

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 be keeping an individual “stuck” in their PTSD. CPT can also be delivered in a group format. The Department of Veterans Affairs rolled out a national implementation initiative beginning in 2006 to train VA mental health clinicians in CPT. The Center for Deployment Psychology also offers equivalent training in CPT without consultation (deploymentpsych.org).

Q. What is the theoretical 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 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 as a treatment for PTSD in the Military Health System (MHS)?

A. **Yes.** The *2017 VA/DoD Clinical Practice Guideline (CPG) for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder* gives a “Strong For” strength of recommendation for individual, manualized trauma-focused psychotherapies that have a primary component of exposure and/or cognitive restructuring, including CPT.

The MHS relies on the VA/DoD 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 have substantiated 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) and Cochrane.

- AHRQ: A 2018 systematic review update of psychological and pharmacological treatments for adults with PTSD found that CPT reduced PTSD symptoms, with a moderate strength of evidence, based on five trials with a total of 399 participants (Forman-Hoffman et al., 2018).
- Cochrane: A 2013 systematic review (Bisson et al.) supports the efficacy of individual and group trauma-focused cognitive behavioral therapy. The review does not differentiate between different types of trauma-focused CBT.

Q. What conclusions can be drawn about the use of CPT 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

Bisson, J., Roberts, N. P., Andrew, M., Cooper, R., & Lewis, C. (2013). Psychological therapies for chronic post-traumatic stress disorder (PTSD) in adults. *Cochrane Database of Systematic Reviews*, 12, CD003388.

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Forman-Hoffman, V., Cook Middleton, J., Feltner, C., Gaynes, B. N., Palmieri Weber, R., Bann, C., ... Green, J. (2018). *Psychological and pharmacological treatments for adults with posttraumatic stress disorder: A systematic review update* (AHRQ Publication No. 18-EHC011-EF). Rockville, MD: Agency for Healthcare Research and Quality.

