

Prolonged Exposure Therapy



Post-traumatic Stress Disorder (PTSD) occurs in approximately 7-8% of U.S. citizens at some point in their lives. Patients with PTSD can experience several types of symptoms including intrusive thoughts, avoidance, negative alterations in cognitions and mood, and heightened arousal and reactivity. Prolonged Exposure therapy (PE), an evidence-based, individualized treatment, is one of the most highly recommended treatments for PTSD. Research has shown that PE can significantly reduce the symptoms of PTSD and help patients increase day-to-day functioning and quality of life.

What is Prolonged Exposure therapy?

In PE, patients meet with a trained behavioral health professional for 8-15 weekly sessions, which usually last 90-minutes. Additional time is spent on homework assignments between sessions to practice the skills learned in session. The treatment has four components: Education, In Vivo Exposure, Imaginal Exposure, and Cognitive Processing (see textbox on the right). Avoidance of trauma-related thoughts, feelings, and situations is the hallmark of PTSD and impedes recovery by preventing post-trauma processing of the traumatic event, as well as the distressing cognitions associated with the event. The goal of PE is to help patients process the trauma through exposure to relatively safe material that they would otherwise naturally avoid so that recovery can occur.

How does Prolonged Exposure therapy work?

Those who suffer from PTSD learn to avoid memories, thoughts, feelings, and situations that trigger memories of the trauma. Although avoidance of trauma reminders works in the short-term to prevent distress, it blocks processes important for natural recovery. PE offers an opportunity to learn (or relearn) alternative responses to those learned at the time of the trauma. With the help of a behavioral health professional, patients gradually and safely re-engage in activities and talk through traumatic memories they have been avoiding. As they stop avoiding situations, patients learn that situations and memories, though sometimes distressing, are not actually dangerous. They learn that anxiety dissipates with practice and that they can cope with their own emotional reactions. Patients also learn to tolerate their emotional reactions and to discriminate past danger from present context, ultimately allowing them to take back ground lost to PTSD symptoms and to function more effectively in their lives.

Components of PE

- **Education:** Learning about PTSD symptoms and understanding them
- **Imaginal Exposure:** Revisiting the event in imagination to reduce distress and gain mastery over the trauma memory
- **In Vivo Exposure:** Confronting situations that patients are avoiding to learn that they are not dangerous

Why should I use Prolonged Exposure therapy to treat patients with PTSD?

PE is supported by many research studies, treatment guidelines, and behavioral health experts around the world. Because of the strong and consistent evidence supporting the effectiveness of PE in reducing or eliminating the symptoms of PTSD, the *2017 VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress* strongly recommends the use of PE as a preferred treatment option for those diagnosed with PTSD. For example, when compared to patients who did not receive treatment, over 80% of patients receiving PE reported experiencing a significant decrease in their symptoms and an improvement in overall functioning after completing treatment. Research has also shown that patients can still experience lasting benefits from PE treatment even when a co-morbid psychiatric condition, such as depression, anxiety, anger, or guilt, is present along with the PTSD.

Historically, the dissemination and adoption of evidence-based psychotherapy has been slow or nonexistent in clinical practice in the military. In response, a memorandum issued in 2010 by the Deputy Assistant Secretary of Defense recommended that behavioral health professionals have access to adequate training and supervision in evidence-based psychotherapies such as PE for the treatment of Service members with PTSD and acute stress disorder.

Why isn't Prolonged Exposure therapy used more widely in the DoD?

The VA/DoD Clinical Practice Guidelines state that PE is an approved and effective psychotherapy for PTSD. Unfortunately, there are a number of misconceptions about trauma-focused therapies such as PE (e.g., PE can be harmful for patients, PE will re-traumatize patients, PE is not a good fit for most patients) that may hinder the adoption of the treatment in clinical practice. For more information regarding common misperceptions, please see CDP's patient and provider fact sheets examining myths about exposure therapy.

Where do I go to learn more or receive training or consultation in Prolonged Exposure therapy?

To learn more about PE, upcoming trainings/consultation, and to access resources, visit the Center for Deployment Psychology website at: <http://www.deploymentpsych.org>.

References

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