



Session 2: Overview

Dr. Barbara Rothbaum

Welcome to Module 3. The first video will focus on session 2 and we'll start with the overview of session 2.

Session 2



90 min.



Check-in



Homework review

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



We recommend that session 2 be scheduled for about 90 minutes. As in most of our sessions, it will start with a check-in and then review homework.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Session 2



Common reactions to trauma



Rationale for in vivo exposure



SUDS



In vivo hierarchy



Homework assignment

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



We'll present the common reactions to trauma and present the rationale for in vivo exposure. We'll introduce the SUDS, Subjective Units of Discomfort Scale, construct the in vivo hierarchy and assign homework.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Session 2: Homework



Common reactions



Breathing exercises



Avoided situations



In vivo exposure



Audio of the sessions

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



The homework from session 2 will include reading the common reactions to trauma handout several times and sharing it with loved ones if that would be helpful. Continue to practice the breathing retraining. Complete the list of avoided situations if it's not completed in session. Begin the in vivo exposure assignments and listen to the audio tape of the sessions.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

In Vivo Exposure



- Begins in session 2
- As between-session homework
- Different schedules

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



Patients begin in vivo exposure in session 2. For most patients, the in vivo exposure practices are done between sessions as homework practices. This is because in subsequent sessions, (1) the majority of the session is devoted to imaginal exposure and processing and (2) the in vivo exposures are often exercises that can't be easily conducted during the therapy sessions. However, sometimes, a patient's in vivo exposure includes items that can be accomplished during the therapy session. Towards the end of this entire course, we'll talk about different schedules for exposure. For example, we have an intensive outpatient program or an IOP in which patients have a daily 90-minute individual imaginal exposure session and a daily two-hour group in vivo exposure session. But we'll talk about that towards the end of this course.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

In Vivo Exposure



Exposure items need
to be safe



Plan upcoming
exposure

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



Examples of exposure items might include going out after dark if it's realistically safe and we're going to come back to that. We want all exposure items to be realistically safe. Other examples include talking to men. And in our clinic, we will sometimes use male therapists if we're practicing in the clinic. Other examples include listening to sounds that are associated with the traumatic event. So for example, you can use YouTube to play aircraft engine or helicopter rotor sounds, explosions, sirens, even listening to music that's associated with the event. Sitting in a waiting room with unfamiliar people and sitting in the lobby with one's back to the door. The patient will then continue to practice that exposure item for homework. And the last 10 to 15 minutes of each session will focus on planning the upcoming in vivo exposure that we'll assign for homework.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Key Points

- Session 2 includes the discussion of common reactions to trauma.
- Exposure therapy begins with in vivo exposure.
- In session 2, the in vivo exposure hierarchy is constructed.



Key points are that session 2 includes the discussion of the common reactions to trauma and it includes the patient's own reactions. Exposure therapy begins in session 2 with in vivo exposure. And in session 2, the therapist and patient construct the in vivo exposure hierarchy.



Next Presentation:

Session 2: How to Initiate

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Session 2: How to Initiate

Dr. Barbara Rothbaum

In video number 2, we're going to talk about how to initiate session 2.

Initiation



Homework
review



Check-in



Review
symptoms

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



Every session from now on includes starting with reviewing the homework. This will usually take about 5 to 10 minutes unless there were problems. And if there were problems, spend time problem solving. At the beginning of the session, ask the patient how he or she has been doing in the past week and what his or her reactions were to the first session. You may ask, how are you feeling about the idea of exposure therapy? Review his or her symptoms quickly with the PTSD and depression measures. As I mentioned before, we usually ask people to complete those about every other session and I just leave them on the patient's chair with a clipboard and ask them to complete them at the beginning. These self-report measures will allow you to discuss with the patient changes that may occur in symptoms of depression and PTSD as treatment progresses but we wouldn't really expect any change by session 2.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Homework Review



Frequency, usefulness, and problems with breathing retraining



Reactions to the recording



Questions about the rationale

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



Ask the patient how often he used the breathing retraining and how useful he found the technique during the last week and were there any problems. Discuss his reactions to listening to the recording of the session and ask if he has any questions about handout 1, the rationale for prolonged exposure treatment. If the patient didn't do his homework, don't spend significant session time at this point discussing this. Instead, tell him that you're concerned because in order to do well in PE he needs to do the homework between each session.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



Discuss difficulties and provide suggestions when assigning new homework

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- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



At the end of the session, when you assign new homework, you can further discuss any difficulties with homework completion and provide suggestions on how to overcome obstacles to completion. I'll sometimes get patients to schedule the homework practice into their phones if they have calendars on their phones.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Agenda



1. Discuss common reactions to trauma
2. Review the rationale for in vivo exposure
3. List avoided situations



Next, we'll set the agenda for the session with the patient which will just take a few minutes. We present the patient with the agenda for the session by telling him that you're first going to discuss the usual common reactions that people have to trauma as well as discussing his experience of these reactions. Explain to him that you'll also review the rationale for in vivo exposure and work together to construct the list of situations that are upsetting and that he's been avoiding.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

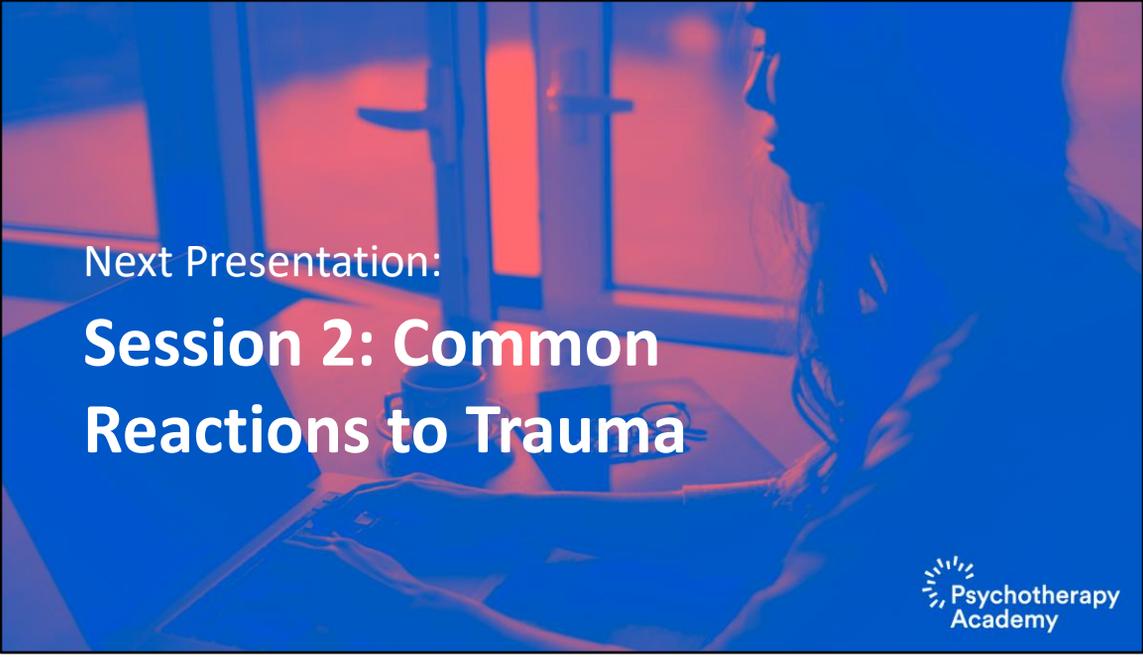
Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Key Points

- Begin with homework review.
- If there are problems, you can problem solve.
- Set the agenda for the session.



Key points from this video include beginning every session with the discussion of how homework went. If there are problems, you can problem solve here or at the end of the session when new homework is assigned. Next, you'll set the agenda for the session for the patient. Remember that they don't know what to expect. So being very clear about the agenda for each session will help the patient know what's coming and it will also help with trust and with having a collegial relationship.



Next Presentation:

Session 2: Common Reactions to Trauma

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Session 2: Common Reactions to Trauma

Dr. Barbara Rothbaum

In video 3, we're going to discuss the reactions to trauma that we'll present in session 2.

Common Reactions to Trauma



- An important part of session 2
- This is a conversation

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



One of the most important parts of session 2 is the discussion of the common reactions to trauma. It's very important that this is a conversation, not a lecture or a soliloquy.

