



Safety Behaviors and In Vivo Exposure

Dr. Barbara Rothbaum

Welcome to Module 4 where we'll cover safety behaviors, tips for exposure therapy, and session 3. In video 1, we'll discuss safety behaviors and in vivo exposure.



You assigned homework for your patient to practice in vivo exposure in session 2, so they should be reporting back to you how it went in session 3. So, I wanted to start the session 3 video with a discussion of safety behaviors.

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.



A Good Experience

- Picked the right item
- Stayed in it long enough
- Was easier than they thought



Anxiety Doesn't Go Down

- Was the item too hard?
- Did something happen?
- Engaged in safety behaviors?

- 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 patients have a good experience with in vivo exposure, that is if they picked the right item to practice with your help, stay in it long enough for their distress to go down, and leave thinking, “That was easier than I thought,” then that sets them up in a great position for the rest of treatment. You can always refer back to this experience and remind them that exposure worked for them. More than likely, if you picked the right items to practice for in vivo exposure, they will come back and report that their anxiety decreased and it got easier.

Occasionally, it sounds like they did everything right but their anxiety doesn't go down. In that case, you will need to explore with them why not. It may be that the item was too hard or that something unexpected happened. But there is also a chance they engaged in safety behaviors.

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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Safety Behaviors



- Subtle avoidance behaviors that minimize anxiety

- 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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Safety behaviors are subtle avoidance behaviors in which the person approaches the trauma-related person, place, or situation but while engaging in a behavior — and it could be a thought or an action — that ends up minimizing or preventing anxiety or 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.



Safety behaviors don't allow
for full 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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Safety behaviors interfere with the learning that we want to occur with in vivo exposure because it makes it not a full 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.

Common Safety Behaviors



Not allowing others to be close behind



Locating exits



Having escape plans



Driving in the lane that feels safest



Sitting with one's back against the wall

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Some common safety behaviors include not allowing other people to be close behind or walking slowly to let someone pass who's close behind. Locating exits and/or always sitting close to an exit. Having contingency and escape plans. Driving in the middle of the road or only in the lane that feels safest. Sitting with one's back against the wall in a restaurant or a mall.

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 Safety Behaviors



Putting fingers in between keys



Having a hand on a weapon



Sleeping surrounded by weapons



Having a hand on cell phone



Pulling guard duty



Having an anxiolytic in their pocket

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Fingers in between keys to use as a weapon just in case. Having a hand on a weapon. Sleeping surrounded by weapons. Having a hand on a cellphone or, even worse, having 911 dialed and all they need to do is hit the “send” button. Pulling guard duty. And what I mean by that, one of our veterans was reporting doing everything that sounded right in his in vivo exposures, but his anxiety wasn’t going down. They weren’t getting any easier. What it turned out he was doing was, as we call it, pulling guard duty. He was covering his wife walking down every aisle. So he didn’t have a weapon in his hand, but it was almost as if he did. Looking both ways, scanning the environment, seeing if it was okay to proceed, to turn around to the next aisle, and leaving feeling like he had, well, protected his wife rather than just going in and shopping like the rest of us paying attention to what we’re buying or looking for. And so that’s a safety behavior that we would want to stop. Another kind of common one is having Xanax or Valium or some kind of anxiolytic in someone’s pocket.

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.

Safety Behaviors: Common in PTSD



- Help them identify these behaviors
- The patient learns to approach the situation only if engaging in the safety behavior

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Individuals with PTSD use safety behaviors a lot. This is partly how they get through life before they come to us. They may not even identify them as safety behaviors. So, it's going to be important for us to talk to them about them and for us to help identify them if they're occurring. When the patient completes an exposure that includes safety behaviors, the patient learns that he can approach the trauma-related person, place, or situation only if he engages in the safety behavior, although he may not recognize it as a safety behavior.

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.

Safety Behaviors: Consequences



- Reduce discomfort in the short run
- Maintain excessive fear in the long run
- Interfere with learning they can handle negative affect

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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.



Similar to complete avoidance, safety behaviors usually reduce discomfort in the short run but maintain excessive fear in the long run and, therefore, interfere with the patient learning that he can handle negative affect and the previously avoided person, place, or situation.

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.

Safety Behaviors: Consequences



- They prevent:
 - The realization that the feared consequences will go away
 - The extinction of negative affect

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In addition, safety behaviors prevent the patient from realizing that the feared consequences associated with the trauma-related person, place, or situation will go away even if he doesn't engage in the safety behavior. Thus, safety behaviors prevent the extinction of negative affect.

