

**THE INSTITUTE FOR THE ADVANCEMENT OF HUMAN BEHAVIOR**  
**IN JOINT-SPONSORSHIP WITH**  
**THE BECK INSTITUTE**

**COGNITIVE BEHAVIOR THERAPY WORKSHOP FOR POSTTRAUMATIC STRESS DISORDER**  
**JULY 9-11, 2018 \* Bala Cynwyd, PA \* 18 CE/CME**

The purpose of this program is to train mental health professionals to deliver effective cognitive behavior therapy to individuals with posttraumatic stress disorder.

**Overall Objectives:**

*At the end of the course, participants will better:*

1. Use specific procedures to promote recovery in individuals with Posttraumatic Stress Disorder (PTSD);
2. Elicit personal aspirations using imagery to motivate work on PTSD symptoms
3. Use a cognitive conceptualization of PTSD to remove obstacles to recovery;
4. Describe how to treat core symptoms of PTSD and common comorbidities;
5. Discuss how to adjust therapy for comorbidities and excessive avoidance;
6. Use effective interventions to change beliefs and promote long-term change and progress toward recovery;
7. Identify beliefs and procedures to deal with non-fear based emotions, such as fear and guilt;
8. Plan for maintenance and relapse prevention.
9. Identify therapist beliefs that might interfere with clinical decisions.
10. Apply processing to develop context in which to understand the traumatic experience and associated reactions.

***Introduction and overview of CBT for PTSD***

***Aaron Brinen, PsyD***

1. To apply the cognitive model to PTSD (reexperiencing, avoidance, and hyperarousal)
2. To construct a cognitive conceptualization that includes the interaction of PTSD symptoms and other sequelae (including substance abuse, anger, dissociation, depression, interpersonal difficulties, suicidality)
3. To identify the different symptoms of PTSD
4. To describe the interventions for PTSD and ways to apply them
5. To adjust therapy for excessive avoidance
6. To plan the sequence of treatment

***CBT for PTSD: Interventions***

***Aaron Brinen, PsyD***

1. To decide when to use stress management techniques
2. To apply appropriate stress management techniques
3. To explain the rationale for imaginal exposure
4. To explain the rationale for in vivo exposure
5. To create an in vivo hierarchy
6. To conduct imaginal exposure
7. To apply processing following imaginal and in vivo exposure to optimize cognitive shift

***CBT for PTSD: Special situations and Treatment Course***

***Aaron Brinen, PsyD***

1. To develop strategies to overcome excessive avoidance
2. To apply exposure therapy to cases of shame, guilt, grief, disgust, and other non-fear based emotions
3. To manage over and under engagement during treatment in patients with PTSD
4. To adapt treatment for specific traumas (i.e., extended traumas)
5. To maintain focus on treatment of PTSD
6. To describe methods of self-care
7. To structure the session

***Advances in Cognitive Behavior Therapy***

***Aaron T. Beck, MD***

1. To state clinical advances in cognitive behavior therapy.
2. To list key points of intervention with challenging individuals.

**Relevant Readings:**

Foa EB, Yusko DA, McLean CP, Suvak MK, Bux DA, Oslin D, O'Brien CP, Imms P, Riggs DS, Volpicelli J. Concurrent Naltrexone and Prolonged Exposure Therapy for Patients With Comorbid Alcohol Dependence and PTSDA Randomized Clinical Trial. *JAMA*. 2013;310(5):488–495.

Eftekhari A, Ruzek JI, Crowley JJ, Rosen CS, Greenbaum MA, Karlin BE. Effectiveness of National Implementation of Prolonged Exposure Therapy in Veterans Affairs Care. *JAMA Psychiatry*. 2013;70(9):949–955.

van den Berg DPG, de Bont PAJM, van der Vleugel BM, de Roos C, de Jongh A, Van Minnen A, van der Gaag M. Prolonged Exposure vs Eye Movement Desensitization and Reprocessing vs Waiting List for Posttraumatic Stress Disorder in Patients With a Psychotic DisorderA Randomized Clinical Trial. *JAMA Psychiatry*. 2015;72(3):259–267.