We recommend that you print this out: one copy for yourself, one copy for your patient. When I do it, I highlight, I make notes, I underline so I can refer to it, but I'm not reading it.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Common Reactions Discussion: Purposes



Elicit the patient's
own experience



Educate, validate, and
normalize



Instill hope

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- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

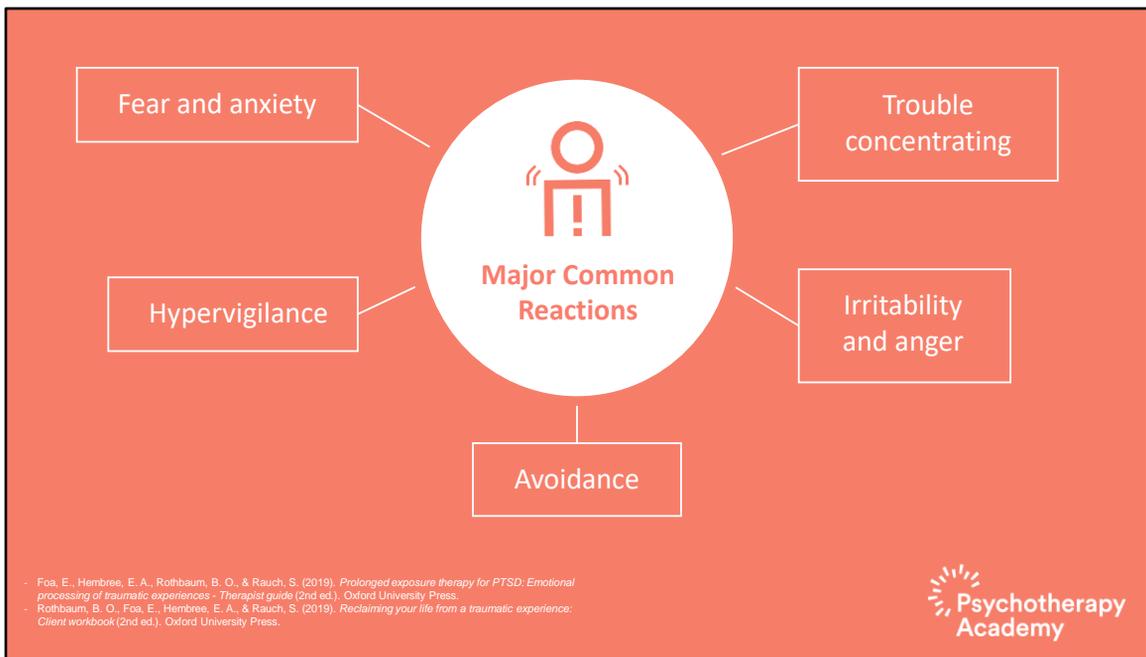


In this part of our psychoeducation, discussing the common reactions has three main purposes. We want to elicit from the patient his or her own experience of their PTSD symptoms and related problems. We want to educate, validate, and normalize the patient's experiences and symptoms in the context of PTSD. Very often, especially if the trauma occurred years or even decades earlier, patients don't necessarily identify what's been happening to them as PTSD symptoms. They may just think they're weak or they're being babies or they're not handling it very well. So it's important to let them know, no, this is PTSD and we have treatments for it. And that one of the other goals is to instill hope. We want to help the patient realize that a good deal of their distressing symptoms and problems are directly related to PTSD and that much of this should improve as we go through treatment.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

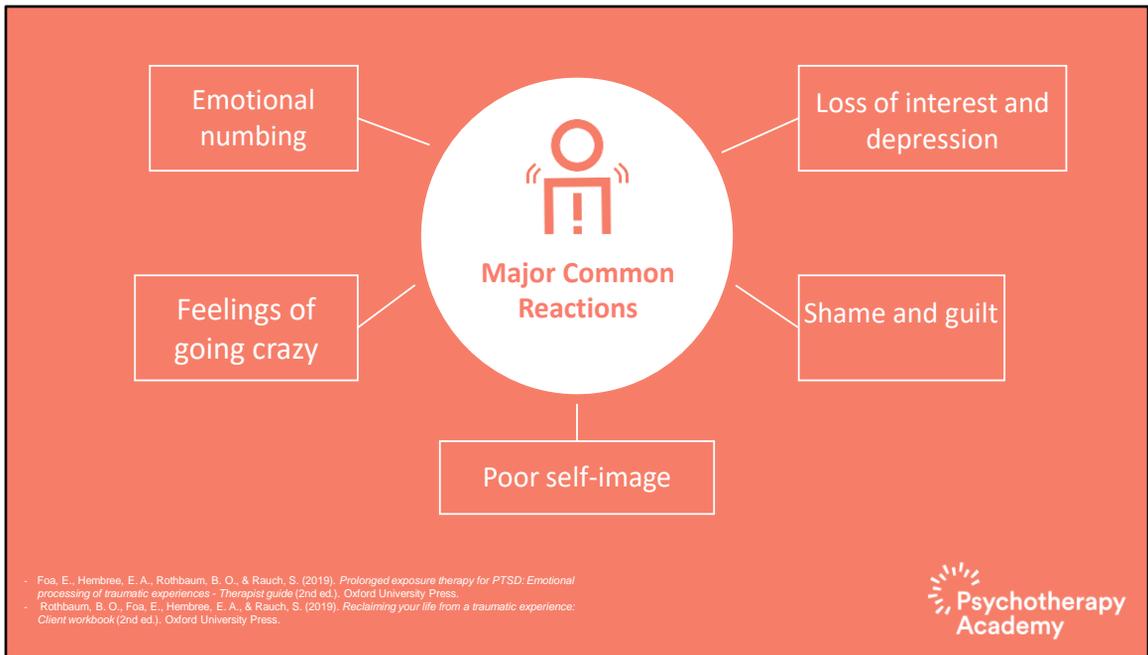


The major common reactions to trauma include fear and anxiety, for example, reexperiencing the trauma through flashbacks and nightmares; trouble concentrating; hypervigilance that can include over-alertness, hyperalertness, exaggerated startle responses; irritability and anger; avoidance of trauma reminders; ...

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



... emotional numbing; loss of interest; depression; feelings of going crazy; shame and guilt; and poor self-image.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Key Points

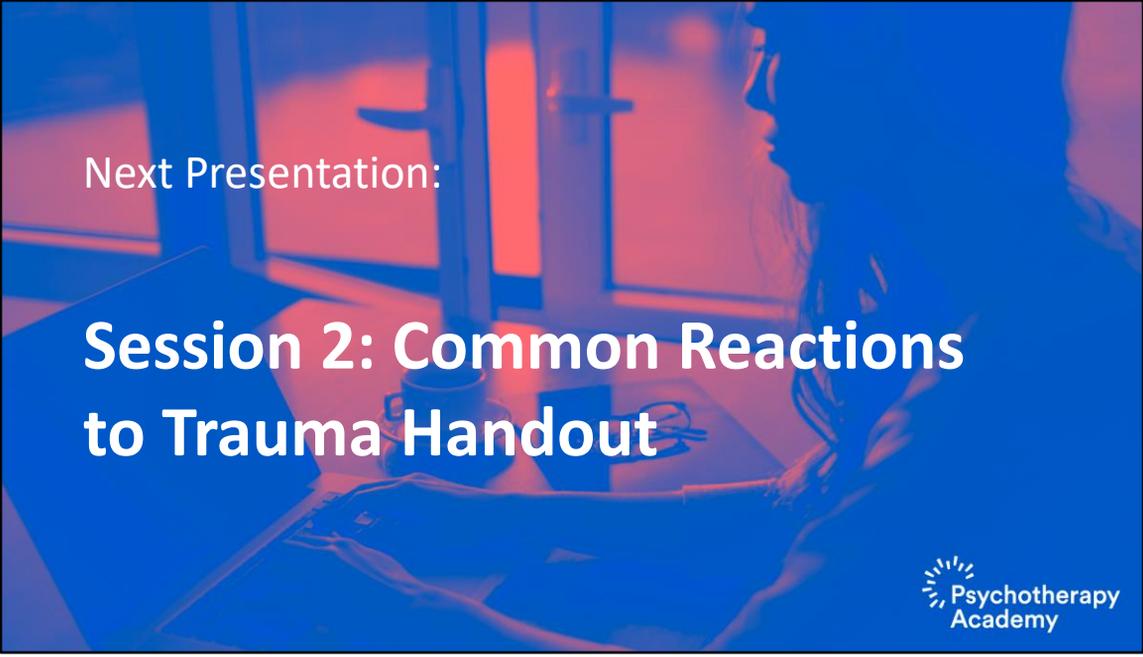
The common reactions to trauma discussion is a conversation.