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	Safety Behaviors
<ul style="list-style-type: none"> ✓ What they're scared of doesn't happen ✓ They can handle the distress ✓ The distress will come down 	<ul style="list-style-type: none"> ✗ It came out okay because of the safety 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.
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So, just to make that clear, when we ask someone to do an in vivo exposure, we want them to learn that what they're scared of doesn't happen. They can handle the distress and the distress will come down on its own without doing anything. When they engage in a safety behavior, it interferes with that learning because they think maybe it only came out okay because they did whatever that safety behavior 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.

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.

Keep alert to the presence of safety behaviors

Help patients understand their role in maintaining PTSD

Guide patients to eliminate these behaviors

- 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, we need to keep alert to the presence of safety behaviors. We need to help patients understand the role of such behaviors in maintaining PTSD and to guide patients to eliminate these behaviors or to do the in vivo exposure whenever possible instead without them.

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

- Make sure your patient isn't engaging in safety behaviors.
- Safety behaviors are subtle and help them feel safer.
- These behaviors interfere with learning from in vivo exposure and should be eliminated.



Key points from this video: when checking in vivo exposure homework, you should always make sure your patient is not engaging in safety behaviors. Safety behaviors are subtle things that help them feel safer in the moment, such as keys between their fingers to use as a weapon just in case. Safety behaviors interfere with learning from in vivo exposure and should be rooted out and eliminated.



Next Presentation:

Sessions 3 to 5: Overview

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Sessions 3 to 5: Overview

Dr. Barbara Rothbaum

In video 2, we'll review the overview for sessions 3 to 5.

Sessions 3 to 5



Homework review



In vivo exposure review



(Session 3)
The rationale for imaginal exposure



Imaginal exposure



Processing



Assigning homework

- 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 general, the structure of sessions 3 to 5 are the same. In the next video, we'll talk about what are some items specific to session 3. But in general, for sessions 3 to 5, we'll always start with reviewing the homework and reviewing the in vivo exposure that was practiced for homework. In session 3 only, we'll present the rationale for imaginal exposure. In all three sessions, we will conduct imaginal exposure for about 45 to 60 minutes, following which we'll process the imaginal exposure. And then we'll work on assigning 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.

Sessions 3 to 5: Homework



Continue breathing retraining



Listen to the tape of imaginal exposure daily



Continue in vivo exposure exercises daily



Listen to the tape of the session 1 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.



Homework will always include continuing the breathing retraining practice, listening to the audio tape of imaginal exposure at least once per day. They don't need to listen to it on the day of a session. Continue the in vivo exposure exercises daily, working up the hierarchy with the SUDS levels, and listening to the audio tape of the other parts of the session 1 time.

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.

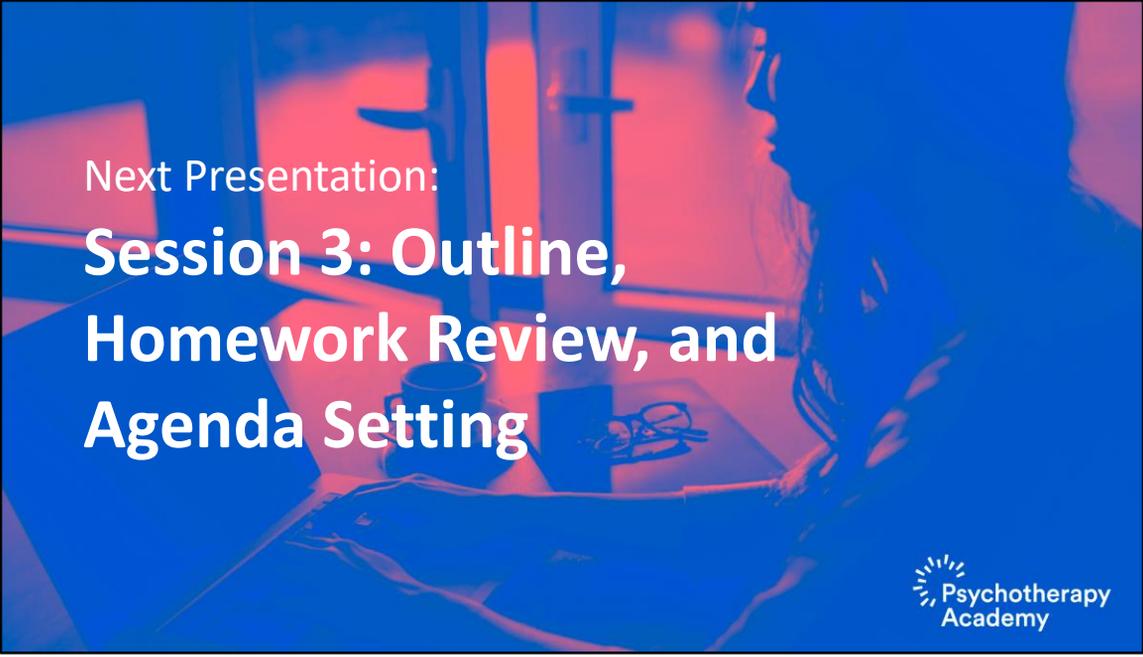
Rothbaum, B. O., Foa, E., Hembree, E. A., & Rauch, S. (2019). *Reclaiming your life from a traumatic experience: Client workbook* (2nd ed.). Oxford University Press.

