CPT Cognitive Processing Therapy

EMPIRICAL SUPPORT FOR CPT

23 published randomized controlled trials (RCTs) of CPT

Traumas

- Rape
- Child Sexual abuse
- Physical Assault
- Military Sexual Trauma
- Combat

- All studies include individuals with multiple traumas

Populations

- Civilian
- Active Duty
- Veteran
- Male
- Female
- Adolescents

Locations

- U.S.
- Australia
- Germany
- Democratic Republic of Congo

Modalities

- CPT
- CPT +A
- Individual
- Group
- Combined
- Telehealth
- CPT + rTMS
- SMART-CPT
- D-CPT

Comparison conditions

- Delayed treatment
- Treatment as Usual
- Present-Centered Therapy
- Prolonged Exposure
- Dialogical Exposure Therapy
- Written Exposure Therapy
- Differing CPT modalities

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RCT INCLUSION/EXCLUSION CRITERIA

Inclusion

- PTSD diagnosis
- 18 years of age
  - Adolescents 14 and older
- At least 3 months post-trauma
- Stable psychiatric medication 1-2 months

Exclusion

- Imminent SI/HI
- Uncontrolled Mania
- Uncontrolled Psychosis
- Substance Dependence
- Severe cognitive impairment
- Current involvement in violent relationship (some studies)

***<u>Not</u> Exclusion Criteria:**

Personality Disorders, Substance Use/Abuse, Dissociation, Depression, Panic, other comorbid conditions, history of multiple traumas

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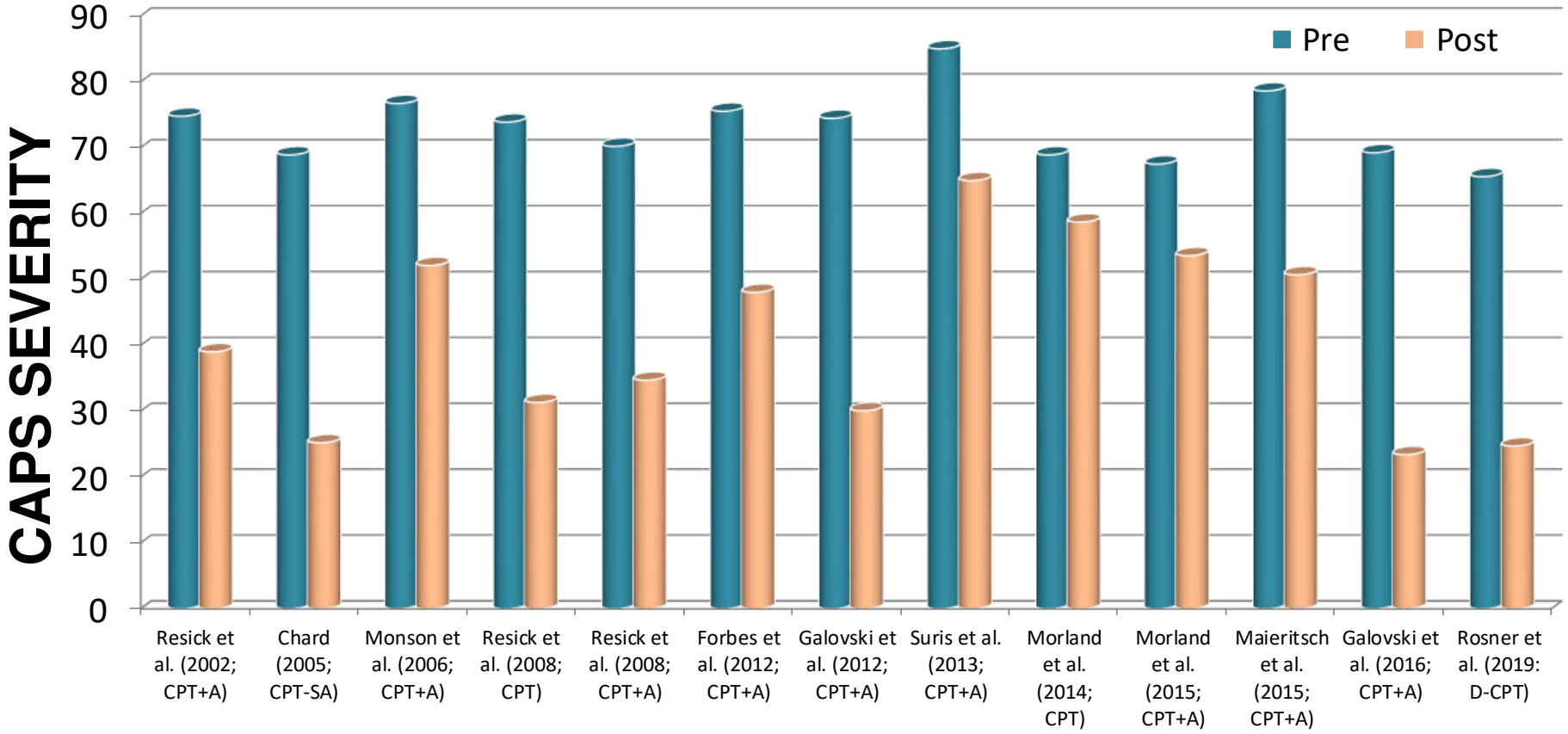
CAPS SEVERITY PRE- AND POST-TREATMENT (INTENT-TO-TREAT)



