



Prolonged Exposure Therapy for Posttraumatic Stress

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.



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 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. NREPP* reviewed a study of female sexual and physical assault victims with a median age of 35.

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.

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.



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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 Wait List 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.

CONTACT INFORMATION

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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 indepth discussion of typical and atypical treatment responses and how to recognize and manage challenges presented by atypical patients.

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, and continue to treat PTSD clients using PE therapy. Therapists must use the *PE Manual*: a detailed guide to implementation of PE and 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 DEVELOPER

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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.

* National Registry of Effective Programs and Practices

Program detail and citations can be obtained at
<http://modelprograms.samhsa.gov>

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