

Cognitive Behavioral Therapy (CBT)

Cognitive behavioral therapy focuses on the relationship among thoughts, feelings, and behaviors; targets current problems and symptoms; and focuses on changing patterns of behaviors, thoughts, and feelings that lead to difficulties in functioning.

Introduction to CBT

Cognitive behavioral therapy focuses on the relationship among thoughts, feelings, and behaviors, and notes how changes in any one domain can improve functioning in the other domains. For example, altering a person's unhelpful thinking can lead to healthier behaviors and improved emotion regulation. CBT targets current problems and symptoms and is typically delivered over 12-16 sessions in either individual or group format.

This treatment is strongly recommended for the treatment of PTSD.

How CBT Can Help with PTSD

Several theories specific to trauma explain how CBT can be helpful in reducing the symptoms of PTSD.

For example, **emotional processing**

theory (Rauch & Foa, 2006) suggests that those who have experienced a traumatic event can develop associations among objectively safe reminders of the event (e.g., news stories, situations, people), meaning (e.g., the world is dangerous) and responses (e.g., fear, numbing of feelings). Changing these associations that lead to unhealthy functioning is the core of emotional processing.

Social cognitive theory (Benight & Bandura, 2004) suggests that those who try to incorporate the experience of trauma into existing beliefs about oneself, others, and the world often wind up with unhelpful understandings of their experience and perceptions of control of self or the environment (i.e., coping self-efficacy). For instance, if someone believes that bad things happen to bad people, being raped confirms that one is bad, not that one was unjustly violated.

Understanding these theories helps the therapist more effectively use cognitive behavioral treatment strategies.

Using CBT to Treat PTSD

Therapists use a variety of techniques to aid patients in reducing symptoms and improving functioning. Therapists employing CBT may encourage patients to re-evaluate their thinking patterns and assumptions in order to identify unhelpful patterns (often termed “distortions”) in thoughts, such as overgeneralizing bad outcomes, negative thinking that diminishes positive thinking, and always expecting catastrophic outcomes, to more balanced and effective thinking patterns. These are intended to help the person reconceptualize their

understanding of traumatic experiences, as well as their understanding of themselves and their ability to cope.

Exposure to the trauma narrative, as well as reminders of the trauma or emotions associated with the trauma, are often used to help the patient reduce avoidance and maladaptive associations with the trauma. Note, this exposure is done in a controlled way, and planned collaboratively by the provider and patient so the patient chooses what they do. The goal is to return a sense of control, self-confidence, and predictability to the patient, and reduce escape and avoidance behaviors.

Education about how trauma can affect the person is quite common as is instruction in various methods to facilitate relaxation.

Managing stress and planning for potential crises can also be important components of CBT treatment. The provider, with the patient, has some latitude in selecting which elements of cognitive behavioral therapy are likely to be most effective with any particular individual.



(/ptsd-guideline/resources/cognitive-

behavioral-therapy-example.aspx)

CASE EXAMPLE

**Jill, a 32-year-old
Afghanistan War
veteran (/ptsd-
guideline/resources/cognitive-
behavioral-therapy-
example.aspx)**

Jill had been experiencing PTSD symptoms for more than five years. She consistently avoided thoughts and images related to witnessing her fellow service members being hit by an improvised explosive device (IED). This case example explains how Jill's therapist used a cognitive worksheet as a starting point for engaging in Socratic dialogue.

For Patients & Families



(/ptsd-guideline/patients-and-

families/cognitive-behavioral.aspx)

What is Cognitive Behavioral Therapy?

(/ptsd-guideline/patients-and-families/cognitive-behavioral.aspx)

CBT has been demonstrated to be effective for a range of problems including depression, anxiety disorders, and posttraumatic stress disorder. In many studies, CBT has been demonstrated to be as effective as, or more effective than, other forms of psychological therapy or psychiatric medications.

References & Resources

JOURNAL ARTICLE

Benight, C. C., & Bandura, A. (2004). Social cognitive theory of posttraumatic recovery: The role of perceived self-efficacy. *Behaviour Research and*

BOOK

Monson, C. M. & Shnaider, P. (2014). *Treating PTSD with cognitive-behavioral therapies: Interventions that work* (/pubs/books/4317339.asp). Washington, DC:

Therapy
(<https://www.journals.elsevier.com/research-and-therapy>),
42, 1129–1148

American
Psychological
Association. doi:
10.1037/14372-000

BOOK

Ehlers, A. (2013).
Trauma-focused
cognitive behavior
therapy for
posttraumatic stress
disorder and acute
stress disorder. In
Simos, G., & Hofmann,
S. G. (eds). *CBT for
anxiety disorders: A
practitioner book*
(<http://www.wiley.com/WileyCDA/0470975520.html>). New
York: Wiley.

JOURNAL ARTICLE

Rauch, S., & Foa, E.
(2006). Emotional
processing theory
(EPT) and exposure
therapy for PTSD
(<https://link.springer.com/10.1006-9008-y>) . *Journal
of Contemporary
Psychotherapy*, 36(2),
61.

BOOK

Grey, N. (Ed.)
(2009). *A casebook of
cognitive therapy for
traumatic stress
reactions*
(<https://www.routledge.com/Casebook-of-Cognitive-Therapy-for-Traumatic-Stress-Reactions/Grey/p/book/9780415444444>)
. Hove, UK: Routledge.

Cognitive Behavioral Therapy is strongly recommended by the APA Clinical Practice Guideline for the Treatment of PTSD (PDF, 1MB).

Other Treatments

Strongly Recommended

- Cognitive Processing Therapy
- Cognitive Therapy
- Prolonged Exposure

Conditionally Recommended

- Brief Eclectic Psychotherapy
- Eye Movement Desensitization and Reprocessing Therapy
- Narrative Exposure Therapy
- Medications

Advancing psychology to benefit society and
improve people's lives



PSYCHOLOGISTS

Standards & Guidelines

PsycCareers

Divisions of APA

Ethics

Early Career Psychologists

Continuing Education

Renew Membership

STUDENTS

Careers in Psychology

Accredited Psychology Programs

More for Students

ABOUT PSYCHOLOGY

Science of Psychology

Psychology Topics

PUBLICATIONS & DATABASES

APA Style

Journals

Books

Magination Press

Videos

PsycINFO

PsycARTICLES

More Publications & Databases

ABOUT APA

Governance

Directorates and Programs

Policy Statements

Press Room

Advertise with Us

Work at APA

Contact Us

MORE APA WEBSITES

ACT Raising Safe Kids Program

American Psychological Foundation

APA Annual Convention

APA Center for Organizational Excellence

APA Education Advocacy Trust

APA Practice Organization

APA PsycNET®

APA Style

Online Psychology Laboratory

Psychology: Science in Action

GET INVOLVED

Advocate

Participate

Donate

Join APA

[Privacy Statement](#) | [Terms of Use](#)

| [Accessibility](#) | [Website Feedback](#) | [Sitemap](#)

FOLLOW APA



more



© 2018 American Psychological Association

750 First St. NE, Washington, DC 20002-4242 | Contact Support

Telephone: (800) 374-2721; (202) 336-5500 | TDD/TTY: (202) 336-6123