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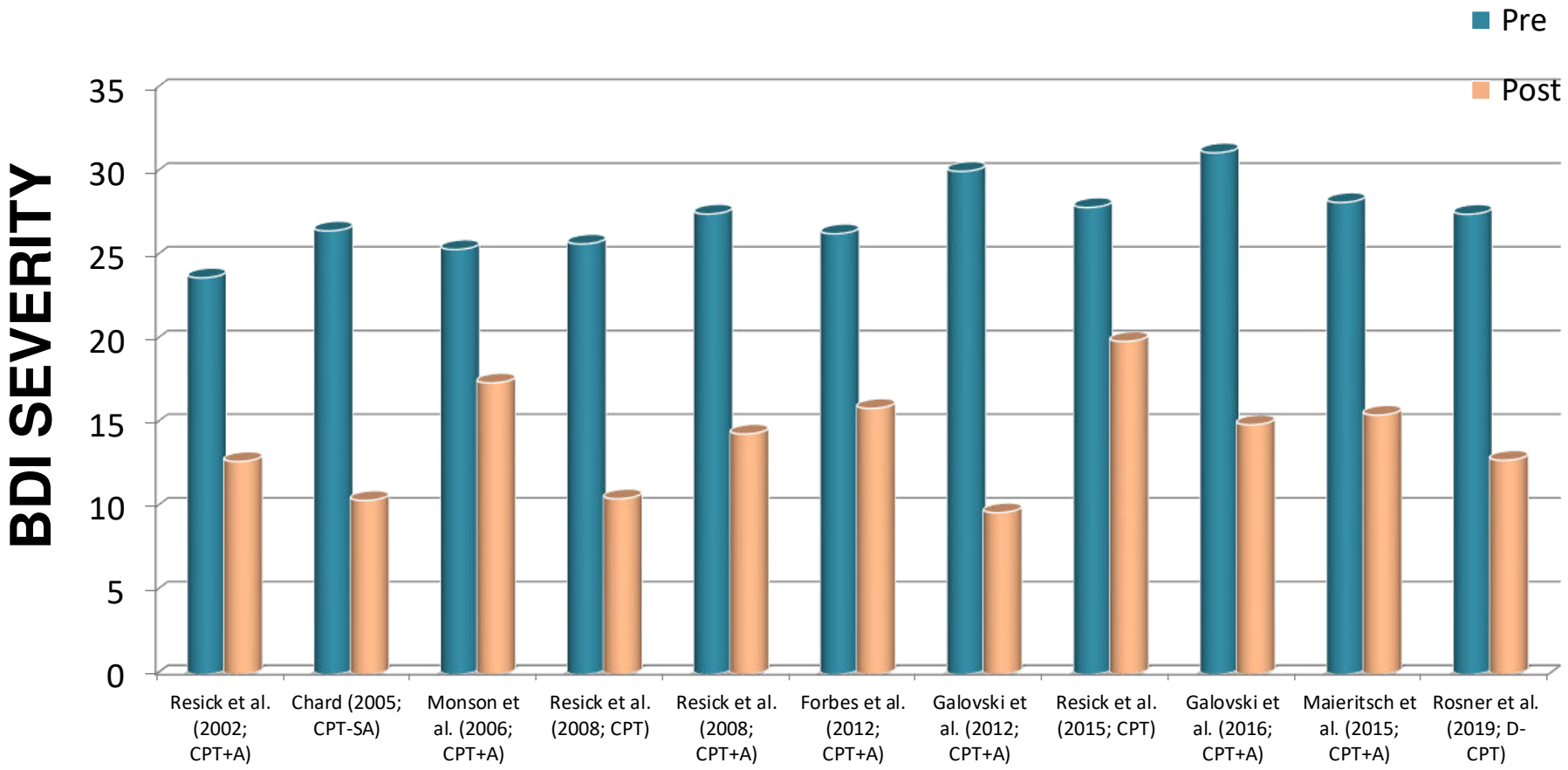
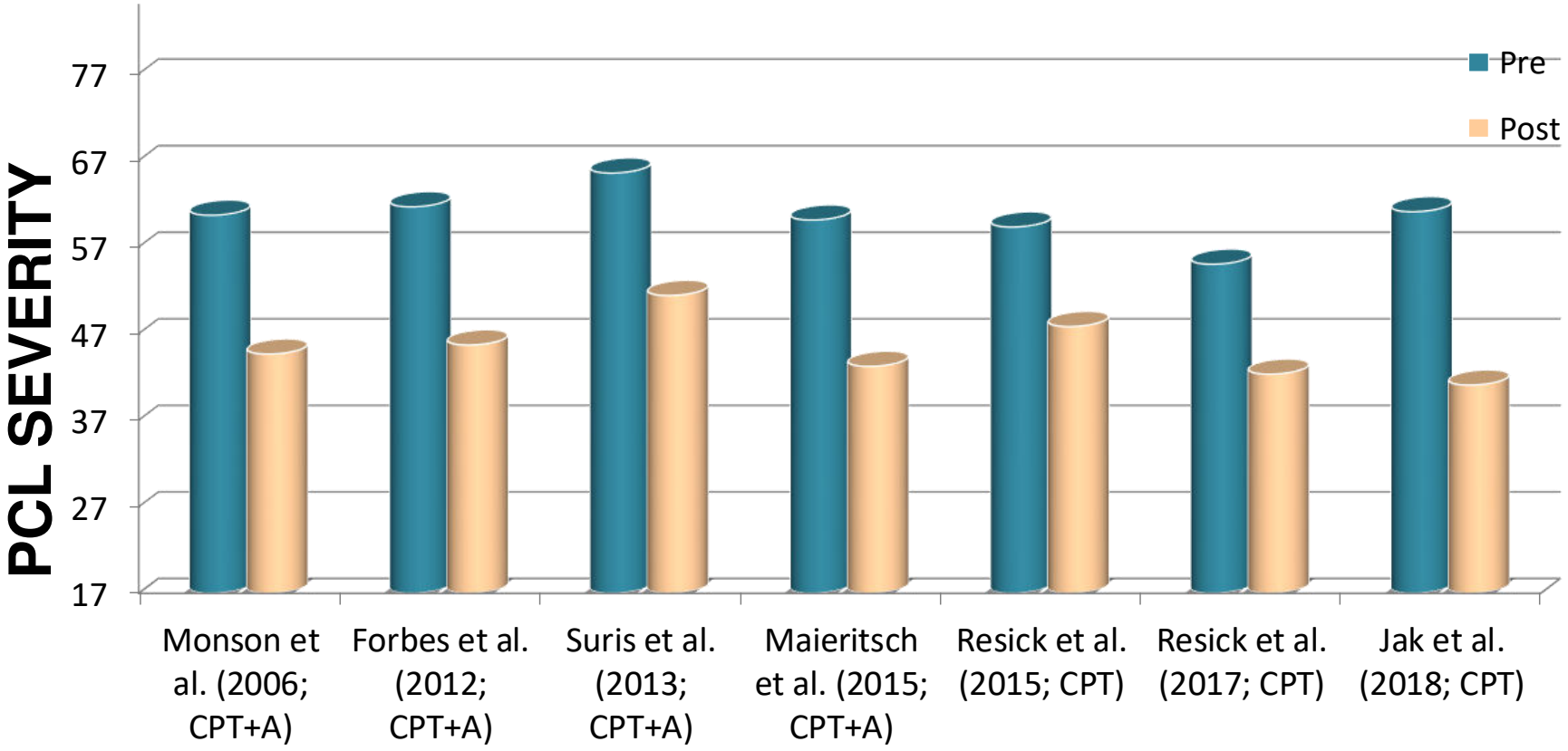
BDI SEVERITY PRE- AND POST-TREATMENT (INTENT-TO-TREAT)