It helps to:

1. Gather information about the patient's experience.
2. Educate, validate, and normalize.
3. Instill hope.



The key points for this video are it's very important that the common reactions to trauma discussion is a conversation, not a lecture or a soliloquy. The common reactions to trauma discussion will help gather information from the patient about his or her experience of PTSD; educate, validate, and normalize the patient's experience and symptoms; and instill hope.



Next Presentation:

Session 2: Common Reactions to Trauma Handout

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Session 2: Common Reactions to Trauma Handout

Dr. Barbara Rothbaum

In video 4, we're going to talk in detail about the common reactions to trauma handout that we'll review with the patient in session 2.

Common Reactions to Trauma Handout



Print it out and practice



Give a copy to the patient

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



I recommend you print this out and practice it so it can be a conversation. You don't want to read it to the patient. I also give a copy to the patient so they can read it and that they can share it if they want with a loved one. It can be very powerful for a spouse who is feeling unloved and rejected to read that this is a symptom of PTSD and that there's hope for it improving.

References

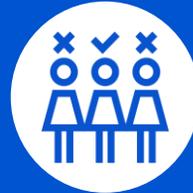
Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Common Reactions to Trauma Handout



Describes common reactions after trauma



Everyone responds differently

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



This handout describes some of the common reactions people have after trauma. Because everyone responds differently to traumatic events, you may have some of these reactions more than others and some you may not have at all.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



- Changes after trauma are normal
- Some people don't recover without help
- Becoming aware of these changes is the first step toward recovery

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



Remember many changes after trauma are normal. In fact, most people who experience a major trauma have severe reactions in the immediate aftermath. Many people then feel much better within three months after the event. But others recover more slowly and some don't recover enough without help. Becoming more aware of the changes you've undergone since your trauma is the first step toward recovery. Some of the most common problems after include...

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Common Reactions: Fear and Anxiety



Triggers



What triggers have you noticed?

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- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



...fear and anxiety. Anxiety is a common and natural response to a dangerous situation. For many, it lasts long after the trauma has ended. You may become anxious when you remember the trauma. But sometimes, anxiety may seem to come from out of the blue. Triggers or cues that cause anxiety may include places, times of day, certain smells or noises, or any situation that reminds you of the trauma. As you begin to pay more attention to the times you feel afraid, you can discover these triggers for your anxiety. After I say that to the patient, then I'll ask, "What triggers have you noticed?" And we'll have a conversation about that. Sometimes, people don't even realize their triggers. For example, I've had people tell me when it changed to the season of the year that the trauma occurred and they smelled, for example, that smell of fall in the air or the sky looked like that or the leaves changed that all of a sudden they would get more anxious again and they never understood why. So ask about their triggers and talk about that. Give them enough time to talk about it.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Common Reactions: Re-experiencing



- Unwanted thoughts
- Flashbacks
- Nightmares



What symptoms have you had?

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

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The next common reaction to trauma we'll talk about is the re-experiencing of the trauma. People who've been traumatized often reexperience the traumatic event. For example, you may have unwanted thoughts of the trauma and find yourself unable to get rid of them. Some people have flashbacks or very vivid images as if the trauma is occurring again. Nightmares are also common. These symptoms occur because a traumatic experience is so shocking and so different from everyday experiences that you can't fit it into what you know about the world. So in order to understand what happened, your mind keeps bringing the memory back as if to better digest it and fit it in. And then I ask, "What re-experiencing symptoms have you had?" and allow the patient to talk about that.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Common Reactions: Increased Arousal



- Feeling jumpy
- Exaggerated startle responses
- Trouble concentrating



Symptoms of increased arousal?
Reactions at the time?

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



The next common reaction to trauma is increased arousal. This includes feeling jumpy, jittery, shaky, being easily startled, exaggerated startle responses, and having trouble concentrating or sleeping. Continuous arousal can lead to impatience and irritability — especially if you're not getting enough sleep. How are you sleeping? What symptoms of increased arousal have you noticed? People who have been traumatized often see the world as filled with danger. So their bodies are on constant alert, always ready to respond immediately to an attack. The problem is that increased arousal is useful in truly dangerous situations such as when you were in the traumatic event. But alertness becomes very uncomfortable when it continues for a long time even in safe situations. Another reaction to danger is to freeze like a deer in the headlights. And this reaction can also occur during a trauma. Then I'll ask, "What reactions did you have at the time of the trauma? Have you been hypervigilant or feeling more jumpy?"

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Common Reactions: Avoidance



- Avoiding:
 - Situations
 - Thoughts/feelings
- Numbness

What have you been avoiding?
Can you talk about it?

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



Avoidance is a common way of managing trauma-related pain. The most common is avoiding situations that remind you of the trauma such as the place where it happened. Often, situations that are less directly related to the trauma are also avoided such as being in crowded places. Another way to reduce discomfort is trying to push away painful thoughts and feelings. This can lead to feelings of numbness where you find it difficult to have both fearful and pleasant or loving feelings. Sometimes, the painful thoughts or feelings may be so intense that your mind just blocks them out altogether and you may not remember important parts of the traumatic experience. And then I'll ask, "What have you been avoiding?" and this is often a long conversation. And I'll ask them, "Can you talk about it?" "Who can you talk about it with?" "Which parts can you talk about?" "Which parts do you avoid?" "What are situations in your life that you're avoiding or that you're white knuckling through?"

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

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Common Reactions: Anger and Irritability



- Anger
- Guilt
- Shame



Have you/others noticed anger?
What do you feel guilty about?

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
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Many people who have been traumatized feel angry and irritable. It may be especially upsetting to feel angry at those who are closest to you. Have you noticed feeling angry? Have others around you noticed you're being irritable? Trauma often leads to feelings of guilt and shame. Many people blame themselves for things they did or didn't do to survive, especially if someone else lost their life or was seriously injured. You may feel ashamed because during the trauma you acted in ways that you would not otherwise have done. Sometimes, other people may blame you for what happened. What are you feeling guilty about? Who are you blaming for what happened?

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

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Common Reactions: Grief and Depression



- Sadness
- Loss of interest
- Suicidal ideation



What did you use
to enjoy?

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- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



Grief and depression are also common reactions to trauma. This can include feeling down, sad, hopeless, or despair. You may cry more often. You may lose interest in people and activities you used to enjoy. You may feel the plans you had for the future don't seem to matter anymore or even that life isn't worth living. These feelings can lead to thoughts of wishing you were dead or even doing something to hurt or kill yourself. How depressed have you been feeling? What did you use to enjoy that you aren't doing anymore?

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

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Common Reactions: Grief and Depression



- Assess suicide risk
- Include a safety plan

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
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Have you considered hurting or killing yourself? And in this discussion, if the patient does admit to that, then you need to assess for suicidal risk.

I will often have a discussion with patients at this point and I'll tell them that very often patients I work with with PTSD have often thought, "Why did I fight so hard to survive if this is my life now?" and it is not uncommon for them to think they might be better off dead or that they just want out of the pain. But I will have the discussion that I have seen people who have said that after treatment tell me that they feel like the person they were before this happened and they didn't think it was possible. So my approach of dealing with suicidal risk is telling the person that I think this treatment will help but I'm not going to do it if it will increase their risk and if they can't guarantee me they're going to be safe. And we'll have a discussion that no matter how much they may feel like they want to hurt themselves, it's not an option. The treatment is actually pretty quick. It's best described in weeks rather than months and that I need them to guarantee. And we'll talk about a suicide plan, a safety plan, if they need to include that to be able to engage in treatment.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Common Reactions: Negative Views



- No one can be trusted
- The world is dangerous
- Relationships have become difficult



- Have you seen a change in your:
 - self-image?
 - view of the world?
 - relationships?

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
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We often find that self-image and views of the world become more negative after a trauma. You may tell yourself if I hadn't been so weak or stupid this wouldn't have happened to me. Many people see themselves as more negative overall after the trauma. It's also very common to see others more negatively and to feel that you can't trust anyone. The trauma may make you think that the world is very dangerous. Relationships with others can become tense and it can become difficult to become intimate with people as your trust decreases. How has your self-image changed? How have your views of the world changed? Has your trust in people and the world been affected? Sexual relationships may suffer after a traumatic event. Many people find it difficult to feel sexual or have sexual feelings. How have your sexual relationships been affected?

