

Cognitive Processing Therapy for Posttraumatic Stress Disorder

Q. What is cognitive processing therapy?

A. Cognitive processing therapy (CPT) is a short-term, trauma-focused cognitive behavioral therapy (CBT) for the treatment of posttraumatic stress disorder (PTSD). CPT typically consists of 12 weekly or twice weekly sessions that last 50 minutes each. CPT is a trauma-focused treatment which targets ways that thinking might keep an individual “stuck” in their PTSD. CPT can also be delivered in a group format. The Department of Veterans Affairs (VA) rolled out a national implementation initiative beginning in 2006 to train VA mental health clinicians in CPT. The Center for Deployment Psychology also offers training in CPT without consultation.

Q. What is the treatment model underlying CPT?

A. CPT is based on the social cognitive theory of PTSD. PTSD is conceptualized as a disorder of “non-recovery” from trauma in which erroneous beliefs about the causes and consequences of traumatic events produce strong negative emotions and prevent accurate processing of the trauma memory and natural emotions emanating from the event. Treatment sessions are focused on patients identifying thoughts and feelings, learning skills to evaluate thinking, and considering alternate viewpoints of the trauma, themselves and the world. The goals of CPT include reducing avoidance of the natural emotions associated with the traumatic event, exploring and challenging inaccurate and unhelpful trauma-related cognitions, and developing skills that can be used in the future to further facilitate recovery and promote effective coping.

Q. Is CPT recommended in the Military Health System (MHS)?

A. **Yes.** The 2010 VA/DoD *Clinical Practice Guideline for the Management of Post-traumatic Stress* gives the highest strength of recommendation (A) for CPT. CPT has met the burden of evidence required by the most recent VA/DoD publications and is recommended as a first-line treatment.

The MHS relies on the VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other authoritative reviews recommend CPT for PTSD?

A. **Yes.** Other authoritative reviews recommend the use of CPT for PTSD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) Systematic Review Repository and the Cochrane Database of Systematic Reviews.

- AHRQ: A 2013 AHRQ comparative effectiveness review found moderate strength of evidence supporting the efficacy of CPT for PTSD. The review found insufficient evidence to support one evidence-based treatment over another for PTSD.
- Cochrane: A 2013 systematic review (Bisson et al., 2013) supports the efficacy of individual and group trauma-focused CBT. The review does not differentiate between different types of trauma-focused CBT.

Q. What conclusions can be drawn about the use of CPT as a treatment for PTSD in the MHS?

A. CPT is recommended as a front-line treatment for PTSD. Clinicians should consider several factors when choosing an evidence-based treatment for their patient. Treatment decisions should incorporate clinical judgment and expertise, patient characteristics and treatment history, and patient preferences that might influence treatment engagement and retention.

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References

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