Cognitive Processing Therapy

PCL SEVERITY PRE- AND POST-TREATMENT (INTENT-TO-TREAT)



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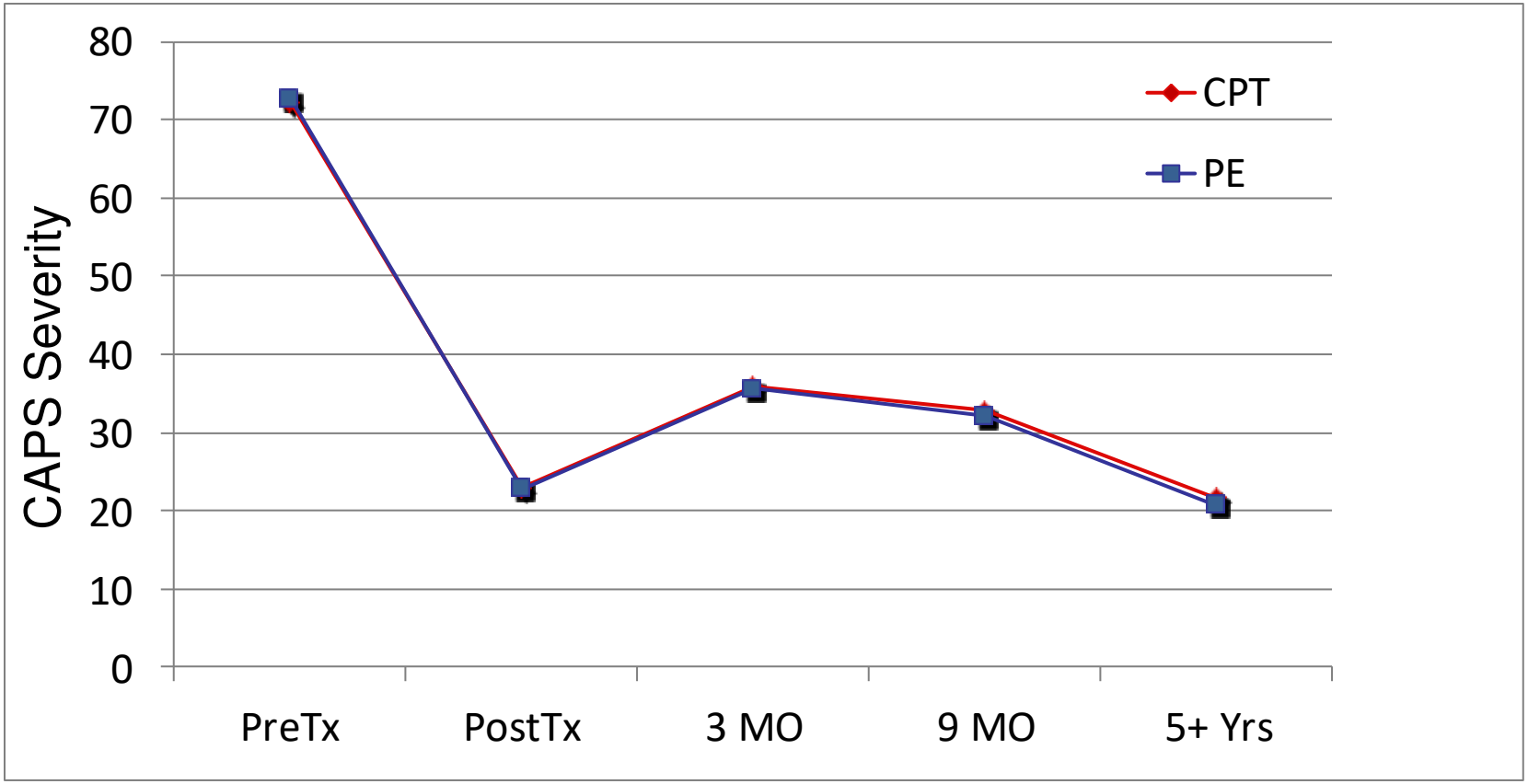
