

The University of Texas Health Science Center at San Antonio Expanding the Frame Beyond Weekly Psychotherapy: Research and Clinical Application of Innovative Delivery Methods for Cognitive Processing Therapy for PTSD

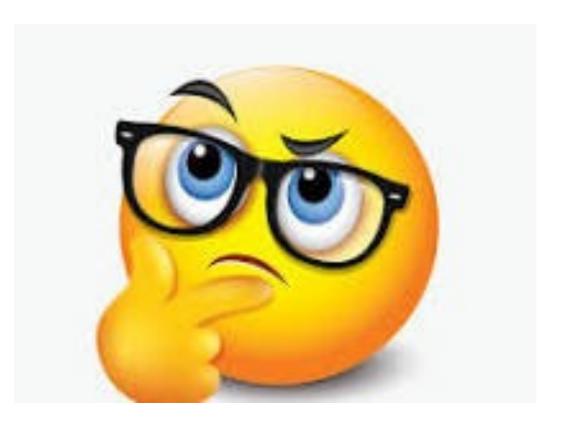
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Traditional treatment model



"He's still in therapy."



Why compress treatment for PTSD?



RETURN TO SERVICE

UNIT REPAIRED

Massed PTSD Treatment

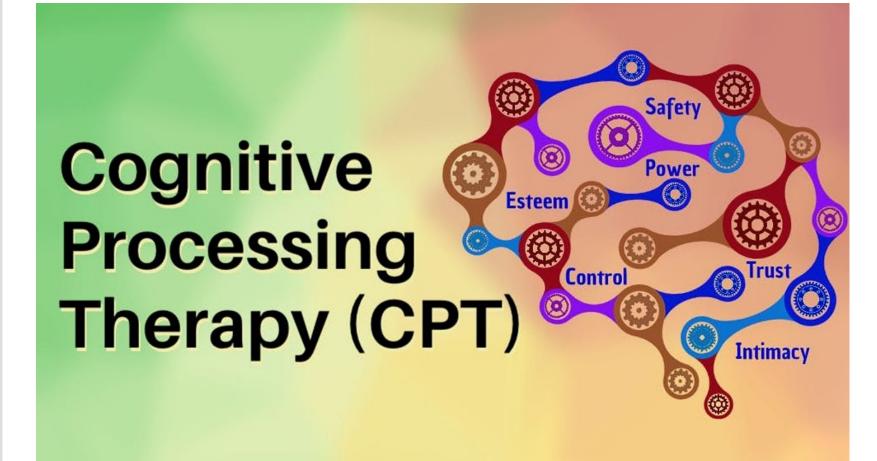
Myth

Massed treatment will not be tolerated well by patient

Patient's will not be willing to do frequent sessions

Facts

- Studies have demonstrated similar or higher levels of efficacy to regular outpatient therapy
- Fewer adverse events reported in massed treatment condition
- Lower level of drop out observed
- Faster symptom relief



COGNITIVE PROCESSING THERAPY (CPT) IS...

a short-term, evidence-based treatment for PTSD a specific protocol that is a form of cognitive-behavioral treatment

predominantly cognitive and may or may not include a written account a treatment that can be conducted in groups or individually

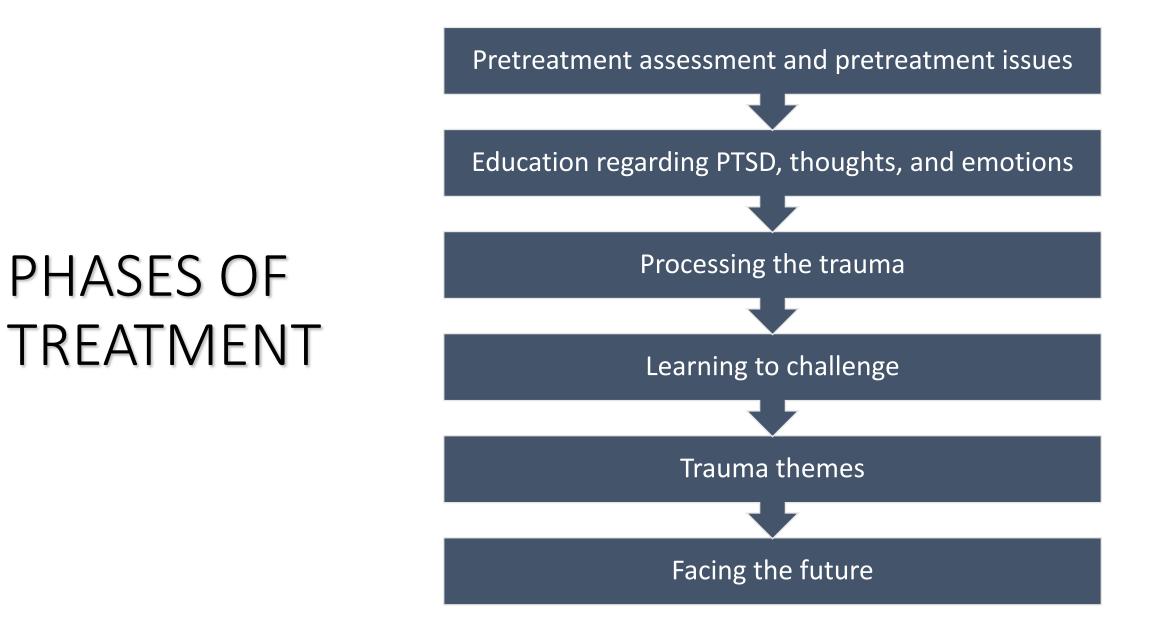
So how does CPT work?

