

Join us online, for this live training!

2-DAY INTENSIVE TRAINING

Cognitive Processing Therapy

An Evidence-Based Approach to Treat PTSD and Related Conditions

Endorsed by the U.S. Departments of Veterans Affairs and Defense, the International Society of Traumatic Stress Studies, and the U.K. National Institute for Health and Care Excellence (NICE) as a best practice for the treatment of PTSD, **Cognitive Processing Therapy (CPT) is an evidence-based approach** to treating trauma that helps clients:

- Understand why recovery from traumatic events is difficult and how symptoms affect daily life
- Reduce distress related to memories of the trauma
- Decrease emotional numbing and avoidance of trauma reminders
- Improve day-to-day living by decreasing depression, anxiety, guilt or shame

Presented by **CPT co-developer Dr. Kathleen Chard**, this 2-day intensive training will encompass every step of this highly structured, 12-session cognitive treatment approach from start to finish, complete with opportunities to practice, ask questions, and receive constructive feedback from both your peers and Dr. Chard herself.

Designed to prepare you to use CPT right away, this training will equip you with **session-by-session instructions, scripts, worksheets, and handouts** to help move your clients from suffering and despair to hope and healing. You'll learn:

- The who, when and how of CPT
- Powerful cognitive restructuring skills to help clients overcome ways of thinking that keep them "stuck"
- Effective ways to utilize structure and consistency to help clients become their own CPT therapist
- How to help clients release themselves from shame, guilt and blame about the trauma
- And more!

Don't miss this opportunity to train with one of the leading trauma experts in the field – sign up today!

Speaker

Kathleen M. Chard, Ph.D., is a co-developer of CPT and director of the Trauma Recovery Center at the Cincinnati VA Medical Center. Serving as the VA CPT Implementation Director, Dr. Chard oversees the dissemination of CPT to mental health clinicians across the United States. She is the co-author of *Cognitive Processing Therapy for PTSD: A Comprehensive Model* (The Guilford Press, 2017) and author of *CPT for Sexual Abuse* treatment manual (2012). A sought-after speaker, Dr. Chard has personally trained over 5,000 clinicians throughout the United States on using CPT with veterans, active duty personnel, and civilians in addition to overseeing the training of tens of thousands of others via the trainers she supervises. She is co-chair of a 17-site study comparing CPT to Prolonged Exposure in US veterans in addition to conducting a \$6 million-dollar Department of Defense study on the assessment of PTSD. She served as a past editor of the *Journal of Traumatic Stress* and is a professor of Clinical Psychiatry and Behavioral Neuroscience at the University of Cincinnati.

Speaker Disclosures:

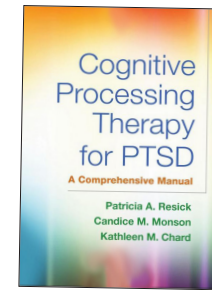
Financial: Kathleen M. Chard is a co-developer of CPT and director of the Trauma Recovery Center at the Cincinnati VA Medical Center. She has an employment relationship with the University of Cincinnati. She receives royalties as an author from the Guilford Press. Dr. Chard receives a speaking honorarium from PESI, Inc. Non-Financial: Kathleen M. Chard has no relevant non-financial relationships to disclose.

Objectives

1. Examine the empirical evidence supporting the use of Cognitive Processing Therapy for Post-Traumatic Stress Disorder and related conditions.
2. Employ the 12-session CPT treatment protocol in its entirety, including assessments, handouts, scripts, and homework assignments.
3. Utilize clinical strategies and evidence-based assessments to identify traumatic events and potential co-morbid conditions.
4. Utilize psychoeducation to help clients understand the impact of trauma, normalize their experience, and identify areas where they are "stuck".
5. Assess for and challenge the client's assimilated beliefs related to the traumatic event.
6. Differentiate between the client's thoughts and feelings versus facts regarding the traumatic event.
7. Distinguish among the 5 themes of trauma; determine which are most prevalent for the client.
8. Evaluate the client's progress at the mid-point of CPT treatment using evidence-based assessments.
9. Implement clinical strategies to help the client identify maladaptive coping skills.
10. Construct a comprehensive CPT aftercare plan for the client to follow once treatment has ended.
11. Integrate specific therapeutic strategies to address client resistance, non-adherence, or lack of progress in CPT treatment.
12. Develop CPT skills to apply to special client populations including sexual abuse survivors and those with brain injuries, low intelligence, and/or dementia.

Visit our FAQ page at www.pesi.com/faq or contact us at www.pesi.com/info

Recommended in Advance



Cognitive Processing Therapy for PTSD: A Comprehensive Manual, co-authored by Dr. Chard, includes session-by-session guidelines for CPT implementation, extensive sample dialogues and 40 reproducible client handouts.