LONG-TERM OUTCOME OF CPT

(Resick et al. 2012)



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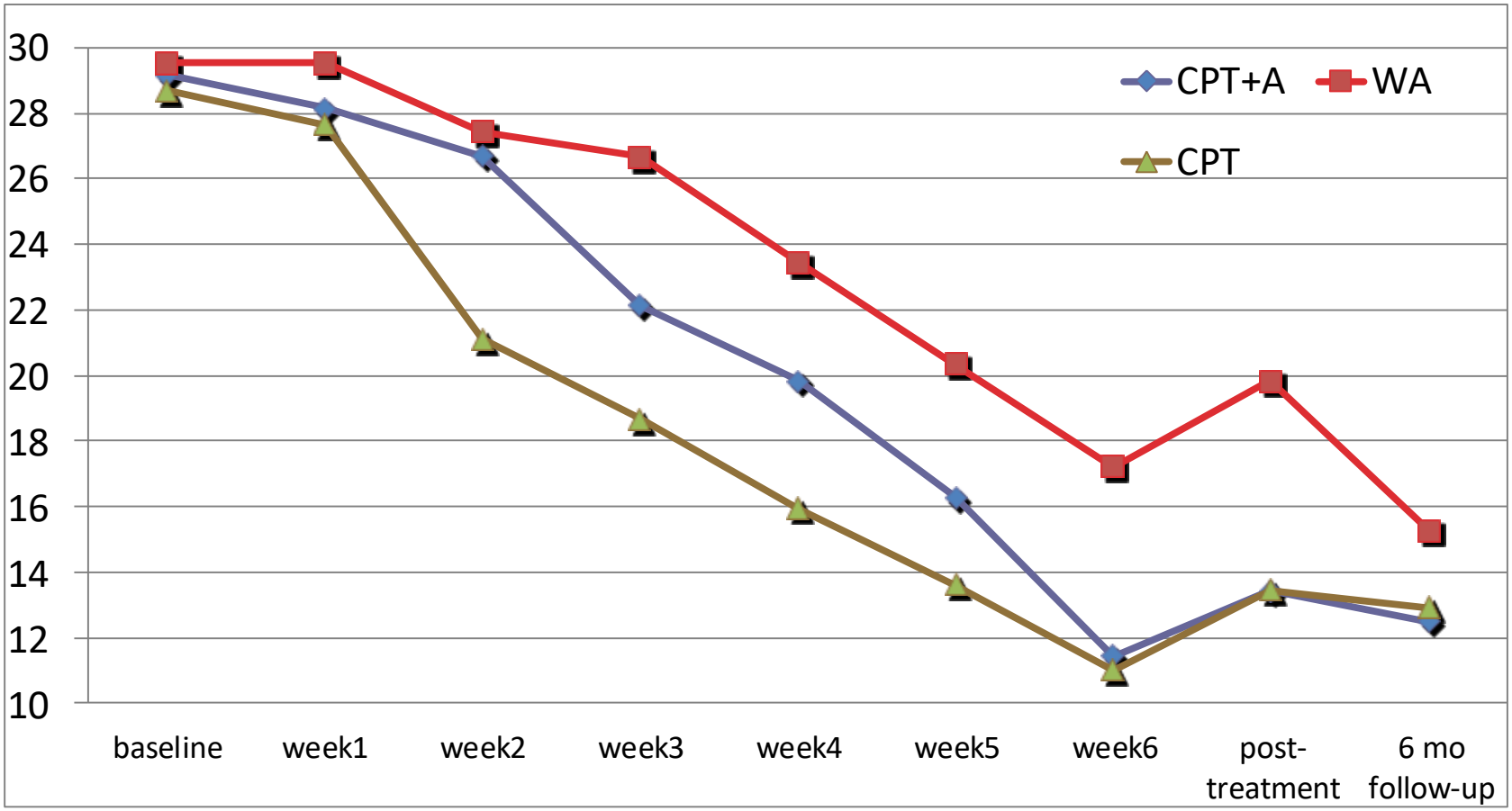
DISMANTLING STUDY

