

# Sustainable Implementation of Cognitive Processing Therapy into an Alcohol and Other Drug Service

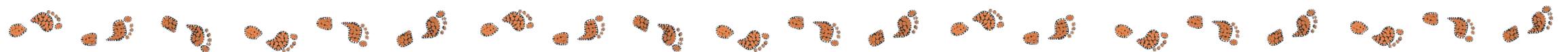


## Research Team:

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## Disclosure of Interests:

The authors declare no competing interests



# Acknowledgement of Country

Lives Lived Well recognises Aboriginal and Torres Strait Islander peoples as the original inhabitants of the land now known as Australia and their continuing connection to land, air and sea. We acknowledge the traditional custodians of the lands across which we work and live, and pay our respects to elders, past and present.

Lives Lived Well is proud to work in partnership with local Aboriginal and Torres Strait Islander communities. We are committed to reconciliation through our day-to-day work and our Reconciliation Action Plan.



## Recognition of lived experience

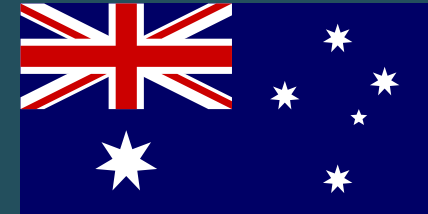
We recognise the contribution of people with a lived and living experience of mental health difficulties, problematic alcohol and other drug use, and suicidality to our work. We value the voice of lived experience, including families, carers and support people.

## Recognition of service

We respect and give thanks to all who have served and are currently serving in our defence force and their families. We acknowledge the unique nature of military service and the sacrifice demanded of all who commit to defend our nation.

## Commitment to diversity and inclusion

Lives Lived Well celebrates diversity and is committed to providing inclusive services and workplaces. Everyone has the right to live well, with dignity and respect. We offer support to all people without judgment or discrimination.