Challenging avoidance.

Dissipation of natural emotions.

Changes in interpretation about the event changes manufactured emotions (no habituation required).

Clients learn not to over-generalize their thinking about a single/multiple bad event(s) to all people or themselves as people (just because an event has bad consequences, it doesn't have to have big implications).



What do we know? Massed CPT Delivery

25

18

50

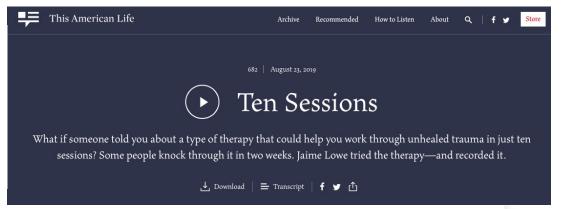
- Studies have examined a 1week, 2-week and 3-week model of massed delivery of CPT
- Overall
 - Significant improvement in PTSD symptoms post-treatment
 - High rates of treatment completion (91-96%)
 - Low rates of adverse events reported
 - Feasible
 - Rapid PTSD symptom reduction

Individual CPT 1 Week

| | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |
|----------|-----------|----------------------------|-----------|------------|------------|
| 9:00 AM | Session 1 | Session 4 | Session 6 | Session 9 | Session 12 |
| 10:00 AM | Practice | Practice | Practice | Practice | |
| 11:00 AM | Session 2 | Session 5 | Session 7 | Session 10 | |
| 12:00 PM | Lunch | Lunch/Practice | Lunch | Lunch | |
| 1:00 PM | Practice | Extra Session if needed | Practice | Practice | |
| 2:00 PM | Session 3 | | Session 8 | Session 11 | |
| 3:00 PM | | | | | |
| 4:00 PM | | | | | |

Individual CPT 2 Weeks





| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------|-----------|-----------|-----------|-----------|-----------|
| | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |
| 9:00 AM | Session 1 | Session 2 | Session 3 | Session 4 | Session 5 |

| | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 |
|---------|-----------|-----------|-----------|-------------------|-----------------|
| 9:00 AM | Session 6 | Session 7 | Session 8 | Session 9 & 10 | Session 11 & 12 |

Individual CPT 3 Weeks

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------|-----------|-----------|-----------|-----------|-----------|
| | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |
| 9:00 AM | Session 1 | Session 2 | Session 3 | Session 4 | Session 5 |

| | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 |
|---------|-----------|-----------|-----------|-----------|------------|
| 9:00 AM | Session 6 | Session 7 | Session 8 | Session 9 | Session 10 |

| | Day 11 | Day 12 |
|---------|------------|------------|
| 9:00 AM | Session 11 | Session 12 |

| 4 patients | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------------|---|--|---|---|---|
| 8:00am-8:30am | Questionnaires | Questionnaires | Questionnaires | Questionnaires | Questionnaires |
| 8:30am-10:00am | Group: CPT 1 | Group: CPT 3 | Group: CPT 6 | Group: CPT 9 | Group: CPT 11 |
| 10:00am-11:00am | Practice | Practice | Practice | Practice | Practice |
| 11:00am-12:00pm | Cohort A - Individual: CPT 2 | Cohort A - Practice*** Cohort B - Individual: CPT 4 | Cohort A - Individual: CPT 7 | Cohort A - Practice*** CPT 10 | Cohort A - Individual: CPT 12 |
| 12:00pm-12:30pm | BREAK | BREAK | BREAK | BREAK | BREAK |
| 12:30pm-1:30pm | Cohort A - Practice Cohort B - Individual: CPT 2 | Cohort A - Individual: CPT 4 Cohort B - Practice | Cohort A - Practice Cohort B - Individual: CPT 7 | Cohort A - Individual: CPT 10 Cohort B - Practice | Cohort A - Qual Interviews CPT 12 |
| 1:30pm-2:30pm | Cohort A - Cohort B - Free to leave Practice | Cohort A - Practice Practice*** | Cohort A - Cohort B - Practice*** Practice | Cohort A - Cohort B - Practice Free to leave | Cohort A - Practice**** Cohort B - Qual Interviews |
| 2:30pm-4:00pm | Free to leave | Group: CPT 5 | Group: CPT 8 | Free to leave | Graduation (2:30pm-3:00pm) |

