



Comparing Cognitive Processing Therapy and Prolonged Exposure Therapy for US Veterans with PTSD



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Background

- **Approximately 20% of military personnel and veterans develop PTSD**, and those with physical injuries are 30% to 79% more likely to develop PTSD.
- Trauma-focused treatments directly address memories of the traumatic event or thoughts and feelings related to the traumatic event. Both Prolonged Exposure Therapy (PE) and Cognitive Processing Therapy (CPT) are trauma-focused treatments.
- **Both CPT and PE are known to significantly reduce PTSD symptoms** and is usually the first line of treatment for PTSD symptoms.

Purpose

- Because of this high prevalence of PTSD in combat veterans, a need was identified to deliver evidence-based psychotherapies for PTSD in Veterans Health Administration.
- Both prolonged exposure therapy (PE) and cognitive processing therapy (CPT) have been implemented into clinical practice by the Department of Veterans Affairs and were found by the Institute of Medicine to have sufficient empirical support to conclude that they are effective for treating PTSD.
- The purpose of this study is to **compare cognitive processing therapy and prolonged exposure therapy on lessening signs and symptoms of PTSD for US veterans.**

Cognitive Processing Therapy (CPT)

- CPT consists of two integrated components through writing and reading cognitive therapy and exposure in the form of about the traumatic event.
- The therapy focuses initially on distorted beliefs such as denial and self-blame and then the focus shifts to oversimplified beliefs about oneself and the world.
- The exposure component is made up of clients writing out detailed accounts of the most traumatic incidents which they then read to themselves and their therapists.
- Clients are encouraged to experience their emotions while writing and reading, and the accounts are then used to determine “stuck points”: areas of conflicting beliefs, leaps of logic, or blind assumptions (Resick et al, 2002).
- The Holliday, 2017 study reviewed 9 studies that used data from 583 participants which concluded that CPT had a large effect size from pre- to post-treatment.



Prolonged Exposure Therapy (PE)

- Prolonged Exposure Therapy forces a patient to vividly remember every detail of a traumatic experience and verbalize the memories.
- PE includes three main therapeutic components psychoeducation, in vivo exposure, and imaginal exposure.
- PE is known to significantly reduce PTSD symptoms and is usually the first line of treatment for PTSD symptoms.
- In the Rauch et al, 2009 study the design used pre- and post-treatment PTSD severity score. The veterans went through four 2-hour sessions and were required to complete 2 cases. The study displayed a decrease in PTSD signs and symptoms after PE treatment.

Common Themes Expressed by Veterans

Common Themes Expressed by Veterans in PE and CPT

Theme	Frequency in PE (n = 14)	Frequency in CPT (n = 12)
Experiences in treatment		
Self-perceived initial worsening	36%	25%
Emotionally stressful	64%	25%
Considered PE or CPT their most helpful treatment	86%	79%
Perceived mechanisms		
Understanding self/symptoms	43%	42%
Exposure/reducing avoidance	86%	33%
Changing thoughts/beliefs	26%	100%
Considered dropping out		
Due to anxiety/avoidance	93%	25%
Due to practical barriers (work, childcare, etc.)	36%	25%
Factors contributing to retention		
“I made a commitment”	26%	33%
Therapeutic relationship	50%	33%
Hope/desperation	43%	33%
Family	26%	25%
Seeing early improvements	36%	33%
Perceived significant symptom improvement		
Perceived any remaining needs after EBP	86%	92%
Fear of relapse		
Mismatch between expectations and reality	14%	25%

(Hundt, Barrera, Arney, & Stanley, 2017)

CPT & PE

- Each of these treatments has a large evidence base and is trauma-focused, which means they directly address memories of the traumatic event or thoughts and feelings related to the traumatic event which makes it an applicable study for US Veterans.
- The Watkins, Sprang, & Rothbaum, 2018 study evaluates the effectiveness of the studies through looking at other research and drawing conclusions through convenience sampling. The findings suggest that there is strong research evidence suggest that both PE and CPT should be the first line of treatment for PTSD whenever possible, considering patient preferences and values and clinician expertise (Watkins, Sprang, & Rothbaum, 2018).
- Borah et al, 2013 study sampled 103 U.S. Air Force behavioral health providers who attended either a 2-day CPT workshop or a 3-day PE workshop. Most respondents in the study found that the trainings were valuable.

Discussion

- Articles that included information on both PE and CPT in relation to PTSD suggest that both CPT and PE are effective for PTSD patients and that further studies need to be performed to provide more data on the effectiveness of each study.
- Both therapies are effective as well as the first line of treatment for veterans dealing with PTSD and with more research, US Veterans will be able to lower PTSD signs and symptoms.
- The research supporting its efficacy make it an excellent candidate for dissemination and modification for use in varied settings.
- Nurses are well positioned to provide early detection and assist veterans with access to life-saving treatment through PE and CPT.
- A nurse is a patient advocate and having knowledge about both CPT and PE and giving Veterans education about their options with these therapies allows for Veterans to get better and lessen PTSD symptoms.

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(Zawahir, 2019)