

*Effective Substance Abuse and
Mental Health Programs
for Every Community*

Prolonged Exposure Therapy for Posttraumatic Stress Disorder

Prolonged Exposure (PE) therapy is a cognitive-behavioral treatment program for individuals suffering from posttraumatic stress disorder (PTSD). The program consists of a course of individual therapy designed to help clients process traumatic events and thus reduce trauma-induced psychological disturbances. Twenty years of research have shown that PE significantly reduces the symptoms of PTSD, depression, anger, and general anxiety. The standard treatment program consists of nine to twelve, 90-minute sessions. PE includes three components:

- Psychoeducation about common reactions to trauma and the cause of chronic posttrauma difficulties
- Imaginal exposure: repeated recounting of the traumatic memory (emotional reliving)
- In vivo exposure: gradually approaching trauma reminders (e.g., situations, objects) that, despite being safe, are feared and avoided

PE therapy reduces PTSD symptoms including intrusive thoughts, intense emotional distress, nightmares and flashbacks, avoidance, emotional numbing and loss of interest, sleep disturbance, concentration impairment, irritability and anger, hypervigilance, and excessive startle response.

INTENDED POPULATION

PE is designed for adults 18 to 70 years of age who have experienced either single or multiple/continuous traumas and currently suffer from significant PTSD symptoms. Many studies show that PE substantially reduces PTSD symptoms in female victims of rape, aggravated assault, and childhood sexual abuse and in men and women whose PTSD symptoms are related to

PROVEN RESULTS*

- 70% to 90% of clients no longer have the diagnosis of PTSD after a 9- to 12-session course of PE therapy (i.e., they have a highly significant reduction in trauma-related symptoms, including distressing thoughts, feelings, and flashbacks; avoidance of thoughts and other reminders of the traumatic event; and hyperarousal symptoms).
- Improved daily functioning, including substantial reduction in depression, general anxiety, and anger, has been observed in clients treated with PE.
- Treatment gains are maintained for at least 1 year after treatment ends.

**Compared to control group.*

INTERVENTION

Universal

Selective

Indicated



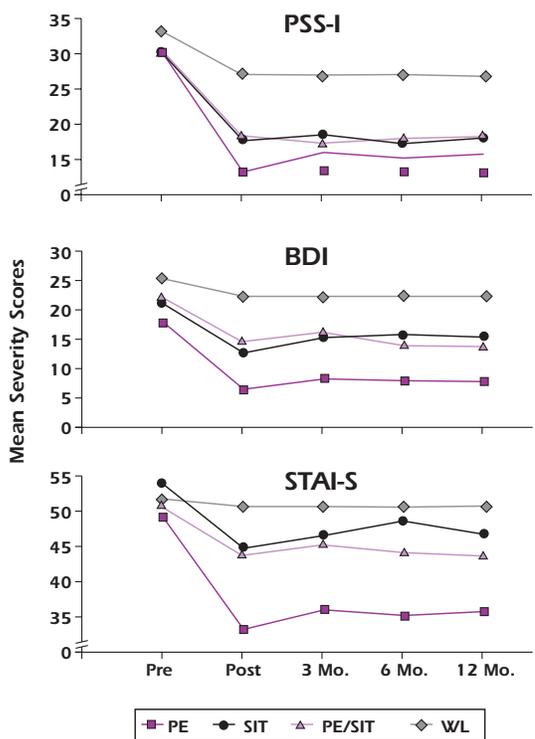
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
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Outcomes

PE is a quick and effective treatment for PTSD that has generally been found to be as or more effective than alternative forms of therapy for this disorder. Moreover, treatments that added other procedures to PE did not show increased efficacy. Thus, at present, PE is an extremely potent psychosocial treatment for PTSD.

At posttreatment, those completing all three active treatments had significantly lower scores than those in WL on measures of PTSD, anxiety, and depression. PE completers' scores were significantly lower than those of PE-SIT on anxiety. At followup, PE completers had significantly lower scores on anxiety than completers of SIT and PE-SIT.

Reductions in trauma symptoms by treatment method, PE Therapy (PE), Stress Inoculation Training (SIT), PE/SIT combined, and Wait List (WL) at 12-month followup



PSSI—Posttraumatic Stress, interview version
BDI—Beck Depression Inventory
STAI-S—State Trait Anxiety Inventory

combat, traffic and industrial accidents, and violent crime. Most extensively used with adults, PE has also been successfully used with children, primarily with those whose symptoms were related to sexual abuse. Case reports also indicate that PE is useful with children whose PTSD is related to accidents and disasters.