Group IOP 1 Week

2 Therapists 4 Clients

Group IOP 1 Week

2 Therapists 6 Clients

| 6 patients | | Monday | | | Tuesday | | | Wednesday | | | | Thursday | | | Friday | |
|---------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|------|---------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| 8:00am- 8:30am | C | uestionnaire | S | C | uestionnaire | 25 | C | uestionnaire | S | | Questionnaires | | Questionnaires | | | |
| 8:30am- 10:00am | | Group: CPT 1 | | | Group: CPT 3 | | | Group: CPT 6 | | | (| Group: CPT 9 | | Gr | oup: CPT 11 | |
| 10:00am- 11:00am | | Practice | | | Practice | | | Practice | | | | Practice | | | Practice | |
| 11:00am- 12:00pm | Pair A - Individual: CPT 2 | Pair B - Practice | Pair C - Practice | Pair A - Practice | Pair B - Individual: CPT 4 | Pair C - Practice | Pair A - Individual: CPT 7 | Pair B - Practice | Pair C - Practice | | Pair A - ractice | Pair B - Practice | Pair C - Individual: CPT 10 | Pair A - Practice | Pair B - Individual: CPT 12 | Pair C - Practice |
| 12:00pm- 1:00pm | Pair A - Practice | Pair B - Individual: CPT 2 | Pair C - Practice | Pair A - Practice | Pair B - Practice | Pair C - Individual: CPT 4 | Pair A - Practice | Pair B - Individual: CPT 7 | Pair C - Practice | Ind | Pair A - dividual: CPT 10 | Pair B - Practice | Pair C - Practice | Pair A - Practice | Pair B - Qual Interviews | Pair C - Individual: CPT 12 |
| 1:00pm- 2:00pm | Pair A - Free | Pair B - Practice | Pair C - Individual: CPT 2 | Pair A - Individual: CPT 4 | Pair B - Practice | Pair C - Practice | Pair A - Practice | Pair B - Practice | Pair C - Individual: CPT 7 | | Pair A - ractice | Pair B - Individual: CPT 10 | Pair C - Free | Pair A - Individual: CPT 12 | Pair B - Free | Pair C - Qual Interviews |
| 2:00pm- 3:00pm | Pair A - Free | Pair B - Free | Pair B - Practice | | Practice | | | Practice | | Pair | r A - Free | Pair B - Practice | Pair C - Free | Pair A - Qual Interviews | Pair B - Free | Pair C - Free |
| 3:00pm - 4:30pm | | Free | | | Group: CPT 5 | | | Group: CPT 8 | | | | Free | | G | Graduation | |

Massed CPT Randomized Clinical Trial

- Preliminary results have revealed no difference in outcomes when compressed down. Full day program, done successfully during COVID
- In case study of active duty military, 3 out of 4 participants demonstrated self-reported improvements in PTSD symptoms

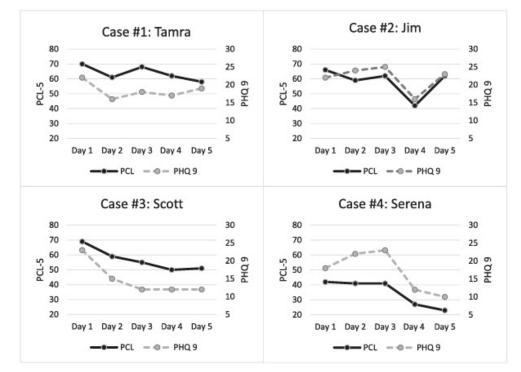


Figure 1. PTSD (PCL-5) and Depression (PHQ-9) Scores During Massed CPT Treatment.