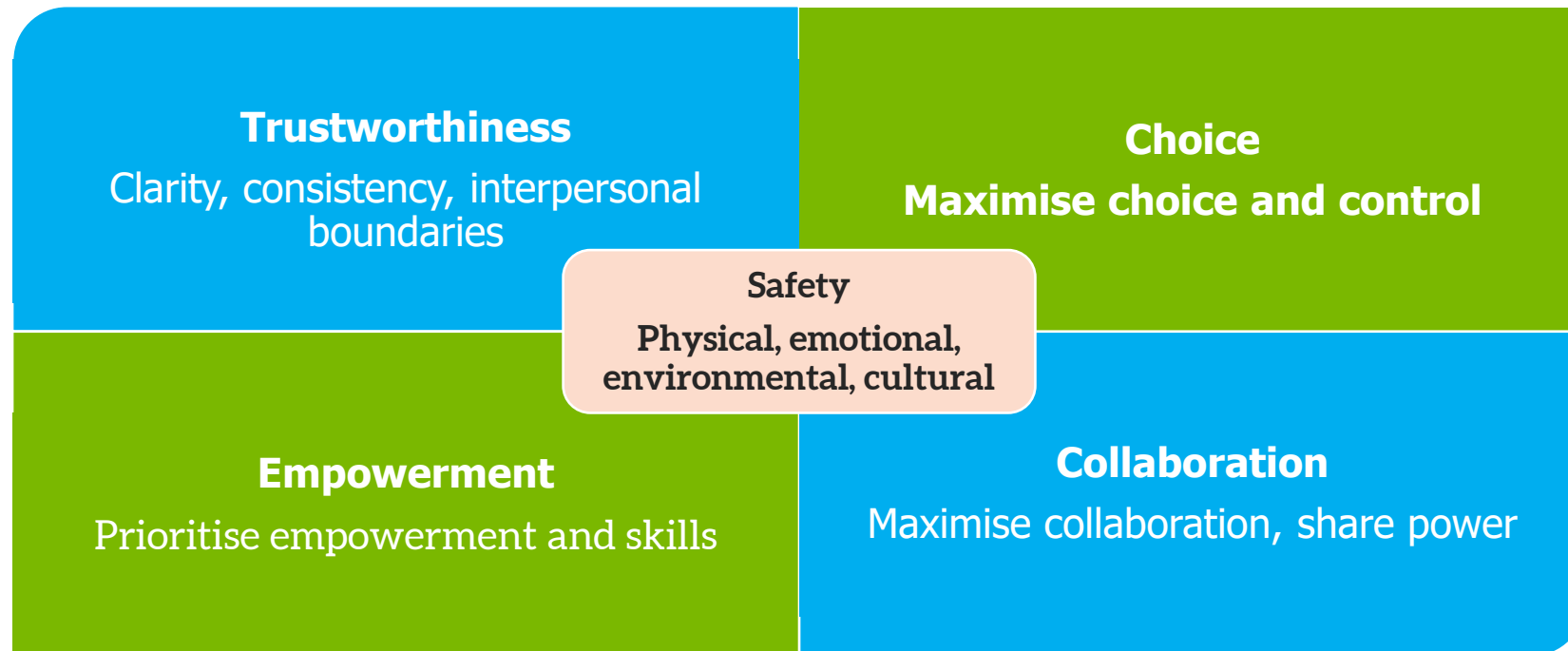
# Trauma and AOD

- Up to 80% of clients accessing treatment at Alcohol and Other Drug (AOD) services report histories of trauma and clinically significant symptoms of post-traumatic stress disorder (PTSD)
- Historically there have been many barriers to accessing trauma-focused therapy, particularly in the AOD sector
