

GROUP-BASED COGNITIVE PROCESSING THERAPY FOR PTSD: PRELIMINARY OUTCOMES, CLIENT SATISFACTION, AND GROUP COHESION

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BACKGROUND

Cognitive Processing Therapy (CPT)

(Chard, Resick, & Monson 2014)

- Psychological treatment for PTSD
- Evidence-based and manualized
- Based on cognitive theory
- Numerous traumatic events and multiple diagnoses (e.g., Roberts et al., 2014)
- Phase-based therapies not required for most (van den Berg et al., 2015 & Jongh et al., 2016)
- Long lasting (5 to 10 years) effects (Resick et al., 2012)



STUDY RATIONALE & AIMS

- Focus on external validity
- Effectiveness in group format
- Effectiveness in routine clinical practice
- Broad measurement of outcomes
- What else changes in response to PTSD treatment?



METHODS

Sample (N =37)

- Current or former member of the CAF or RCMP
- Diagnosis of PTSD by a licensed psychologist or psychiatrist
- Exclusionary criteria: imminent risk of suicide, active psychosis or mania, cognitive impairment
- Mean age 45 years (Range = 25-65)
- 79% Male, 21% Female
- 86% Caucasian, 11% Aboriginal, 3% Other
- 75% CAF, 25% RCMP

Approved by Health Research Ethics Board, University of Manitoba



METHODS

Measures	Variable
Patient Health Questionnaire-9 (PHQ-9)	Depression
Generalized Anxiety Disorder-7 (GAD-7)	Generalized Anxiety
PTSD Checklist-5 (PCL-5)	Post-traumatic Stress
Outcome Questionnaire-45 (OQ-45)	Symptom Distress, Interpersonal Relations, and Social Role
Group Climate Questionnaire (GCQ)	Group Cohesion
Alert Signal Client – TA; Session Rating Scale (ASC-TA)	Therapeutic Alliance
Session Rating Scale (SRS)	Client Satisfaction and Therapeutic Alliance



METHODS

Intervention

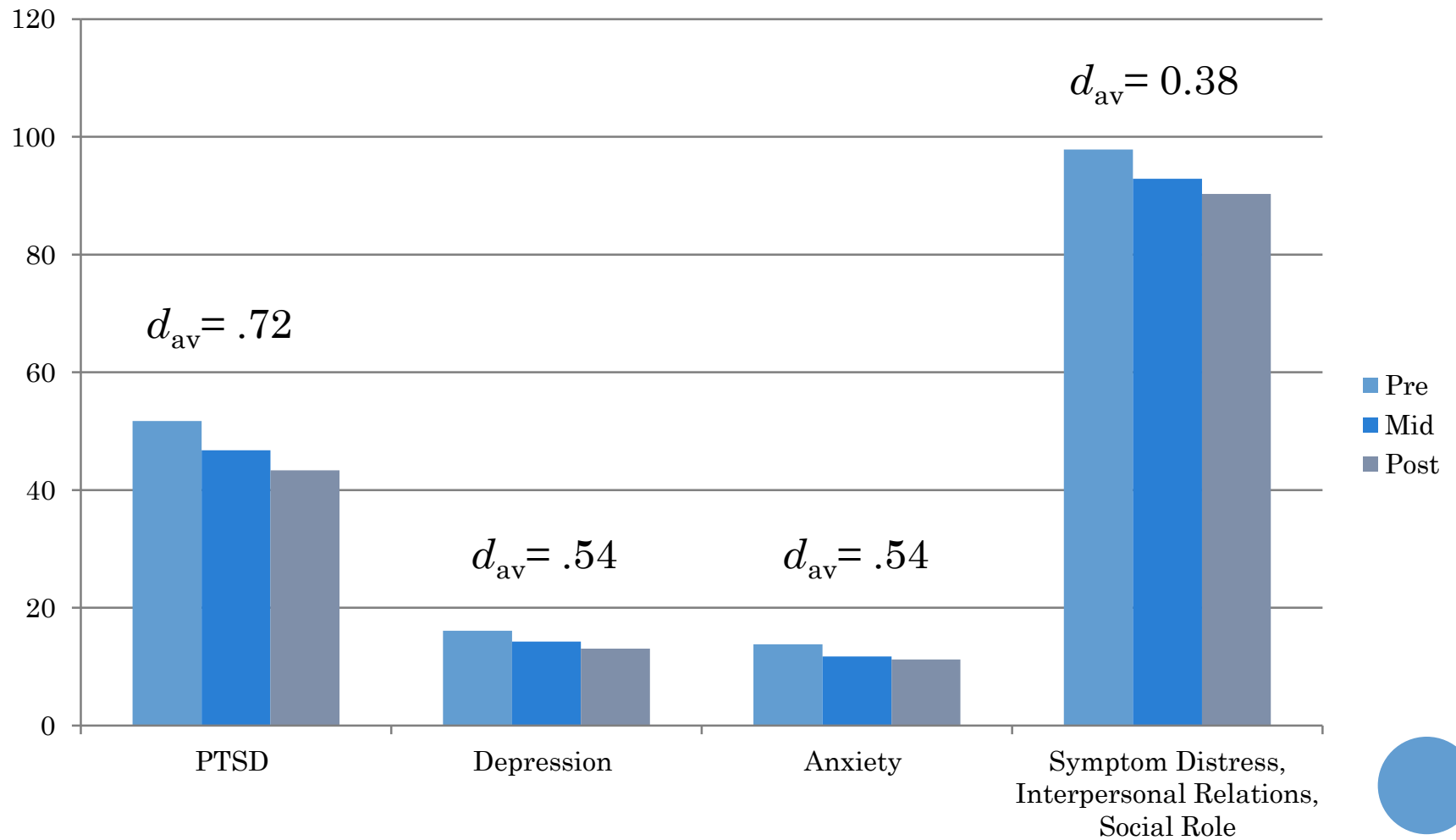
- CPT Protocol: 12 weekly 2-hour sessions and three-month “booster” session
- Facilitated by two registered psychologists