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life*

from a traumatic experience: Client workbook (2nd ed.). Oxford University Press.

Common Reactions: Substance Use



- Alcohol
- Drugs



How much are you using?

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Some people increase their use of alcohol or other substances after a trauma. There's nothing wrong with responsible drinking. But if your alcohol use or drug use changes as a result of your traumatic experience, it can slow down your recovery and cause problems of its own. Many use alcohol or drugs so that they wouldn't feel or remember. How much alcohol are you drinking now? How many drugs are you using? And this includes prescription drugs.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Common Reactions to Trauma



These reactions can be connected



People can think they are going crazy



Treatment should reduce these reactions

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Many of these reactions to trauma are connected to one another. For example, a flashback may make you feel out of control and will, therefore, produce fear and arousal. Many people think that their common reactions to the trauma mean that they're going crazy or losing it. These thoughts can make them even more fearful. As you become aware of the changes that you've gone through since the trauma and as you process these experiences during treatment, these symptoms should become less distressing.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Key Points

- The common reactions to trauma include, among others:
 - Fear and anxiety
 - Re-experiencing
 - Trouble concentrating
 - Hypervigilance



The key points to remember are that the common reactions to trauma include fear and anxiety, re-experiencing the trauma through flashbacks and nightmares; trouble concentrating; hypervigilance; over-alertness; exaggerated startle response; irritability and anger; avoidance of trauma reminders; emotional numbing; loss of interest; depression; feelings of going crazy; shame and guilt; or poor self-image.



Next Presentation:

In Vivo Exposure: The Essentials

 Psychotherapy
Academy



In Vivo Exposure: The Essentials

Dr. Barbara Rothbaum

In video 5, we'll discuss in vivo exposure, the essentials.

In Vivo Exposure



Confront situations they have
been avoiding



In a therapeutic manner

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
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In vivo exposure just means that we'll do things in real life, in vivo. We'll help the patient confront situations that they've been avoiding because they're fearful of them now or because they're reminders of the traumatic event. We'll help them confront these situations in a therapeutic manner so that something changes. That is very important to convey to the patient and very important for me to convey to you. Remember the example of the child who became fearful of dogs after a dog bite that we discussed earlier. If that child is presented with a dog and runs out of the room crying, it was not a therapeutic exposure. Nothing changed. We want to help them structure every exposure so that it is a therapeutic exposure.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

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Rationale

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For that, they need to understand completely what we're trying to accomplish and how. So we begin with the rationale for in vivo exposure.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



Trauma-related fears are
sometimes unrealistic

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We explain that trauma-related fears are sometimes unrealistic or excessive. For example, if they used to think it was okay to go to a shopping mall but now avoid it, that might not be realistic. Their estimates of danger have increased following the traumatic event. Just a reminder here, I'm saying the traumatic event but you should use your patient's words and call it whatever they call it, for example, the rape, the firefight in Iraq, when I was in the World Trade Center on 9/11. Also, sometimes, I refer to "he." Sometimes, I refer to "she." Sometimes, I refer to "they." But obviously, you'll individualize it for your patient.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

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Reinforcement: Increases Likelihood of Behavior



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So, let me give you my five-cent lecture on behavior therapy and reinforcement. Remember that reinforcement is anything that increases the likelihood of a behavior. There's positive reinforcement and negative reinforcement. In positive reinforcement, it increases the likelihood of a behavior by the addition of something positive. If I make delicious chocolate chip cookies and you're coming to see me only for my chocolate chip cookies and I make them every Friday, you're going to come on Friday and your attendance is going to be reinforced by my delicious chocolate chip cookies. Negative reinforcement increases the likelihood of a behavior but by the withdrawal of something negative. If I am anxious and I escape, that escape is reinforced because my anxiety goes down.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

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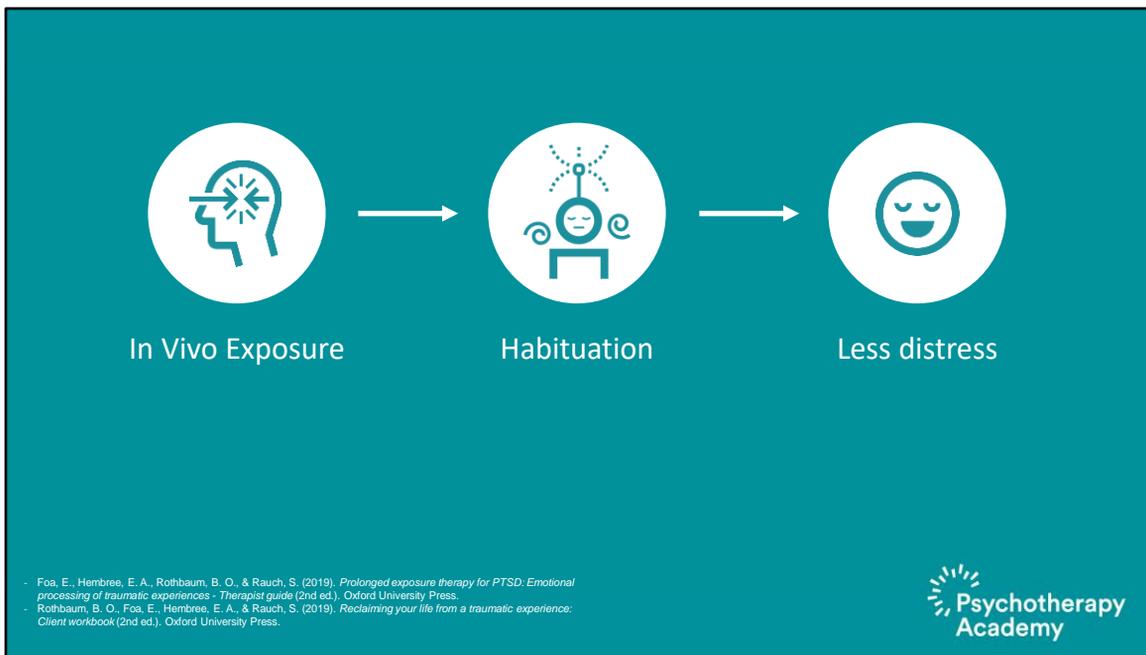
We also explain as part of the rationale for in vivo exposure that by repeatedly putting yourself in these realistically safe situations over and over and staying in them long enough for your anxiety to decrease, the in vivo exposure will block negative reinforcement.

So by engaging in vivo exposure and in a therapeutic manner, it blocks negative reinforcement. In the example of the child, if the child is in the room with the dog, runs out crying, and feels better because he's away from the dog, that's negative reinforcement. We want to block that. We want them to stay with the animal and that's why we might start with a cute little puppy that he's not as scared of and stay with that animal long enough that his body and his brain register that there's nothing to be scared of here.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



In vivo exposure also results in habituation so that the target situation becomes increasingly less distressing. Habituation is basically getting used to something. We're not changing the stimulus but because we're staying with it long enough, the response is decreasing.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

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In vivo exposure fosters the realization that the avoided situation is actually safe. If I'm staying in the situation and nothing bad is happening, that's registering maybe it's not as dangerous as my body was acting like it was.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

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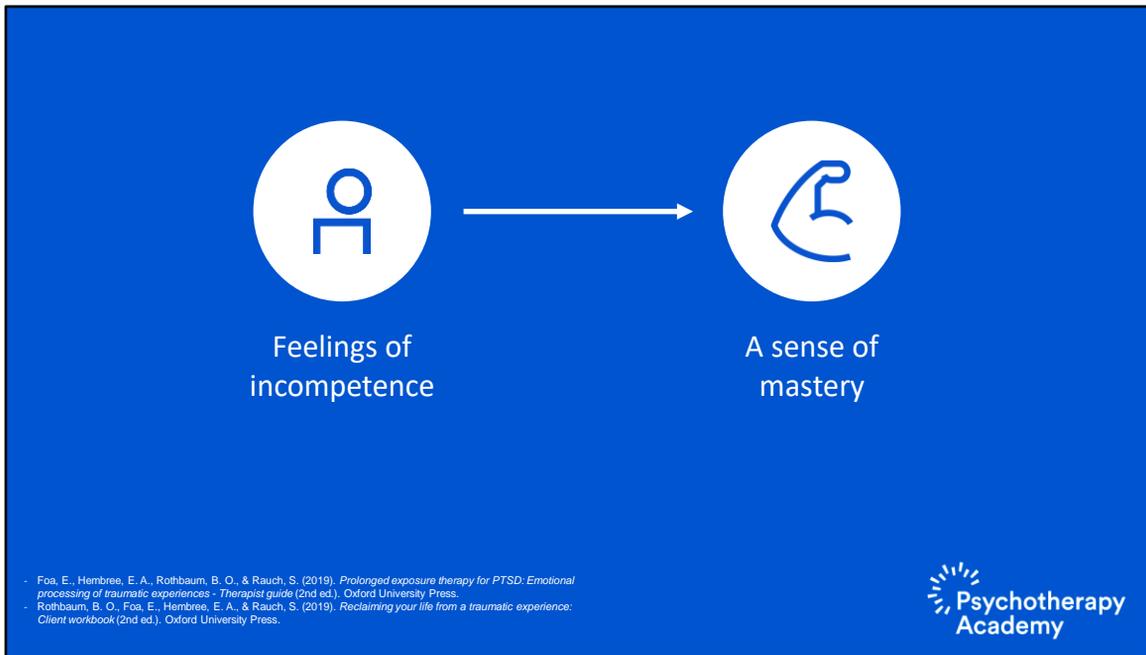