(Resick et al., 2008)

CPT+A	CPT	Written Account (WA)
• 12 sessions/60 min/2x week • Full Protocol	• 12 sessions/ 60 min/2x week • Removed the written account (2 sessions) • Extra time spent reviewing cognitive therapy components	• 7 sessions/ 1st week was two 60 minute sessions; 5, 120-min weekly sessions • 1-hour writing account • 1-hour reading/processing with therapist

RANDOM REGRESSION OF PDS



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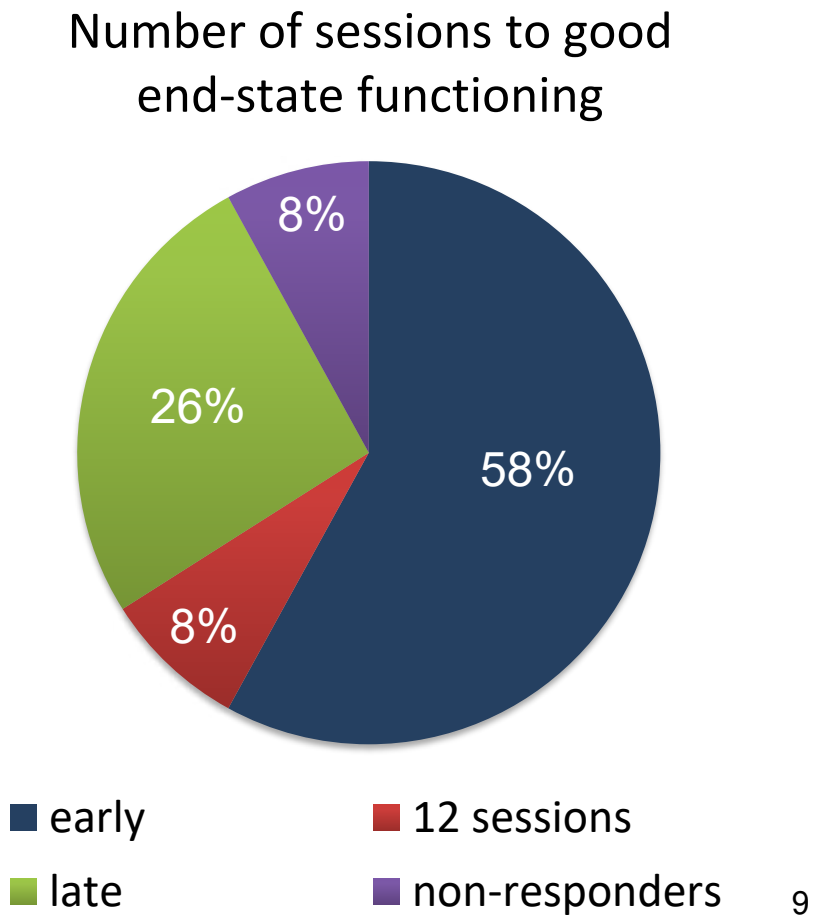
Flexible Length Study (Galovski et al 2012) Can we improve outcomes by better tailoring the dose of therapy?