Key Points

- Imaginal exposure begins in session 3.
- Sessions 3 to 5 focus on imaginal exposure, processing, checking homework, and assigning in vivo exposure.



To review, the key points for sessions 3 to 5: imaginal exposure begins in session 3. Sessions 3 to about 5 have the same structure and focus on conducting imaginal exposure and processing and checking and assigning in vivo exposure as homework.



Next Presentation:

Session 3: Outline, Homework Review, and Agenda Setting

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Session 3: Outline, Homework Review, and Agenda Setting

Dr. Barbara Rothbaum

In session 3, the outline, homework review, and agenda setting.

Session 3: Outline



Homework
review



Agenda



The rationale for
imaginal
exposure



Imaginal
exposure



Processing



Assigning
homework

- 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 outline for session 3 includes reviewing the homework, presenting the agenda for the session, presenting the rationale for imaginal exposure, conducting imaginal exposure, processing imaginal exposure, and assigning homework.

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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Homework Review



Spend 10 to 15 min.



Review the in vivo exposure



Scan for evidence of distress reduction



Problem solve



Offer praise

- 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 review should last about 10 to 15 minutes. You want to review the preceding week's homework with the patient. You should spend a good amount of time reviewing the in vivo exposure homework and you can look at the handout, the in vivo exposure homework reporting form, with the patient and scan for any patterns of change in the SUDS or Subjective Units of Discomfort or Distress Scale for any evidence of a reduction of distress. If there were any problems, get more information and problem solve with the patient.

Offer a lot of praise for the patient's efforts. I am like a cheerleader when doing exposure 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.

Homework Review



- What did you learn?
- How often did you use the breathing retraining?
- Did you read the handout on common reactions?

- 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 the patient what she learned from doing these exposures and how helpful she found them. Ask how often she was able to use the breathing retraining, if she read the handout on common reactions to trauma, if she shared this information with a significant other...

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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Homework Review



- How useful were the exercises?
- How did you react to the recording of session 2?

- 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 how useful were the homework exercises of the past week. Also, discuss the patient's reaction to listening to the recording of 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.



- Spend no more than 15 minutes
- Discuss issues at the end of the session

- 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 don't recommend spending more than about 15 minutes on the homework discussion in this section and in this session because, otherwise, you might not have sufficient time to complete the imaginal exposure and the processing. If the patient did not complete the homework or if there were issues, tell them that you'll have more discussion about how the homework can be accomplished at the end of the session when you discuss the homework assignment for the next week.

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 Setting



Explain the plan for the session

- 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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You should spend a couple of minutes setting the agenda for this session and you really want to explain to the patient the plan for the session. Remember they don't know what to expect. I had one patient tell me, "I don't know if you're going to throw pig's blood on me or what." Even though at every stage we tell them what to expect, they're still really not sure. And you haven't done imaginal exposure yet, so they're not sure what it's going to look like.

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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Agenda Setting

1. Discuss how confronting the trauma memories helps
2. Revisit the trauma memory
3. Process thoughts/feelings
4. Discuss exposure exercises

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So, remind them in the last session, you discussed the rationale for in vivo exposure and today we're going to spend part of the session discussing in detail how confronting the trauma memories will help you overcome your PTSD symptoms. Then I'm going to ask you to revisit and recount the trauma memory for the first time for about 40 minutes. Afterward, we'll spend some time processing this experience together and discussing your thoughts and feelings about the trauma. At the end of the session, we'll leave some time to talk about the in vivo and imaginal exposure exercises that you're going to be doing for homework next week.