In vivo exposure disconfirms the belief that anxiety and the feared situation will continue forever. If people get anxious and they escape, they run away and that makes their anxiety feel better. They never have the chance to learn that if they stay in the situation, their anxiety will decrease.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

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In vivo exposure also enhances the sense of self-control and personal competence. So often when people come to see us, they feel incompetent. They feel like they're not coping very well with life. They might say that they're being a baby or being weak. And by engaging in the in vivo exposure, it will help them feel better and have a sense of mastery.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Introducing the SUDS Scale



Subjective Units of Discomfort



5 min.



Before constructing the hierarchy

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
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After this discussion, we're going to introduce the patient to the SUDS scale: Subjective Units of Discomfort or, as some call it, Subjective Units of Distress. This will take approximately five minutes. We'll use the following explanation of the SUDS scale before beginning to construct a hierarchy of their feared and avoided situations. In order to find out how much discomfort or distress certain situations cause, we'll use a scale that we call SUDS.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Introducing the SUDS Scale



No discomfort

0



Panic level anxiety

100

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
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It's a 0 to 100 scale. A SUDS rating of 100 indicates that you're extremely upset, the most you've ever been in your life, so panic level anxiety. And a 0 indicates no discomfort at all, maybe complete relaxation but it's mainly a discomfort scale, so no discomfort.

Usually, when people say they have a SUDS of 100, they're experiencing physical reactions such as sweaty palms, palpitations, difficulty breathing, feelings of dizziness, and anxiety. So 100 indicates extreme distress or anxiety. But because people are different, what makes one person feel 100 SUDS may not be troublesome at all for someone else. This is why we call it a subjective scale.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

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Introducing the SUDS Scale



Give and ask for examples

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For example, imagine that you and I are standing near a deep pool and someone pushes us both in the water. If I can't swim, I may feel a SUDS level of 100 immediately. But if you can swim or aren't afraid of deep water, you may be a 0. Have a discussion with the patient trying to get examples of different SUDS ratings. Ask if they can give an example of 100. Very often, that might be the time of the trauma. Can they give you an example of a 0? Can they give you an example of a 50? A 50 might be something unrelated to the traumatic event such as having to go see their child's teacher at school or being called into a meeting with the boss at work. Ask, "What are you experiencing right now? Give me a SUDS rating right now in the session with me talking about this." It's really just a shorthand to be able to talk about the patient's discomfort.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

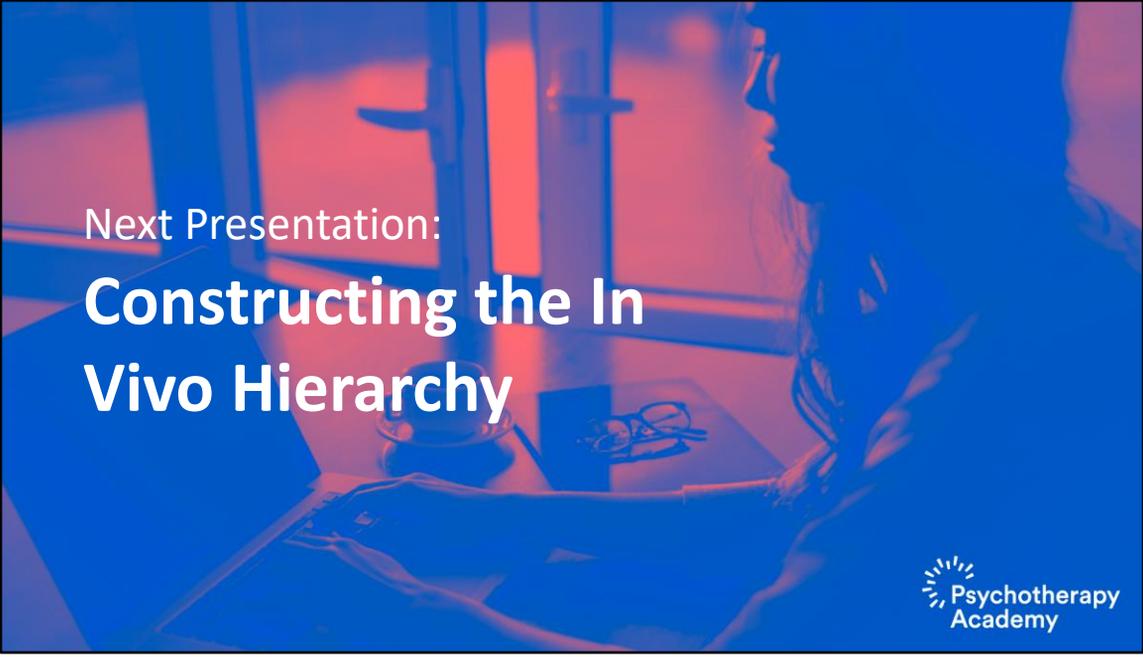
Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Key Points

- We introduce in vivo exposure in session 2.
- In in vivo exposure, the patient confronts safe situations in a therapeutic manner.
- We teach them to communicate their level of anxiety with the SUDS scale.



Key points from this video. We introduce in vivo exposure in session 2 beginning with the rationale. In in vivo exposure, we help the patient confront realistically safe situations that they've been avoiding in a therapeutic manner so that something changes. We teach them to communicate their level of anxiety with the SUDS scale or Subjective Units of Discomfort on a 0 to 100 scale, in which 0 represents no anxiety and 100 represents panic level anxiety.



Next Presentation:

Constructing the In Vivo Hierarchy





Constructing the In Vivo Hierarchy

Dr. Barbara Rothbaum

Video 6: Constructing the in vivo hierarchy.



The In Vivo Hierarchy



Representative



Items the patient can stay in long enough



Exhaustive



Anything dangerous

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
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There's an art and a science to constructing the in vivo hierarchy. We want it to be representative, but it does not have to be exhaustive. We want items on it that, ideally, the patient can stay in long enough for their anxiety to decrease and/or repeat frequently enough that their anxiety decreases. We don't want to include anything realistically dangerous. We can tweak items to achieve the desired anxiety-provoking level.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Constructing the In Vivo Hierarchy



Treatment rationale



Daily life examples



SUDS



List of avoided situations



Anxiety intensity ratings

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



Constructing the in vivo hierarchy. To do this, we might need to remind them of the treatment rationale. What do we want them to learn? We want to give them daily life examples of in vivo exposure and habituation. I like the example of the child being scared of the water. Say a mother and a child are on a beach vacation. They're in the water. A wave knocks them over. The child goes underwater and it's very scary. The child wants to get out of the water. And the next day, the child doesn't want to go in the water because he's scared. So a smart mama is going to not force it and do it very gradually. A smart mama might say, "Okay, that's fine. Let's build a sandcastle." And then eventually for a sandcastle, you need a little bit of water. So, do you want to take this pail and get a little bit of water? So then the child only needs to go up, say, to their ankles in the water. And then after they build the sandcastle, now we need to wash off a little bit. And so the mama will take the child in, not too deep, maybe up to their knees, and just to wash off. Have fun. Play in the water. And gradually, do it like this until the child feels comfortable going back in the water.