- Could the best positioned therapist to provide trauma-focused therapy be the one the client is already engaged with?



# Trauma-Informed Care

- We believe that with the right support people can change
  - Trauma-informed care is an essential part of creating the right support
- Ideally, a trauma-informed organisation should offer access to trauma-focused therapy





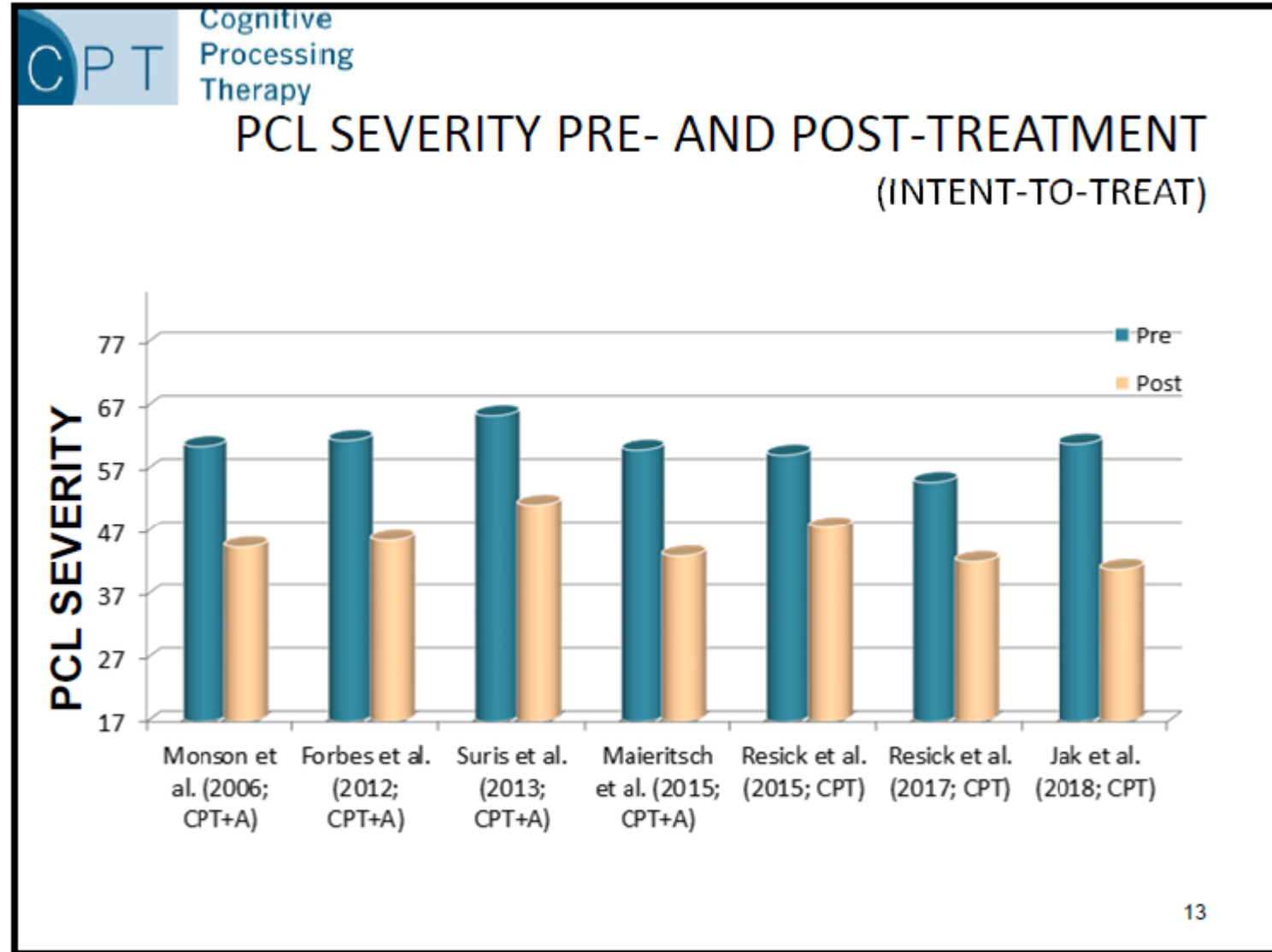
# Cognitive Processing Therapy (CPT)

