

# Evidence-Based Psychotherapy and the Treatment of Posttraumatic Stress Disorder (PTSD) *Frequently Asked Questions*

## TRAUMA-FOCUSED PSYCHOTHERAPEUTIC INTERVENTIONS

Several clinical trials have demonstrated that trauma-focused psychotherapeutic interventions are effective for patients with PTSD. In addition, improvements seen with cognitive processing therapy and prolonged exposure have been shown to be effective 5 years post therapy.<sup>1</sup>

## COGNITIVE PROCESSING THERAPY (CPT)

The primary goal is to improve mood and behavior by deliberate and explicit efforts to modify irrational or dysfunctional thoughts, beliefs, and expectations.

- 12 sessions for 50 to 120 minutes (individual and group therapy respectively)
- Sessions are weekly or bi-weekly with homework
- 4 formats
  - CPT—Includes a written trauma account
  - CPT-Cognitive (CPT-C)—No written accounts, but includes more cognitive practice to process traumatic experiences
  - CPT or CPT-C Group—Can be combined with individual therapy sessions

## Who is a good candidate for CPT?

Many well-designed trials have demonstrated that CPT is effective at reducing PTSD symptoms, regardless of the level of chronicity or complexity of the Veteran's trauma.<sup>2-4</sup> Veterans who are willing to address their PTSD symptoms and participate in therapy are the best candidates for this treatment modality.

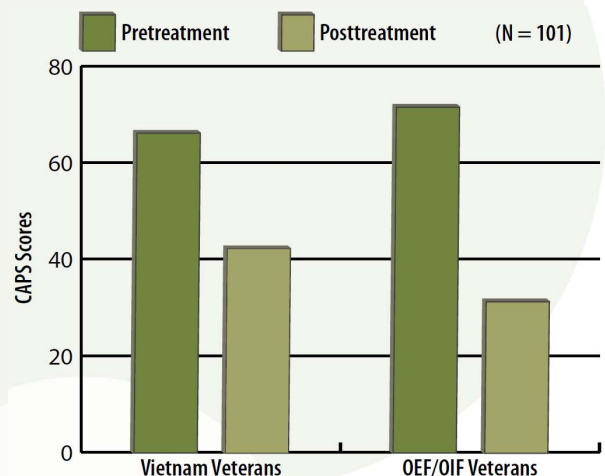
## Does CPT work for patients with chronic PTSD?

Studies indicate CPT is effective for Veterans with chronic PTSD and can lead to remission in some Veterans.<sup>2</sup>

## Does CPT work for complex patients?

Studies have demonstrated CPT reduces PTSD symptoms in Veterans with comorbid personality disorders, substance use disorders, and history of traumatic brain injury.<sup>3,5,6</sup>

A Comparison of OEF/OIF and Vietnam Veterans Receiving Cognitive Processing Therapy<sup>2</sup>



Veterans who served in combat and were admitted to outpatient treatment at a VAMC were enrolled. Only 41% of the OEF/OIF and 60% of the Vietnam Veterans met posttreatment diagnostic criteria for PTSD. CAPS = Clinician-Administered PTSD Scale  
OEF = Operation Enduring Freedom, OIF = Operation Iraqi Freedom

## PROLONGED EXPOSURE (PE)

Exposure therapy focuses on trauma-related thoughts, feelings, and situations that have been avoided due to the distress they cause. Repeated exposure to these thoughts, feelings, and situations helps reduce the power they have to cause distress. This therapy works by helping the Veteran learn that reminders of the trauma do not have to be avoided, resulting in diminished fear and arousal response over time.

- 8–15 sessions lasting 90 minutes each
- Components include education about PTSD, breathing retraining, real world (in vivo) exposure, and talking through the trauma (imaginal exposure)

### Who is a good candidate for PE?

Prolonged exposure has been shown to improve PTSD symptoms in civilian and Veteran populations.<sup>7,8</sup> Like CPT, PE has been shown to be effective at reducing PTSD symptoms in complex patient populations.<sup>9</sup>

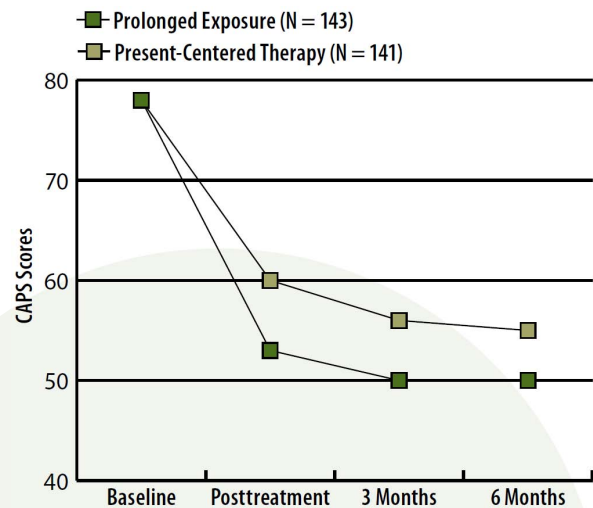
### Will my patient get worse before they get better?

Some patients may temporarily experience an increase in their level of distress and like any treatment patients should be screened prior to undergoing PE. Providers should be cautious about providing PE to patients with current significant suicide risk, substance dependency, or psychosis.<sup>10</sup> However, it should be noted that there is no literature that indicates an increase in hospitalizations secondary to trauma-focused psychotherapy.<sup>7</sup> Patients living with the threat of domestic violence should not be considered for exposure therapy until their security can be assured.<sup>10</sup>

### Can I augment medication management with PE therapy?

Starting PE therapy simultaneously with an SSRI or adding therapy for a patient already receiving an SSRI has been shown to be effective.<sup>11,12</sup> However, adding an SSRI to a PE partial responder has not been shown to provide additional benefit.<sup>13</sup>

### Prolonged Exposure and Present-Centered Therapy in Veteran and Active Duty Women<sup>7</sup>



Women who received Prolonged Exposure (PE) experienced a greater reduction in PTSD symptoms (effect size 0.27;  $P = 0.3$ ). They were also more likely than the present-centered therapy (PCT) group to no longer meet PTSD diagnostic criteria (41% vs. 28% respectively) and a total of 15% of PE vs. 7% of the PCT achieved total remission. CAPS = Clinician-Administered PTSD Scale

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