Can Military Psychologists Change the Length of Cognitive Processing Therapy?

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Although empirically supported treatments for posttraumatic stress disorder (PTSD) typically are validated in studies that specify the number of sessions and treatment frequency, the realities of military operational tempo (OPTEMPO) may interfere with military psychologists delivering a full course of treatment sessions on a regular basis to a service member patient (Wachen et al., 2016). Rather than falling back into supportive counseling with these patients, it is still possible to modify many treatment protocols to meet the needs of military settings. Cognitive Processing Therapy (CPT) is an example of an empirically supported treatment for PTSD that has been adapted in several ways that are consistent with the original protocol for delivery in military settings.

CPT originally was based on a 12-session protocol (Resick & Schnicke, 1992). In their recent book, Galovski and colleagues (2020) indicate that CPT should be considered a "variable length therapy." Thus, termination of treatment depends on whether or not a patient has improved (or is likely to improve) based on treatment targets rather than a strict number of sessions. Although a front-line commander may hear "variable length therapy" as "your service member will be in therapy forever and will never be coming back," military psychologists can emphasize recent research demonstrating that CPT can be effective in reducing PTSD symptoms in only a few sessions.

A meta-analysis of the first eleven controlled trials of CPT showed no effect on treatment outcomes related to number of sessions, with the total number of sessions in these studies ranging from 4-24 (Asmundson et al., 2019). In Alan Peterson's study of trauma-focused therapies conducted in the combat environment (Peterson et al., 2021), the manualized protocol had to be modified in some way to meet the mission needs of nearly every patient. The number of treatment sessions ranged from 3 to 11 (M = 6.6, SD = 3.0), and most patients showed a reduction in PTSD symptoms, even though they were being treated while deployed. A study examining the point at which patients showed treatment benefit found that 58% of patients who completed the CPT protocol had demonstrated significant symptom reduction prior to the twelfth session (Galovski et al., 2012). In a specific study of variable length CPT in a military setting, 13% of patients showed significant decreases in symptoms in less than 12 sessions, although this group also had the lowest average symptom scores when beginning treatment (Resick et al., 2021).

Other recent studies have examined condensed versions of CPT. One case study conducted CPT with a combat veteran, conducting two sessions each day for five days (Held et al., 2020). Treatment effects showed significant benefit at least six weeks following care, and the patient cited significant benefit to completing treatment in a condensed format that did not result in ongoing sessions. Another study used a similar condensed protocol with women survivors of intimate partner violence, showing that the five-day accelerated protocol showed equivalent effects when compared to standard CPT delivery (Galovski et al., 2022). A similar study compared weekly to daily CPT for military personnel and veterans, finding that these treatment conditions delivered in a college campus clinic setting both showed good rates of clinically significant improvement in PTSD symptoms (Bryan et al., 2022).

Another line of research has evaluated the specific number of treatment sessions needed to show significant symptom reduction. In one study of veterans undergoing CPT, symptom change during the first 8 sessions was the best predictor of whether or not the patient would respond to treatment (Sripada et al., 2020). Other studies showed that the "median" effective dose of CPT (i.e., a 50% probability of clinically meaningful symptom improvement) was eight sessions for individual CPT and ten sessions for group CPT (Holder et al., 2020). A similar study identified that the "switching" point between treatment success and dropout was six sessions of CPT (Byllesby et al., 2019). These studies align with similar research on PTSD treatment more broadly, showing that eight sessions typically is a "minimally adequate dose," and that the most treatment gains are shown during the first eight sessions (Hoyt & Edwards-Stewart, 2018; Shin et al., 2014; Spoont et al., 2010).

Many intensive outpatient programs in military settings have used individual and group CPT in varying lengths. Patients in a 2-week intensive outpatient program with daily CPT sessions showed significant improvements in PTSD symptoms up to 6 months following treatment (Bryan et al., 2018). A similar 2-week intensive outpatient program utilizing CPT showed similar efficacy over a 6-month follow-up period (Goetter et al., 2021). Another half-day intensive outpatient program allowed service members to stay gainfully employed in their units, receiving three group sessions of CPT each week for six weeks (Hoyt et al., 2018).

When considering modifications to the length of the CPT protocol to account for operational needs, likely the most important factor is to maintain fidelity to the core treatment components of CPT, such as effective Socratic questioning and addressing assimilation (Farmet et al., 2017). Patients being able to effectively demonstrate their ability to challenge problematic beliefs regarding traumatic events using the CPT model also may be a critical factor to consider when abbreviating treatment. As long as they are delivering effective treatment, military psychologists can be confident that modifications to the length of the CPT protocol have a basis in the empirical literature.

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