DESCRIPTION OF PROLONGED EXPOSURE FOR PTSD

◆ Education about common reactions to trauma

◆ Breathing retraining, i.e., teaching the client how to breathe in a calm way

◆ Prolonged (repeated) exposure to the trauma memories

◆ Repeated *in vivo* exposure to situations the client is avoiding because of trauma-related fear

10 weekly sessions
1 1/2 hours hours each session
SESSION 1

♦ Present an overview of the program (25-30 minutes)

♦ Discuss the treatment procedures that will be used in the program

♦ Explain that the focus of the program is on PTSD symptoms

♦ Collect information relevant to the trauma (45 minutes)

♦ Introduce breathing retraining (10-15 minutes)

♦ Assign homework (5 minutes)
  - Practice breathing retraining for 10 minutes 3 times a day
  - Read the handout of rationale
  - Listen to audiotape of session one time
SESSION 2

- Review homework (5-10 minutes)
- Educate client about Common Reactions to Trauma including PTSD and related symptoms (25 minutes)
- Show and discuss the Dateline videotape (optional)
- Discuss the rationale for in vivo exposure (10 minutes)
- Introduce SUDS (5 minutes)
- Construct in vivo hierarchy (20 minutes)
- Select in vivo assignments for homework (5 minutes)
Assign homework (10 minutes):

- Read “Commons Reaction to Trauma” handout several times; share with others if helpful
- Continue to practice breathing retraining
- Complete list of avoided situations
- Begin *in vivo* exposure assignment
- Listen to audiotape of session
SESSION 3

- Review homework (10 minutes)
- Present rationale for imaginal exposure (10 minutes)
- Conduct imaginal exposure (45-60 minutes)
- Process imaginal exposure (15-20 minutes)
- Assign homework (10 minutes)
  - Continue breathing practice
  - Listen to audiotape of imaginal exposure tape once a day
  - Continue in vivo exposure exercises daily working up the hierarchy with SUDS levels
  - Listen to audiotape of session one time
SESSIONS 4 -5

- Review homework (10 minutes)
- Conduct imaginal exposure (30-45 minutes)
- Process imaginal exposure with the client (15-20 minutes)
- Discuss/implement *in vivo* exposure (10-20 minutes)
- Assign homework (10 minutes)
  - Continue breathing practice
  - Listen to imaginal exposure tape daily
  - Continue in vivo exposure exercises
  - Listen to audiotape of session
SESSIONS 6 to 9

◆ Review homework (10 minutes)

◆ Conduct imaginal exposure, focusing on “hot spots” progressively as therapy advances (30-45 minutes)

◆ Process imaginal exposure with the client (15-20 minutes)

◆ Discuss/implement *in vivo* (10-20 minutes)

◆ Assign homework (10 minutes)
  - Continue breathing practice
  - Listen to imaginal exposure tape daily
  - Continue in vivo exposure exercises
  - Listen to audiotape of session
SESSION 10 (final session)

- Review homework
- Conduct imaginal exposure on entire trauma (20-30 minutes)
- Process imaginal exposure and discuss how perception of the trauma has changed
- Obtain current SUDs for *in vivo* hierarchy and discuss how they differ from the original SUDs
- Evaluate usefulness of procedures and what the client learned in treatment
- Assign “homework”
  - Continue to apply everything you learned in therapy!
Overall Rationale
Rationale for the Treatment Program

The program focuses on addressing trauma related fears and symptoms. Three main factors prolong post-trauma problems:

- Avoidance of trauma related situations (e.g., sleeping without a light, going out alone)
- Avoidance of trauma related thoughts and images
- The presence of dysfunctional cognitions: “The world is extremely dangerous”; “I am extremely incompetent.”
- The avoidance prevents the client from emotionally processing the trauma and from modifying the dysfunctional cognitions (e.g. trauma reminders are not dangerous).
The two main procedures are:

- **Imaginal exposure** is repeated reliving of the traumatic event. Confrontation with the traumatic experiences enhances the processing of these experiences and modifies dysfunctional cognitions.

- **In vivo exposure** is repeatedly approaching trauma related situations that are avoided because they are associated with the trauma. It is very effective in reducing excessive fear and unnecessary avoidance. It enables the client to realize that these situations are not dangerous, thus modifying dysfunctional cognitions.
Imaginal Exposure
Rationale for Imaginal Exposure

Repeated reliving of the trauma:

- Helps process (digest) the trauma, i.e., organize, make sense of it, “file it in the right drawer”
- Helps distinguishing between “thinking” about the trauma and actually “re-encountering” it
- Results in habituation, so that the trauma can be remembered without intense, disruptive anxiety
- Fosters the realization that engaging in the trauma memory does not result in loss of control or “going crazy”
- Enhances sense of self control and personal competence
How to Implement Imaginal Exposure

Standard Instruction are:

◆ Recall the memory with your eyes closed
◆ Imagine that the trauma is happening now
◆ Engage in the feelings that the memory elicits
◆ Describe the trauma in present tense
◆ Recount as many details as you can
◆ Recount the event in present tense
◆ Include details of the event, thoughts, and feelings
◆ Repeat the narrative as many times as necessary in allotted time
In-Vivo Exposure
Rationale for In vivo Exposure

Trauma related fears are sometimes unrealistic or excessive (e.g., going to a shopping mall).

- Repeated *in vivo* exposure:
  - Blocks negative reinforcement
  - Results in habituation, so that the target situation becomes increasingly less distressing
  - Fosters the realization that the avoided situation is quite safe
  - Disconfirms the belief that anxiety in the feared situation continues ‘forever’
  - Enhanced sense of self control and personal competence
How to Implement In Vivo Exposure

- Present the treatment rationale
- Give daily life examples of *in vivo* exposure and habituation (e.g., a child fearing being in a pool)
- Introduce the Subjective Unit of Distress Scale (SUDs)
- Develop a list of situations the client has been avoiding since the trauma
- Ask client to rate the intensity of anxiety (SUDs level) she/he imagines would result from confronting each of the situations
- Arrange the situations in a hierarchy according to their SUDs level

Notes:

If the client cannot identify circumstance, suggest typically avoided situations.

Inquire about the actual safety of the situations.
Homework Assignment:

- Begin with assigning exposure to situations that evoke moderate levels of anxiety (e.g., SUDs = 50)

- Instruct the client to remain in each situation for 30 to 45 minutes, or until her anxiety decreases considerably

- Emphasize the importance of remaining in the situation until SUDs decreases by at least 50%
Example of an *In Vivo Hierarchy*

- Staying at home alone in the middle of the day: 50
- Driving to a friend’s home in a safe neighborhood in daytime: 60
- Driving to a friend’s home in a safe neighborhood after dark: 70
- Walking down a street in her parent’s neighborhood: 75
- Staying alone in her room on the campus with door locked: 80
- Walking with a friend on campus: 85
- Walking alone on campus during daytime: 90
- Walking on campus at night: 100