- Objective: Determine how many sessions were needed to reach "good end state functioning" (i.e., PDS≤20 & BDI-II ≤ 18)
- Modified version of CPT+A
  - Treatment continued until participant reached good end state functioning
  - 18 sessions max
  - Could end before 12 sessions
  - The average was 9 sessions



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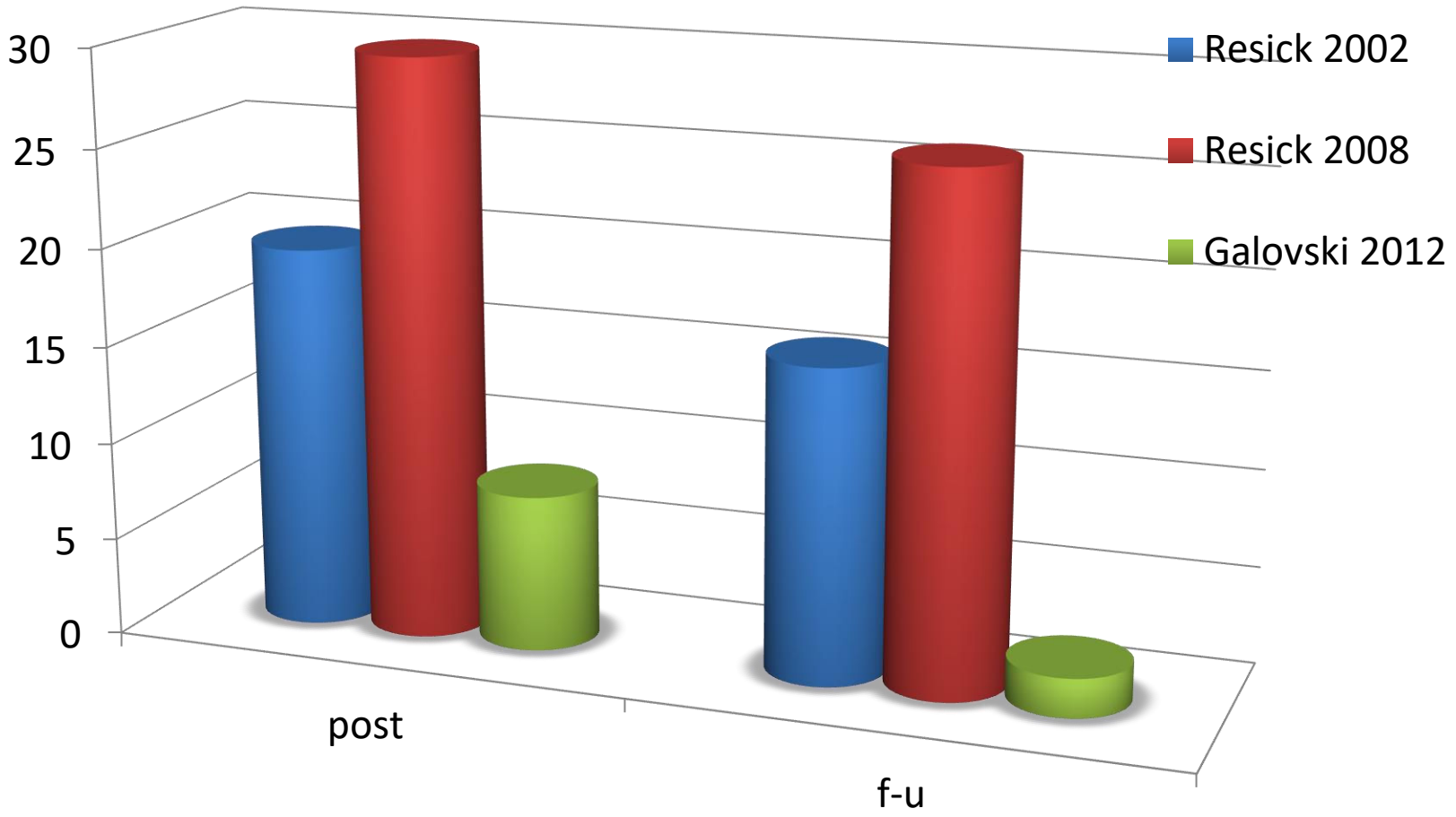
PTSD positive diagnostic status

(CAPS with CPT completers)