We want to remind our patients of the Subjective Units of Distress or Discomfort Scale (the SUDS scale) and develop a list of situations that the patient has been avoiding since the trauma. You're going to know many of these from the assessment of their PTSD, the avoided situations, and the earlier common reactions to trauma discussion. Sometimes, people don't immediately say—if you ask them if they're avoiding, they don't say yes. They'll say, "No, I'm not avoiding." And then you can ask specific questions. How often are you going outside by yourself after dark? Are you comfortable sitting with your back to the door in a restaurant? So you can ask very specific questions. Ask the patient to rate the intensity of their anxiety, give you the SUDS level that she or he imagines would result from confronting each of the situations and staying in it long enough, so not just walking in and walking back out.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

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Constructing the In Vivo Hierarchy



Arrange situations in a hierarchy



Start at 50 and aim for increments of 10



Suggest typically avoided situations



Inquire about safety

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
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Arrange the situations in a hierarchy according to their SUDS level. I usually start with items around a SUDS of 50 and aim for increments of 10 up to 100. If the patient can't identify circumstances, suggest some typically avoided situations or what you know about them from their assessment. You can also ask what a spouse or a close friend wishes that they could do or wants to do with them. Inquire about the actual safety of the situations. You can ask about the crime rate in their neighborhood or a trusted friend or neighbor who they think has good judgment. And if this is an issue, I'll ask them, "Who would that be? Who's a trusted friend or neighbor that you think has good judgment?" They're not too foolhardy. They're not whatever words they would use, too restrictive or too scared. Would they think this is an okay thing to do? When you're trying to compare, some patients will bunch items together. So, for example, everything is 100. Then what you need to do is try to help them tease things apart. So, is going to the mall by yourself easier or more difficult than sitting with your back to the door in a restaurant? And you could just keep doing that comparison almost like they do at the eye doctor. Is this one easier or more difficult than this one? And then you can get a little spread.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

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Items on the In Vivo Exposure Hierarchy



Avoided situations,
activities, places, and
objects



Trauma-related triggers



Activities that function as
behavioral activation
exercises

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
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Items that go on the in vivo exposure hierarchy include situations, activities, places, objects... anything the person is avoiding because he perceives them as dangerous because he sees the world as dangerous. You also want to include situations that are avoided because they trigger trauma-related distressing memories or feelings. And this can be certain odors, clothing, watching the news. Usually, these are objectively safe. I think I mentioned I had a patient who was assaulted when she was wearing a yellow sweater and never wanted to wear a yellow sweater again. So that was a good item to include on the hierarchy. I had someone who wouldn't wear white tennis shoes because she was assaulted. Many of our veterans don't like doing things socially. They don't like certain odors. They don't go to barbecues because of that smell of burning meat. We also want to include activities that function as behavioral activation exercises or provide opportunities for increased social interaction, things that will help them get back into life, especially for those patients with comorbid depression whose lives have become very narrow.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Key Points

- The in vivo hierarchy should be representative, but not exhaustive.
- Choose items that the patient can stay in long enough for their anxiety to decrease.
- Do not include anything realistically dangerous.



The key points from this video. That there is an art and a science to constructing the in vivo hierarchy. We want it to be representative, but it does not have to be exhaustive. We want items on it that, ideally, the patient can stay in long enough for their anxiety to decrease and/or repeat frequently enough so that their anxiety decreases. And we don't want to include anything that's realistically dangerous.



Next Presentation:

The In Vivo Hierarchy: Safety Considerations

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The In Vivo Hierarchy: Safety Considerations

Dr. Barbara Rothbaum

Video 7: Safety considerations when constructing the in vivo exposure hierarchy.



Choose a safe situation

Consider its relevance to the patient

Ask about normative behavior

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



It's important that the situations chosen for in vivo exposure are objectively safe or low risk. The in vivo exposure exercises are selected by the patient and the therapist with consideration of safety and the relevance of the situation to the patient's daily functioning. If you're unfamiliar with the places, activities, or situations that the patient avoids, it's important to ask about normative behavior for the patient's peer group in that situation. For example, if you're considering whether or not it's safe for a woman to walk outside alone in her neighborhood, ask the other women you know do this. Do women in your neighborhood walk outside alone? And how late do they do this?

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

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Situations that are objectively dangerous or high risk should not be assigned. For example, the patient should not be asked to walk alone in areas where drugs are known to be sold or in a park where ongoing criminal activities are known to take place. Instead, alternate exposures should be designed that include elements that trigger anxiety but preserve safety. For example, the patient could walk in a public park with another person or arrange to walk alone in a relatively safe area of the city.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

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If in doubt, forgo that activity



Do not aim to become comfortable in dangerous situations

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

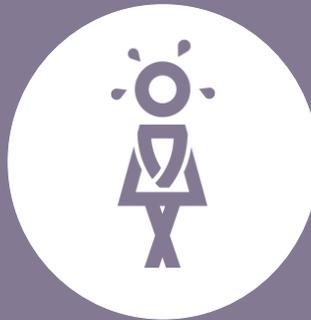


If there is any doubt about the objective safety of an activity after discussing it with the patient, it may be best to forgo that activity. The idea is that we are not aiming for people to become more comfortable in dangerous situations. We're aiming for them to learn that the situations they fear are not as dangerous as their bodies feel like they are.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

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Keep their safety in mind



The difference really became clear to me decades ago when we were conducting the response study following sexual assault. And I was supposed to meet with one of our rape victims on a Monday afternoon. And someone from the rape crisis center called me and said that she had been murdered that weekend in her apartment. She had been assaulted. She was seeing us for the rape. She had been assaulted in her apartment. She did not know who her assailant was. They broke in. And obviously, she had a lot of fear that they could break in again, that she was in danger. We don't know who assaulted her. We don't know who murdered her. We don't know if it was the same person or someone else. But it really hit home for me that we are dealing with people who have been through a traumatic event that was life threatening or potentially life threatening. They didn't imagine that. And we always need to keep their safety in mind.



Get creative



If you need to get creative. There are many things that people can do that are still good exposures for their PTSD, that are safe, that they can stay in long enough for their anxiety to come down, but that aren't putting them at any.

Key Points

- The situations chosen for in vivo exposure must be objectively safe.
- Discuss these considerations with your patient and teach them how to assess the danger.
- Modify them as necessary for special circumstances.



Key points from this video include it's important that the situations chosen for in vivo exposure are objectively safe or low risk. Discuss these considerations with your patient and teach them how to try to objectively assess the danger. Modify them as necessary for special circumstances.



Next Presentation:

In Vivo Exposure: How to Implement It

 **Psychotherapy
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In Vivo Exposure: How to Implement It

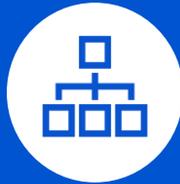
Dr. Barbara Rothbaum

Video 8: In vivo exposure: How to implement it.

In Vivo Exposure



Ask what the patient needs to learn



Construct a hierarchy



Rate associated SUDS

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
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Ask yourself, “What does the patient need to learn?” Then construct a hierarchy to help them learn that.

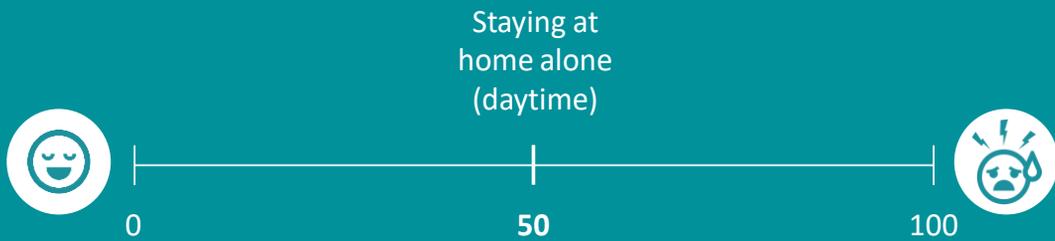
You’ll rate their SUDS associated with each item now, again towards the end of therapy, and again at the end of therapy.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

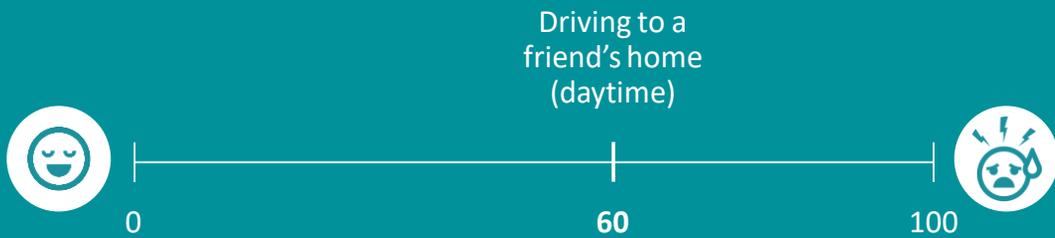
Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

An Example of an In Vivo Hierarchy



These are some examples of in vivo exposure hierarchies. I'll read the items and give you the SUDS ratings. Staying at home alone in the middle of the day: 50.

