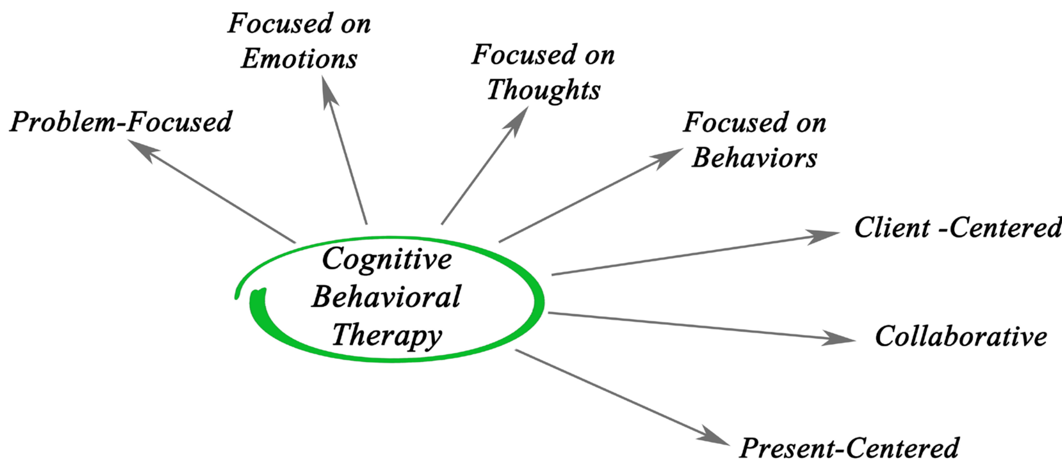

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POST-TRAUMATIC STRESS DISORDER Factsheet

August 2021

What is cognitive behavioural therapy (CBT)?

CBT is one of the most common psychological treatments for mental disorders. It covers a broad range of therapies including the core components of cognitive restructuring and/or a behavioural therapy, such as exposure therapy. It can also include newer therapies such as acceptance and commitment therapy and metacognitive therapy. For PTSD, CBT challenges distorted, negative thinking patterns associated with the trauma to help people develop more adaptive cognitions and behaviours, and to rethink assumptions and reactions to the event.

What is the evidence for CBT for PTSD?

Moderate quality evidence found between 53% and 63% of adults remitted after treatment with CBT. Individual, trauma-focussed CBT was the most effective for PTSD symptoms (large effects), as well as for altered cognition, sleep, depression and anxiety, compared to no treatment or nonspecific therapies. These improvements in PTSD symptoms lasted for over 12 months. Females showed greater improvement than males, and internet-delivered CBT also improved symptoms, particularly when guided by a therapist.

In children and adolescents with PTSD, there were large improvements in symptoms with individual trauma-focussed CBT, combined trauma-focussed CBT plus parent training, Cohen trauma-focussed CBT/cognitive processing therapy, and group CBT.

In people with complex PTSD, there was a large improvement in PTSD symptoms with CBT with or without exposure therapy compared to standard care/waitlist, and a small to medium-sized improvement when compared to nonspecific therapies. CBT also improved symptoms particularly pertaining to complex PTSD; disturbances in relationships, affect dysregulation, and negative self-concept when compared to standard care/waitlist (medium to large effects). CBT also improved disturbances in relationships when compared to nonspecific therapies (small effect).

Moderate quality evidence found factors associated with uptake of trauma-focussed CBT were (in descending order of effect); adaptability of staff workflow to CBT, veteran affairs service connection, staff familiarity with trauma-focussed CBT, mental health referral source, patient interest in trauma-centred treatment, Vietnam veterans, older age, increased PTSD severity, comorbid depression, female gender, black or racial-ethnic minority, and previous psychotherapy.

NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about PTSD and its treatment with your doctor or other health care provider.

For more information see the technical table

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at **neura.edu.au/donate**