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Q: What is Ehlers' cognitive therapy (CT)?

A: Ehlers' cognitive therapy is a manualized treatment approach to posttraumatic stress disorder (PTSD) based on a model of cognition posited by Anke Ehlers and David Clark (2000). The treatment allows for up to 12 weekly sessions, including booster sessions, ranging between 60-90 minutes in length (Ehlers et al., 2003). Ehlers' CT has been adapted to an intensive format wherein treatment occurs over a 7-day period (Ehlers et al., 2014).

Q: What is the treatment model underlying Ehlers' CT for the treatment of PTSD?

A: According to Ehlers' CT, PTSD arises when individuals process a traumatic event in such a way that they perceive a serious *current* threat (Ehlers & Clark, 2000). The model emphasizes two core cognitive processes: how one appraises the trauma or its sequelae, and how one links memories of the traumatic event to other autobiographical memories. The cognitive and behavioral symptoms which result are due to attempts to reduce the sense of threat and distress in the short-term, but in the long-term, they are detrimental to recovery. For instance, maintaining hypervigilance reduces short-term distress (e.g., anxiety over being caught off-guard) but reinforces that the person must maintain this hypervigilance in order to feel safe. Recovery occurs when an individual is able to reappraise the traumatic event as a discrete occurrence that happened in the past which does not necessarily have globally negative implications for their present or future (Ehlers & Clark, 2000).

Q: Is Ehlers' CT recommended as a treatment for PTSD according to the VA/DOD clinical practice guidelines (CPGs)?

A: Yes. The *2023 VA/DOD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder* suggests Ehlers' CT for PTSD with a "weak for" recommendation. *The VA/DOD CPGs were jointly developed by the Department of Veterans Affairs and the Department of Defense to inform best clinical practices. They are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.*

Q: Do other authoritative reviews recommend Ehlers' CT as a treatment for PTSD?

A: Yes. The National Institute for Health and Care Excellence (NICE) in the United Kingdom and the American Psychological Association (APA) both recommend cognitive therapy for PTSD, with the APA guidelines referring specifically to the work of Ehlers and Clark. One relevant Cochrane review examined Ehlers' CT:

- A systematic review examined psychological therapies for chronic PTSD (Bisson, 2013). They incorporated two studies on Ehlers' CT into a broader meta-analysis (k = 49) examining trauma-focused cognitive behavioral therapies. Subgroup analyses indicated that Ehlers' CT was preferable to waitlist/usual care for both clinician-assessed PTSD symptom severity, and self-reported symptom severity, at two time points: posttreatment and 5-to-8-month follow-up.

Other recognized organizations publish CPGs or conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the American Psychological Association, and United Kingdom's National Institute for Health and Care Excellence. Additionally, Cochrane is an international network that conducts high-quality reviews of healthcare interventions.

Q: What conclusions can be drawn about the use of Ehlers' CT as a treatment for PTSD?

A: While the evidence base for Ehlers' CT is not as robust as some other manualized, CBT-based therapies, multiple authoritative reviews recommend it as a PTSD treatment. Clinicians may consider this psychotherapy among their PTSD treatment options, taking into account clinical judgment and expertise, patient characteristics and treatment history, and patient preferences when selecting a psychotherapy.

References

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