- ▶ Developed as a treatment for post-traumatic stress disorder (PTSD) in the 1980's
- ▶ Grounded in cognitive-behavioural therapy (CBT)
- ▶ Focuses on beliefs defined as 'stuck points' which prevent natural recovery
- ▶ Resolving stuck points facilitates recovery from PTSD
- ▶ Therapist and client collaborate to identify and challenge stuck points
- ▶ Delivery can be highly flexible – most commonly 12 weekly sessions, however many successful variations



# Evidence for CPT

- CPT has been extensively studied and consistently demonstrated efficacy for the treatment of PTSD
- An average of 9 sessions has been established for clients who respond positively to treatment
- Depression symptoms also demonstrate clinically significant improvement in most studies
- Not as extensively researched for co-presenting AOD concerns



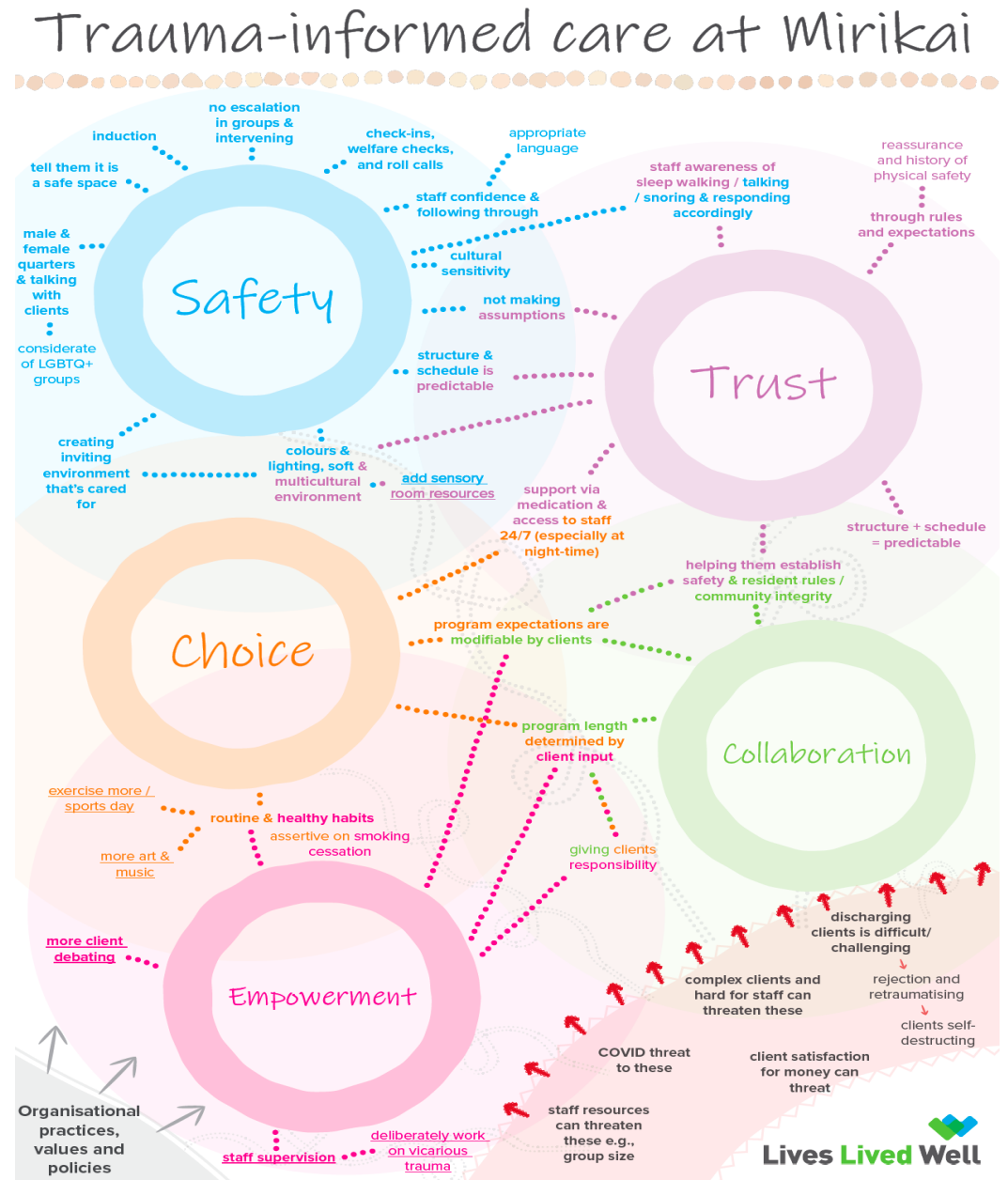
# History of CPT at LLW

**2020:** Project to implement a model of trauma-informed care into a residential treatment service (Mirikai) with the UQ LLW Research Group

- Comprehensive review of all aspects of the service
  - Implemented routine trauma-screening and feedback
  - Identified opportunity for trauma-focused therapy

**2021:** Partnered with Professor Reg Nixon (Flinders University), an international expert in CPT, to provide training and supervision of a pilot providing CPT to Mirikai clients experiencing PTSD

- CPT was commenced with 33 clients
- 9 completed the treatment, reporting clinically significant reductions in trauma symptoms



# The LLW CPT Project

**2022:** Established a pilot project to implement CPT at LLW with LLW clinicians

- An EOI was distributed and candidate selection commenced
- 17 clinicians were invited to participate

**2023:** Implementation commenced

- Clinicians completed an online pre-training package in CPT (CPT Web 2.0) and reading of the core CPT textbook (pictured)
- Participated in 3-days of face-to-face training with Professor Reg Nixon and Dr Marja Elizabeth



# Key Questions

- **Can our people effectively provide CPT?**
  - Lives Lived Well employs clinicians from diverse professional backgrounds
  - Studies of CPT often involve psychologists as the clinicians
- **Will clients benefit from CPT?**
  - Some concerns expressed that clients presenting for AOD support may not cope with trauma-focused therapy, particularly if not in residential treatment
- **If we start, can we continue?**
  - Can an AOD service implement and sustain a trauma-focused therapy program?



