Patricia Resick and colleague’s work with rape survivors in the 1990s—Social Cognitive Theory based

Traumatic Events alter beliefs about the world, yourself and others. Conclusions are drawn.

Through assimilation or accommodation the altered beliefs are incorporated into thinking, and therefore into emotion and behavior.

Recovery is facilitated through eliciting, activating and challenging faulty cognitions.
ADAPTED FOR A VETERAN POPULATION

- Resick, Monson & Chard (2006) adapted for a Veteran/Military population
- Veteran-specific language and examples
- Patricia Resick—Boston VA
- Kate Chard—Cincinnati VA
- Candice Monson—UNL PhD
VA’s National Center for PTSD

VA WHITEBOARD VIDEO
SESSION STRUCTURE

INDIVIDUAL CPT
• 12 x 60-minute structured sessions
• out-of-session practice assignments
• weekly or bi-weekly
• Written trauma account, re-written and re-read

GROUP CPT
• 12 x 90-120 minute structured sessions
• out-of-session practice assignments
• Ideally 2 clinicians
• 8-10 Veterans per group
• Includes a brief written trauma account component, sometimes done individually

GOALS
- Natural recovery is “Stuck” as avoidance of processing what happened reinforces distorted beliefs
- Distorted trauma-based beliefs then permeate life and are applied to the present
- AIMS are to:
  1) Accept the reality of what happened
  2) Feel emotions about what happened
  3) Develop realistic and balanced beliefs about it all
**EMOTIONS**

- "Natural emotions"—immediate reactions, dissipate quickly
- "Manufactured emotions"—flow from meanings we assign to what happened
- AIMING FOR: **Accommodation** - accepting that the traumatic event occurred and discovering ways to successfully integrate the experience into one’s life (e.g., “I did everything I could, with what I had at the time.”)

**NOTE MYTHS OF MILITARY IMPERVIOUSNESS: HARD-BOILED OR HUMAN?**

"The only thing you should feel when you shoot your enemy is the recoil from your rifle" - US Marines
SOCRATIC QUESTIONING

✓ Used to challenge stuck points
✓ Guided discovery: Not telling, curious questioning
✓ Helping Veteran to ask the questions of themselves
✓ Notice inconsistencies together
✓ IF/THEN statements
✓ And that means…about…
✓ [Belief], because…

STUCK POINTS

SAFETY
At any moment, something terrible WILL happen.

TRUST
No one can be trusted. (not even me?).

POWER/CONTROL
I have to be in control at all times, or …

ESTEEM
People are evil and selfish. (including me?)

INTIMACY
I will always end up hurting or failing the people I love.
ASSIMILATION

Traumatic event is understood differently to preserve original beliefs and assumptions

Original Belief: Rape=Stranger → Trauma: Raped by friend → Assimilation: Misunderstanding

Undoing
Re-Writing History
Self-Blame

OVER-ACCOMMODATION

Beliefs and assumptions (about self and the world) become too “severe” after the traumatic event and are no longer accurate or useful

Original Belief: People=Good → Trauma: Brutality in War → Over-accommodation: All People=Evil

 Likely: An effort to feel safe, and in control: survival over living, that results in self-imprisonment
I GOT BLOWN UP

Assimilate
- I should have prevented it.
- It was my fault.
- I deserve to have bad things happen to me.
- It didn’t really happen.

Accommodate
- No one can find them all.
- I got out alive, and that’s all you can ask for in war.
- Sometimes bad things happen to good people.

Over-accommodate
- Leaders cannot be trusted.
- Nowhere is safe (I must stay on guard at all times).
- I am powerless.
- I can’t trust anyone.

Thoughts:
(assimilation)
1. It’s my fault, because I let him in.

(over-accommodation)
2. I can’t let my guard down or trust anyone again.

Event:
1. I let him in my apartment. He raped me.

Thoughts:
(assimilation)
1. It’s my fault, because I let him in.

(over-accommodation)
2. I can’t let my guard down or trust anyone again.

Emotions:
Shame/guilt
Fear

Date: Name: ______________________

ACTIVATING EVENT
A
“Something happens”

BELIEF
B
“I tell myself something”

CONSEQUENCE
C
“I feel something”

Does it make sense to tell yourself “B” above? 

What can you tell yourself on such occasions in the future?
CPT IS TRAUMA FOCUSED: "WORST EVENT" IMPACT

“Please write at least one page on why you think this traumatic event occurred. You are not being asked to write specifics about the traumatic event. Write about what you have been thinking about the cause of the worst event. Also, consider the effects this traumatic event has had on your beliefs about yourself, others, and the world in the following areas: safety, trust, power/control, esteem, and intimacy.”

