

Myths & Misconceptions

about

Trauma-Focused Psychotherapy (TFP) for PTSD

Generalizability



"My clients are demographically different from the research participants."



"CPT only works with rape trauma." or "Isn't PE just for combat trauma?"



"My patient has comorbidities..."



"What about chronic trauma?"



TFPs have been demonstrated effective across gender, culture, location, and other demographic variables.



TFPs has been demonstrated effective across a wide variety of trauma types.



TFPs work in the presence of many common co-morbidities, which often improve as PTSD improves.



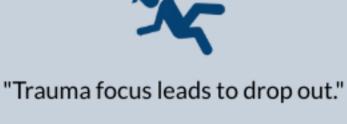
Patients with PTSD from multiple traumas benefit as much as patients with PTSD from a single-trauma.

Acceptability



"Manuals are rigid & inflexible."







collaboratively organized around the client's particular symptoms.

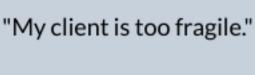


Centered Therapy.

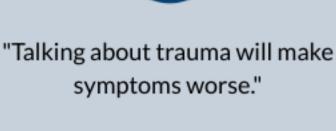


drop out rates.

Safety

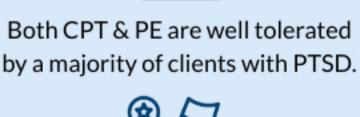


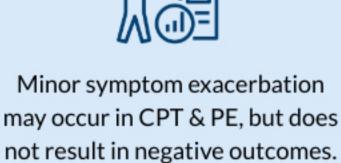




"My client will have more suicidal

thoughts."





Suicidality decreases rather than

increases in both CPT & PE.

https://www.healthquality.va.gov/guidelines/MH/ptsd/VADoDPTSDCPGClinicianSummaryFinal.pdf