NON -TECHNICAL ABSTRACT: Chronic low back pain (CLBP) is a major cause of disability in adults younger than 45 and a major financial impact on healthcare expenses. While direct medical expenses alone are more than a staggering 20 billion dollars annually (Deyo, Cherkin, Conrad & Volinn, 1991), they do not include the indirect costs of quality of life, workforce productivity, and social functioning. Psychological co-morbidities associated with chronic pain can include depression, anxiety, and psychological distress which have been thought to be consequences, contributors, and confounding factors in chronic pain (Gatchel, Peng, Peters, Fuchs & Turk, 2007). While therapeutic exercise seems to be the most effective method in treating CLBP, changes in psychosocial factors appear to play a key role in contributing to the reduction of disability (Gatchel et al., 2007). For Veterans returning from the current conflict, posttraumatic stress disorder (PTSD), in particular, is of growing concern (Clark et al., 2007; Seal, Bertenthal, Miner, Sen & Marmar, 2007), as are the growing costs associated with treatment (e.g., Tanielian & Jaycox, 2008). Research indicates that standardly employed physical therapy interventions are not appropriately designed for Veterans with both chronic pain and PTSD (Walbom, 2007). The proposed study seeks to test the feasibility and effectiveness of incorporating an innovative, biologically-based eight session model for the treatment of trauma called the Veterans Resiliency Model (VRM) into a pain management program for the purpose of addressing PTSD symptoms that often serve as a barrier to treatment and rehabilitation. Results from this project will help secure future funding for a formal clinical trial of VRM. In addition to clinical and process outcome measures relevant to this population, we will include psychophysiological monitoring of patients' autonomic nervous system in order to better understand the physiological mechanisms associated with fear and avoidance behavior and the impact of VRM on such factors. Relevant outcomes will be assessed at baseline, midtreatment, and posttreatment.