2-week ITP Sample Weekly Schedule

| | Monday | Tuesday | Wednesday | Thursday | Friday | | |
|--------------------------------------|---|----------------------------------|----------------------------------|-------------------------------------|----------------|--|--|
| 8:00-8:30 | | | Assessments | | | | |
| 8:30-9:00 9:00-9:30 9:30-10:00 | Skills/ Psychoeducation Group | Skills/ Psychoeducation Group | Skills/ Psychoeducation Group | Skills/ Psychoeducation Group | Art Therapy | | |
| 10:00-10:30 10:30-11:00 | Individual CPT | Individual CPT | Individual CPT | Individual CPT | Individual CPT | | |
| 11:00-11:30 11:30-12:00 | | CPT H | omework/ Medical Appointmen | nts | | | |
| 12:00-12:30 12:30-1:00 | | | Lunch/ Case Management | | | | |
| 1:00-1:30 1:30-2:00 | Individual CPT | Individual CPT | Individual CPT | Individual CPT | Individual CPT | | |
| 2:00-2:30 2:30-3:00 | CPT Homework/ Medical Appointments/ Acupuncture | | | | | | |
| 3:00-3:30 3:30-4:00 | Mindfulness | Mindfulness | Mindfulness | Mindfulness | Mindfulness | | |
| 4:00-4:30 | Yoga | Yoga | Yoga | Yoga | Yoga | | |



3 Week Sample ITP Schedule

| | Monday | Tuesday | Wednesday | Thursday | Friday | | | |
|-------------|---|--|--|--|--|--|--|--|
| 7:30-8:00 | | Assessments | | | | | | |
| 8:00-8:30 | Fitness | Skills/ Psychoeducation Group | Skills/ Psychoeducation Group | Skills/ Psychoeducation Group | Skills/ Psychoeducation Group | | | |
| 8:30-9:00 | | | | | | | | |
| 9:00-9:30 | Group CPT | Group CPT | Group CPT | Group CPT | Group CPT | | | |
| 9:30-10:00 | | | | | | | | |
| 10:00-10:30 | | | | | | | | |
| 10:30-11:00 | | | | | | | | |
| 11:00-11:30 | Skills/ Psychoeducation | Skills/ Psychoeducation Group | Fitness | Skills/ Psychoeducation Group | Art Therapy | | | |
| 11:30-12:00 | Group | | | | | | | |
| 12:00-12:30 | | | Lunch/ Case Management | | | | | |
| 12:30-1:00 | | | | | | | | |
| 1:00-1:30 | Individual CPT | Individual CPT | Individual CPT | Individual CPT | Individual CPT | | | |
| 1:30-2:00 | | | | | | | | |
| 2:00-2:30 | CPT Homework/ Medical Appointments/ Acupuncture | CPT Homework/ Medical Appointments/ Acupuncture | | | |
| 2:30-3:00 | Mindfulness | Mindfulness | Mindfulness | Mindfulness | Mindfulness | | | |
| 3:00-3:30 | | | | | | | | |
| 3:30-4:00 | | | | | | | | |
| 4:00-4:30 | Yoga | Yoga | Yoga | Yoga | Yoga | | | |



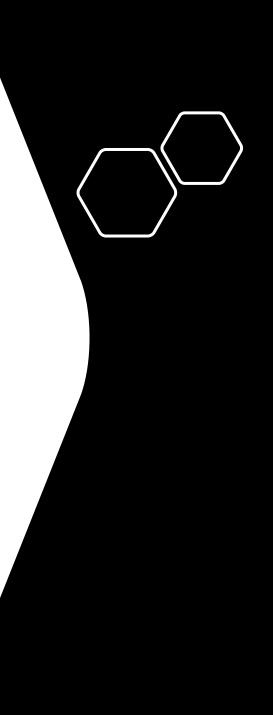
More is not always better

| | 3-week ITP | 2-week ITP |
|---|------------|------------|
| Individual CPT Hours: | 13 | 16 |
| Total Clinical Programming Hours: | 104 | 67 |
| Satisfaction: | 94.91% | 95.65% |
| Problem Improvement: | 89.42% | 85.00% |
| | | |

(Held et al., 2022)

Levels of Behavioral Healthcare







Can adjunctive services be added?









