Cognitive Processing Therapy (CPT) for Posttraumatic Stress Disorder

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Q: What is cognitive processing therapy?

A: Cognitive processing therapy (CPT) is a type of trauma-focused cognitive behavioral therapy (CBT) developed to treat posttraumatic stress disorder (PTSD) and related conditions (Resick et al., 2008). CPT is manualized and typically consists of 12 weekly or twice weekly sessions which last 60 minutes each. CPT targets unhelpful beliefs that might be keeping an individual "stuck" and prolonging their trauma response. Since its initial development, CPT has been adapted to address the experiences of military personnel and veterans and incorporate considerations of military culture (Resick et al., 2008; Resick et al., 2020; Monson et al., 2015). CPT can also be delivered in multiple formats and modalities, including group, in-home, telehealth, and alternate timeframes (e.g., "massed" CPT, a five-day mixed individual and group approach; Morris et al., 2023; Morland et al., 2015; Peterson et al., 2022).

Q: What is the theoretical model underlying CPT?

A: CPT is based on social cognitive theory and emotional processing theory (Lang, 1977; Resick et al., 2008). In the context of PTSD, social cognitive theory focuses on attempts to make sense of a traumatic event in a manner that helps an individual regain a sense of control and mastery over their lives. Emotional processing theory, an extension of information processing theory, posits that PTSD emerges due to the fear elicited by reminders of the trauma. This leads the person to try and escape and avoid those memories and the associated emotions, which prevents them from processing the event (Foa et al., 1989). This fear is then generalized to multiple areas of an individual's life and contributes to reduced functioning and more impairing symptoms. In its application of these theories, CPT characterizes PTSD as a disorder of "non-recovery," in which natural emotions and responses to the trauma are avoided and erroneous beliefs about the event contribute to this avoidance (Resick et al., 2008). CPT reduces avoidance by helping the patient identify and challenge erroneous beliefs related to the trauma so that natural emotions may be expressed and more accurate and helpful beliefs may be developed.

Q: Is CPT recommended as a treatment for PTSD in the Military Health System (MHS)?

A: Yes.
The 2023 VA/DOD Clinical Practice Guideline (CPG) for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder recommends CPT for the treatment of PTSD with a "Strong For" strength of recommendation.

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 as a treatment for PTSD?

A: Yes. The American Psychological Association (APA) and National Institute for Health and Care Excellence (NICE) in the United Kingdom both recommend CPT for PTSD. No relevant Cochrane reviews have been found since this brief was last published.

Other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. Most notable of these organizations is Cochrane — an international network that conducts high-quality reviews of healthcare interventions.

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

A: CPT is recommended as an initial 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.

References

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