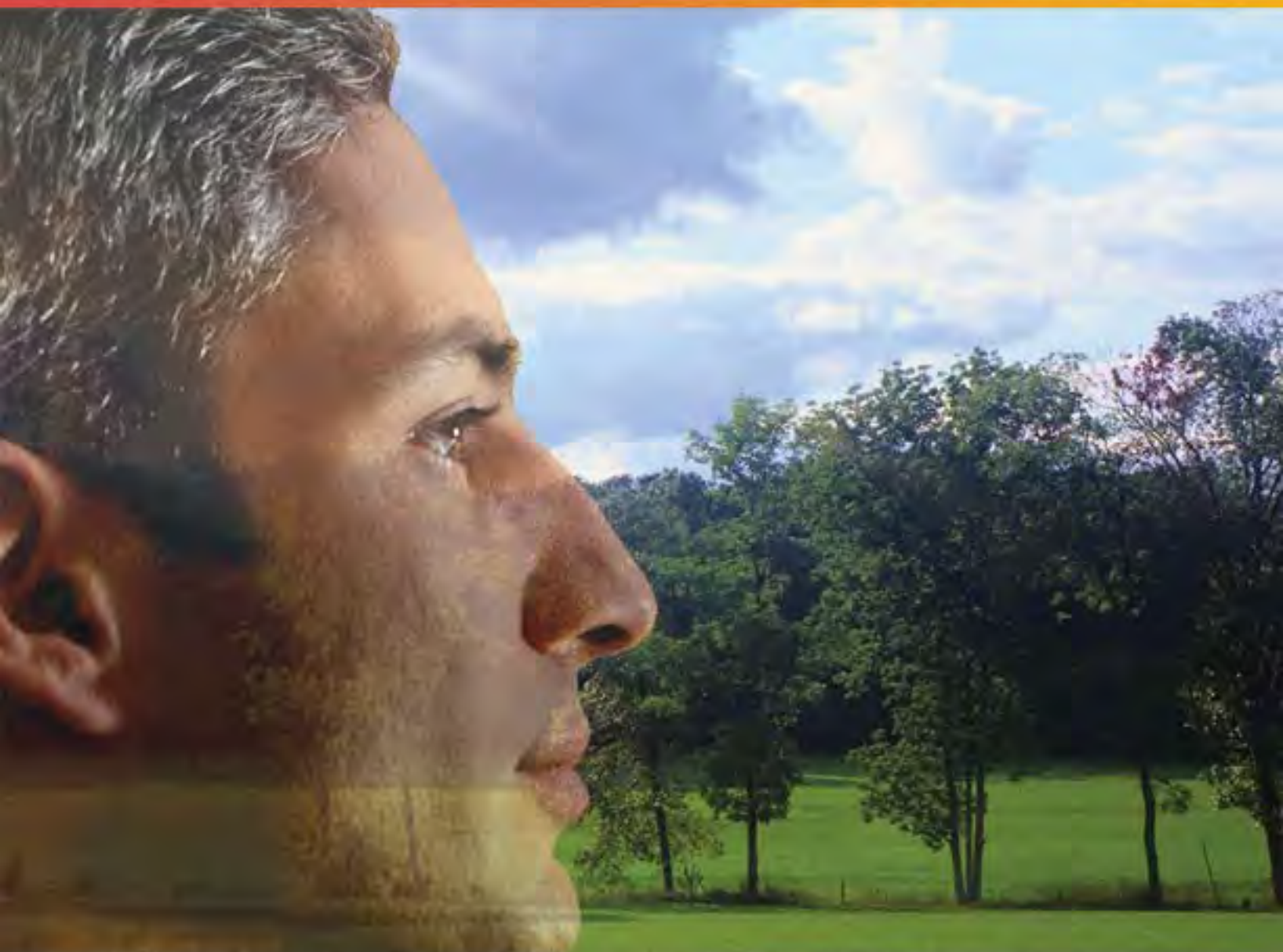




Cognitive-Behavioral Therapy for PTSD

CLINICIAN'S GUIDE

A Program for **Addiction Professionals**





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The Dartmouth PRC–Hazelden imprint was formed as a partnership between the Dartmouth Psychiatric Research Center (PRC) and Hazelden Publishing, a division of the Hazelden Foundation—nonprofit leaders in the research and development of evidence-based resources for behavioral health. The internationally recognized Dartmouth PRC staff applies rigorous research protocols to develop effective interventions for practical application in behavioral health settings. Hazelden Publishing is the premier publisher of educational materials and up-to-date information for professionals and consumers in the fields of addiction treatment, prevention, criminal justice, and behavioral health.

Our mission is to create and publish a comprehensive, state-of-the-art line of professional resources—including curricula, books, multimedia tools, and staff-development training materials—to serve professionals treating people with mental health, addiction, and co-occurring disorders at every point along the continuum of care.

For more information about Dartmouth PRC–Hazelden and our collection of professional products, visit the Hazelden Co-occurring Disorders Partnership Web site at www.cooccurring.org.

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How to Build a Patient Workbook

The patient workbook is a binder or folder that contains the handouts and other educational materials the patient receives in the *Cognitive-Behavioral Therapy for PTSD* program. The patient workbook is a critical component for providing structure. Without it, management of patient materials can become disorganized and thus less effective. Most people in recovery with co-occurring substance use and post-traumatic stress disorders can benefit from structure. Organization is crucial in achieving coherence and usefulness of these patient materials. In order to effectively implement the *Cognitive-Behavioral Therapy for PTSD* program, you will need to do the following:

- **Make copies** of the handouts used in the modules. (A CD-ROM containing PDFs of the handouts is included with this curriculum. The handouts also appear in the three-ring binder.) Make extra copies to have on hand during sessions. 
- **Compile** the handouts in a three-ring binder or a folder for each patient.