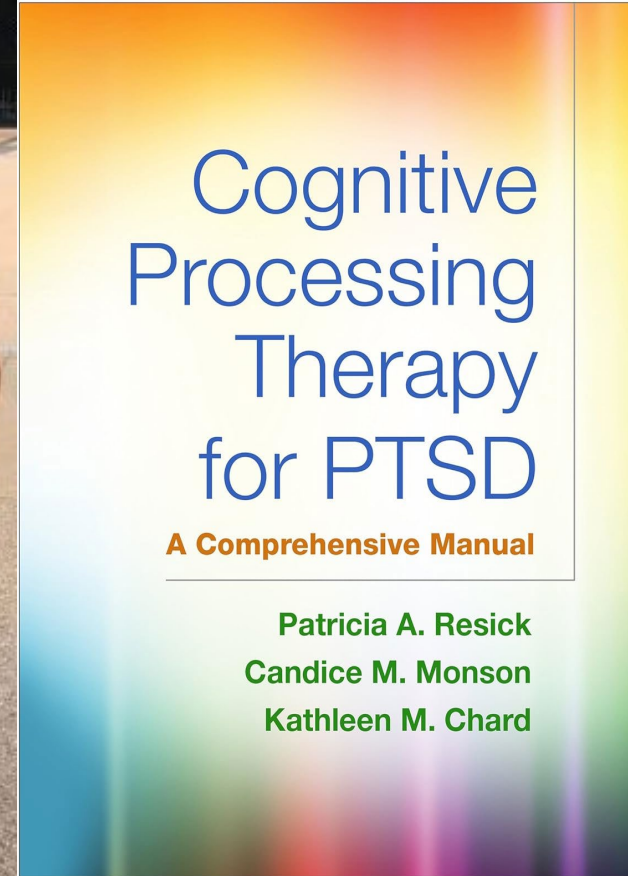
# Clinician Selection

- Clinician is experienced in CBT, and is willing and able to follow a structured, manualised approach with fidelity
- Clinician can dedicate approximately 7 hours per week to CPT and related tasks
  - 1 hour of clinical supervision
  - 4 hours of client contact (2 clients, 2 sessions a week, 1 hour per session)
  - 2 hours of administration, research, session preparation
- Manager supports clinician's participation and endorses their skill as a practitioner



# CPT Training and Supervision

- **Pre-Workshop:** Completion of CPT Web 2.0 online training and initial CPT textbook chapters
- **3-Day Workshop:** Led by expert trainers (Professor Reg Nixon and Dr Marja Elizabeth)
  - CBT foundations, CPT theory and practice, roleplay exercises with feedback
- **Ongoing Supervision:** Weekly group supervision (Dr Marja Elizabeth), supported by a detailed client progress tracker
  - Clinicians come prepared with questions to present to the supervisor and group



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## CPT Web<sup>2.0</sup>

A web-based learning course for Cognitive Processing Therapy



- Foundational Skills of CPT ✓
- Session 1: Overview of CPT and PTSD ✓
- Session 2: Examining the Impact of Trauma ✓
- Session 3: Working with Events, Thoughts, and Feelings ✓
- Session 4: Examining the Index Event ✓
- Session 5: Using the Challenging Questions Worksheet ✓
- Session 6: Patterns of Problematic Thinking Worksheet ✓
- Session 7: Challenging Beliefs Worksheet ✓
- Core Trauma Themes**
- Session 8: Safety ✓
- Session 9: Trust ✓
- Session 10: Power/Control ✓
- Session 11: Esteem ✓
- Session 12: Intimacy ✓



# Client Selection

- Aim to be **maximally inclusive**
- **Fundamental principle:** client is safe and stable to commence trauma-focused therapy
  - Substance use not overtly interfering with daily function, or ability to engage in CPT
  - Self-harm and/or suicidality is not high risk, and appropriately managed otherwise
  - Mental health conditions (e.g. psychosis) stable and well-managed
  - Demonstrated record of attending appointments consistently



# Assessment and Treatment

- Assessment focuses on gathering a detailed trauma history and identifying the client's index trauma (most impact)
- A comprehensive outcome measures suite is also completed to support the diagnosis of PTSD
  - **Patient Health Questionnaire (PHQ-9):**
    - Symptoms of depression
  - **Life Events Checklist for DSM-5 (LEC-5)**
    - Exposure to traumatic events
  - **PTSD Checklist for DSM-5 (PCL-5):**
    - Symptoms of PTSD
  - **Post-Traumatic Cognitions Inventory (PTCI):**
    - Trauma related thoughts and beliefs
- Following the protocol of the 2021 pilot:
  - 10-session, 5-week course of treatment



# The LLW CPT Project

## 2023-2024: Delivery Phase

- Clinicians aimed for a caseload of 2 clients, providing twice weekly sessions
- Clinicians participated in 1 hour of group CPT supervision per week for 6 months
  - Two groups with attendance capped at 10

## 2024-2025: Sustainable Delivery and Expansion

- Ten clinicians continued to provide CPT under weekly clinical supervision
- A second cohort of 10 clinicians completed training and commenced supervised practice

