CDP
Uniformed Services University

Myths & Misconceptions about Trauma-Focused Psychotherapy (TFP) for PTSD

Generalizability

Myths

"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?"

Facts

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

Myths

"Manuals are rigid & inflexible."

"Protocols hamper the treatment alliance."

"Trauma focus leads to drop out."

Facts

Manuals & protocols are collaboratively organized around the client's particular symptoms.

Therapeutic alliance in TFP is rated stronger than in Client-Centered Therapy.

Dropout rates in TFPs are similar to general community mental health drop out rates.

Safety

Myths

"My client is too fragile."

"Talking about trauma will make symptoms worse."

"My client will have more suicidal thoughts."

Facts

Both CPT & PE are well tolerated by a majority of clients with PTSD.

Minor symptom exacerbation may occur in CPT & PE, but does not result in negative outcomes.

Suicidality decreases rather than increases in both CPT & PE.

References:
https://www.healthquality.va.gov/guidelines/MH/ptsd/VADoDPTSDCPGFinal012418.pdf
https://www.healthquality.va.gov/guidelines/MH/ptsd/VADoDPTSDCPGClinicianSummaryFinal.pdf