

Summary of Session 1: Introduction and Education Phase

1. Administer the PCL-5 before the start of this session, collect, and store

2. Set agenda, introductions and explain check-in process (10 minutes)

3. Therapist explanations to patient (25 minutes)

- PTSD Symptoms: 4 Clusters (Handout)
 - Reexperiencing: thoughts, dreams, flashbacks, psych, physio
 - Arousal: sleep, irritability/anger, concentration, hypervigilance, startle
 - Alterations in mood and cognition: guilt, anger, self-blame
 - Avoidance: thoughts, places/activities/people,
Many other forms of avoidance: alcohol, staying as busy as possible, physical symptoms, avoiding therapy or practice assignments.
- Trauma Recovery and Fight-Flight Response
 - Fight/flight, freeze
 - Paired with cues: sight, sound, smell, etc.
- Cognitive Theory
 - Belief structure: categories—just world, good things to good people, etc.
 - Change memories to fit beliefs (assimilation)
 - Change beliefs about the world (accommodation/over-accommodation)
- Types of Emotions
 - Two types of emotions that follow trauma: natural and manufactured

4. Discussion about determining the most traumatic event (10 minutes)

5. Therapy rationale—stuck points (15 minutes)

- Goals of Treatment
 - To recognize and modify old thoughts and feelings that may be unhelpful
 - To accept the reality of the event
 - To change beliefs enough to accept it without going overboard
 - To feel your emotions about the event
- Review Stuck Point Handout

6. Anticipating avoidance and increasing compliance (5 minutes)

7. Overview of treatment—structured (5 minutes)

- 12 Sessions, 50 mins.–1 hour each:

1- Introduction	7- Problematic Thinking
2- Meaning of the Event	8- Safety
3- Identifying Thoughts and Feelings	9- Trust
4- Remembering the Event	10- Power and Control
5- Identifying “Stuck Points”	11- Esteem
6- Challenging Questions	12- Intimacy and Meaning
- Optional: Introduce telephone call list

8. Assign practice assignment (10 minutes)

- First Impact Statement

9. Check-in re: patient’s reactions to session (10 minutes)

Summary of Session 2: The Meaning of the Event

1. **Administer PCL-5 (in waiting room if possible), collect, and store**
2. **Set agenda and complete check-in and ask patients if they need time from the group (10 minutes)**
3. **Discuss Impact Statements—Impact on relationships (15 minutes)**
 - If practice not written, reiterate role of avoidance and importance of assignment
 - Have patients break into dyads to discuss stuck points
4. **Discuss meaning of Impact Statement with patients (15 minutes)**
 - Begin to identify stuck points
 - Review major issues to be focused on in treatment
 - Identify **Assimilation** (changing memories to fit beliefs)
 - **Overaccommodation** (going overboard on changing beliefs as a result of memories)
 - **Accommodation** (changing beliefs about the world and events...this is desirable)
5. **Review concepts (5 minutes)**
 - PTSD symptoms, info processing theory, treatment rationale, stuck points
6. **Help identify and see connections among events, thoughts, and feelings (10 minutes)**
 - Six basic emotions: angry, disgusted, ashamed, sad, scared, happy
 - Combined: jealous = mad + scared
 - Varying intensity: irritated/angry/enraged
 - Secondary emotions: 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
7. **Introduce A-B-C Worksheets and fill one out together (20 minutes)**
8. **Assign practice and problem solve re: completion (10 minutes)**
 - 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 worst traumatic event
9. **Check-in re: patient's reactions to session (5 minutes)**

Summary of Session 3: Identification of Thoughts and Feelings

1. Administer PCL-5 (in waiting room if possible), collect, and store
2. Set agenda and complete check-in (10 minutes)
3. Review A-B-C Worksheets, further differentiating between thoughts and feelings (55 minutes)
 - Label thoughts vs. emotions
 - Recognize changing thoughts can change intensity of type of feelings
 - Begin challenging 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 and use Socratic questioning to help patient identify alternative hypotheses
4. Discuss the A-B-C Worksheet related to trauma (15 minutes)
 - Review orally if patient did not complete
 - Challenge the stuck point of self-blame using Socratic questioning
5. Assign practice and problem solve re: completion (5 minutes)
 - Daily completion of A-B-C Worksheets
 - **Problem-solving re: practice completion is very important. Refer to rationale if necessary.**
 - Collect completed ABC worksheets & stuck point log
6. Check-in re: patient's reactions to session (5 minutes)

Summary of Session 4: Identification of Thoughts and Feelings Cont'd

1. **Administer PCL-5 (in waiting room if possible), collect, and store**
2. **Set agenda, and check-in (10 minutes)**
 - Return stuck point log
3. **Review A-B-C Worksheets, further differentiating between thoughts and feelings (25 minutes)**
 - Label thoughts vs. emotions
 - Recognize changing thoughts can change intensity of type of feelings
 - Begin challenging 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 and use Socratic questioning to help patient identify alternative hypotheses
4. **Challenge patient's stuck points related to self-blame and other assimilation using Socratic questioning (10 minutes)**
 - e.g., What else might you have done? And what might have happened then?
 - Discuss hindsight bias
5. **Explain difference between responsibility and blame (5 minutes)**
6. **Introduce Challenging Questions Worksheet to help patient challenge stuck points (30 minutes)**
 - Go through blank question worksheet
 - Go through example worksheets
 - Choose a stuck point of the patient's to begin addressing with these questions (a focus on assimilation is helpful at this point in the therapy)
7. **Assign practice and problem solve re: completion (5 minutes)**
 - One stuck point a day, using the Challenging Questions Worksheet
8. **Check-in re: patient's reactions to session (5 minutes)**