## Enhancing Integrated Care: Cognitive Processing Therapy (CPT) in Alcohol and Other Drug (AOD) Treatment



We are **humble, human**  
and **full of hope**



We **show up**  
and **share**



We ask **why not**  
and **what's next?**



We **leave a**  
**positive wake**

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### Introduction

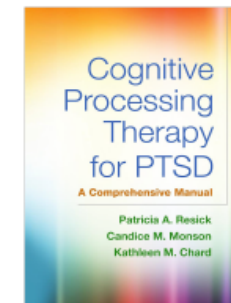
Clients accessing treatment at Lives Lived Well (LLW) often report histories of trauma and symptoms of post-traumatic stress disorder (PTSD). Trauma-informed care guidelines indicate that trauma-focused therapy should ideally be available to clients who want to access this form of treatment. Resolving trauma symptoms may also contribute to more effective treatment of substance related concerns. Between September 2023 and April 2024, LLW conducted a pilot program for Cognitive Processing Therapy (CPT), an evidence-based treatment for PTSD.

### Methods

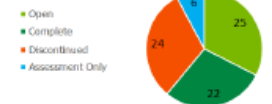
Seventeen clinicians were trained and supervised in Cognitive Processing Therapy by experts in CPT. Training included an online training package (CPT Web 2.0), select textbook readings (Cognitive Processing Therapy for PTSD – a Comprehensive Manual), and a 3-day experiential workshop. Clinicians attended one of two weekly sessions of group supervision, with each session capped at 10 clinicians. Clients presenting with clinically significant symptoms of trauma (>3/5 on PC-PTSD-5) were invited to participate in CPT. Exclusion criteria were limited to high risk of self-harm and/or suicide, unmanaged psychosis, or harmful substance use. Clinicians provided a comprehensive assessment to confirm client eligibility, followed by 10 treatment sessions, and an additional 1-month follow-up session. A caseload of two active clients participating in two sessions per week was indicated for clinicians. Outcome measures were used at baseline (LEC, PCL-5, PTCL), before every treatment session (PCL-5, PHQ-9), and at 1-month follow-up (PCL-5, PTCL, PHQ-9).

### Results

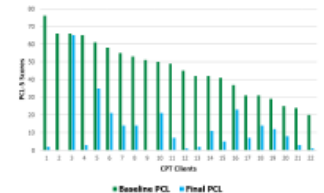
A completion rate of 51% was observed for clients who commenced therapy. A clinically significant reduction in symptoms was reported by 21/22 clients who completed treatment, with an average reduction of 32.1 points on the PCL-5. Discontinuation was most common following initial assessment, followed by sessions 1 and 2, becoming rare beyond session 4. Reports from CPT clinicians indicate a strong working alliance supports client retention, facilitated by an existing therapeutic relationship.



Progress in Treatment



Baseline to Final PCL-5 Scores



### Conclusions

The CPT pilot has demonstrated the value of integrating evidence-based trauma-focused therapy into clinical services. Clients who complete the course of treatment generally achieve a clinically significant reduction of PTSD symptoms. Collectively, this indicates that experienced clinicians with appropriate training and supervision can safely provide CPT to clients accessing AOD treatment.