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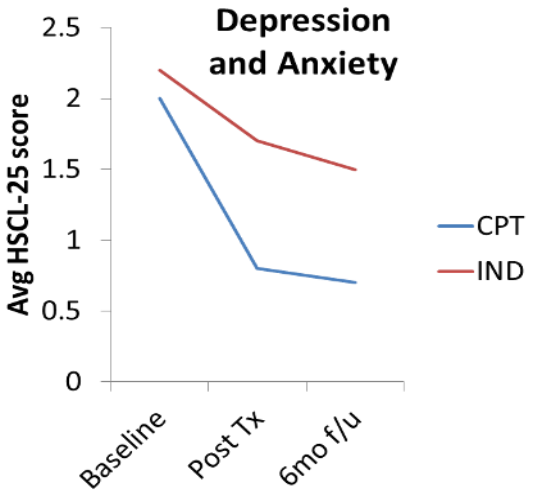
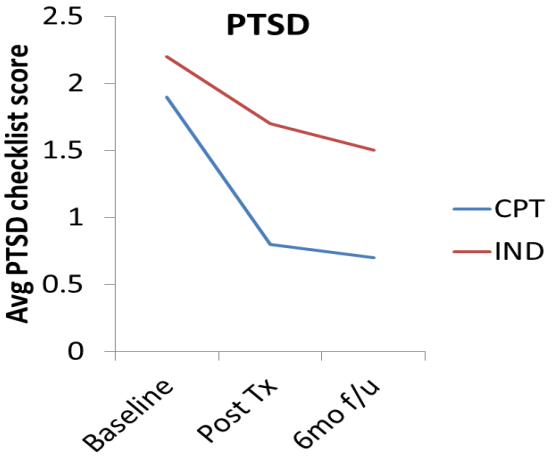
Controlled Trial of Psychotherapy for Congolese Survivors of Sexual Violence

(Bass et al., 2013)

- RCT of group CPT in the Democratic Republic of Congo
  - CPT: 7 villages (n= 157)
  - Individual Support: 8 villages (n= 248).
- Therapists had high school education or less.
- Participants were illiterate, so worksheets were simplified and participants memorized the forms and concepts.
- War was going on around them.
- Assessed pretreatment, post treatment and 6 months follow-up.





JAMA Network™

From: **Effect of Developmentally Adapted Cognitive Processing Therapy for Youth With Symptoms of Posttraumatic Stress Disorder After Childhood Sexual and Physical Abuse: A Randomized Clinical Trial**

JAMA Psychiatry. 2019;76(5):484-491. doi:10.1001/jamapsychiatry.2018.4349

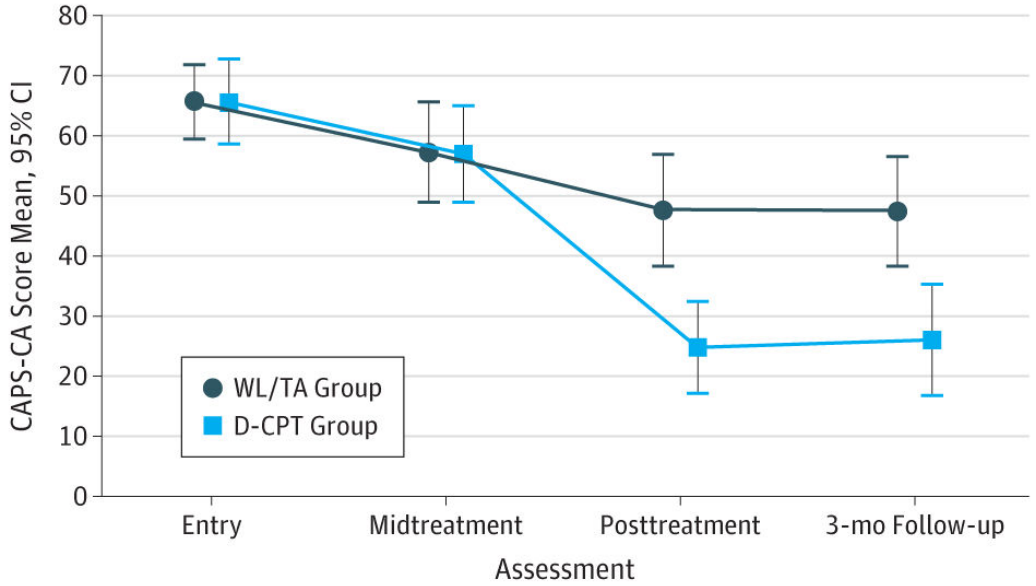


Figure Legend:

Clinician-Administered Posttraumatic Stress Disorder Scale for Children and Adolescents for DSM-IV (CAPS-CA) by Assessment PointScores for the CAPS-CA range from 0 to 136, with higher scores indicating greater severity of PTSD. D-CPT indicates developmentally adapted cognitive processing therapy; WL/TA, wait-list/treatment advice.

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PATIENT CHARACTERISTICS: IMPACT ON CPT OUTCOME?

