

Cognitive Behavioral Psychotherapies for PTSD

Presented by

National Center
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PTSD
Posttraumatic
Stress Disorder



Candice M. Monson, Ph.D.

Deputy Director of the Women's Health Sciences Division, National Center for PTSD

Associate Professor, Psychiatry, Boston University School of Medicine

Introduction

There are effective psychotherapy treatments for PTSD.



Introduction

Cognitive behavioral therapy (CBT)

- ▶ CBT is a broad class of interventions
- ▶ Prolonged exposure (PE) and cognitive processing therapy (CPT) are two cognitive behavioral therapies consistently shown to be effective treatments for PTSD

Introduction

Numerous practice guidelines confirm the effectiveness of CBT treatments for PTSD

- The Institute of Medicine (IOM), VA/DoD and ISTSS Clinical Practice guidelines unanimously recommend CBT for PTSD
- Some practice guidelines point to the effectiveness of EMDR
- This talk will focus on the consensus of the guidelines which is CBT

Learning Objectives

- 1.** Understand theoretical underpinnings of CPT and PE
- 2.** Be aware of the evidence for the use of PE and CPT in treating PTSD
- 3.** Be familiar with the components of PE and CPT

Cognitive Behavioral Treatments

General components

- ▶ Psycho-education
- ▶ Anxiety management
- ▶ Exposure
- ▶ Cognitive restructuring



Prolonged Exposure (PE)

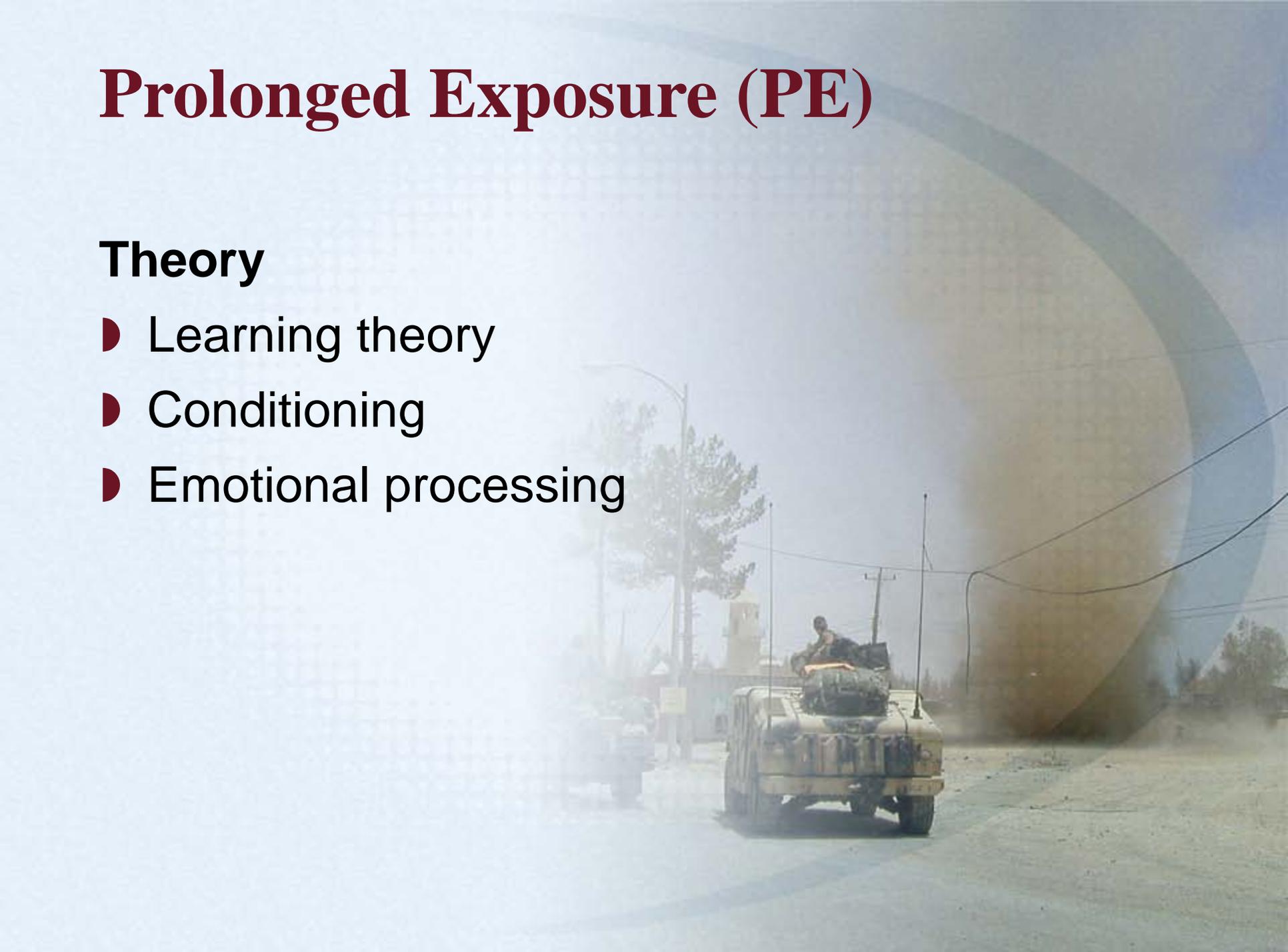
What is it? Individual therapy in four phases

