Cognitive Processing Therapy (CPT) is an evidence-based treatment for posttraumatic stress disorder that is available at many Veterans Affairs Medical Centers in individual and group formats. Although there is substantial evidence supporting the use of the therapy for PTSD treatment, a proportion of participants in each study are still classified as non-responders and there is ambiguity in the literature regarding predictors of treatment response. Identifying factors related to treatment response may help mental health providers match Veterans with the best possible evidence-based treatments.

The present study sought to examine the predictors of change in posttraumatic stress disorder (PTSD) symptoms for Veterans in a residential
treatment program during and following completion of group-based Cognitive Processing Therapy (CPT). Data were obtained from 155 Veterans that completed a 12 session CPT group at a Midwest VA.

Using Hierarchical Linear Modeling (HLM), change was modeled on the PTSD Checklist (a recurring weekly measure during treatment), as a function of selected demographic, clinical, and veterans status variables. HLM was selected as the principle analytic strategy as it provides a more detailed and accurate view of the course, rate, and correlates of change among veterans undergoing CPT treatment than customary “change” analysis strategies like Analysis of Variance/Covariance and related techniques.

Results suggest that Veterans who entered treatment reporting high levels of depression and insomnia also tended to report higher initial symptoms of PTSD, as did Veterans with MMPI-2 response styles that have higher scores on the infrequency (F) scale. These factors were unrelated to treatment response suggesting that there may not be benefit in postponing PTSD treatment in favor of treating comorbid depression or insomnia first. Veterans with elevations of antisocial traits tended to have steeper slopes resulting in greater change than the average patient, while those with a pre-treatment focus on physical or medical concerns tended to have less steep slopes resulting in lesser treatment response. In sum, these results provide insight into characteristics of Veterans that may influence degree of benefit of received from engaging in CPT treatment for PTSD.