



Cognitive Processing Therapy

Fact Sheet for Clinicians

The Department of Veterans Affairs (VA) offers Cognitive Processing Therapy (CPT). This effective treatment, with a protocol tailored to the needs of Veterans, is available throughout the VA.

Discussing CPT with your client:

- CPT is a highly effective treatment for individuals with PTSD and related problems.
- Research has shown that engagement in CPT results in a reduction in PTSD symptoms over the course of treatment and in the long-term.
- While it may be uncomfortable to focus on the thoughts and feelings related to trauma, clients should be reminded that the trauma is in the past and is not occurring now. When clients stop avoiding the trauma memory, they have an opportunity to make positive change.
- Clients who complete CPT report benefits that extend beyond reduced PTSD symptoms, including improved mood, increased engagement in meaningful activities, and better quality of life.

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, 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.

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 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

questions to help clients examine their own thinking. Worksheets are employed to build the skills necessary to identify thoughts and feelings related to the trauma and to learn to question thoughts by examining the evidence and the context and by looking for patterns of problematic thinking (such as jumping to conclusions and mind-reading). In CPT, the initial focus of treatment is on examining Stuck Points

related to how the client views the trauma itself in light of prior beliefs (*assimilated Stuck Points*). Later, the focus shifts to examining beliefs about oneself, others, or the world that may have undergone a dramatic change as a result of the traumatic experience (*over-accommodated Stuck Points*). In the second half of CPT, modules are introduced based on themes that relate to areas of thinking that are

often disrupted by experiences of trauma: safety, trust, power/control, esteem, and intimacy. At the end of CPT, the client is asked to reflect on how he/she currently thinks about the trauma by writing a final impact statement, which serves as a means of helping the client see how his/her thinking has changed during the course of CPT.

References

- Bass, J. K., Annan, J., McIvor Murray, S., Kaysen, D., Griffiths, S., Cetinoglu, T., ... & Bolton, P.A. (2013) Controlled trial of psychotherapy for Congolese survivors of sexual violence. *New England Journal of Medicine*, 368, 2182–2191.
- Chard, K. M. (2005). An evaluation of cognitive processing therapy for the treatment of posttraumatic stress disorder related to childhood sexual abuse. *Journal of Consulting and Clinical Psychology*, 73, 965–971.
- Chard, K. M., Ricksecker, E. G., Healy, E. T., Karlin, B. E. & Resick, P. A. (2012). Dissemination and experience with cognitive processing therapy. *Journal of Rehabilitation Research & Development*, 49, 667–678.
- Galovski, T. E., Blain, L. M., Mott, J. M., Elwood, L. & Houle, T. (2012). Manualized therapy for PTSD: Flexing the structure of cognitive processing therapy. *Journal of Consulting and Clinical Psychology*, 80, 968–981
- Haagen, J.F. G., Smid, G. E., Knipscheer, J. W. & Kleber, R. J. (2015). The efficacy of recommended treatments for veterans with PTSD: A meta-regression analysis. *Clinical Psychology Review*, 40, 184–194.
- Monson, C. M., Schnurr, P. P., Resick, P. A., Friedman, M. J., Young-Xu, Y. & Stevens, S. P. (2006). Cognitive processing therapy for Veterans with military-related posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 74, 898–907.
- Resick, P.A., Galovski, T.A., Uhlmansiek, M. O., Scher, C.D., Clum, G. A. & Young-Xu, Y. (2008). A randomized clinical trial to dismantle components of cognitive processing therapy for posttraumatic stress disorder in female victims of interpersonal violence. *Journal of Consulting and Clinical Psychology*, 76, 243–258.
- Resick, P.A., Monson, C. M. & Chard, K. M. (2017) *Cognitive Processing Therapy for PTSD: A Comprehensive Manual*. New York: Guilford Press.
- Resick, P. A., Williams, L. F., Suvak, M. K., Monson, C. M. & Gradus, J. L. (2012). Long-term outcomes of cognitive-behavioral treatments for posttraumatic stress disorder among female rape survivors. *Journal of Consulting and Clinical Psychology*, 80, 201–210.
- Resick, P. A., Wachen, J. S., Mintz, J., Young-McCaughan, S., Roache, J. D., Borah, A. M. & Peterson, A. L. (2015). A randomized clinical trial of group cognitive processing therapy compared with group present-centered therapy for PTSD among active duty military personnel. *Journal of Consulting and Clinical Psychology*, 83, 1058-1068.
- Resick, P. A., Wachen, J. S., Dondanville, K. A., Pruiksma, K. E., Yarvis, J. S., Peterson, A. L., ... & Litz, B. T. (2017). Effect of Group vs Individual Cognitive Processing Therapy in Active-Duty Military Seeking Treatment for Posttraumatic Stress Disorder: A Randomized Clinical Trial. *JAMA Psychiatry*, 74, 28–36.

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

Reflect. Redefine. Recover.



U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Mental Health & Suicide Prevention

Consult with your Local Evidence-Based Psychotherapy Coordinator or with a CPT Regional Trainer in your area. For additional information and materials, visit the VA CPT SharePoint site: https://vawww.portal.va.gov/sites/cpt_community/default.aspx