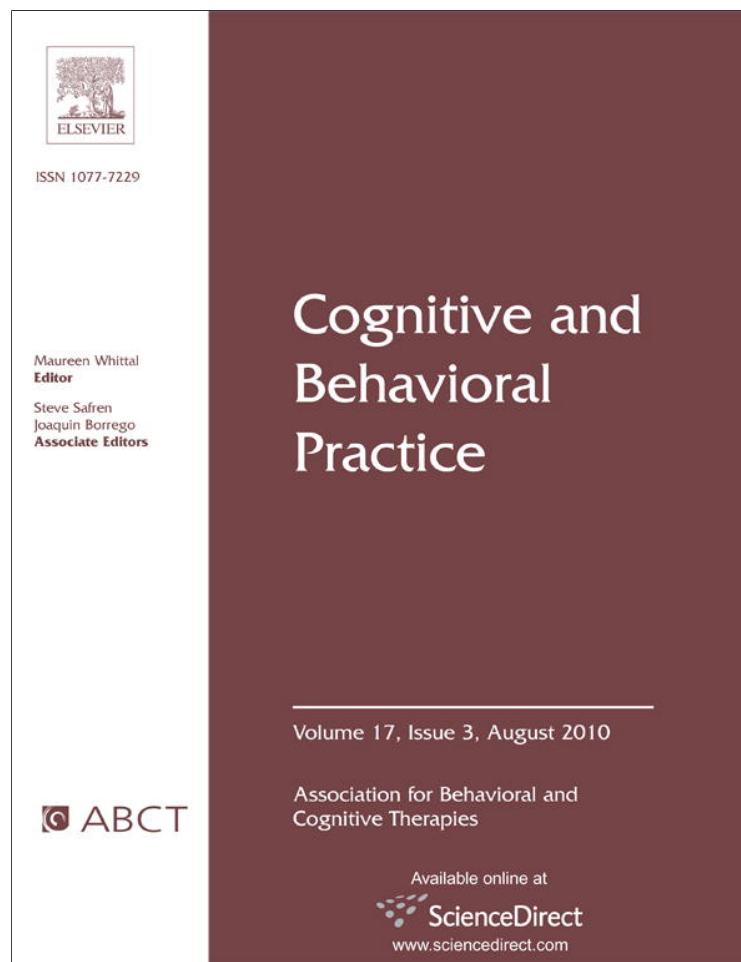


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## Book Review

**Mueser, K.T., Rosenberg, S.D., & Rosenberg, H.J. (2009)**  
***Treatment of Posttraumatic Stress Disorder In Special  
Populations: A Cognitive Restructuring Program***

**Washington, DC:  
American Psychological Association**

*Reviewed by Emily Malcoun & Barbara O. Rothbaum,  
Emory University*

**T**HIS treatment manual presents the model, research foundation and techniques of the cognitive restructuring program (CR) for treatment of posttraumatic stress disorder (PTSD) in special populations. The book includes instructions and example to demonstrate the procedures and includes handouts distributed to clients. The authors present methods that can be used to treat PTSD in the general population and with members of a broad range of special populations, including individuals with psychosis; borderline personality disorder; addiction; adolescents; survivors of mass violence; minorities and refugees; and individuals in primary health care settings. Veterans, children, mentally challenged individuals, and the elderly are not addressed in this book. The reader will therefore need to consult alternative resources for training and information regarding treatment of post-trauma responses in members of these groups.

The volume contains three parts. Part I presents the historical background, theories, and research underlying posttraumatic stress disorders and their treatment. This section includes a description and overview of the CR for PTSD program and instructions for assessing trauma exposure and PTSD. Part II outlines CR for PTSD treatment procedures, including methods for teaching cognitive restructuring to special populations. The authors present case examples and sample dialogue that can be used with members of special populations. Generalized program training and treatment termination are addressed. Part III describes the nature of trauma problems and applications of the program to several different special populations. The book includes an Appendix containing user-friendly handouts for clients.

The CR program presented by Mueser, Rosenberg, and Rosenberg provides a viable alternative to exposure-based therapies, such as prolonged exposure (PE), when patients are unwilling or unable to participate or emotionally engage in imaginal exposure. In general, the treatment strategies described are informative for all providers delivering PTSD treatments that include cognitive restructuring with or without exposure. The specific adaptations for CR with special populations are particularly useful across treatment approaches that include a cognitive restructuring component.

As the authors argue, we agree that CR is preferable to exposure therapy in treating posttrauma symptoms in certain special populations, particularly psychotic individuals. However, we disagree with the authors' claim that CR is generally preferable to exposure therapy due to equivalent outcomes and hesitation among patients and clinicians to experience or induce distress. First, the most recent large-scale meta-analytic reviews and treatment guidelines have concluded that among existing psychosocial therapies, the strongest evidence exists for exposure-based models (Bisson & Andrew, 2007; Institute of Medicine, 2008). Second, experienced therapists understand that distress induced by exposure decreases with continued exposure and is a necessary component of emotional processing that leads to psychological recovery, similar to physical pain secondary to surgery. These clinicians are trained in supporting patients to tolerate, rather than avoid, distress associated with remembering the trauma, and highlighting the patient's ability to do so is therapeutic. As with CR, we contend that exposure therapy is feasible and beneficial with members of most special populations (e.g., borderline personality disordered individuals, addicted individuals). For example, using PE with borderline personality disordered individuals has the potential to facilitate improvements in emotion regulation in addition to reducing PTSD symptoms. Through habituation and extinction, all patients have the opportunity to learn that they can tolerate and effectively manage negative and painful emotions. The authors present alternatives to exposure therapies, which are always welcome, but the extant research doesn't support any claims to superiority.

This volume highlights the need for further research into best practices for treatment of PTSD in members of special populations. In the future, comparative studies can identify treatments that are indicated for members of different special populations. This suggests a need for

controlled clinical trials comparing the effectiveness of existing PTSD treatments (e.g., CR versus exposure therapy) in these populations.

Overall, this book addresses a much-needed gap in the literature by recognizing the important issue of trauma exposure and treatment of PTSD in members of special populations, the most vulnerable to developing the disorder. The authors adopt an optimistic view of this problem and present specific instructions for tailoring PTSD treatment for members of these special populations. The authors demonstrate vast experience regarding PTSD in these individuals. Currently, this is the only treatment manual for PTSD that addresses and equips helping professionals to meet the unique needs of these special populations. Their contribution is instructive to anyone working with members of these

populations and, hopefully, will encourage clinicians who are currently hesitant to treat PTSD in special populations to begin doing so, opening up access to care to more in need.

### References

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