Visit www.cptforptsd.com

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Cognitive Processing Therapy

An Evidence-Based Approach to Treat PTSD and Related Conditions

LIVE Interactive Webcasts

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Featuring **Dr. Kathleen Chard**
Co-developer of CPT and Director of the Trauma Recovery Center at the Cincinnati VA Medical Center

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Outline

WHAT IS COGNITIVE PROCESSING THERAPY (CPT)?

The evolution of the approach – and why that matters today
CPT and CPT+A
Empirical evidence supporting CPT
Limitations of the research and potential risks
Structure: Review, Content, Check in, Assignment

TREATMENT CONSIDERATIONS: SETTING THE STAGE CLINICALLY

The who, when and how of CPT
How to gather trauma history to identify the index event
Assessment: PCL-5 and PHQ-9, co-morbidities and risk of harm
Family involvement considerations
Discerning between assimilated and overaccommodated beliefs
Balancing structure with ongoing case conceptualization and flexibility

ARE YOU READY TO DELIVER CPT?

Core competencies of the CPT therapist
Common areas of therapist uncertainty: client readiness, using a manualized approach and more
CPT errors most clinicians make (and what to do about them)

SESSION 1: OVERVIEW OF PTSD AND CPT

Explaining PTSD symptom clusters (and how they interact) in an understandable way
PTSD as a problem of non-recovery; why people get “stuck”

Cognitive theory within the context of trauma

How CPT will help clients move forward
“Stuck Points” and the Impact Statement

SESSIONS 2 & 3: CONNECTING EVENTS, THOUGHTS AND FEELINGS

What are “Stuck Points” and how do I identify them?
Introduction of trauma-related ABC model
Identification and labeling of emotions (accurately)
Differentiating between thoughts, feelings and facts
“I think” v. “I feel”
Listening for logic, proportion and patterns
Challenging assimilated cognitions

SESSIONS 4 & 5: PROCESSING THE TRAUMATIC EVENT

A deeper dive into assimilated beliefs
Differentiating among intention, responsibility and the unforeseeable
80/20 rule for clarifying v. examining evidence
Getting to the feelings under the thoughts/assumptions
Introduction of “Challenging Questions” worksheet
Identification of patterns of problematic thinking

SESSIONS 6 & 7: LEARNING TO SELF-CHALLENGE

Conduct treatment midpoint assessments
What to do if progress is minimal at this point
Introduction of Challenging Beliefs worksheet
5 themes of trauma – safety, trust, power/control, esteem and intimacy

SESSIONS 8, 9 & 10: SAFETY, TRUST AND POWER/CONTROL

Safety: Addressing generalized fears and safety obsessions; exploring probability and likelihood
Trust beliefs related to self v. others
Examining the continuum of power and control
Possible resolutions to negative beliefs about trust, power and control

SESSIONS 10, 11, 12 & AFTERCARE: ESTEEM, INTIMACY AND FACING THE FUTURE

Examining beliefs about self-worth and capabilities
Challenging overgeneralizations about groups of people based on the trauma

Self-intimacy and intimacy with others
Addressing maladaptive attempts to self-soothe
Comparing the original impact statement with the new one
Review of treatment, goals for the future, aftercare planning

CLINICAL CONSIDERATIONS

Nonadherence to treatment: do’s and don’ts
Variations on CPT
CPT in a group setting, specifically for sexual abuse
Issues in working with different types of trauma
Trauma among clients with brain injuries, low intelligence, or aging/dementia
PTSD complicated by grief
Trauma in adolescence; its effects on other developmental periods
Diversity and cross-cultural adaptations

Live Webcast Schedules

September 9 & 10, 2020

(Times Listed in Central)

8:00 Program begins

11:50-1:00 Lunch break

4:00 Program ends

October 12 & 13, 2020

(Times Listed in Pacific)

8:00 Program begins

11:50-1:00 Lunch break

4:00 Program ends

Target Audience

Psychologists • Counselors • Social Workers • Addictions Professionals
Marriage & Family Therapists • Psychotherapists • Case Managers
Other Mental Health Professionals



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Marriage and Family Therapists – AK, AL, AR, AZ, CA, CO, FL, IA, IL, IN, KS, ME, MI, MO, MT, NC, NH, NJ, NM, NV, NY, OH, PA, RI, SC, SD, TN, TX, UT, WY

Nurses – All States

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NATIONAL APPROVALS

Credits listed are for full attendance at the live webcast only. The CE certificate can be downloaded after completing the webcast and passing the online post-test evaluation (80% passing score). See schedule for full attendance start/end times (no credit for breaks or lunch).



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REGISTRATION FORM

2 DAY INTENSIVE TRAINING: COGNITIVE PROCESSING THERAPY: AN EVIDENCE-BASED APPROACH TO TREAT PTSD AND RELATED CONDITIONS

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QUESTIONS

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