- **Customize** your patients' workbooks by using the sample cover found in the three-ring binder, as well as on the CD-ROM. 
- **Give** each patient a workbook upon admission to your program.
- **Decide** whether the workbook will be kept by the clinician at your center/clinic or taken home with the patient. This decision can be jointly made with the patient.
- **Include** extra handouts whenever necessary.

INTRODUCTION

Cognitive-behavioral therapy (CBT) for PTSD is a research-driven approach for persons with trauma-related psychological symptoms or a DSM-IV diagnosis of post-traumatic stress disorder. CBT for PTSD was developed to be “community friendly.” In other words, the purpose was to build a therapy that not only had scientific evidence for effectiveness by standard research methods but also could be well tolerated by real patients and delivered by real-world clinicians in real-world settings. In fact, our guideline during the development process was *typical clinicians in typical settings for typical patients*. This value is not always the primary one in behavioral therapy development.

Cognitive-Behavioral Therapy for PTSD: A Program for Addiction Professionals is based on a long line of research including prolonged-exposure-based treatments for PTSD (Foa, Keane, and Friedman 2000), cognitive processing therapy (Resick et al. 2002), and other cognitive restructuring approaches (Marks et al. 1998; TARRIER et al. 1999). A behavioral therapy development research team, led by Kim Mueser and Stanley Rosenberg, drew from these approaches and designed, implemented, and tested the therapy with persons with PTSD and co-occurring severe mental illnesses, such as schizophrenia, bipolar disorder, and major depression. In doing so, the approach needed to be simple, not too stressful for patients, and easy for community mental health clinicians to learn and deliver. The results of this research with CBT for PTSD among persons with severe mental illness proved the approach to be safe, effective, and well tolerated by patients.

Cognitive-Behavioral Therapy for PTSD: A Program for Addiction Professionals has adapted and altered the intervention for use with persons with PTSD and co-occurring drug and/or alcohol use disorders who are being treated in traditional addiction treatment programs. Results from research have likewise revealed the intervention to be safe, effective, and well tolerated by these patients and deliverable by frontline addiction professionals.

