



INTRODUCTION

Cognitive-behavioral therapy (CBT) for PTSD is a research-driven approach for persons with trauma-related psychological symptoms or a *DSM-5* 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 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; Tarrrier 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 disorders, such as schizophrenia, bipolar disorder, and major depressive disorder. 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 disorders proved the approach to be safe, effective, and well tolerated by patients.

Cognitive-Behavioral Therapy for PTSD has adapted and altered the intervention for use with persons with PTSD and co-occurring alcohol and other substance 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 substance use treatment 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-5* 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 substance use treatment.
- Although CBT for PTSD was originally developed for individual therapy formats and for delivery in a predetermined sequence of modules, this facilitator's guide offers strategies for implementation in one-on-one or group formats and for sequential or stand-alone 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 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.
- Handouts for the patient, the Clinician Checklist, and the Supervisor Adherence and Competence Rating Scale are all provided as printable digital files included with this program.



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

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