

Myths About Exposure Therapy for PTSD

Exposure therapy is one of the most effective treatments for PTSD. It involves engaging in situations repeatedly that make us anxious or feel dangerous until the anxiety fades away or we can tolerate the distress. Despite its effectiveness, exposure therapy is not used as often as it should be to treat PTSD because of myths and fears about the treatment. This fact sheet discusses and addresses some misconceptions patients may have about exposure therapy.

MYTH: “My patients will get worse.”

FACT: A small number of patients may experience an increase in symptoms when beginning exposure therapy. The increase usually is temporary, and these individuals get better if they stick with the treatment. While patients may feel anxious in the short-term when they first face what they fear, avoiding triggers in the long run maintains their symptoms. By guiding patients to confront what they are avoiding they learn that these situations are not dangerous, and their symptoms ultimately decrease.

MYTH: “My patients will be re-traumatized.”

FACT: Exposure therapy would not be widely endorsed by various agencies and experts around the world if it resulted in harming patients. Encountering triggers and revisiting their trauma can be upsetting for patients, but it is very different than the traumatic event they experienced. In exposure therapy, patients gradually face feared triggers, thoughts, and images with the support of their therapist in a systematic and structured way. As a result, patients are empowered as they gain a sense of control and improve their functioning.

MYTH: “Hypervigilance is adaptive for my patients and serves them well.”

FACT: Hypervigilance can be adaptive behavior, especially when serving in a combat zone. However, patients with PTSD have a difficult time understanding the difference between perceived and real threats. Their chronic high level of arousal also has negative effects for their health and frequently causes relationship problems. Exposure therapy helps patients to make more accurate appraisals that help them to respond to situations in a safe and effective manner.

MYTH: “I do not want to force my patients to do things that they do not want to do.”

FACT: In Exposure therapy, patients work collaboratively with their therapist as a team to create in vivo hierarchies (a list of items they avoid) and then help develop a plan on how to address them, starting with less distressing items. In imaginal exposure, therapists guide patients through revisiting their trauma in a safe manner, while providing support and encouragement. The patient approaches the trauma memory gradually the first time and is given permission to recount it at their own pace. Each session after revisiting the trauma, the therapist will process this experience with their patient. This allows the patient to reflect on how they are feeling, what they have learned, and that they do not leave the session highly anxious. Providers should never be forceful while conducting exposure therapy.

MYTH: “It won’t work for most of my patients because they have comorbid disorders.”

FACT: It is a common misconception that exposure therapy is not a good fit for patients who have more than one psychiatric diagnosis. While exposure therapy was developed to treat symptoms of PTSD and other anxiety disorders, the evidence suggests that people who have more than one condition, such as PTSD and depression, will still benefit from exposure therapy. **Exposure therapy helps reduce the symptoms of comorbid disorders, such as depression or anger in addition to reducing trauma symptoms.**

MYTH: “There are better therapies to treat PTSD.”

FACT: While there are many different types of therapy and psychological treatments available for PTSD, the support for exposure therapy, which is an evidence-based trauma-focused treatment, is impressive. Evidence-based treatment for PTSD means that numerous randomized controlled trials by the originator and by independent researchers around the world have found it to be effective for the treatment of PTSD symptoms. Because of this strong evidence, exposure therapy has been recommended as a first line treatment for PTSD by numerous scientific and policy organizations and clinical practice guidelines. This is great news because many people who receive this treatment report experiencing a decrease in symptoms. In fact, studies reveal that people who complete exposure therapy report better outcomes than 86% of people who do not receive the treatment. Most importantly, these patients continue to report maintaining improvement months and years after the treatment has ended.

MYTH: “Going through exposure therapy will hurt my patients’ chances of getting disability benefits.”

FACT: Exposure therapy is an effective treatment that decreases the symptoms of PTSD and anxiety. Patients who complete exposure therapy often report that their symptoms have improved so much that they no longer have PTSD or an anxiety disorder at the end of treatment. Such positive results could impact disability evaluations. If you are working with patients who are involved in the process of getting disability benefits or receive disability benefits, you should discuss this possibility with them. For patients who are seeking to remain in the military, exposure therapy is a good option because it results in a reduction in symptoms and an improvement in functioning and mission readiness.

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