Sex	• Men and women have similar outcomes
Race	• No differences in Tx outcome, AA women may be more likely to drop out early than White women (mixed findings)
Era	• OIF/OEF Veterans larger treatment gains, but also more likely to drop out than Vietnam Veterans, Vietnam era still significant gains
Borderline Personality Disorder	• Borderline Personality Disorder traits do not predict CPT outcome
Substance Use/Abuse	• No differences in outcome in those with current or past alcohol use disorders
TBI	• Individuals with TBI history do well in CPT, accommodations available only if needed

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CPT ENGAGEMENT

Session Timing

- More frequent sessions - better outcomes
- No evidence for less than weekly sessions

Fidelity

- Good treatment fidelity associated with greater symptom reduction
- Critical elements - Socratic Questioning skill & prioritizing assimilation before over-accommodation

Drop-outs

- About 30% discontinue early (some variability across samples)
- Not all dropouts are negative outcomes

Cognitive Processing Therapy

EBP ROLLOUT: VA CPT TRAINING PROGRAM

Training VA MH clinicians since 2006

As of June 2018, over 4800 clinicians are on CPT provider roster.

Program evaluation of PCL patient outcomes

- ITT effect size: d = **1.05**,
- Treatment completers effect size: d = **1.56**.

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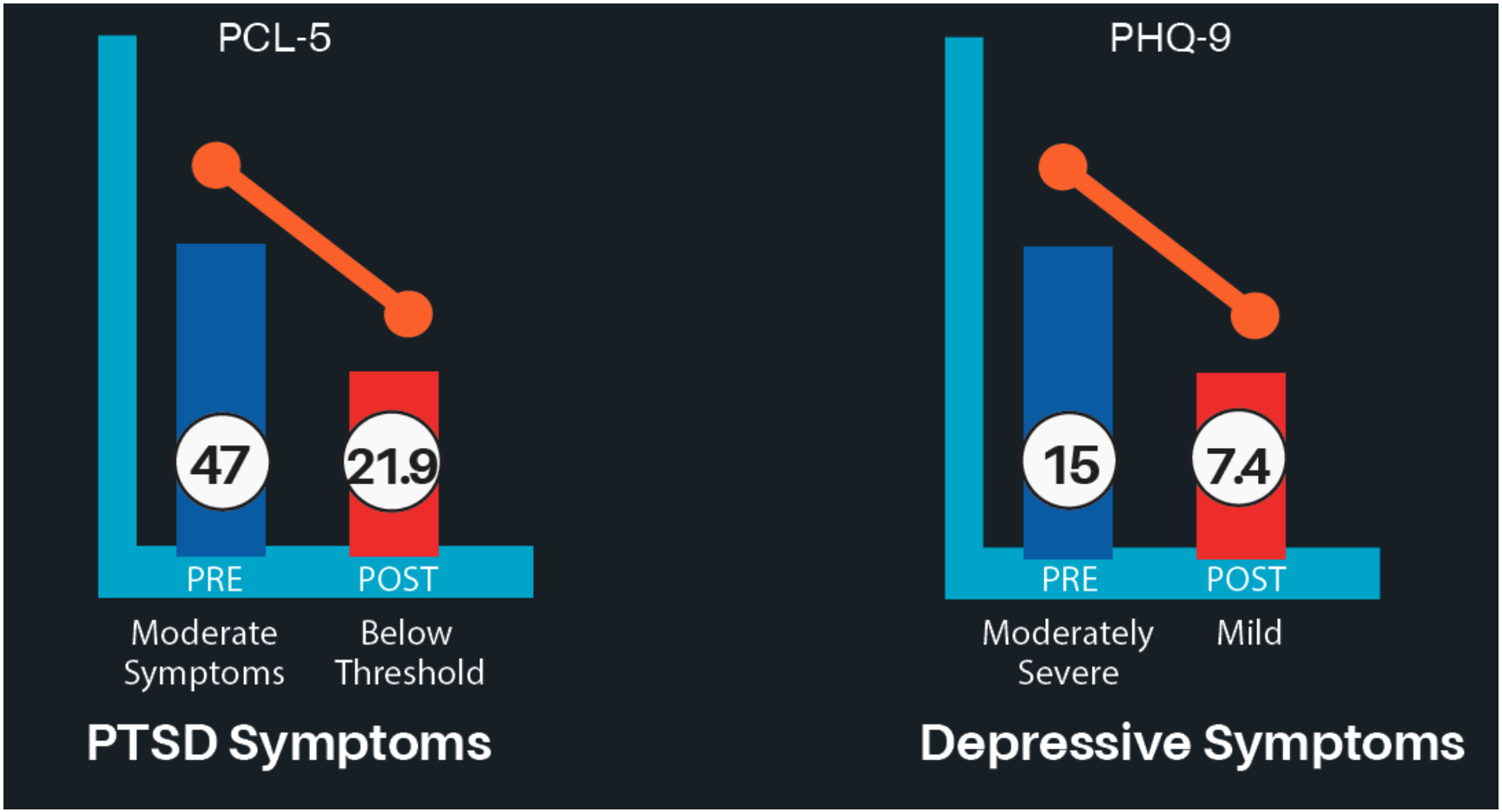
Training Initiative Providers Outcomes



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Telehealth (VTC) vs. In-person CPT Randomized Controlled Trials