<table>
<thead>
<tr>
<th>TRAUMA ACCOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
</tbody>
</table>
LATEST VERSION 2017

• NOW the trauma account is dropped from the main version of the therapy
• CPT-A is used to signify when someone is using the trauma account
• Kate Chard explains that it is still a trauma focused treatment because the practice assignments continue to require the Veteran to think about and therefore recall the trauma

PROLONGED EXPOSURE
THEORETICAL BASE

- Emotional Processing Theory (Foa & Kozak, 1986)
- Trauma thoughts/reminders trigger distressing feelings, including a “fight/flight/freeze” even when there is no current danger.
- Effort to escape such emotion = avoidance
- Avoidance develops to get relief (which is temporary) and only maintains PTSD symptoms
- Recovery requires activation of “fear structures” + integration of corrective information.
TRAUMA-FOCUSED EXPOSURE BASED THERAPY

- 12(+) 90 minute sessions, daily practice and homework between sessions
- Trauma survivor intentionally approaches the memory and reminders long/often enough to experience ↓ anxiety and ↑ new learning
- The memory and reminders lose their power to elicit a disturbing emotional reaction

EMOTIONAL PROCESSING

- Approaching instead of avoiding reminders—and staying long enough for anxiety to decrease—yields new learning: The memory/reminders are not dangerous. Anxiety does not last forever. I can handle it.
- Repeated imaginal exposure from a safe stance:
  1. promotes habituation
  2. blocks the short term reward of avoidance
  3. realize remembering is not dangerous
  4. differentiate then from now
  5. develop sense of mastery
FIRST ACTIVE INGREDIENT

- In Vivo Exposure—Previously avoided activities, situations, settings, or sensory stimuli approached:
  1. Objectively safe but feared
  2. A ranked hierarchy is developed from least to most distressing using a 0-100 personalized SUD Scale
  3. Those in the 40-60ish range are chosen
  4. Stay until distress peaks and is reduced to about 50% of the peak

DEVISING IN VIVOS

- These are individualized, specific to the unique human being and his or her experience
- Crowded and shopping activities
- Leisure activities: restaurants, movies, concerts, sporting events
- Specific trauma related stimuli
- Safety behaviors—inhibit their excessive use
- Sensory stimuli (smells, sounds, sights, etc.)

DAVID LYNCH FOUNDATION SOUNDS OF WAR
SECONa ACTaVLE INGREDIENT

- Imaginal exposure: The “worst memory” is recounted in session, and recorded:
  1. Eyes closed
  2. Present tense, sensory details, thought details
  3. Multiple times
- Thereafter, the recording is listened to as homework between sessions, daily
- New recordings are made in following sessions
- When overall distress is lower, focus then on “hotspots” of the memory

WHY FACE THE MEMORY?

1) To learn memories are not dangerous
2) Difference between remembering and being “re-traumatized”
3) Help client differentiate between the trauma and similar events
4) Decrease generalization from trauma to safe situations
5) Facilitate habituation and reintegrate emotions, relief from emotional numbing
6) Enhance a sense of personal competence/confidence regarding ability to handle and think about their trauma
HOMEWORK

- As noted—homework includes listening to most recent imaginal recording
- Daily work on progressively more intense in vivo homework
- SUDs for both are recorded
- In vivo homework is often broken down into components
- Hotspot work begins when the overall memory elicits a significantly reduced peak SUDs

OVERALL SEQUENCE

- Trauma history is gathered
- Teach about common reactions to trauma, and what is meant by PTSD
- Teach about the rationale, concepts about habituation and necessity of homework
- Choose worst memory
- Teach breathing technique to facilitate homework
- Begin in vivo work (usually 2nd or 3rd session)
- Begin imaginal work (usually 3rd or 4th session)
TYPICAL SESSION

• After imaginal work begins, usually:
  1. Review homework
  2. Discuss in vivo work for next week
  3. Discuss response to imaginal
  4. Create new imaginal recordings
  5. Process thoughts/emotions
  6. Assign new homework
  7. May do “phone coaching” as needed between sessions

HOTSPOT AND FINISHING WORK

• Zero in on the worst moments of the memory, and the imaginal homework is entirely focused on renditions of those moments
• As always, in session followed by processing with Veteran after recordings are made
• When SUDs reduced, move to next hotspot
• When all have reduced SUDs, go back to the entire memory and compare
• Compare session 2 to final session SUDs for In Vivo entries
MATERIALS

FORMS: OXFORD UNIVERSITY PRESS SITE