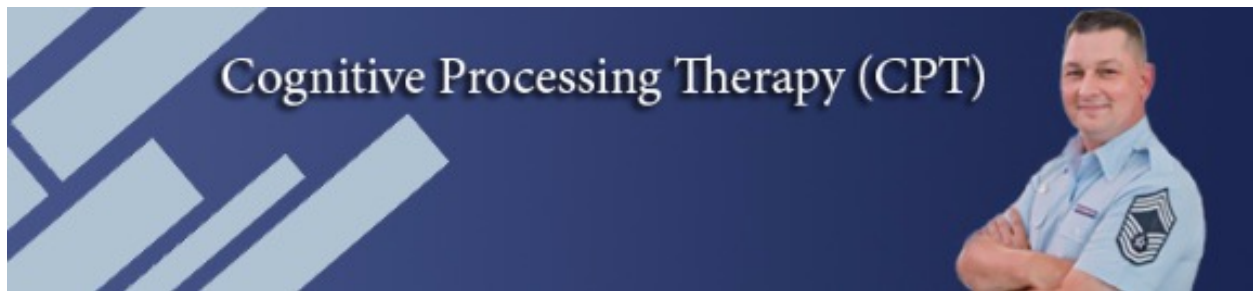


Cognitive Processing Therapy (CPT)



Cognitive Processing Therapy (CPT) is an evidenced-based manualized treatment protocol that has been found effective for the treatment of post-traumatic stress disorder (PTSD) and other corollary symptoms following traumatic events. It focuses on how the traumatic event is construed and coped with by a person who is trying to regain a sense of mastery and control in his or her life.

Typically conducted as a 12 session protocol with a recommended follow-up session around 30 days after the end of treatment, it helps to consider the overall therapy in terms of phases of treatment.

The first phase consists of assessing the appropriateness of the individual for CPT (PTSD diagnosis, treatment priorities, etc.)

The early phase of treatment focuses on psycho-education – consistent with the theoretical orientation of cognitive-behavioral theory, the client and therapist operate as a team and the client is fully apprised of all facets of his/her recovery.

In CPT, cognitive therapy techniques are utilized to focus on faulty thought related to traumatic events. It is theorized that individuals who develop PTSD following an exposure to a traumatic event experience significant disruptions in preexisting beliefs. These disrupted beliefs are manifested in inaccurate self-statements that interrupt or “stall” the normal recovery process.

Processing the trauma involves identifying and allowing for the dissipation of the natural emotions related to the trauma as well as identifying those thoughts that are preventing recovery. These inaccurate statements are referred to as “stuck points” because they tend to keep the individuals “stuck” in PTSD and prohibit the recovery to normal functioning. After identifying stuck points, CPT therapists then delve more deeply into the cognitive component of the therapy by beginning to challenge identified stuck points through the use of open-ended questions, focusing initially on thoughts about self-blame and the patients attempts to go back and “rewrite” or undo the actual event. Examples of stuck points could be “if I had only done X, then Y would not have happened,” “I always knew people in authority shouldn’t be trusted” or as a result of the traumatic event “I can’t trust anyone.”

This cognitive restructuring process continues while honing cognitive techniques in identifying stuck points in larger trauma themes such as beliefs around safety, trust, power and control, self-

esteem, and intimacy. In this stage of therapy, the patient really takes over the reins in session and becomes his/her own therapist with the clinician acting in more of a consultant role.

Finally, a review of the therapeutic journey and planning for the future including relapse prevention marks the conclusion of the therapy.

CPT can be conducted in both individual and group settings or a combination of the two.

In addition to treating past trauma, CPT may be a particularly effective treatment for military personnel who plan to reenter combat zones in the future. Service members learn skills during the course of CPT that may be helpful when facing traumatic events in subsequent deployments. Many in the military often fear that treatment will reduce the survival skills necessary for combat, such as hyper-vigilance. One potential outcome of CPT is that patients learn to differentiate between dangerous (combat) and safe (civilian) situations. A goal of CPT is for service members to retain hyper-vigilance for dangerous situations but gain more mastery over when not to employ those skills.

The nature of war necessarily requires service members to be often in the position of not only being victimized but also having to commit acts of violence. Although this may be an expectation of war, it is still often a focus of treatment, especially when acts of violence were either intentionally or unintentionally directed toward members of society (e.g. civilian women and children). These acts may result in extreme cognitive and emotional distress, which may disrupt core beliefs about oneself and the world. CPT seeks to directly address related stuck points and help service members reconcile these internal conflicts.