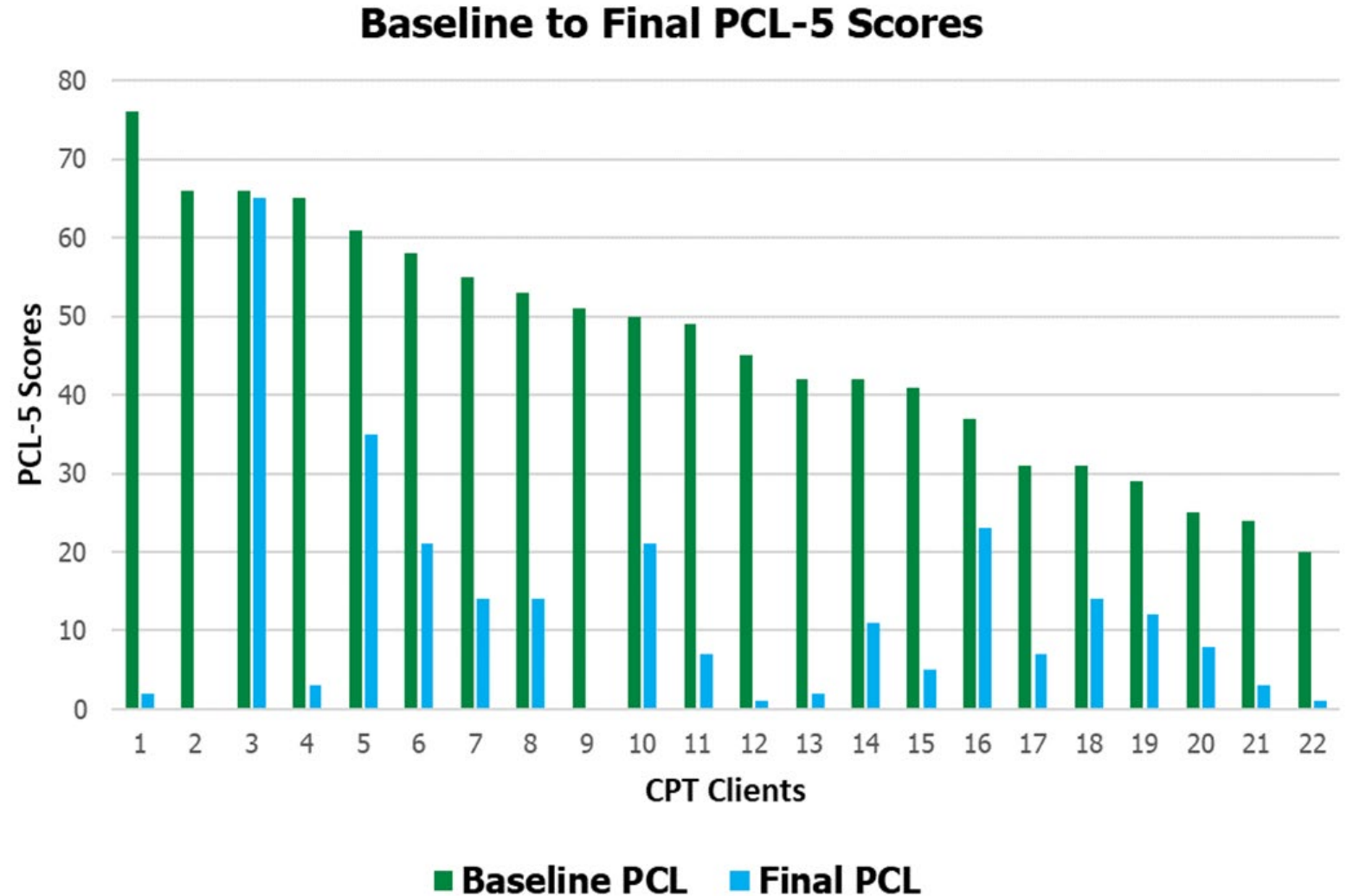
### Acknowledgements

We acknowledge the contribution and resilience of our participants, the engagement and enthusiasm of our clinicians, and the expertise and support of Dr Marja Elizabeth (trainer and supervisor) and Professor Reg Nixon (trainer).



# Client Outcomes

- Average starting PCL = **49**
- Average PCL reduction = **32**
- Completion rate = **51%**
- Non-completers also achieved reductions on the PCL-5, averaging **13.5**



