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Commentary

Correcting Misperceptions About Cognitive Processing Therapy to Treat Moral Injury: A Response to Gray and Colleagues (this issue)

Jennifer Schuster Wachen, *National Center for PTSD, VA Boston Healthcare System, and Boston University*
Katherine A. Dondanville, *The University of Texas Health Science Center at San Antonio*
Patricia A. Resick, *Duke University Medical Center*

We respond to the commentary by Gray, Nash, and Litz (this issue) regarding the use of cognitive processing therapy (CPT) to address moral injury as described in our previous publication (Wachen et al., 2016). In their commentary, Gray et al. posit that CPT is inappropriate when applied to the treatment of war-related traumas involving "real moral and ethical transgressions" (i.e., moral injuries). However, Gray and colleagues' assertions are centered on a premise that is incorrect, namely that CPT is based on the idea that "self-blame and guilt are inherently illogical or inaccurate," and that CPT assumes that all beliefs associated with moral injury are erroneous. On the contrary, we acknowledge that self-blame and guilt may be accurate responses to warzone trauma, yet disagree that CPT is not suitable in these situations. This response serves to clarify some of the inaccurate interpretations of the treatment as stated by Gray and colleagues, and reiterates the position of CPT on many of the issues that were raised. Specifically, we discuss the use of Socratic questioning within CPT to address the issue of moral injury. Furthermore, we highlight the strong evidence base for the use of CPT in treating veterans and active military. Until it has been determined through empirical study, it is premature to assert that CPT is insufficient in addressing moral injury in combat personnel.

Combat-related trauma is complex. Many service members are able to integrate their wartime experiences into their beliefs and their personal history without longstanding emotional challenges like PTSD. For some, a war-related experience may "transgress deeply held moral beliefs and expectations" and result in a moral injury (Litz et al., 2009) either at the time of the experience or possibly later when looking back at the experience. Moral injury and the development of PTSD are sometimes analogous, although some individuals who experience moral injury struggle with symptoms unrelated to PTSD. We appreciate the opportunity to extend the literature in clinical intervention techniques for PTSD related to moral injury trauma through our paper describing the use of cognitive processing therapy (CPT) in an active-duty military sample (Wachen et al., 2016); the commentary of our paper by Gray, Nash, and Litz (2017–this issue); and our response.

In their commentary of our paper, Gray and colleagues (2017–this issue) posit that CPT is inappropriate when applied to the treatment of war-related traumas involving "real moral and ethical transgressions" (i.e., moral injuries). The assertions made by Gray and colleagues are problematic for several reasons. First and foremost, Gray and colleagues' commentary is centered on a premise that is incorrect, namely that CPT is based on the idea that *"self-blame and guilt are inherently illogical or inaccurate,"* and that CPT assumes that all beliefs associated with moral injury are erroneous. Additionally, the authors make arguments for what *should* happen in treatment that are actually directly in line with what CPT prescribes. They also make assertions that are not grounded in evidence, including assumptions about how challenging moral injury thorough Socratic questioning can be harmful, and fail to acknowledge the extent of existing literature demonstrating the efficacy of CPT in active-duty and military samples. The authors also suggest that their own treatment, Adaptive Disclosure (AD), may be more effective at targeting moral injury, but evidence to support this is lacking to date. Gray et al. have made

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assumptions that are neither stated in the CPT manuals or training materials, nor asserted in our paper. In fact, many of the statements included in their commentary do not consider what was stated in our original publication. We appreciate the opportunity to clarify some of the inaccurate interpretations of the treatment as stated by Gray and colleagues and to reiterate the position of CPT on many of the issues that were raised.