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

- Set the agenda for the patient at the beginning of session 3.
- Review the homework completed.
- Leave enough time for imaginal exposure.



Key points from this video: it's important to set the agenda for the patient at the beginning of session 3, so the patient knows what to expect, especially since this is the first time you'll be doing imaginal exposure. It's important to review the homework completed, especially since that was the first time you assigned in vivo exposure for homework. Although it will be important to problem solve if there were any issues, you will need to make sure to leave enough time for the imaginal exposure.

Key Points

- Present the rationale and allow questions.
- Conduct the first imaginal exposure.



Present the rationale for imaginal exposure and allow the patient to ask questions. Then you'll conduct the first imaginal exposure.



Next Presentation:

Imaginal Exposure: The Essentials

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Imaginal Exposure: The Essentials

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Video 4. Imaginal Exposure: The Essentials.

Imaginal Exposure: Instructions



Go back to the time of the trauma



Recount it out loud repeatedly



We record it for homework practice

- 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 this video, we're going to get into the meat of PE. In imaginal exposure, we ask the patient to go back in her mind's eye to the time of the trauma and recount it out loud, repeatedly, several times per session. And we record it for homework practice.

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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Imaginal Exposure: Instructions



Connect emotionally



Recount it in the present
tense

- 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 ask the patient to revisit the trauma memory in imagination to visualize it and emotionally connect with the traumatic event while recounting the experience aloud in the present tense.

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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Imaginal Exposure: Purposes



- Enhance their ability to access salient aspects (stimuli, responses, and meaning)
- Promote emotional engagement
- Invite a narration of the memory in their own words

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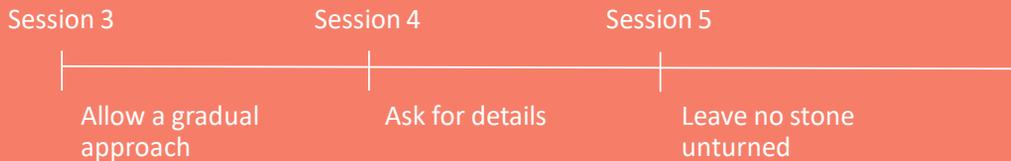
The standard procedure is designed to do a number of things to enhance the patient's ability to access all of the salient aspects of the trauma memory, details about the event, thoughts, emotions, sensory experiences. Remember, from our discussion of emotional processing theory, we need to make sure we include information about the stimuli, the responses, and the meaning. It helps to promote emotional engagement with the trauma memory. Eyes closed and speaking in the present tense help emotional engagement. It invites a narration of the memory in the patient's own words with minimal direction and prompting by the therapist.

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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Imaginal Exposure: Tips for Therapists



- 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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Allow the patient to approach the trauma memory gradually the first time she revisits it and recounts the trauma memory. We gradually ask for more detail.

In the second session of imaginal exposure, which would be session 4, we ask them to include a little bit more detail. By the third session of exposure, which is session 5, I tell them, “If it’s in your memory, say it out loud.” I don’t want to leave any stone unturned. Sometimes I’ll use the dental analogy. “If you have decayed tooth, you want the dentist to clear out all the decay before they put the filling in. So anything that’s there, I want you to say it out loud.”

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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Imaginal Exposure: Tips for Therapists



Not too directive



Allow the patient to be in control



A calm and supportive presence



Not a conversation



Negative affect included

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In general, the therapist should not be too directive when the patient describes the trauma experience. It's important that the patient be in control of the process of remembering the trauma and the feelings associated with it. Therefore, give the patient permission to approach the memories at her own pace and provide a calm and supportive presence. Imaginal exposure is not a conversation between you and the patient. Patients are sometimes reluctant to engage fully with the emotional aspects of recounting the trauma memory. Sometimes I've had people describe it in a lot of detail and it seems like it's fine. And I realize they have cut themselves off from their emotions. It's almost like they're giving you the police blotters report, but without any emotion.

Remember that while anxiety is often a focus in PTSD treatment, any negative affect that the patient experienced at the time of the trauma, or subsequently, should be included.

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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Imaginal Exposure: Tips for Therapists



First Imaginal Exposure

- The patient determines the level of detail

Subsequent Repetitions

- Encourage more:
 - Details about the trauma
 - Engagement with the emotional content

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During the first imaginal exposure, the first revisiting of the trauma memory, the patient should be allowed to determine the level of detail with which she recounts the narrative of her trauma with minimal interruption from you. In subsequent repetitions in sessions, encourage her to provide more details about the trauma and to engage with the emotional content of the memory more fully through probes for more details about the event as well as emotional, cognitive, and physiological reactions that occurred during the trauma. And we're going to discuss this in a lot more detail in later modules when we talk about hotspots.