Summary of Session 5: Challenging Questions Worksheet

1. Administer PCL-5 (in waiting room if possible), collect, and store

2. Set agenda and complete check-in (10 minutes)

3. Review Challenging Questions Worksheets (40 minutes)

- Assist patient in answering questions they had difficulty answering
- Assist patient to analyze and confront stuck points (hindsight bias)
- Begin shifting focus to over-accommodation, as the self-blame resolves

4. Continue cognitive therapy for stuck points (10 minutes)

- Use Socratic Dialogue to challenge disruptive thinking

5. Introduce Patterns of Problematic Thinking Worksheet (15 minutes)

- Go over blank handout
- Go over example
- Questions to consider or address:
 - Does the patient have tendency toward particular patterns of problematic thinking?
 - 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?
- Help patient generate more possible examples of problematic thinking patterns, trauma and non-trauma-related, using the Patterns of Problematic Thinking Worksheet
- Shift to group members taking over Socratic questioning of self; be supportive/consultative

6. Assign practice and problem solve re: completion (10 minutes)

- Identify stuck points and find examples for each Patterns of Problematic Thinking 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.
- If patient had difficulty with Challenging Questions Worksheets, assign another one as well as the Patterns of Problematic Thinking.

7. Check-in re: patient's reactions to session (5 minutes)

Summary of Session 6: Patterns of Problematic Thinking

- 1. Administer PCL-5 (in waiting room if possible), collect, and store**
- 2. Set agenda, and check-in (10 minutes)**
- 3. Review Patterns of Problematic Thinking Worksheet to address trauma-related stuck points (30 minutes)**
 - Questions to consider or address:
 - Does patient have strong tendencies toward particular patterns?
 - Discuss how these patterns may have affected his reactions to the trauma
 - Replace with other, more adaptive, cognitions
- 4. Introduce Challenging Beliefs Worksheet with a trauma example (40 minutes)**
 - Point out that much of this is repeated from previous worksheets
 - Rate strength of belief (0%–100%)
 - Rate strength of emotion (0%–100%)
 - Use Challenging Questions Worksheet
 - Use Patterns of Problematic Thinking Worksheet
 - Generate new, balanced, evidence-based statement
- 5. Assign practice and problem solve re: completion (5 minutes)**
 - Daily identification of stuck points—one relating to safety and confront them using the Challenging Beliefs Worksheet. Look for specific ways that your reactions to the traumatic event may have been affected by these habitual patterns. Try to use this for a recent distressing event, too.
- 6. Check-in re: patient's reactions to session (5 minutes)**

Summary of Session 7: Challenging Beliefs Worksheet

1. **Administer PCL-5 (in waiting room if possible), collect, and store**
2. **Set agenda and check-in (10 minutes)**
3. **Review the Challenging Beliefs Worksheets (60 minutes)**
 - Focus on any stuck points that a majority of the patients had trouble challenging
 - Discuss success or problems in changing cognitions
 - Help the patient confront problematic cognitions that he was unable to modify by himself
4. **Introduce first of five problem areas: Safety issues related to self and others (10 minutes)**
 - Five themes: safety, trust, power/control, esteem, intimacy
 - How did trauma affect beliefs about _____ for self? For others?
 - If a stuck point is identified → worksheet
 - Need to recognize how beliefs influence behavior/avoidance
 - Help the patient begin to introduce more moderate self-statements
 - Practice Challenging Beliefs Worksheet by introducing one on a safety-related stuck point (which may be completed for practice)
5. **Assign practice and problem solve re: completion (5 minutes)**
 - Daily identification of stuck points—one relating to safety and confront them using the Challenging Beliefs Worksheet. Look for specific ways that your reactions to the traumatic event may have been affected by these habitual patterns. Try to use this for a recent distressing event, too.
6. **Check-in re: patient's reactions to session (5 minutes)**

Summary of Session 8: Safety Issues

1. Administer PCL-5 (in waiting room if possible), collect, and store
2. Set agenda and check-in (10 minutes)
3. Review the Challenging Beliefs Worksheet to address safety stuck points (40 minutes)
 - Help the patient to complete practice, if necessary
 - Discuss success or problems in changing cognitions
 - Help the patient confront problematic cognitions that he was unable to modify by himself
4. Help patient confront problematic cognitions and generate alternative beliefs using the Challenging Beliefs Worksheet (20 minutes)
 - Review Safety Module; focus on patient's self- or other- safety issues
 - Probability: Low vs. high = reality vs. fear
 - Calculate %'s
5. Introduce second of five problem areas: Trust issues related to self and others (10 minutes)
 - Self-trust = belief one can trust or rely on one's own perceptions and judgment
 - 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
 - Go over module
6. Assign practice and problem solve re: completion (5 minutes)
 - Patient to challenge stuck points with the Challenging Beliefs Worksheet, with one relating to trust and confront them using the Challenging Beliefs Worksheet daily.
7. Check-in re: patient's reactions to session (5 minutes)