1. Psycho-education: Patient learns about trauma and PTSD
2. Breathing skills: Learns to manage anxiety
3. In vivo exposure: Confronts feared stimuli in real life
4. Imaginal exposure: Involves mental exposure to trauma by repeated telling of memories

Prolonged Exposure (PE)

Theory

- ▶ Learning theory
- ▶ Conditioning
- ▶ Emotional processing



Prolonged Exposure (PE)

Empirical support

- Numerous randomized controlled studies on PE with:
 - Rape victims
 - Child sexual abuse victims
 - Assault victims
 - Female veterans

Cognitive Processing Therapy (CPT)

What is it? Individual (or group) therapy in four phases

1. Education about PTSD, thoughts and emotions
2. Processing trauma (with or without account)
3. Challenging thoughts
4. Cognitive restructuring

Cognitive Processing Therapy (CPT)

Empirical support

- Four randomized controlled clinical trials
 - Rape victims
 - Childhood sexual abuse victims
 - Veterans who suffered military traumas
 - Rape and physical assault victims

Check On Learning

The following slide is an optional interactive exercise intended to solidify your understanding of the components of PE and CPT.

Activity: Components of PE and CPT

Drag each component to the corresponding box to indicate the order for Prolonged Exposure (PE) therapy and Cognitive Processing Therapy (CPT) components.
or skip this

- Challenging thoughts
- In vivo exposure
- Education about PTSD, thoughts and emotions
- Mental exposure to trauma by repeated telling of memories
- Cognitive restructuring
- Patient learns about trauma and PTSD
- Processing trauma (with or without account)
- Breathing skills

Components of CPT

-
-
-
-

Components of PE

-
-
-
-

[Continue](#)

[Or Skip Exercise](#)

Patient John Smith

His trauma (based on a true story)

- ▶ John is a 26-year-old Iraq veteran diagnosed with PTSD, major depressive disorder, and substance abuse
- ▶ John's most traumatic event was witnessing the death of an eight-year-old boy being blown up by an improvised explosive device (IED)

Patient John Smith

His symptoms

- ▶ Distant from wife and young son
- ▶ Yelling and angry outbursts
- ▶ Not sleeping
- ▶ Nightmares
- ▶ Images of the boy's death
- ▶ Constantly worried about his son's safety
- ▶ Avoiding his thoughts and feelings
- ▶ Feeling incompetent
- ▶ Feeling weak for having PTSD symptoms

PE with John Smith

What is the goal for John?

