Goals

- To understand the characteristics of Posttraumatic Stress Disorder (PTSD)
- To learn about Prolonged Exposure Therapy (PE)
- To learn how this program was developed
- To understand what the program will involve

What Is Posttraumatic Stress Disorder?

Posttraumatic stress disorder (PTSD) is an anxiety disorder that may develop after an event that is experienced or witnessed and involves actual or perceived threat to life or physical integrity. The person’s emotional reaction to this event is characterized by horror, terror, or helplessness. As shown in Table 1.1, people with PTSD have three major types of symptoms, which typically relate to:

- Reexperience of the trauma
- Avoidance of trauma reminders
- Hyperarousal

The symptoms of PTSD are common right after traumatic events, but for most trauma survivors, these symptoms decrease over time through natural recovery. However, for some people, the PTSD symptoms stay on, become chronic, and interfere with daily functioning. If this is true in your case, this program, based on Prolonged Exposure (PE) Therapy, can help.
What Is Prolonged Exposure (PE) Therapy?

PE is a way to help trauma survivors to *emotionally process* their traumatic experiences. Doing this reduces PTSD and other trauma-related problems. The name Prolonged Exposure (PE) comes from the long tradition of exposure therapy for anxiety disorders. In exposure therapy clients are helped to confront safe but anxiety-arousing situations in order to decrease their excessive fear and anxiety. We are all familiar with the principles of exposure therapy. For example, a classic example of exposure is the advice to a rider to “get back on the horse” after being thrown off. In doing so, the rider overcomes her fear of being thrown again and prevents the fear from growing to excessive proportions.

At the same time, PE is rooted in the Emotional Processing Theory of PTSD. This theory emphasizes that special processing of the traumatic
event must take place to help reduce PTSD symptoms. Throughout this workbook, we will emphasize emotional processing because it successfully reduces PTSD symptoms. We discuss Emotional Processing Theory in more detail in the section that follows.

The Prolonged Exposure treatment program includes the following procedures:

- Education about common reactions to trauma. You and your therapist will discuss common reactions that many people have, as well as your specific reactions.

- Breathing retraining, i.e., teaching you how to breathe in a calming way.

- Repeated in vivo (“in real life”) exposure to situations or activities that you are avoiding because they remind you of your traumatic experience and make you anxious or distressed.

- Repeated, prolonged imaginal exposure to the trauma memories (i.e., revisiting the trauma in your imagination).

In vivo and imaginal exposures are the core of the treatment. These techniques were selected because there is a great deal of evidence showing that they effectively reduce anxiety and distress in people who suffer from anxiety disorders, such as specific phobias, panic disorder, social anxiety disorder, and obsessive compulsive disorder. As we discuss later in the chapter, 20 years of research have shown that PE is effective in reducing PTSD and other trauma-related problems such as depression, general anxiety, and anger. Obviously, there are no guarantees about how you will respond, but many, many people have been helped by this program, so we are hopeful that you will be too.

The aim of in vivo and imaginal exposure is to help you emotionally process the traumatic events by helping you face the memories of your trauma and the situations that are associated with these memories. This is a powerful way for you to learn that the memories of the trauma, and the situations or activities that are associated with these memories, are not the same as the trauma itself. You will learn that you can safely remember your trauma and experience the trauma reminders. The anxiety and distress that you feel at first will go down over time and you will be able to tolerate this anxiety. Ultimately, this treatment will help you reclaim your life from PTSD.
What Is Emotional Processing Theory?

Prolonged Exposure Therapy is based on Emotional Processing Theory and was developed by Foa and Kozak (1985, 1986) as a way to understand anxiety disorders and how exposure therapy reduces anxiety symptoms. Emotional Processing Theory is based on the idea that fear is represented in memory as a “program” for escaping danger. The fear structure includes different kinds of information, including information about what it is we are afraid of, called the feared stimuli (e.g., a bear), the fear responses (e.g., heart rate increases), and the meaning associated with the stimuli (e.g., bears are dangerous) and responses (e.g., fast heartbeat means I am afraid). When a fear is realistic we call it normal fear, and the fear structure contains information about how we can best respond to the real threat. So feeling fear or terror if we see a bear and acting to escape are appropriate responses and can be seen as a normal and helpful fear reaction.

