for CD and CPT

**Individuals with PTSD and CD benefit from CPT but:**

- Individuals with CD often excluded from CPT studies.
- I could only find one study examining the effectiveness of CPT for CD.
- This study's conclusion: "Overall, the results suggest that CPT appears well tolerated among veterans with comorbid AUD and is associated with significant reductions in symptoms of PTSD and depression in an outpatient treatment setting."

(Kaysen, Schumm, Pedersen et al 2014)

**This raises the question: Why aren't we offering more CPT to clients with CD and PTSD?**

- providers/clinicians/clinics set their limits - often to create efficiency in the context of limited resources in their clinic as is the case at ATRC (personal communication with Philippe Shnaider, psychologist previously at ATRC.)
- Providers/clinicians/clinics have their priorities – that often are not CD clients.
- Providers/clinicians/clinics decide they are not willing to serve types of clients.

# Treatment Considerations for CD and CPT

Group vs individual CPT for CD clients

- Choose individual instead of group CPT treatment when:
  - Cognitive skills that prevent client from functioning well in group
  - Client with CD has trauma's of a type that are significantly unlike those traumas of other clients with CD in the group

# Treatment Considerations for CD and CPT

Does substance use interfere with CPT?

- Able to be unintoxicated before, during and after group sessions and homework completion time?

# Treatment Considerations for CD and CP

What to do with clients with CD who are not progressing in CPT?

- This can happen.
- Monitor substance use disorder symptoms weekly/
- If you client isn't making any progress in CPT by week 6 consider stopping CPT, focus on harm reduction with the goal of reducing the interference that substance use has on success in CPT and then resume CPT.

# Treatment Considerations for CD and CP

Can clients with concurrent disorders succeed in CPT?

- It is difficult for many clients with concurrent disorders to be successful in structured groups, that is one of the reasons why the CDOS clinic offers many drop-in groups (in addition to some more structured groups).
- If a client can't be successful in a structured group, it is likely that they won't be successful in CPT (since it is a very structured group)
- Participant behaviours required for success in CPT group
  - Attend almost all sessions (high attendance expectation)
  - Participate reasonably well in session (high participation expectation)
  - Not avoiding thoughts and emotions before during and after group and homework practice

# Treatment Considerations for CD and CP

How much substance use is possible while still being successful in CPT?

- required "windows" of sobriety 3-4 hours long (1 hour prior to homework, 1 hour to complete homework, 1 hour following homework or 1 hour prior to group, 2 hours during group and 1 hour following group).
- Additionally, there is the issue of the unpredictability of when homework may need to happen and the need to be sober during these unpredictable windows of time

# Treatment Considerations for CD and PTSD

- Harm reduction strategies for clients with substance use disorder receiving CPT:
  - Orient client to the expectations of CPT
  - If the client is declined from CPT due to symptoms of substance use disorder, support the client to complete a group that allows the client to demonstrate their ability to attend and participate then re-refer the client to CPT
  - Reduce length of drug or alcohol use binges
  - Doing homework at a scheduled time daily and using substances more than 1 hour after completing homework
  - Limiting substance use so that there will be no intoxicating effects or side-effects in the scheduling group or homework "window" the next day
    - Likely difficult to do with stimulants that have longer effects and side effects such as crystal meth or oral cannabis
    - Likely easier to do with stimulants with shorter effects and side effects such as insufflated cocaine or smoked/vaped cannabis)

# Treatment Considerations for CD and PTSD

Personal communication with Candice Monson, September 22, 2021.

- Ask clients:"Are you willing to change your patters of substance use?" Be honest and non-judgemental.
- CPT works for people with concurrent substance use.
- Deal with the risk of avoidance early.
- Monitor substance use at each individual or group CPT session.
- In group ask participants to self-monitor their substance use along with their PCL – make this part of weekly homework.
- Stop and reassess if CPT is not working.
- "Why would you change this [substance use]?" honestly pose this question to the client.
- Provide individual CPT so treatment can easily be interrupted as needed.
- "The reality is that clinics are selective. Clinics are selective based on the their resources. This is what happens. This is why clients with CD are often excluded from CPT."
- Explicitly ask clients to change their patterns of substance use
- Consider treating PTSD before treating substance use. (emerging evidence).

# Case Study #1

- Mary is a 45 year old female with Social anxiety, BPD, PTSD, sever AUD (12-20 beers 4x/week) and cannabis use (1 g dried cannabis daily smoked in a bong divided into several inhalations from a bong) who is referred by his disability insurance provider to the outpatient mental health services at SJHH. Connect (the referral processing team) directs the referral to CDOS.
  - Attends an assessment at CDOS and receives a treatment plan including: a) consult to review medications, b) emotion regulation skills therapy group, motivation enhancement for substance use, and mutual support for addiction at CD clinic, then a referral to BPDS then a referral to CPC for CPT
  - Attends and completes group based treatment at CDOS. Reduces alcohol use to 6 beers 1-2 times per week and develops some emotion regulation skills and then is referred to BPDS
  - Completes BPDS and experiences a reduction in symptoms of BPD and is referred to CPC for CPT
  - Attends and complete CPT and experiences a reduction in symptoms of PTSD

# Case Study #2

- Talia is a 25 year old woman with PTSD and moderate alcohol use disorder (4-8 drinks 3-4x/week) as well as moderate cocaine use disorder (2-4 grams cocaine insufflated over the course of 2 days once per month). Is referred by her family doctor to mental health and addiction services at SJHH. Connect, the referral processing service, directs the referral to CDOS.
  - Attends an assessment at CDOS and a treatment plan is created to provided shared care with CDOS and ATRC where CDOS provides group and individual counselling to target substance use and anxiety and ATRC provides group CPT.
  - Client attends virtual drop-in groups at CDOS while on the waiting list for CPT at ATRC. Through coordination between the clinics, short-term individual counselling at CDOS begins at the same time as the CPT group at ATRC.
  - Due to limited resources at ATRC and their decision that they are unable to provide adequate support to clients with SUD attending services at their clinic, CDOS provides this support so an integrated delivery of treatment of PTSD and SUD can be delivered.
  - Client attends 8 individual sessions at CDOS focusing on tracking substance use including relapse prevention and harm reduction (identifying and reducing the ways in which substance use causes avoidance) at the same time as attending the 12 session CPT at ATRC. Client reduces symptoms of PTSD and substance use.

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