



ADVANCING HEALTH EDUCATION & RESEARCH

AVA Research Reviews provides AVA members with recent published, peer-reviewed articles in a broad array of violence and abuse topics. The goal is to highlight and disseminate violence and abuse research in a timely fashion, and to enhance healthcare providers' practice by fostering the educational mission of AVA

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AVA Research Review

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Review Title: Examining Effectiveness of Cognitive Processing Therapy for Posttraumatic Stress Symptoms Related to Military Sexual Trauma

Reviewer: Elizabeth Ann Davis Lee, PhD, APN, University of Arkansas at Little Rock

Article: Suris, A., Link-Malcolm, J., Chard, K., Ahn, C., & North, C. (2013). A randomized clinical trial of cognitive processing therapy for Veterans with PTSD related to military sexual trauma. *Journal of Traumatic Stress*, 26, 28-37.

Article Summary:

Brief Overview: Military sexual trauma includes verbal harassment and physical attack, but this study focused solely on PTSD treatment with attempted or completed rape as the primary contributing event. Veterans who experienced sexual assault

during military service are at risk for developing posttraumatic stress disorder (PTSD) symptoms that are more severe than veterans who sustained PTSD following substantial combat exposure. Feelings of betrayal and repeated contact with the perpetrator within the military environment, coupled with fear of retaliation, isolation, and stigma, may intensify symptoms. Severe PTSD symptoms decrease work productivity, impair relationships, and increase suicide risk. Increased awareness of MST-related PTSD among veterans from both genders provides impetus to examine effective treatments that ameliorate PTSD symptoms that impact daily life. Evidence based practice guidelines for treating PTSD endorse the use of cognitive behavioral therapies. Previous research supports the effectiveness of cognitive processing therapy (CPT) in civilian sexual trauma

survivors. This is the first published randomized controlled trial to evaluate the use of CPT in Veterans who developed PTSD following attempted or completed sexual assault during active duty. The effectiveness of CPT (n=43 female and 9 male) was compared to present-centered therapy (PCT) (n=30 female and 4 male) in Veterans who identified MST as the primary cause of PTSD. Trauma focused components of CPT included education, cognitive restructuring, and trauma journaling, while PCT used problem solving, relationship building, and journaling without a cognitive behavior or trauma focus. Measured outcomes were self-reported and clinician observed PTSD symptoms, as well as concurrent depressive symptoms. Veterans were assessed at baseline, at 2, 4, and 6 months, and at the end of 12 individual sessions using the Clinician Administered PTSD Scale (CAPS), the PTSD Checklist (PCL), and the Quick Inventory of Depressive Symptomatology (QIDS). The study found clinician assessed symptom reduction did not differ significantly between CPT and PCT, but self-report improvement in symptoms was significantly greater with CPT.

Study Aims/Hypotheses:

This aim of this randomized controlled trial was to compare the effectiveness of individual CPT to PCT in the treatment of PTSD related to MST. The hypothesis was CPT would result in greater improvement in clinician and self-reported severity of PTSD and clinician assessed depressive symptoms over time compared to PCT.

Relevant Findings:

Results of this study support significant improvement over time in clinician assessed PTSD and depressive symptoms with both CPT and PCT therapies ($p < .001$ in all comparisons), with no significant difference between the two treatments. Veterans self-reported significantly greater reduction in PTSD symptoms at post-treatment with CPT compared to PCT ($p < .05$). Adverse events included one suicide attempt in each group and two psychiatric hospitalizations in the CPT group and one in PCT.

Authors' Conclusions:

The authors concluded the use of CPT for PTSD symptoms related to MST is supported and adds to the existing body of evidence of CPT intervention with civilian sexual trauma survivors. Themes of safety, trust, power, self-esteem, and intimacy addressed during CPT are directly relevant to feelings of

betrayal and loss of personal power and safety experienced by survivors of MST. Veterans may express preference for individual CPT because of the significant reduction in self-reported PTSD symptoms related to MST found in this study. The authors also suggest that significant clinician observed improvement in PTSD and depressive symptoms with PCT indicate it to be an effective alternative to CPT.

Potential Limitations:

A major limitation of this study was the reduction in sample size due to removal of one therapist's patients from the study (20 CPT, 23 PCT) for the therapist's lack of compliance to CPT delivery protocols. Although self-reported reduction in PTSD symptoms remained statistically significant, loss of power from this excluded data could contribute to the lack of significant difference found in clinician assessed depressive and PTSD symptoms between CPT and PCT interventions. A synergistic effect from concurrent use of psychotropic medications and non-trauma therapy interventions in both groups could enhance the moderate to large improvement effect found pre to post treatment with both CPT and PCT. Higher baseline symptom severity in the CPT group compared to the PCT

participants was addressed in statistical analysis. A lower dropout rate with PCT compared to CPT (18% versus 35%) was not significant, but suggests the CPT trauma recall writing sessions could be challenging for Veterans with avoidance symptoms. The small number of males included in the study limits generalizability.

Reviewer's Comment:

Evidence from direct comparison of two interventions is considered the gold standard for establishing effectiveness of psychological interventions. Results of this study are consistent with network meta-analysis finding similar effectiveness for large-sample cognitive and prolonged exposure based treatments and small-sample eye movement desensitization and reprocessing (EMDR) and supportive therapy interventions. This study adds to the existing body of evidence to use individual CPT to treat PTSD attributed to sexual assault, specifically MST. Findings also provide preliminary evidence for use of PCT as a viable alternative treatment, especially with veterans who express the desire not to participate in MST trauma recall writing. The practice of monitoring therapy for consistency among therapists should continue as MST-related PTSD treatments

are examined in larger samples of both genders. Additionally, this study emphasizes the need for protection of sexual trauma victims who are at high risk for suicide as they undergo treatment interventions.