Summary of Session 9: Trust Issues

1. **Administer PCL-5 (in waiting room if possible), collect, and store**
2. **Set agenda and check-in (10 minutes)**
3. **Review Challenging Beliefs Worksheet to challenge trauma-related trust stuck points and generate alternative beliefs (40 minutes)**
4. **Discuss judgment issues that may arise from stuck points related to trust (20 minutes)**
 - Trust falls on a continuum, not “all or none”
 - Different kinds of trust: with money vs. with a secret
 - “Star” diagram
 - Discuss patient’s social support systems (family and friends): may be protecting themselves from emotions/helplessness/vulnerability, inadequacy/ignorance—not rejection
5. **Introduce third of five problem areas: Power/control issues related to self and others (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 over others:
 - Need to control may spill into relationships, ruining old ones and preventing new ones
6. **Assign practice and problem solve re: completion (5 minutes)**
 - Identify stuck points, one relating to Power/Control (and Safety or Trust as needed), and confront them using the Challenging Beliefs Worksheet.
7. **Check-in re: patient’s reactions to session (5 minutes)**

Summary of Session 10: Power/Control Issues

1. Administer PCL-5 (in waiting room if possible), collect, and store
2. Set agenda and check-in (10 minutes)
3. **Discuss connection. Set agenda between power/control and self-blame, and help challenge related problematic cognitions using the Challenging Beliefs Worksheet** (40 minutes)
 - Help patient gain a *balanced* view of power/control
 - No such thing as total control, but not completely helpless either
 - Address anger issues:
 - Over-arousal, lack of sleep, increased startled reactions
 - “Stuffed” when unable to express at time of event
 - Anger vs. aggression (not the same thing)—can come out on family
 - Anger at self for “should have done’s”
 - Innocence/responsibility/intentionality
 - Is described by others as a “control freak”
4. Review ways of giving and taking power using the handout (20 minutes)
5. **Introduce fourth of five problem areas: Esteem issues related to self and others** (10 minutes)
 - Review Esteem Module; self and others
 - Explore patient’s self-esteem before event
6. **Assign practice and problem solve re: completion** (5 minutes)
 - Identify stuck points daily, one relating to esteem issues, and confront them using the Challenging Beliefs Worksheet
 - Practice giving and receiving compliments daily
 - Do at least one nice thing for self each day
7. **Check-in re: patient’s reactions to session** (5 minutes)

Summary of Session 11: Esteem Issues

1. Administer PCL-5 (in waiting room if possible), collect, and store
2. Set agenda and check-in (10 minutes)
3. Discuss patient's reactions to giving and receiving compliments and engaging in a pleasant activity (15 minutes)
 - Reinforce - How did it go?
 - Compliments/Pleasant Activities
 - What happened?
 - Able to hear for self?
 - Recipients pleased?
 - Continue to talk?
 - Like it?
 - Feel you deserved it?
 - Feel guilty?
 - Encourage *more* and enjoy!
4. Help patient identify esteem issues and assumptions, and challenge them using Challenging Beliefs Worksheet (40 minutes)
 - Does patient believe she is *permanently* damaged as a result of the trauma?
 - Perfectionist? Does patient believe she made a mistake?
 - Esteem for others—over-generalize disregard to whole groups?
5. Introduce fifth of five problem areas: Intimacy issues related to self and others (10 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 and problem solve re: completion (10 minutes)
 - Patient should identify stuck points, one of which relates to Intimacy issues, and confront them using the Challenging Beliefs Worksheet
 - Write Impact Statement (discuss the purpose of this)
 - Continue to give and receive compliments
 - Continue to do at least one nice thing for self each day
7. Check-in re: patient's reactions to session (5 minutes)

Summary of Session 12: Intimacy Issues and Meaning of the Event

1. Administer PCL-5 (in waiting room if possible), collect, and store
2. Set agenda and check-in (10 minutes)
3. Help patient identify intimacy issue, assumptions, and any remaining stuck points, and challenge them using Challenging Beliefs Worksheet (20 minutes)
 - Focus on development and maintenance of *relationships*
 - Be watchful for deficits in self-soothing (Food? Alcohol? Spending?)
 - Intimacy
 - Interpersonal Intimacy—withdrawal from others
 - Sexual Intimacy—physical cueing
4. Patient to read Impact Statement(s) (40 minutes)
 - Patient to review final Impact Statement and go over its meaning
 - Compare to the first Impact Statement
 - Note how beliefs have changed by work in therapy in only a short period
 - Reinforce patient's progress as a result of the work done
 - Any remaining distortions or problematic beliefs?
5. Involve patient in reviewing the course of treatment and patient's progress (15 minutes)
 - Review concepts and skills
 - Patient 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
6. 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