What is Prolonged Exposure Therapy?

Prolonged Exposure (PE) therapy was originally developed by Edna Foa, Ph.D. to treat post-traumatic stress disorder (PTSD). The name Prolonged Exposure reflects the fact that the treatment program emerged from the long tradition of exposure therapy for anxiety disorders in which clients are helped to confront safe but anxiety-evoking situations in order to overcome their excessive fear. To date, treatments such as PE that use exposure therapy have received the most research support for their effectiveness in treating PTSD, and have been designated by expert consensus as a first-line treatment for PTSD. The strong effectiveness of exposure therapy has been demonstrated in a wide range of trauma populations.

The Role of Avoidance

Avoidance is a major factor that maintains PTSD and prevents recovery. There are two ways that people avoid dealing with trauma reminders. The first is trying to push away memories, thoughts, and feelings about the trauma. The second is escaping or avoiding situations, places, people, and objects that cause distress or fear because they are similar to the trauma or are reminders of the trauma. However, while the strategy of avoiding trauma-related thoughts and situations works in the short run, it actually prolongs the post-trauma reactions and prevents you from getting over your trauma-related difficulties.

Exposure Therapy

Because avoiding thoughts about the trauma and situations that remind you of the trauma maintains your PTSD, exposure therapy aims to help you stop avoidance and instead encourages you to confront trauma-related thoughts and situations. PE includes two types of exposure: imaginal exposure and in vivo exposure.

Imaginal Exposure

Imaginal exposure involves asking you to revisit the traumatic experience in your imagination and describe the trauma out loud. Imaginal exposure aims to enhance your ability to process the traumatic memory by asking you to describe the memory repeatedly during the sessions. Repeated and prolonged imaginal exposure to the traumatic memory is very effective in reducing trauma-related symptoms and helping you get new perspective and meaning about what happened before, during, and after the traumatic event.

In vivo Exposure

In vivo exposure means confronting situations you avoid "in real life." You will be asked to gradually approach situations that you have been avoiding because they remind you of the trauma, directly or indirectly (e.g., driving a car, walking alone in a safe place). In vivo exposure has been found to be very effective in reducing excessive fears and avoidance after a trauma. For example, if you avoid trauma-related situations that are objectively safe, you do not give yourself the opportunity to get over your fear of these situations. This is because until you confront these situations, you may continue to believe they are dangerous, or that you will not be able to handle them. However, if you confront these situations in a gradual, systematic way, you will find out that they are not actually dangerous, that you can handle them, and that your anxiety will eventually decrease.

Who is appropriate for PE?

- Individuals with PTSD who clearly remember at least some part of the traumatic event(s).
- Individuals who do not exhibit any of the following:
  - Imminent risk of suicidal behavior
  - Recent (past 2 months) suicidal or non-suicidal self-injury
  - Inability to control urges to engage in suicidal or non-suicidal self-injury when in the presence of cues for those behaviors
  - Serious therapy-interfering behavior
  - Other quality of life interfering-behaviors that are a higher-priority target than PTSD
  - Inability or unwillingness to experience intense emotions

What's typically involved

PE typically consists of 10-15 weekly individual therapy sessions that are generally 90-120 minutes each. The number and duration of your PE sessions will be determined based on your individual clinical needs.

Weekly individual psychotherapy

- A hierarchy of avoided situations is developed, ranging from the least to most anxiety-provoking.
- Imaginal exposure is conducted in the session.
- Post-exposure processing of thoughts and feelings.
- In vivo and imaginal exposure exercises are assigned as homework.

Combining DBT and PE

The goal of this overall treatment program is to combine DBT and PE. The DBT portion of the treatment will focus on helping you to learn new coping skills so that you can control behaviors that may make you inappropriate for PE (e.g., suicidal behavior, self-injury, severe dissociation). Once you have achieved sufficient control over these behaviors via standard DBT, PE will be implemented to target your PTSD. The exact timing of the PE portion of the treatment will vary depending on your clinical needs.

Adapted from Foa, Hembree, & Rothbaum (2007). © 2011 Melanie S. Harned, Ph.D.