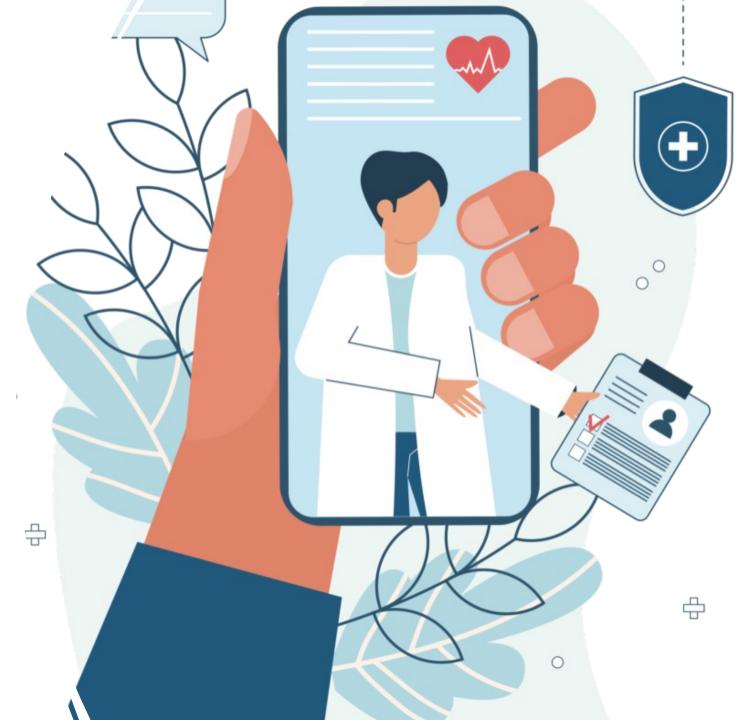
3 Week Sample ITP Schedule

| | Monday | Tuesday | Wednesday | Thursday | Friday | | | | |
|-------------|---|--|--|--|--|--|--|--|--|
| 7:30-8:00 | Assessments | | | | | | | | |
| 8:00-8:30 | Fitness | Skills/ Psychoeducation Group | Skills/ Psychoeducation Group | Skills/ Psychoeducation Group | Skills/ Psychoeducation Group | | | | |
| 8:30-9:00 | | | | | | | | | |
| 9:00-9:30 | Group CPT | Group CPT | Group CPT | Group CPT | Group CPT | | | | |
| 9:30-10:00 | | | | | | | | | |
| 10:00-10:30 | | | | | | | | | |
| 10:30-11:00 | | | | | | | | | |
| 11:00-11:30 | Skills/ Psychoeducation | Skills/ Psychoeducation Group | Fitness | Skills/ Psychoeducation Group | Art Therapy | | | | |
| 11:30-12:00 | Group | | | | | | | | |
| 12:00-12:30 | | | Lunch/ Case Management | | | | | | |
| 12:30-1:00 | | | | | | | | | |
| 1:00-1:30 | Individual CPT | Individual CPT | Individual CPT | Individual CPT | Individual CPT | | | | |
| 1:30-2:00 | | | | | | | | | |
| 2:00-2:30 | CPT Homework/ Medical Appointments/ Acupuncture | CPT Homework/ Medical Appointments/ Acupuncture | | | | |
| 2:30-3:00 | Mindfulness | Mindfulness | Mindfulness | Mindfulness | Mindfulness | | | | |
| 3:00-3:30 | | | | | | | | | |
| 3:30-4:00 | | | | | | | | | |
| 4:00-4:30 | Yoga | Yoga | Yoga | Yoga | Yoga | | | | |



Telehealth

- CPT significantly reduces PTSD symptoms when delivered via telehealth and is noninferior to in-person therapy
- Technology considerations
 - Secure file sharing
 - Device compatibility
 - Emergencies

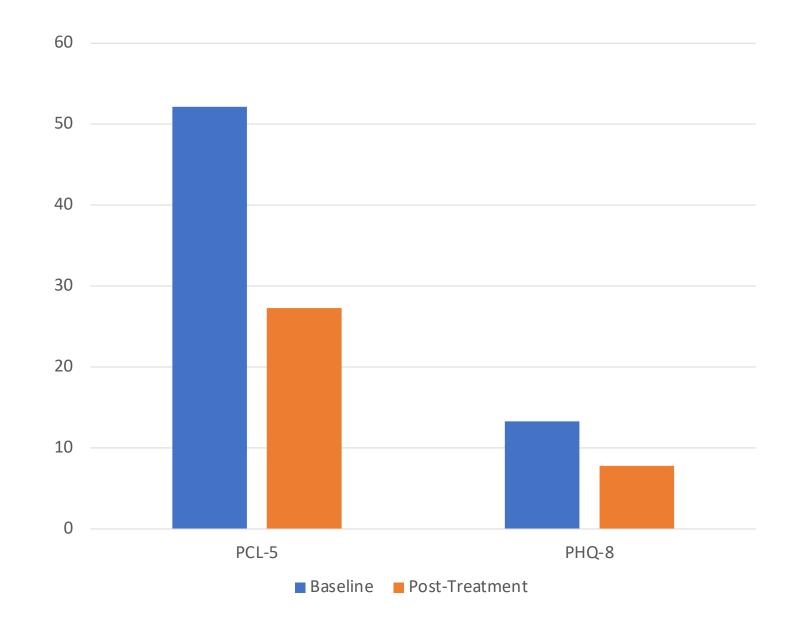




Can CPT be delivered via Text message?

