What is Cognitive Processing Therapy?

Cognitive Processing Therapy (CPT) is a short-term cognitive-behavioral therapy for PTSD and related conditions. In CPT, the clinician helps the client examine the impact of a traumatic event on his/her life and helps to challenge and change unhelpful thoughts related to the event, as well as beliefs about one’s self, others, and the world.

The theory behind CPT conceptualizes PTSD as a disorder of interrupted recovery. Posttraumatic symptoms in the wake of traumatic events are normal and, for most people, tend to resolve over time. However, for those with PTSD, the recovery process has stalled and CPT provides the opportunity to get “unstuck.” After experiencing a trauma, it is common to want to avoid thinking about the trauma and/or feeling emotions related to it. This avoidance limits one’s opportunity to make sense of the traumatic event and to experience the natural emotions related to it. This avoidance limits one’s opportunity to make sense of the traumatic event and to experience the natural emotions related to it, which contributes to the development of PTSD. CPT teaches clients to identify what they are saying to themselves about the trauma and the consequences of the trauma. These specific thoughts are termed “Stuck Points.” Clients then learn skills to examine and challenge their Stuck Points with increasing independence in order to develop a healthier approach to their thoughts and emotions.

What is involved in CPT?

CPT is a short-term, time-limited, evidence-based psychotherapy that typically consists of 8-15 sessions. CPT can be delivered in weekly or twice weekly individual (50 minutes), group (typically 90 minutes), or combined individual and group settings. CPT may or may not involve a written account of the traumatic event. The clinician and client decide whether to include the written account prior to beginning treatment. The primary focus of CPT is one’s thoughts about the trauma (interpretations of why it happened and the implications of it), which means that the details of the trauma may not need to be discussed in order for the client to experience a decrease in PTSD symptoms.

At the start of CPT, the clinician provides psychoeducation about PTSD and cognitive theory. Clients are asked to write a brief statement describing why they think the trauma occurred and the impact the trauma has had on how they think about themselves and the world. Stuck Points are then identified and compiled on a Stuck Point log, which serves as a reference throughout treatment. Socratic Dialogue, an essential practice in CPT, is an approach involving the clinician asking

For whom is CPT effective?

CPT is effective in treating PTSD across a variety of populations and types of trauma. CPT has worked well for individuals who have experienced combat, sexual, or childhood trauma, as well as multiple traumas. Research on CPT has demonstrated success with individuals presenting with a wide range of co-occurring conditions, including depression, substance abuse, personality disorders, and traumatic brain injury.
What are the goals of CPT?

Reflect.
- Improve your understanding about PTSD
- Examine the impact of the trauma on thoughts and feelings
- Decrease avoidance and emotional numbing

Redefine.
- Learn skills to evaluate thinking
- Consider alternative viewpoints of the trauma, oneself, and the world

Recover.
- Reduce your level of distress related to your memories of the trauma
- Reduce feelings of anxiety, anger, guilt, and shame
- Improve day-to-day living