Design & Analysis

- Non-experimental, longitudinal, repeated measures
- Pre, mid, post, 3-month follow-up (n=14, 70% response rate)
- Effective size (Cohen's d & Heges g), descriptive, and correlations

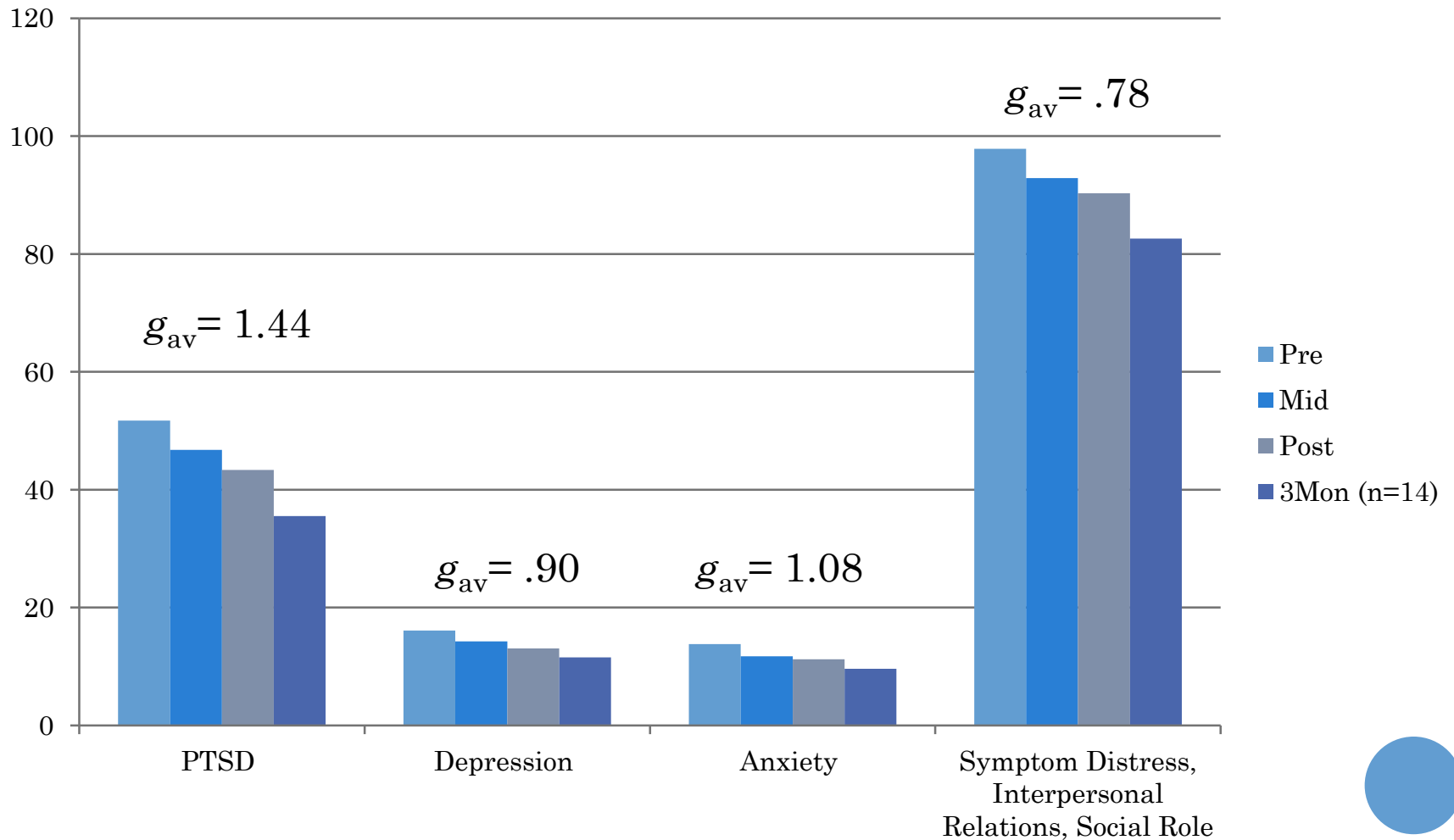


RESULTS: PSYCHOPATHOLOGY



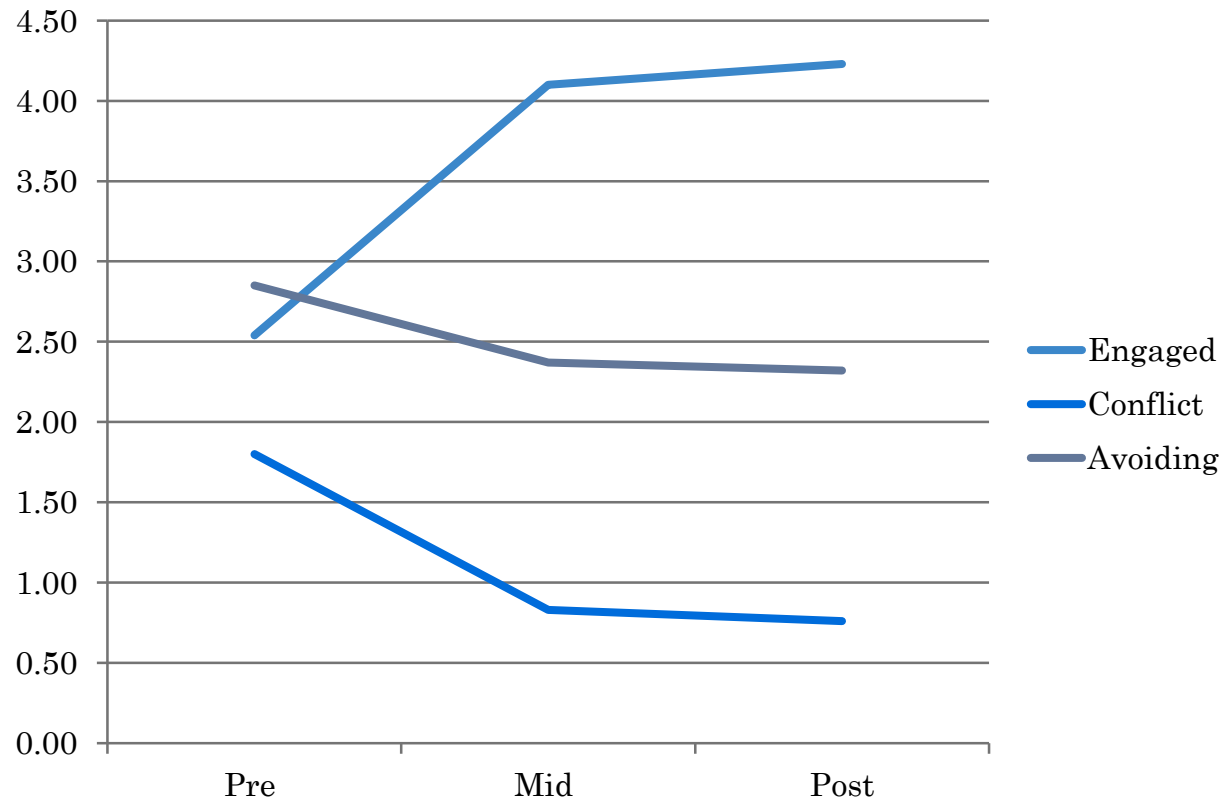
RESULTS: PSYCHOPATHOLOGY

3-MONTH FOLLOW-UP



RESULTS: GROUP COHESION

Group Climate Questionnaire



PCL5: $r = .12$

PHQ9: $r = -.08$

GAD7: $r = -.14$

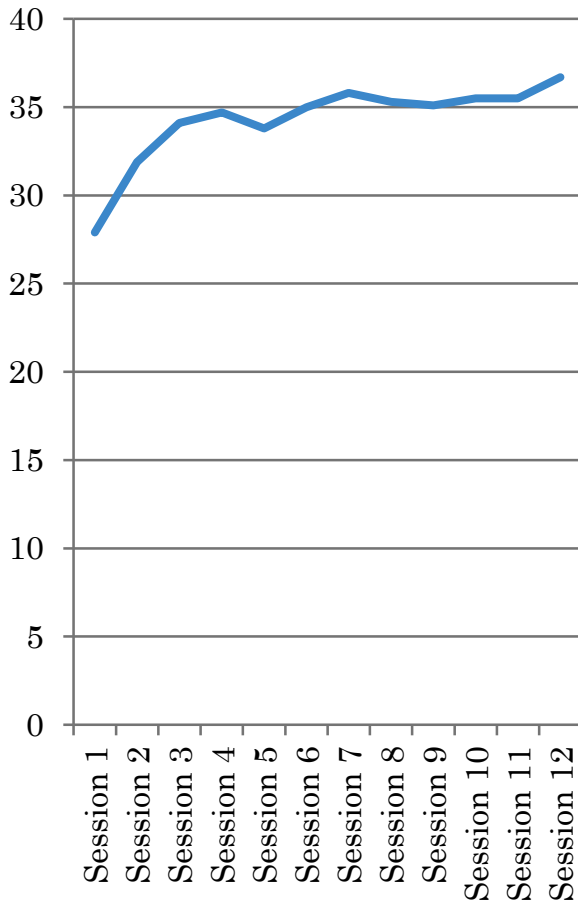
OQ-45: $r = -$

.14

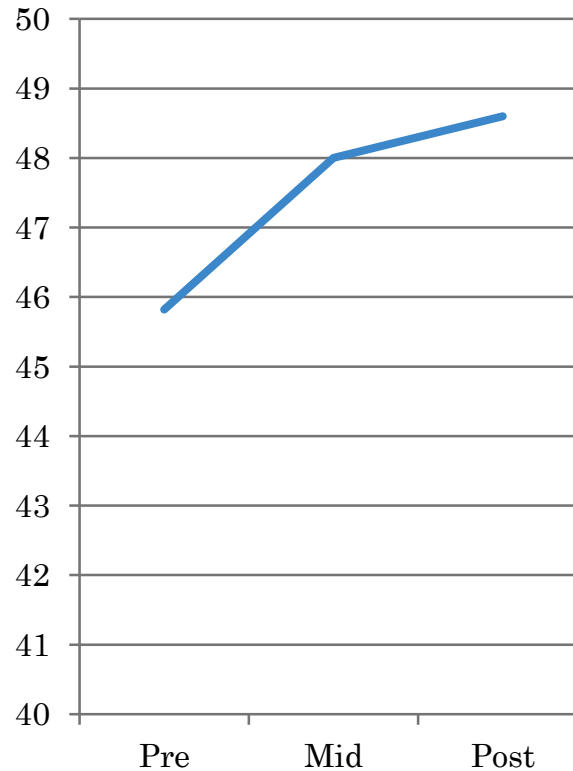


RESULTS: CLIENT SATISFACTION & THERAPEUTIC ALLIANCE

Session Rating Scale



Therapeutic Alliance