CPT-Text Pilot

- 28 clients began CPT-Text
- Mean days = 46.64 days
 (SD = 34.54)



NIMH Funded Research Study

- The COVID-19 pandemic has exacerbated mental health challenges for trauma-exposed individuals.
- There is a pressing need to increase treatment capacity.
- Digital mental health (DwwMH) interventions for posttraumatic stress disorder (PTSD) address well-documented barriers to in-person psychotherapy.
- However, many consumers do not remain engaged.
- Asynchronous texting therapy platforms may facilitate discrete, convenient, and affordable treatment.
- In our pilot of a texting-based format of an evidence-based treatment for PTSD, Cognitive Processing Therapy (CPT-Text), we found CPT-Text was:
 - Feasible to deliver
 - Potentially more effective and efficient relative to text therapy as usual (TAU).



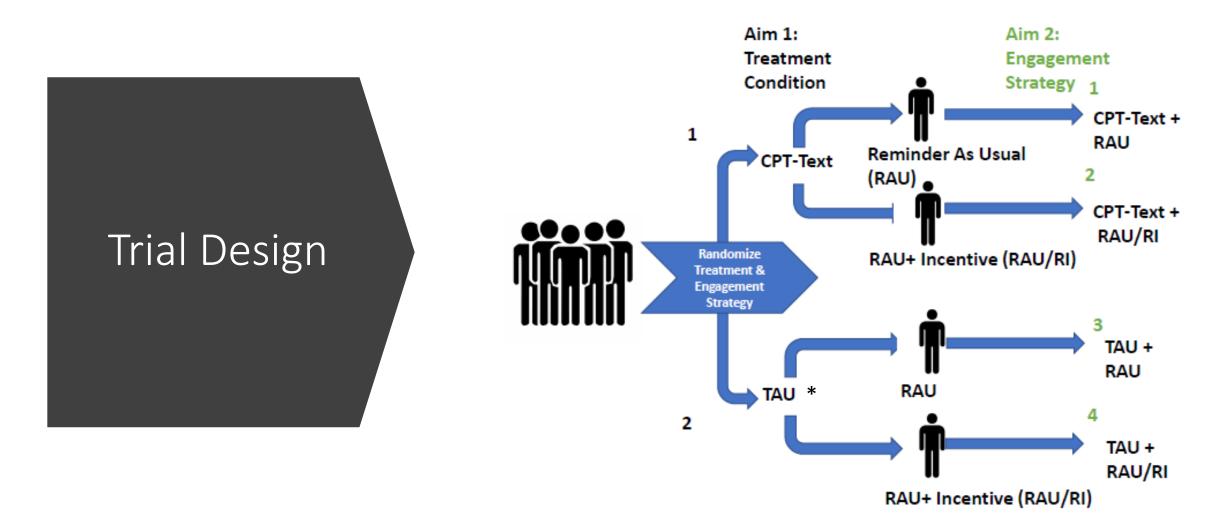
The University of Texas Health Science Center at San Antonio





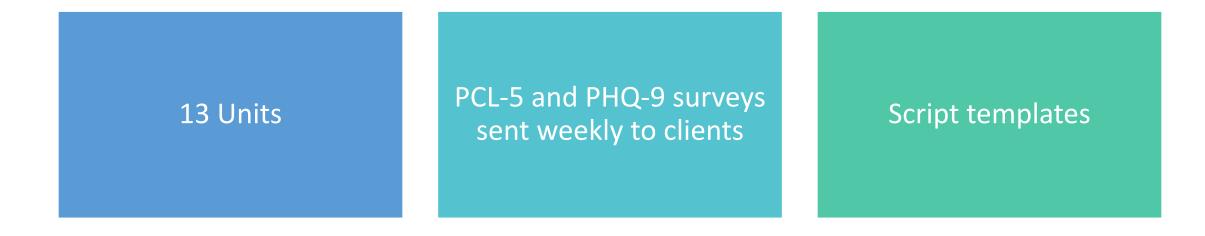
Stanford University Medical Center

For More Information to refer clients or participate as a therapist: https://strongstartraining.org/research/



*TAU=Culturally informed trauma treatment as usual CPT-Text=Cognitive Processing Therapy adapted for messaging format

CPT-Text Implementation



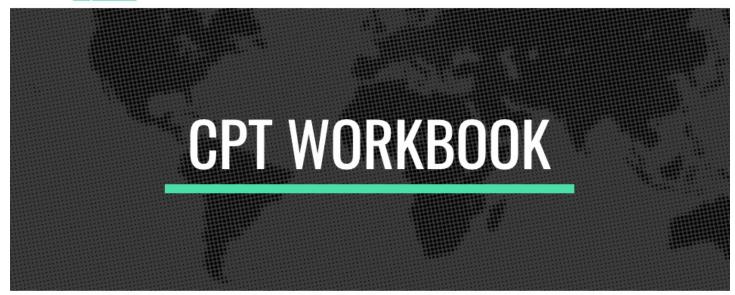
Videos to deliver psychoeducation (usually about 5 minutes each)