- ▶ Through the retelling of the boy's death (exposure), John will learn to confront the trauma memory and begin to feel differently about the event, leading to a decrease in levels of anxiety and other PTSD symptoms (habituation)

Other goals

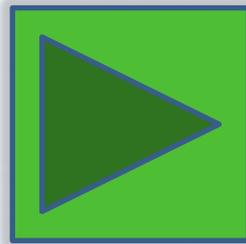
- ▶ Organize memory
- ▶ Differentiate between “remembering” and “being re-traumatized”
- ▶ Increased mastery and sense of control

PE with John Smith

- ▶ In vivo exposure
 - Going out to open areas
 - Playing with children
- ▶ Imaginal exposure
 - Talking about death of boy
- ▶ Processing of exposure
 - Sharing experience
 - Observing decreased anxiety
- ▶ Hot spots
 - Focusing on distressing memory

PE Example (Imaginal Exposure)

Click the play button to listen to a sample prolonged exposure session with Stephanie, an Iraq war veteran



Or skip to:

- [Tips for conducting a PE session](#)
- [Next section: CPT](#)

PE Example (Imaginal Exposure)



When finished listen to [tips for conducting a PE session](#)

or

Skip to section: [Cognitive Processing Therapy](#)

Tips for Conducting PE

- ▶ Collect a SUDS every five minutes
 - Monitor how habituation is coming along
- ▶ Shape the client toward using the present tense and “I” language
- ▶ Make supportive comments
 - Encourage continuation of the emotional engagement

CPT with Mr. John Smith

What is the goal for John?

- For him to make a different appraisal of the boy's death by writing about it, and challenging his thoughts about his role in the boy's death

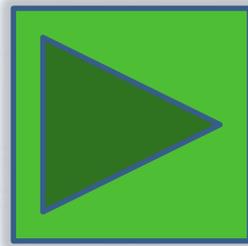
CPT with Mr. John Smith

Example of treatment

- Reading the account
- Identifying stuck points
- Finding alternative ways of thinking
- Feeling differently
- Outcome

CPT Example (Imaginal Exposure)

Click the play button to listen to a sample cognitive processing therapy session with Stephanie, an Iraq war veteran



Or skip to:

- [Tips for conducting a CPT session](#)
- [Next section](#)

CPT Example (Imaginal Exposure)

When finished listen to [tips for conducting a CPT session](#)

or

[Click to the next section](#)

Tips For Conducting CPT

- Work collaboratively with the client
- Put the traumatic event back into its context
- Consolidate the work on the stuck point
- Gradually turn the therapy over to the client

PE or CPT?

Which therapy to use?

- Not a lot is known about treatment matching
- Most important is to use evidence-based therapy
- Dropout rates are similar
- Therapist comfort
- Patient preference

Concerns About Trauma-Focused Therapies

- Not “Who is appropriate?”
- But “Who is **not** appropriate?”
 - Unsafe substance use
 - Imminent suicidality or homicidality
 - Uncontrolled psychotic or bipolar disorder
- Underestimating clients
- Symptom worsening
- Bringing trauma memories under client’s control
- Importance of adherence

Group or Individual Treatment?

- ▶ CPT: Support for individual and group formats
 - CPT
 - CPT-C
- ▶ PE: Support for individual format

A Word About Manuals

- ▶ Not cookbooks
- ▶ Therapist can control style
- ▶ Ongoing consultation essential



VA Rollouts

- ▶ The VA's Office of Mental Health Services launched national program
 - Ensures every facility is able to provide PE and CPT to their patients

Conclusion

- ▶ Clearly cognitive-behavioral treatments are proven evidence-based treatments for PTSD
- ▶ PE and CPT the most consistently recommended
- ▶ Training initiatives exist for clinicians wanting to learn PE and CPT

Resources

- ▶ Randomized trial of prolonged exposure for posttraumatic stress disorder with and without cognitive restructuring: Outcome at academic and community clinics. Foa et al, 2005.
- ▶ Cognitive behavioral therapy for posttraumatic stress disorder in women: A randomized controlled trial. Schnurr et al, 2007.
- ▶ Cognitive processing therapy for veterans with military-related posttraumatic stress disorder. Monson et al, 2006.
- ▶ A randomized clinical trial to dismantle components of cognitive processing therapy for posttraumatic stress disorder in female victims of interpersonal violence. Resick et al, 2008.
- ▶ A comparison of cognitive processing therapy with prolonged exposure and a waiting condition for the treatment of chronic posttraumatic stress disorder in female rape victims. Resick et al, 2002.
- ▶ COLLAGE website on the VA intranet
 - <http://vaww.collage.research.med.va.gov/collage/cpt/>