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| |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | **Cognitive Processing Therapy**  Cognitive Processing Therapy (CPT) is a 12-session trauma-focused, manualized therapy that has been found effective for posttraumatic stress disorder (PTSD) and other corollary symptoms following traumatic events (Chard, 2005; Monson et al., 2006; Resick et al., 2002, 2008; Resick & Schnicke, 1992, 1993). CPT can be administered in individual or group format for patients who have experienced a range of traumatic events. The recently revised individual and group manuals included in this site reflect suggestions from almost two decades of research and clinical experience with CPT.  Developed originally for use with rape and crime victims, CPT was adapted from basic cognitive techniques explicated by Beck & Emery (1985). However, while Beckian cognitive therapy and other forms of cognitive restructuring usually focus on challenging current maladaptive beliefs, CPT begins with the trauma memory and focuses on feelings, beliefs, and thoughts which directly emanated from the traumatic event. The therapist then helps the clients examine whether the trauma appeared to disrupt or confirm beliefs prior to this experience, and how much the clients have over-generalized (over-accommodated) from the event to their beliefs about themselves and the world. Clients are then taught to challenge their own self-statements using a Socratic style of therapy (leading clients to understand their reasoning processes and beliefs through questions), and to modify their extreme beliefs to bring them into balance.  In the early stages of the cognitive therapy, the focus is typically on the client’s self-blame and attempts to undo the event after the fact (assimilation). In the final five sessions, the therapy progresses systematically through common areas of cognitive disruption: safety, trust, control, esteem, and intimacy. Over-accommodated beliefs on these themes are challenged with regard to both self and others.  A trial of CPT conducted within VHA provided some of the most compelling results thus far for the use of this particular evidence-based treatment for military-related PTSD (Monson et al., 2006). In this study, comprised of over 75% Vietnam veterans, 40% of all of the participants who were assigned to receive the treatment (intention-to-treat sample) had a remission in their PTSD at post-treatment. CPT has been recommended in the VHA’s Clinical Practice Guidelines for PTSD at the highest level, indicating “a strong recommendation that the intervention is always indicated and acceptable." | | | | https://vaww.portal.va.gov/_layouts/images/blank.gif |
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