An Example of an In Vivo Hierarchy



Driving to a friend's home in a safe neighborhood in the daytime: 60.

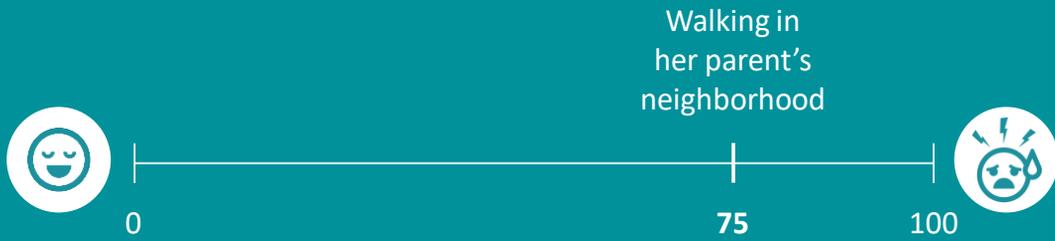
An Example of an In Vivo Hierarchy



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Driving to a friend's home in a safe neighborhood after dark: 70.

An Example of an In Vivo Hierarchy



Walking down the street in her parent's neighborhood: 75.

An Example of an In Vivo Hierarchy



Staying alone in her room on campus with the door locked: 80.

An Example of an In Vivo Hierarchy



Walking with a friend on campus: 85.

An Example of an In Vivo Hierarchy



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Walking alone on campus during the daytime: 90.

An Example of an In Vivo Hierarchy



And walking on campus at night: 100.

Homework Assignment



Expose yourself to situations



Remain until anxiety decreases



Avoid negative reinforcement

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
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The homework assignment will ask them to begin with assigning exposure to situations that evoke moderate levels of anxiety, about a SUDS of 50. We'll instruct the patient to remain in each situation for at least 30 to 45 minutes or until their anxiety decreases considerably. We explain to them what happens if they leave while their anxiety is still high. And what happens is that it's negatively reinforced. It's telling their body, "The situation I was in is dangerous and the only thing that keeps me safe is leaving it as soon as I can." And that's not what we want to train our bodies to think.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

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Let the body know this situation is safe

Stay until anxiety decreases at least 50%

Progress gradually

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
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We want to let our bodies know this situation is realistically safe and you need to stay in the situation until your anxiety comes down. We emphasize the importance of remaining in the situation until the SUDS decreases by at least 50%. That's a general rule. We just don't want them to leave while their anxiety is still high. And we will gradually progress to more distressing situations.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



- Refrain from safety behaviors
- Wait in the situation until anxiety decreases

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



We always want them to refrain from safety behaviors. And we're going to talk more about safety behaviors in future videos, but this may be something like having their phone in their hand, 911 already dialed, and ready to hit talk to send the 911 call. Maybe having their hand on a weapon. We don't want them to engage in safety behaviors while they're doing in vivo exposures because that doesn't help their body learn that this is a realistically safe situation. We want them to wait until their anxiety decreases while they're still in the situation. And they don't feel great relief when they're exiting an exposure. They need to learn the situation poses no threat.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

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- Adjust the situation to get the right exposure
- We want a therapeutic exposure

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
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And as we talked about, the characteristics of the situation, the time of day, and the people present can be adjusted to get the right level of exposure. And we want it to be a therapeutic exposure. We want something to change. We want them to learn.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Commonly Avoided Situations



- Seeing an unfamiliar person
- Standing close to someone
- Being touched by someone unfamiliar

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



Now, I'm just going to go through a list of commonly avoided situations for people

with PTSD. An unfamiliar person — especially someone who looks like someone from the trauma. So if they're an Iraq or Afghanistan War veteran, maybe somebody who looks like they're of Middle Eastern descent. If they're an assault survivor, maybe somebody who's got the same demographics as the assailant. Someone standing close or approaching suddenly. Being touched by someone especially someone unfamiliar.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Commonly Avoided Situations



Going out with friends



Reading the newspaper /
Watching TV



Talking about the traumatic event



Seeing trash on the side of the road

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



Going out at night with friends. Reading the newspaper or watching the television news. Talking with someone about the war or talking to someone about the traumatic event in general. Trash on the side of the road, especially for war veterans, because that's very often where IEDs were hidden.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Commonly Avoided Situations



Driving over something



Hearing about wounded / dead people



Riding on public transportation



Having physical contact

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



Driving over something. Hearing about wounded people or the dead. Riding public transportation. Hugging and kissing significant others. Sexual or physical contact.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



Adjust your instructions to make it the
right kind of exposure

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



And as we talked about earlier, we're going to need to tweak our instructions for the patient to make it the right kind of exposure for them. So, for example, riding public transportation. It may be fine if it's crowded. It may be worse if it's crowded. It may be fine during the day. It may be worse during the day. So you want to make sure you get the particulars for your patient.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

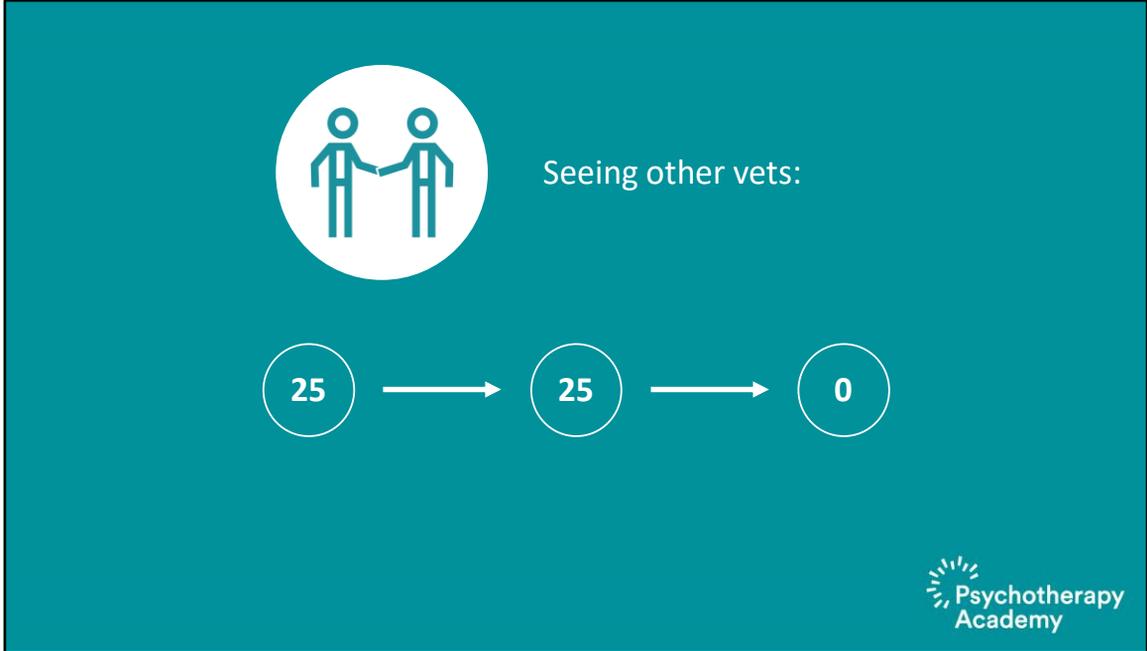
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- Male combat veteran
- SUDS at:



Now, I'm going to give you an example of a male combat veteran and his in vivo exposure hierarchy, his SUDS at session 2 when we constructed it, his SUDS at session 9 when the bulk of therapy was over, and then his SUDS at his last session which was session 12.



Seeing other vets was initially rated at a 25. At session 9, it was still a 25 because he hadn't practiced it. At session 12, it was a 0.



Visiting the naval yard:



Visit the naval yard. At session 2, it was a 50. At session 9, it was a 25. At session 12, it was a 20.



Looking up war buddies:



Looking up his war buddies. At session 2, it was a 50. At session 9, it was a 10. At session 12, it was a 5.



Watching a war action movie:



Watching a war action movie was 75 at session 2, 25 at session 9, and 25 at session 12.



Calling a friend and explaining why he retired:



Calling a friend and explaining why he retired. A 75 at session 2 that decreased to a 0 at sessions 9 and 12.