According to Foa and Kozak (1986), a fear structure becomes a problem when (1) the information in the structure does not accurately represent the world, (2) physical and escape/avoidance responses are triggered by harmless stimuli, (3) the fear responses interfere with daily functioning, and (4) harmless stimuli and responses are viewed as being dangerous. Foa and Kozak proposed that two conditions are necessary for successfully changing the unrealistic and abnormal fear structure, thereby reducing anxiety symptoms. First, the person’s fear and anxiety need to be triggered or activated. If this is not done, the fear structure cannot be changed. Second, realistic information (e.g., talking about the traumatic experience and remembering that it did not cause me to break down) needs to replace the original, unrealistic information in the fear structure (e.g., I will fall apart if I allow myself to talk or think about the trauma). Exposure therapy meets these two conditions.

Sometimes, people also have thoughts that if they confront what they are scared of their anxiety will be so high that they will “lose control” or “go crazy.” But research has shown that when they confront what they are scared of in a therapeutic manner, it helps these thoughts go away as well. Dr. Foa and her colleagues have published a number of papers describing how this treatment helps people with PTSD (Foa, Steketee, & Rothbaum, 1989; Foa & Riggs, 1993; Foa & Jaycox, 1999; Foa & Cahill, 2001; Foa, Huppert, & Cahill, 2006).
You may wonder why some trauma survivors develop PTSD and some do not. Within the framework of Emotional Processing Theory, the development of chronic PTSD is caused by the failure to fully process the traumatic memory. So the goal of therapy for PTSD is to promote emotional processing. Exposure to feared stimuli results in the activation (bringing to mind) of the relevant fear structure and at the same time provides realistic information about the likelihood and cost of the consequences you fear. In addition to the fear of external threat (e.g., being attacked again), the person may have unhelpful or inaccurate beliefs about anxiety itself that are disconfirmed during exposure, such as the belief that anxiety will never end until the situation is escaped or that the anxiety will cause the person to “lose control” or “go crazy.” This new information is learned during the exposure therapy session, which changes the fear structure and causes the person to be less afraid the next time he or she faces that situation, and thereby results in a reduction of PTSD symptoms.

Prolonged Exposure for the treatment of PTSD works through bringing to mind the fear structure, deliberately confronting trauma-related thoughts and images, imaginal and in vivo exposure, and learning that what you were afraid of is very unlikely to happen.

By confronting trauma memories and reminders, people learn that they can tolerate these situations and that nothing bad happens to them. They also learn that their anxiety will decrease even while they are confronting what they fear. People learn that they don’t go crazy or lose control. Imaginal and in vivo exposure exercises help you tell the difference between the traumatic event and other similar but non-dangerous events. This allows you to see the trauma as a specific event occurring in space and time, which helps you get over your feelings and thoughts that the world is entirely dangerous and that you are completely incompetent to deal with it. Importantly, people with PTSD often report that thinking about the traumatic event makes it feel as if it is happening all over again. Repeated imaginal exposure to the trauma memory helps people tell the difference between the past and present. It helps them realize that although remembering the trauma can be emotionally upsetting, the trauma is not happening again and therefore thinking about the event is not dangerous. Repeated imaginal exposure also helps people think differently about what happened to them. For example, someone who feels guilty about not having done more to resist an attacker may soon realize that the assault might have been more severe if she had resisted. All of these changes reduce PTSD symptoms and
bring about a sense of mastery and competence. In each session following
the imaginal exposure, you will talk with your therapist about the experi-
ence and how you are thinking and feeling about it and how that changes
over time. This “processing” also helps change your fear structure.

How Was the Program Developed?

The PE treatment program was developed by the authors at the Center for
the Treatment and Study of Anxiety (CTSA) at the University of Pennsyl-
vania. Over the last 20 years we have conducted well-controlled studies in
which we provided this treatment to hundreds of clients. In addition, we
have trained many therapists in various settings and countries to use this
treatment. Our clinical experiences and the results of our studies have
guided the evolution of PE to its current form, which is detailed in the
chapters that follow. PE has worked well in studies that were conducted at
universities and when delivered by therapists in community agencies in the
United States and around the world, including Israel, Japan, Australia, and
Europe. Dr. Foa has been training therapists worldwide to use this therapy
and is continuing to train more therapists.

As a result of the large body of research supporting the effectiveness of PE,
the treatment program was given a 2001 Exemplary Substance Abuse Pre-
vention Program Award by the U.S. Department of Health and Human
Services, Substance Abuse and Mental Health Services Administration
(SAMHSA), and was designated as a Model Program for national dissemi-
nation. We are very excited about how much PE helps people, and that is
part of why we wrote this book—to help more people use it.