# Case Study

Robert, 38 Male

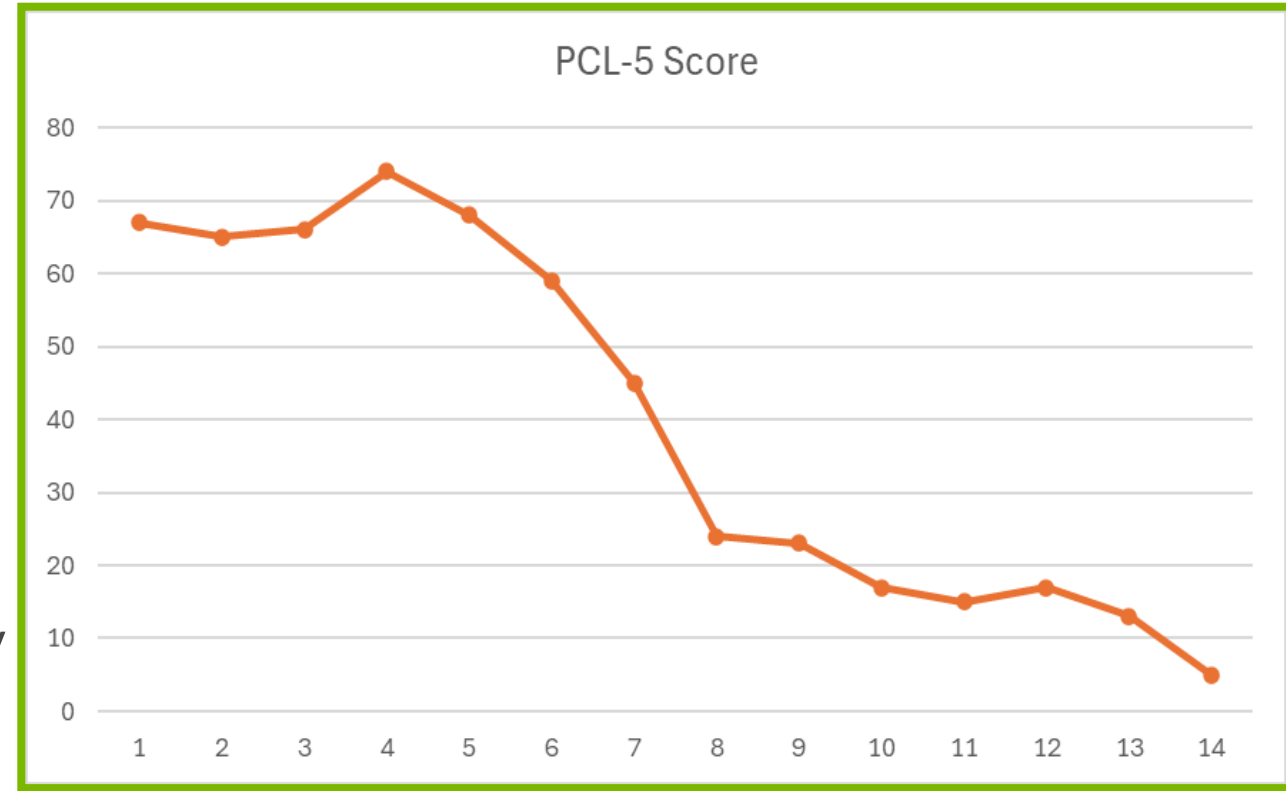
Index Trauma:

- Abducted by drug associates at age 17
- Held captive for a period of 8 months
- Repeated physical and sexual assaults.

Starting PCL-5: 67

LEC-5 Endorsements: 9 separate traumatic life events endorsed as 'happened to me'

- Has engaged in residential AOD treatment multiple times throughout his life, most recently in May 2024 for alcohol use.
- Engaged in 13 sessions of CPT, both during and following his residential treatment with LLW.
- He now works full-time, volunteering and co-parenting his 2 children with his ex-partner.



# Challenges

- Implementation requires CPT expert support
  - Significant investment (time and money) in training and supervision
  - **Critical** for success
- Developing skill in CPT is a commitment to practice
  - Particularly to become a trainer or supervisor
  - Cannot rely on 'train the trainer' approach common in the AOD sector
- No program specific funding for CPT
  - Clinician time is counted against program activities/KPIs
- Extra-therapeutic factors can impact treatment
  - Involuntary discharge from residential treatment almost always leads to disengagement, despite the option to continue via telehealth



# Opportunities

- For NGO workers, CPT training and practice offers a meaningful pathway for developing advanced clinical skills
- Clinicians can achieve CPT Provider status with CPT Australia
- Commences progression pathway toward being a CPT supervisor/trainer
- Potential benefits for staff retention and satisfaction
- Clients can access integrated AOD/Trauma treatment in one place with one clinician

**"Adding CPT to my set of skills as an AOD Counsellor has been revolutionary. Seeing people set free from the "chains of trauma" that have held them prisoner to the past and watching them step into a life of greater fulfilment and joy, continues to be an enormous personal privilege and pleasure. I believe what Lives Lived Well has begun will set a new standard in our approach to assisting clients with AOD concerns."**



# Conclusions

- AOD clinicians are ideally positioned to support clients accessing treatment who are impacted by trauma
- With qualified training and supervision, AOD clinicians can provide CPT safely and effectively across a range of settings
- Expansion of the CPT program would help more clients experiencing PTSD receive effective treatment
- Funding could facilitate dedicated trauma-focused roles





# Lives **Lived** Well

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