Unit 1: Resources



Videos





Welcome

Cognitive Processing Therapy for PTSD Information Sheet

PTSD Symptoms handout

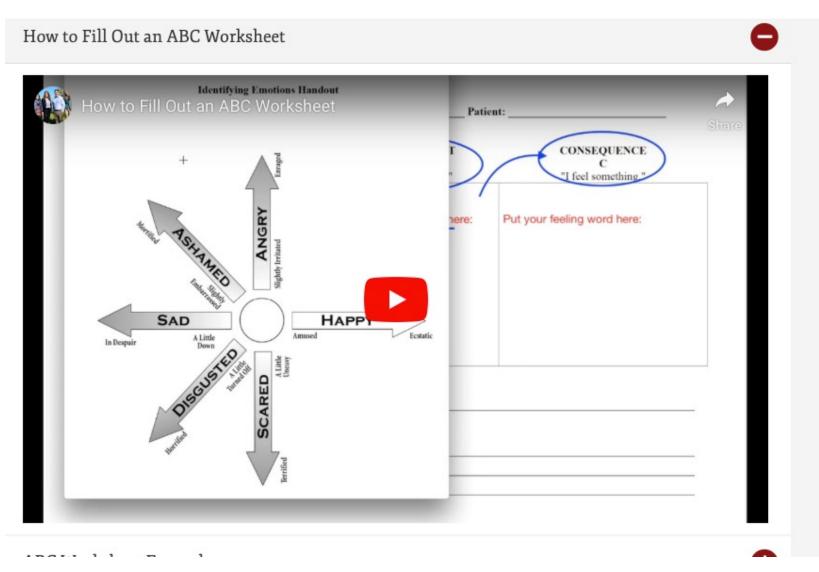
Stuck Point Help Sheet

Identifying Emotions

Different Roles and Levels of Intent in the Trauma

Whiteboard Videos

For access: https://med.stanford.edu/fastlab/worksheetvideos.html



| talkspace | | | |
|--|---------|-------------|--|
| CPT Practice | | | |
| dondanville@uthscsa.edu Switch account * Required | ය | Draft saved | |
| Email * | | | |
| Your email This is a required question | | | |
| Please enter your Talkspace username: * | | | |
| Your answer | | | |
| Next Page | 1 of 24 | Clear form | |

| talkspace | | | |
|---|--------------------|--|--|
| CPT Practice | | | |
| dondanville@uthscsa.edu Switch account | ᢙ Draft saved | | |
| Select the practice assignment | | | |
| ABC Worksheet Hindsight Bias Worksheet | | | |
| Challenging Questions | | | |
| Patterns of Problematic Thinking Challenging Beliefs Worksheet | | | |
| O Trust Star | Clear selection | | |
| Back Next Page 2 | 2 of 24 Clear form | | |

Unit 1: Example Scripts

1-2 Recovery & Fight-Flight

Now that you understand what PTSD is and how you experience it in your own life, please watch the following video. https://vimeo.com/663155978

1-3 Recognizing Triggers

After you have watched, send me a text to let me know which aspects you recognize in your own life. Let me know if you notice any places or cues that trigger a fight or flight response for you.

When should I expect to receive these reflections? Do you think you could send them tomorrow?

Traditional In-Person Cognitive Processing Therapy

Therapy

- 12 +/- weekly 50-minute psychotherapy sessions
- Practice: Client completes assignments between sessions and brings to session for review.

Training Model

- 1. 2-day Workshop (16 hours)
- 2. ~6-months weekly 1hour group consultation

42 Hours 6-8 Months

CPT-Text

Therapy

- 13 units, delivered asynchronously on pace with client engagement
- Engagement: Up to 5 days a week
- Psychoeducation through short Whiteboard videos
- CPT-Text scripts
- Practice: Google Sheets accessible immediately by therapist
- Therapists: Review practice daily and trickle content, additional practice, Socratic dialogue

Training

- Previous CPT Workshop
- 1 3-hour workshop designed to introduce the content during practice and consultation
- Simulated text client "Lisa"
- 12 weeks group consultation
- Core Competency ratings

~21 hours

~ 3 months

Questions?