Specifically, the argument of Gray et al. (2017–this issue) is largely based on the idea that CPT does not allow for the possibility that individuals might have experienced a moral injury based on intentional actions that violate their values, in which case distressing emotions such as guilt and shame would be valid. We acknowledge that this situation is a very real possibility in the warzone context, yet disagree that CPT is not appropriate in these situations. We object to the notion that CPT "erroneously assumes" that all distressing appraisals are inaccurate or faulty. Gray and colleagues interpret the use of Socratic questioning in this context as an attempt to undermine the accuracy of these very real cognitions and emotions. This is not the intention of Socratic questioning in this situation, and it has never been expressed as such. Noted in all versions of the treatment manual, Socratic questioning is derived from Socrates and the Socratic method of learning wherein the core value is the patient coming to know something for themselves. Only the patient holds the truth and knowledge about the traumatic event. One of the primary purposes of Socratic questioning is to gather more information about the situation to help the patient determine if the associated cognitions are an accurate interpretation of the situation, or if they do in fact represent stuck points. Indeed, the new CPT book (Resick, Monson, & Chard, 2017) and prior clinician training materials include a graphic designed to help clinicians and patients ascertain the patient's accurate role in the event, including the possibility that harm was intended and guilt is appropriate (see Fig. 1).

Gray and colleagues assert that *"in cases in which at least partial culpability is real and rational, the assignment of blame to oneself or others must also be rational, appropriate, and accurate."* The authors also posit that minimizing a patient's true culpability in a morally injurious event and deflecting blame to others may provide short-term relief but long-term harm. We absolutely agree that misattributing blame or responsibility may be harmful in the long term. Therefore, Socratic questioning is used to determine accurate attributions of blame. We argue that the

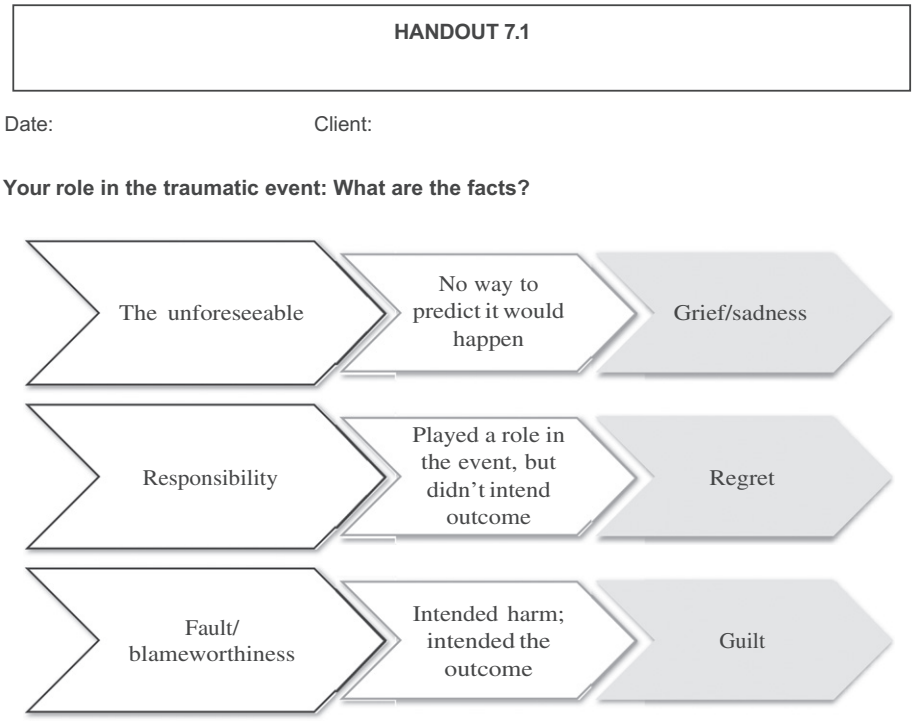

Fig. 1. Handout of levels of responsibility from Resick et al. (2017). From *Cognitive Processing Therapy for PTSD: A Comprehensive Manual* by Patricia A. Resick, Candice M. Monson, and Kathleen M. Chard. Copyright © 2017 The Guilford Press. Permission to photocopy this handout is granted to purchasers of this book for personal use or for use with individual clients (see copyright page for details). Purchasers can download additional copies of this material (see the box at the end of the table of contents).