Cognitive-Behavioral Therapy for PTSD was developed for and tested in routine addiction treatment programs and delivered by typical addiction treatment professionals to typical addiction treatment program patients. We were not at all selective

or exclusive, though patients did need to meet formal diagnostic criteria for DSM-IV PTSD. Since the intervention was developed within these parameters, we suggest, as you consider implementing CBT for PTSD, that you keep the following in mind:

- For CBT for PTSD to be effective, the substance use disorder must be adequately treated, either in a formal addiction treatment program or by a clinician with expertise and skill in treating co-occurring substance use and post-traumatic stress disorders.
- CBT for PTSD focuses on symptoms associated with trauma and PTSD. Even though it is designed for persons with co-occurring PTSD and substance use disorders, it focuses less on the substance use and presumes, instead, that addiction and recovery are being addressed within the context of routine addiction treatment.
- Although CBT for PTSD was originally developed for individual therapy formats and for delivery in a predetermined sequence of modules, this clinician's guide offers strategies for implementation in one-on-one or group formats and for sequential or standalone module delivery. This corresponds to how we foresee the intervention's being useful to community programs and clinicians, and therefore to patients.

Formal education, training, and clinical supervision are cornerstones to the development of clinician expertise. In addition to excellent relational qualities—including warmth, compassion, and empathy—such expertise will undoubtedly help in learning and delivering *Cognitive-Behavioral Therapy for PTSD*. Clinicians who lack formal education and training may nonetheless be in a position to learn and deliver this curriculum. We encourage clinicians without a mental health background or PTSD- or trauma-specific training to obtain more formal training in this approach and also to arrange for clinical supervision. Hazelden Publishing and the authors can assist in this process upon request.

Cognitive-Behavioral Therapy for PTSD: A Program for Addiction Professionals has six main sections:

- Part 1 of the guide contains the background to the research and development of the intervention.
- Part 2 of the guide features information you must familiarize yourself with prior to implementing CBT for PTSD.

- Part 3 of the guide contains information about common problems and questions that may arise once you have begun to do CBT for PTSD.
- Part 4 of the guide presents step-by-step instructions for clinician conduct of each module and session.
- Additional resources are included at the end of the guide to help support you in this work.
- The three-ring binder contains handouts for the patient. It also contains the Clinician Checklist and the Supervisor Adherence and Competence Rating Scale. All of this material is also found on the CD-ROM.



Our primary purpose in writing this curriculum is to be useful to the work of addiction professionals, who in turn may be increasingly helpful to persons under their care with issues relating to trauma and PTSD.

• • •

One out of three patients in addiction treatment has post-traumatic stress disorder (PTSD). Now more than ever, treatment professionals require reliable and effective resources to address the needs of patients with substance use and post-traumatic stress disorders.

Based on research funded by the National Institutes of Health, *Cognitive-Behavioral Therapy for PTSD* is an easy-to-implement, evidence-based program for the integrated treatment of co-occurring substance use and post-traumatic stress disorders. The curriculum—a brief six-module intervention with three optional modules—combines Mindful Relaxation, Flexible Thinking, and Patient Education to provide a safe, effective, and well-tolerated approach for patients healing from the impact of trauma in their lives. The clinician's guide outlines

- the research and development of the intervention
- step-by-step instructions for each module
- solutions to common problems that arise when professionals use CBT to treat patients

Cognitive-Behavioral Therapy for PTSD—combined with the video *A Guide for Living with PTSD: Perspectives for Professionals and Their Clients*—offers a complete package for patients in recovery from PTSD and addiction. It is published under the Dartmouth PRC–Hazelden imprint, a unique collaboration between the Dartmouth Psychiatric Research Center and the Hazelden Foundation that provides evidence-based resources for behavioral health.



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