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References

- Bryan, C. J., Leifker, F. R., Rozek, D. C., Bryan, A. O., Reynolds, M. L., Oakey, D. N., & Roberge, E. (2018). Examining the effectiveness of an intensive, 2-week treatment program for military personnel and veterans with PTSD: Results of a pilot, open-label, prospective cohort trial. *Journal of Clinical Psychology*, 74(12), 2070–2081. <u>https://doi-org.libproxy.uthscsa.edu/10.1002/jclp.22651</u>
- Foa, E. B., McLean, C. P., Zang, Y., Rosenfield, D., Yadin, E., Yarvis, J. S., ... & Strong Star Consortium. (2018). Effect of prolonged exposure therapy delivered over 2 weeks vs 8 weeks vs present-centered therapy on PTSD symptom severity in military personnel: A randomized clinical trial. *JAMA*, *319*(4), 354-364.
- Galovski, T. E., Werner, K. B., Weaver, T. L., Morris, K. L., Dondanville, K. A., Nanney, J., ... & Iverson, K. M. (2022). Massed cognitive processing therapy for posttraumatic stress disorder in women survivors of intimate partner violence. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14(5), 769. <u>https://doi.org/10.1037/tra0001100</u>
- Gutner, C. A., Suvak, M. K., Sloan, D. M., & Resick, P. A. (2016). Does timing matter? Examining the impact of session timing on outcome. *Journal of consulting and clinical psychology*, 84(12), 1108.
- Held, P., Klassen, B. J., Boley, R. A., Wiltsey Stirman, S., Smith, D. L., Brennan, M. B., ... & Zalta, A. K. (2020). Feasibility of a 3-week intensive treatment program for service members and veterans with PTSD. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*(4), 422.
- Held, P., Klassen, B. J., Coleman, J. A., Thompson, K., Rydberg, T. S., & Van Horn, R. (2021). Delivering intensive PTSD treatment virtually: the development of a 2-week intensive cognitive processing therapy–based program in response to COVID-19. *Cognitive and Behavioral Practice*, *28*(4), 543-554.
- Held, P., Kovacevic, M., Petrey, K., Meade, E. A., Pridgen, S., Montes, M., Werner, B., et al. (2022). Treating Posttraumatic Stress Disorder at Home in a Single Week Using 1-Week Virtual Massed Cognitive Processing Therapy. *Journal of Traumatic Stress*, 35(4), 1215–1225. <u>https://doi.org/10.1002/jts.22831</u>
- Held, P., Smith, D. L., Pridgen, S., Coleman, J. A., & Klassen, B. J. (2022, May 12). More Is Not Always Better: 2 Weeks of Intensive Cognitive Processing Therapy-Based Treatment Are Noninferior to 3 Weeks. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. <u>https://doi.org/10.1037/tra0001257</u>

References

- Moring, J. C., Dondanville, K. A., Fina, B. A., Hassija, C., Chard, K., Monson, C., ... & Resick, P. A. (2020). Cognitive processing therapy for posttraumatic stress disorder via telehealth: Practical considerations during the COVID-19 pandemic. *Journal of Traumatic Stress*, 33(4), 371-379.
- Morris, K., Schwartz, C., Galovski, T. E., Dondanville, K., & Wachen, J. S. (2022). Massed Cognitive Processing Therapy in active duty military: A case series. *Cognitive and Behavioral Practice*. Advance online publication. <u>https://doi.org/10.1016/j.cbpra.2022.04.004</u>
- Peterson, A. L., Mintz, J., Moring, J. C., Straud, C. L., Young-McCaughan, S., McGeary, C. A., ... & Resick, P. A. (2022). In-office, in-home, and telehealth cognitive processing therapy for posttraumatic stress disorder in veterans: A randomized clinical trial. *BMC Psychiatry*, 22(1), 41.
- Schleider, J. L., Dobias, M. L., Mullarkey, M. C., & Ollendick, T. (2021). Retiring, rethinking, and reconstructing the norm of once-weekly psychotherapy. *Administration and Policy in Mental Health and Mental Health Services Research*, 48, 4-8.
- Sherrill, A. M., Maples-Keller, J. L., Yasinski, C. W., Loucks, L. A., Rothbaum, B. O., & Rauch, S. A. (2022). Perceived benefits and drawbacks of massed prolonged exposure: A qualitative thematic analysis of reactions from treatment completers. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14(5), 862.
- Stirman, S. W., Song, J., Hull, T. D., & Resick, P. A. (2021). Open Trial of an Adaptation of Cognitive Processing Therapy for Message-Based Delivery. *Technology, Mind, and Behavior, 2*(1). <u>https://doi.org/10.1037/tmb0000016</u>
- Wachen, J. S., Dondanville, K. A., Evans, W. R, Morris, K., & Cole, A. (2019). Adjusting the timeframe of evidence-based therapies for PTSD-massed treatments. *Current Treatment Options in Psychiatry*, *6*, 107-118. <u>https://doi.org/10.1007/s40501-019-00169-9</u>
- Wright, E. C., Wachen, J. S., Yamokoski, C., Galovski, T., Morris, K., Goetter, E. M., ... & Rauch, S. A. (2022). Clinical and Administrative Insights From Delivering Massed Trauma-Focused Therapy to Service Members and Veterans. *Cognitive and Behavioral Practice*.