Risks and Benefits of This Treatment Program

Benefits

Twenty years of research on PE have yielded findings that clearly support
the effectiveness of PE as a treatment for PTSD. Nearly all studies have
found that PE reduces not only PTSD but also other trauma-related prob-
lems, including depression and general anxiety. It helps people to reclaim
their lives.
Risks

The primary risks associated with PE therapy are discomfort and emotional distress, especially when confronting anxiety-provoking images, memories, and situations in the course of treatment. PE is designed to get you in touch with these emotions and reactions, and we know that it is often painful, especially at first. That is why it is best to do PE with the help of a trained therapist who will be there to help you through it. You may feel worse before you feel better. But, if you stick with it, the chances are excellent that you will feel much better in the long run. It is worth it!

Alternative Treatments

In addition to PE and other versions of exposure therapy, the CBT (cognitive behavioral therapy) programs that have been found effective include stress inoculation training (SIT), cognitive processing therapy (CPT), cognitive therapy (CT), and eye movement desensitization and reprocessing (EMDR). For detailed reviews, see Foa & Meadows, 1997; Rothbaum et al., 2000; Harvey, Bryant, & Tarrier, 2003, and Cahill & Foa, 2005.

The Role of Medications

Zoloft and Paxil are the only medications approved by the U.S. Food and Drug Administration (FDA) for use in treating PTSD. It is common for people already taking either of these drugs or other appropriate medication for PTSD and/or depression to enter therapy. If you are already taking these medications but still suffer from PTSD, you can stay on the medication and go through the PE program because we have not found the medication to interfere with this treatment.

Outline of This Treatment Program

The treatment program consists of 10–15 weekly or twice-weekly treatment sessions that are generally 90 minutes each. This workbook is divided into chapters that talk about what will happen in each session.
Each chapter includes the techniques you will use and how to use them, home exercises, and all necessary handouts and forms. Each session should be audiotaped for you to review as part of homework each session. In addition, a separate audiotape will be made during the breathing retraining in session 1 for you to use at home to practice the breathing relaxation. Finally, beginning in session 3, separate tapes of your imaginal exposure will be made for you to listen to once a day at home. Thus, two tapes are used in any session including imaginal exposure: the “session tape” records everything up to the beginning of your imaginal exposure, at which point the therapist will switch to a new audiotape to record only the imaginal exposure, and then will return to the session audiotape to record the discussion that follows the exposure exercise.

Structure of Sessions

Session 1 begins by presenting you with an overview of the treatment program and a general rationale for prolonged exposure. The second part of the session is devoted to collecting information about the trauma, your reactions to the trauma, and other stressful experiences you may have had. The session ends with the introduction of breathing retraining. For homework, you will be asked to review the Rationale for Treatment and practice the breathing retraining on a daily basis.

Session 2 presents you with an opportunity to talk in detail about your reactions to the trauma and its effect on you. Common reactions to trauma are discussed in this workbook. Next, your therapist will present the rationale for exposure, with an emphasis on in vivo exposure. Finally, during session 2, you and your therapist will construct a hierarchy of situations or activities and places that you are avoiding. After this session you will begin confronting situations for homework using in vivo exposure methods. Session 2 ends with your therapist assigning specific in vivo exposures for homework. You will also be encouraged to continue using the breathing exercises you learned in session 1 throughout the day when you feel anxious and to read the Common Reactions to Trauma information daily.

Session 3 begins with homework review. Your therapist will explain the rationale for imaginal exposure, or revisiting and recounting the trauma memory using your imagination. With your therapist’s support and guidance, you will then experience your first imaginal revisiting of the trauma
memory. During this exposure, you will be asked to visualize and describe the trauma memory for 45–60 minutes. This is followed by 15–20 minutes of discussion aimed at helping you to continue processing your thoughts and feelings about the trauma. Your homework for this session is to listen to the audiotape of the imaginal exposure and to continue with your in vivo exposure exercises.

*Sessions 4–9 (or more)* consist of homework review, followed by imaginal exposure, postexposure processing of thoughts and feelings, and discussion of your in vivo homework assignments. As treatment advances, you are encouraged to describe the trauma in much more detail during the imaginal exposure and to gradually focus more and more on the most distressing aspects of the trauma experience, or memory “hot spots.” In later sessions, as you improve, the time dedicated to imaginal exposure will decrease to about 30 minutes.

*Session 10 (or the Final Session)* includes homework review, imaginal exposure, discussion of this exposure (with emphasis on how the experience has changed over the course of therapy), and a detailed review of your progress in treatment. The final part of the session is devoted to discussing continued practice of all that you learned in treatment, relapse prevention, and, if you are terminating therapy, saying goodbye to your therapist.

You have chosen to take back your life, and you are on the way!