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Short communication

Reductions in self-blame cognitions predict PTSD improvements with cognitive processing therapy for military sexual trauma-related PTSD

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ABSTRACT

Reductions in trauma-related negative cognitions during Cognitive Processing Therapy (CPT) are theorized to precede posttraumatic stress disorder (PTSD) symptom reduction. This mechanism of change has not been validated for veterans with military sexual trauma-related PTSD. Using data from a previously published randomized clinical trial (n = 32), changes in trauma-related negative cognitions about self, self-blame, and the world were entered as predictors of change in PTSD symptoms for cross-lagged panel analyses. From baseline to 6-months posttreatment, only changes in self-blame predicted and temporally preceded changes in PTSD symptoms, highlighting a potential mechanism of change in CPT for military sexual trauma-related PTSD.

1. Introduction

To treat military-related posttraumatic stress disorder (PTSD), the Veterans Health Administration has disseminated effective evidence-based treatments, including Cognitive Processing Therapy (CPT). CPT is hypothesized to reduce PTSD symptoms by identifying assimilated and over-accommodated trauma-related negative cognitions and challenging these beliefs over the course of psychotherapy (LoSavio et al., 2017). This theorized mechanism of action has been supported in studies investigating the relationship between cognitive change and PTSD symptom severity. In a qualitative study of both civilian sexual assault survivors and active duty service members' statements about why their trauma happened, greater changes in trauma-related negative cognitions were associated with greater changes in PTSD symptom severity (Dondanville et al., 2016; Sobel et al., 2009). Another study in a veteran sample with diverse index traumas (i.e., combat, childhood/adult physical or sexual assault), investigated the temporal precedence of change in cognitions and PTSD symptom severity. Specifically, changes in trauma-related negative cognitions about self and self-blame, but not the world, were found to temporally precede and predict changes in PTSD symptoms (Schumm et al., 2015). By identifying the process by which CPT produces PTSD symptom improvement (i.e., first reducing trauma-related negative cognitions which elicits subsequent reduction in PTSD symptomatology), treatments can be optimized or refined to target these specific mechanisms, especially in clinical populations with decreased treatment response.

During a randomized clinical trial (RCT), veterans with military sexual trauma-related PTSD reported significant reductions in PTSD symptoms following CPT (Surís et al., 2013); however, this sample did not improve as quickly and had poorer response compared to previous trials treating survivors of other types of trauma. Understanding mechanisms which may drive therapeutic change in this clinical population has the potential to increase treatment efficacy by emphasizing these components in treatment. Previous research has shown that CPT reduces trauma-related negative cognitions about self, the world, and self-blame in veterans with military sexual trauma-related PTSD (Holliday et al., 2014). However, no research to date has examined how trauma-related negative cognitions predict subsequent changes in PTSD symptoms in veterans specifically diagnosed with military sexual trauma-related PTSD.

The purpose of this article is to examine the role of trauma-related negative cognitions in predicting subsequent change in PTSD symptoms over the course of treatment in a sample of veterans diagnosed with military sexual trauma-related PTSD. Consistent with previous research in a sample of veterans with diverse index traumas (Schumm et al., 2015), we predicted that reductions in trauma-related negative cognitions would drive subsequent reductions in PTSD symptoms.