Going to the beach:



Going to the beach. A 75 at session 2. A 5 at session 9. A 0 at session 12.



Being at a VA Hospital for an appointment:



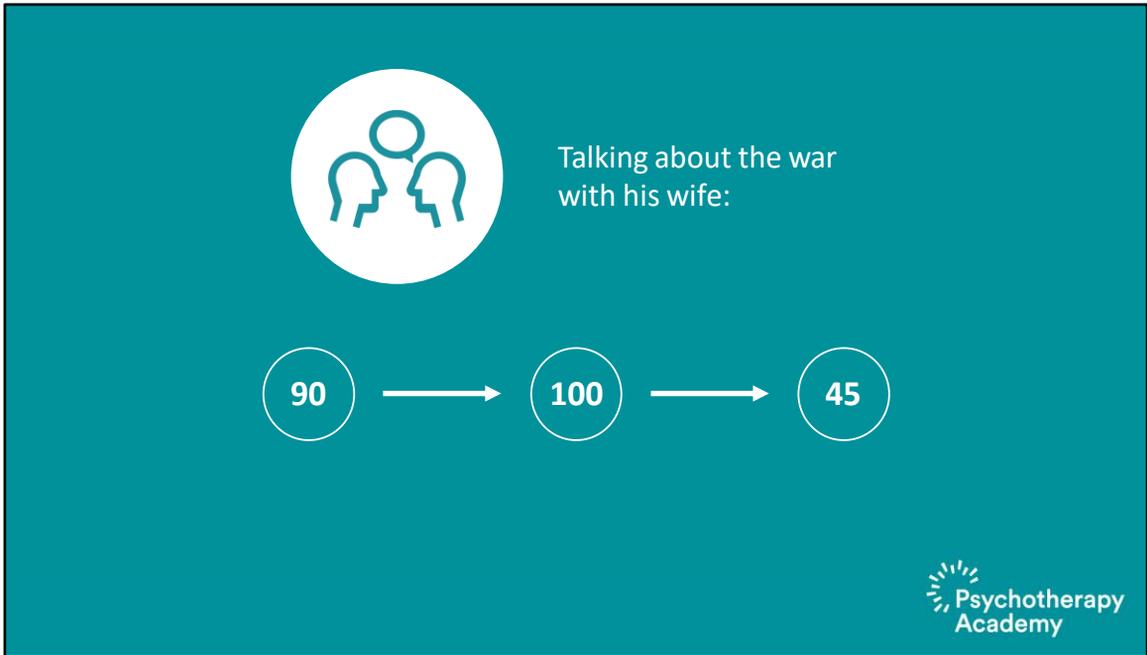
Being at a VA Hospital for an appointment was an 80 that decreased to a 0 and stayed at a 0.



Wearing combat boots:



Wearing combat boots was a 90 that decreased to a 0 and stayed at a 0.



Talking about the war with his wife was a 90 at session 2 and 100 at session 9 because he had not practiced it. We talked about it, assigned it, he did it, and it went down to a 45 by session 12.



Going on a cruise:



Going on a cruise was 100 at session 2. It went to a 0 by session 9 and session 12.



Looking through old war memorabilia:



Looking through old war memorabilia was 100 at session 2 that decreased to a 0 at session 9 and a 10 at session 12.



Talking about the war with other veterans:



Talking about his war experience with other veterans was 100 at session 2 that decreased to a 25 both at session 9 and session 12.



Rate SUDS towards the end of therapy
It can be reinforcing for patients

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
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So it's wonderful to rate these towards the end of sessions, towards the end of therapy. And it becomes very clear to the patient what's no longer bothering him, what's bothering him a little, and some that are still bothering a lot. It makes for a great learning moment because you can ask, what do you think is the difference? Why do you think it's still so hard for you to talk about the war with your wife when calling your friend and explaining why you retired is so much easier? And you elicit for him to say because I did it and I practiced it. Or with my wife because I haven't done it, I've still been avoiding it. So it's a wonderful learning moment and it's very reinforcing for patients who don't always feel the progress. And then when you see the different ratings, it's very reinforcing for the hard work they've done.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

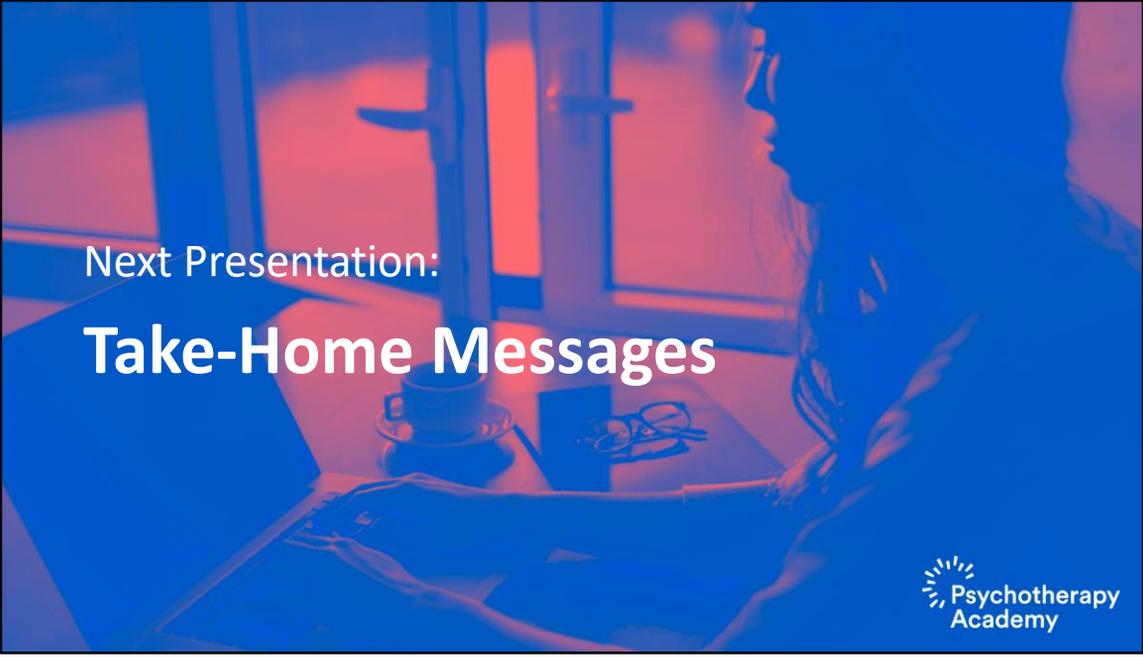
Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Key Points

- Ask what the patient needs to learn, then construct a hierarchy.
- Rate their SUDS now, toward the end, and at the end of therapy.
- Choose items that the patient can stay in long enough for their anxiety to decrease.



Key points from this video. The therapist should ask him or herself, “What does the patient need to learn?” and then construct a hierarchy to help them learn that. You’ll rate their SUDS associated with each item now, again toward the end of therapy, and again at the end of therapy. We want items on the hierarchy that ideally the patient can stay in long enough for anxiety to decrease and/or repeat frequently enough so that anxiety decreases.



Next Presentation:

Take-Home Messages

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Take-Home Messages

Dr. Barbara Rothbaum

Video 9, Take-Home Messages from this module.

Session 2



Common reactions to trauma



The rationale for in vivo exposure



SUDS



In vivo hierarchy

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



Session 2 includes presenting the common reactions to trauma to the patient, presenting the rationale for in vivo exposure, introducing the patient to the SUDS scale, and constructing the in vivo hierarchy.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Common Reactions to Trauma



This is a conversation

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



We start out with the common reactions to trauma discussion. It's very important that this is a conversation with the patient, not a lecture or a soliloquy.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Session 2: Begin Exposure



Create the in vivo hierarchy



Teach them the SUDS scale



Assign in vivo exercises

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



This is the session in which we begin exposure by creating the in vivo hierarchy, teaching them the SUDS scale, and assigning their first in vivo exposure exercises for homework.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

In Vivo Exposure



Confront situations they
have been avoiding



Do so in a
therapeutic
manner

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.
- Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

 Psychotherapy
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We'll help the patient confront situations that they've been avoiding because they're fearful of them now or because they're reminders of the traumatic event. We'll help them confront these situations in a therapeutic manner so that something changes.

References

Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.

Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.



Assign homework they can
accomplish successfully



We want to assign homework that we feel assured they can accomplish successfully to help set the stage for exposure therapy as a way to overcome their PTSD.