PCL-5; $r = -.26$
PHQ-9; $r = -.21$
GAD; $r = -.33$
OQ-45; $r = -.44$



CONCLUSIONS

- Effective across **a range** of measured outcomes
- Effective in **routine clinical practice**
- **Changes continue** to occur even following the termination of the intervention
- Therapeutic gains **not** as significant as those seen in RCTs with high internal consistency
- Therapeutic alliance **strongly** related to outcomes
- Small + relationship between **PTS and group cohesion:**
 - A possible explanation: universality was based on mutual identification with PTSD symptoms



LIMITATIONS

- Preliminary data, small n
- Extra-therapeutic factors (i.e., concurrent therapies)
- Level of participation and engagement
- Fidelity not measured
- Varying levels of initial symptom severity
- Self-report measures



FUTURE DIRECTIONS

- Use a semi-structured diagnostic interview at pre-treatment and post-treatment (e.g., CAPS).
- Examine the relationships between level of engagement and therapeutic outcomes
- Expand outcome measures to include Quality of Life
- Comparison conditions



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QUESTIONS, COMMENTS, & FEEDBACK WELCOMED

Thank you to my research collaborators at the
Operational Stress Injury Clinic – Winnipeg

Dr. David Podnar, C. Psych
Dr. Debbie Whitney, C. Psych.



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