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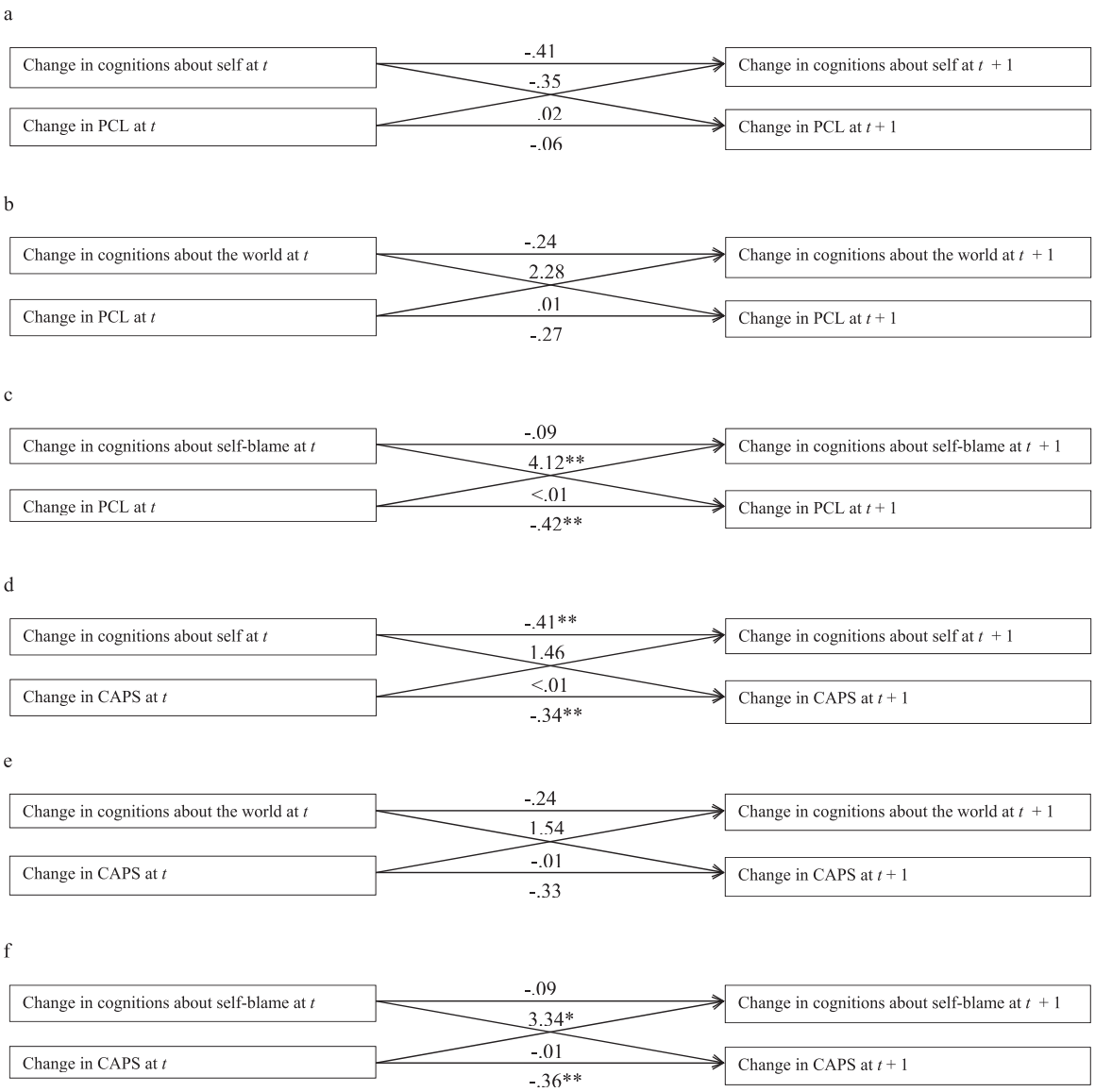

Fig. 1. Cross-lagged panel models examining the temporal precedence of PTSD scores measured over five time-points (baseline, 1 week post-treatment, 2 months post-treatment, 4 months post-treatment, and 6 months post-treatment) between (a) change in trauma-related negative cognitions about self and change in PTSD Checklist (PCL) scores, (b) change in trauma-related negative cognitions about the world and change in PCL scores, (c) change in trauma-related negative cognitions about self-blame and change in PCL scores, (d) trauma-related negative cognitions about self and change in Clinician-Administered PTSD Scale (CAPS) scores, (e) change in trauma-related negative cognitions about the world and change in CAPS scores, and (f) change in trauma-related negative cognitions about self-blame and change in CAPS scores. * $p < 0.05$ ** $p < 0.01$.

2. Method

2.1. Participants

The current study is a secondary analysis using data from veterans enrolled in an RCT carried out at a large Veterans Affairs Medical Center examining the effectiveness of CPT for military sexual trauma-related PTSD (Surís et al., 2013). In the parent study, veterans received weekly, individual sessions of CPT which included a written trauma account. This version of CPT has recently been referred to as "CPT + Account" (CPT + A) (Resick et al., 2017). Of the 72 veterans allocated to receive CPT + A in the parent RCT, 40 were removed from data analyses due to below average treatment fidelity which significantly reduced CPT + A treatment effectiveness (Holder et al., 2018), resulting in a final sample of 32 (n = 23 female; n = 9 male) veterans for the current study. On average, the sample was 43.19 (SD = 10.12) years old and had 14.59 (SD = 1.98) years of education. The majority of the sample identified as White, non-Hispanic (n = 13; 40.63%) or Black, non-Hispanic (n = 11; 34.38%), with the remaining veterans identifying as White, Hispanic (n = 2; 6.25%); Black, Hispanic (n = 1; 3.13%); American Indian/Alaskan Native (n = 1; 3.13%); Native Hawaiian/other Pacific Islander (n = 1; 3.13%); or "other" (n = 3; 9.38%; e.g., bi-/multi-racial). In terms of service era, the sample served in the Gulf War era (n = 9; 28.12%), post-Vietnam (n = 7; 21.88%), Operation Enduring Freedom/Operation Iraqi Freedom (n = 7; 21.88%), Vietnam (n = 4; 12.50%), and other/multiple service eras (n = 5; 15.63%). One-hundred percent of the sample self-reported a lifetime history of additional trauma exposures (as per the Life Events Checklist; Gray et al., 2004); however, all participants endorsed military sexual trauma as their index trauma.

2.2. Measures

The Posttraumatic Cognitions Inventory (PTCI) (Foa et al., 1999) is

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