BENEFITS

- PE has been beneficial for those suffering from co-occurring PTSD and substance abuse when combined with substance abuse treatment
- Imparts confidence and sense of mastery in confronting trauma reminders and in various aspects of daily functioning
- Increases ability to cope with courage rather than fearfulness when facing stress
- Improves discrimination between safe and unsafe situations

HOW IT WORKS

PE can be used in a variety of clinical settings, including community mental health outpatient clinics, veterans' centers, rape counseling centers, private practice offices, and inpatient units. Treatment is individual and is conducted by therapists trained to use the *PE Manual*, which specifies the agenda and treatment procedures for each session. Standard treatment consists of 9 to 12 once- or twice-weekly sessions, each lasting 90 minutes and consisting of:

- **Sessions 1 and 2:** information gathering, presentation of treatment rationale, construction of a list of avoided situations for in vivo exposure (i.e., gradually approaching trauma reminders such as situations and objects that, despite being safe, are feared and avoided), and initiation of in vivo homework. Clients are taught to reduce anxiety by slow, paced breathing.
- **Sessions 3 to 8 or 11:** homework review, imaginal exposure (i.e., prolonged—40 to 60 minutes—of repeated recounting of traumatic memories), processing of imaginal exposure experience, reviewing in vivo exposure, and homework assignment.
- **Final session:** imaginal exposure, review of progress and skills learned, and discussion of client's plans for maintaining gains.

The treatment course can be shortened or lengthened depending on the needs of the client and the rate of progress, but usually ranges from 7 to 15 sessions.

IMPLEMENTATION ESSENTIALS

Training therapists (e.g., social workers, psychologists, psychiatrists) in PE is essential to its successful implementation. Several levels of training are available, ranging from a half-day workshop to familiarize the therapist with PE to a 5-day indepth workshop. In a 2-day basic workshop, the three PE

procedures are demonstrated on videotapes and therapists practice the procedures using role-playing. In addition to this basic training, the comprehensive 4- to 5-day workshop includes in-depth discussion of typical and atypical treatment responses and how to recognize and manage challenges presented by atypical patients. Therapists are shown techniques for promoting effective emotional engagement during imaginal and in vivo exposures as well as how to overcome difficulties with homework assignments.

To be proficient in the administration of PE, therapists must:

- Complete the 4- to 5-day workshop
- Be thoroughly familiar with the *PE Manual* and have extensive role-play practice
- Treat two PTSD clients under close supervision of a certified PE trainer
- Continue to treat PTSD clients using PE therapy

Materials

- *PE Manual*: a detailed guide to implementation of PE
- Interviewer and self-report measures of PTSD, depression, and anxiety

In addition, therapists must have access to equipment for video or audio recording of sessions for supervision purposes and for client's use at home.

PROGRAM BACKGROUND

PE is an exposure-based program that is specifically designed to address problems related to PTSD. After introduction of the PTSD diagnosis into the DSM-III in 1980, exposure therapy for PTSD was first used by Dr. Terrence Keane and his colleagues to address the symptoms of Vietnam War veterans. In 1982, Edna B. Foa, Ph.D., and her colleagues developed the Prolonged Exposure program for treating women who had chronic PTSD following sexual and nonsexual assault. Over the past 20 years, Dr. Foa and colleagues have continued to study the efficacy of the program and modify it to improve program outcomes. In the past 10 years, the efficacy of the PE program has been further established through studies conducted in other academic centers in Australia, Canada, England, Holland, Israel, and the United States. Numerous clinicians around the world currently practice PE.

EVALUATION DESIGN

The efficacy and effectiveness of PE have been established through single case reports, quasi-experimental designs, and above all, many randomized control studies. It is by far the most studied treatment program for PTSD and has broad empirical support from studies of clients with PTSD resulting from various types of traumas. Furthermore, exposure therapy is considered, by expert consensus, the treatment of choice for PTSD clients whose prominent symptoms include intrusive thoughts, flashbacks, and trauma-related fear and avoidance.

HERE'S PROOF PREVENTION WORKS

In one study, for example, 96 female victims of assault were randomly assigned to one of four conditions: PE therapy; stress inoculation training (SIT), a treatment program designed to teach clients how to manage stress and anxiety through relaxation, controlled breathing, role-playing, cognitive structuring, and assertiveness exercises; combined treatment (PE/SIT); or wait-list control (WL), delayed treatment where some clients were assigned to a control condition in which they were assessed, assigned to wait for a period, then reassessed before receiving treatment. Treatment consisted of nine twice-weekly 90-minute sessions. The graphs in the *Outcomes* section illustrate the results.

PROGRAM DEVELOPER

Edna B. Foa, Ph.D.

Dr. Edna B. Foa is a professor at the University of Pennsylvania and the founder and director of the Center for the Treatment and Study of Anxiety. Dr. Foa has devoted her academic career to studying the psychopathology and treatment of anxiety disorders, including PTSD, and is one of the world's leading experts in these areas. She was the co-chair of the DSM-IV Subcommittee for PTSD and the chair of the Treatment Guidelines Task Force of the International Society for Traumatic Stress Disorders. Dr. Foa has published extensively and has lectured around the world. Her work has been recognized with numerous awards and honors, including the First Annual Outstanding Research Contribution Award presented by the Association for the Advancement of Behavior Therapy; the Distinguished Scientific Contributions to Clinical Psychology Award from the American Psychological Association; and the Lifetime Achievement Award presented by the International Society for Traumatic Stress Studies.

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RECOGNITION

Model Program—Substance Abuse and Mental Health Services Administration, U.S.

Department of Health and Human Services

Exemplary Service and Support to Victims and Witnesses of Crime Award—Philadelphia Coalition for Victim Advocacy