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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Imaginal Exposure: 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.
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We explain to the patient that we'll ask her to do an imaginal exposure—just what we described—and we'll present the rationale for imaginal exposure.

References

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Imaginal Exposure: How Does It Help?



Process/digest trauma



Use the filing analogy

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Imaginal exposure will help in a number of ways. Repeated revisiting of the trauma helps process or digest the trauma. It helps organize it and make sense of it. I like the filing analogy. If you think about it, in our memories, we have files for different kinds of experiences or different memories. For example, we probably have a file for restaurant experiences. So, we have so much information in that file that we know when we walk through the door of a restaurant if we should seat ourselves or if we should wait to be seated or if we should go to a counter and order. We figure out if we should pay the server or pay at the counter or pay as we leave. We've got a number of experiences. So, it's easy to file a new experience, walk into a new restaurant, and figure out what to do.

We don't have files for traumatic experiences and so we don't know how to file it. And when we avoid thinking about it, then that prohibits us from filing it. And so think about a real file cabinet. If you have papers on top that you haven't filed, they're going to be intrusive. Every time you open it, they're going to fly out. They're going to fall out. You're going to have to go back to them. And so what we're trying to do with this, by going over and over and over it—sometimes, they'll say we're making sense of a senseless situation and it helps us file it away. And when we have something appropriately filed, we can access it when we want to, but it doesn't intrude when we're trying to access something else.

References

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Imaginal Exposure: How Does It Help?



- Thinking vs. re-encountering trauma
- Thinking about trauma isn't dangerous

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Imaginal exposure will also help distinguish between thinking about the trauma and actually re-encountering it. Many survivors avoid anything that brings up feelings like those they felt at the time of the trauma. And if anything makes them feel that way, they feel like they're in danger if they feel those feelings. So, for a lot of people, it really does almost feel dangerous to think about the trauma because it brings up those feelings. So, we'll need to teach them to distinguish that thinking about it and even having those feelings is not dangerous. It's not re-encountering the trauma.

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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Imaginal Exposure: How Does It Help?



Helps with
habituation



Shows that engaging
in the memory doesn't result in
a loss of control



Enhances
self-control and
competence

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Imaginal exposure will help with habituation so that the trauma can be remembered without intense disruptive anxiety. We need them to learn that thinking about it is not dangerous. And the longer and more often they stay with it, the more those feelings decrease. Imaginal exposure helps foster the realization that engaging in the trauma memory does not result in loss of control or going crazy. For example, some of my patients have felt like if they let themselves cry that they would never stop crying. Or some people describe, if you remember, in kid's cartoons when the thermometer goes up and up and up until it bursts out the top. They almost think that their anxiety or distress is like that; that if they go there, it's just going to go out the top and something terrible will happen.

And lastly, imaginal exposure enhances a sense of self-control and personal competence. When they feel that there is so much they can't do or they need to avoid, they feel incompetent. And by doing it, even though it's hard and maybe even especially because it's hard, it helps enhance their sense of competence.

References

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Index Trauma



- Use with patients with prolonged or multiple incident traumas
- Establish which memories will be the focus
- Choose the most distressing memories at the present time

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For patients with a prolonged trauma, for example, that it's a period of torture or several days of captivity or days' long battle or multiple incident traumas, for example, repeated assaults, recurring childhood sexual abuse, multiple incidents of combat, you'll need to establish which of the traumatic memories will be the focus of imaginal exposure. We call that the index trauma. Typically, the index trauma are the memories that are most intrusive and distressing at the present time.

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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Index Trauma



- Use the PTSD symptoms assessment
- Choose a memory to focus on in session 1 and continue in session 3

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So, we will use our assessment of their PTSD symptoms and their current re-experiencing symptoms, for example, if you're having flashbacks to what event, if you're having intrusive thoughts to what event. Choosing a memory to focus on should begin during session 1 when you ask about the trauma history and continue in session 3 prior to beginning imaginal exposure. You want to make sure you've got the right event, you've got the index trauma.

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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Index Trauma



- Ask which memory is haunting them the most
- Successful processing of the most disturbing memory will generalize to less distressing ones

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To ensure that the memory chosen is the one that's most upsetting for the patient, ask her which memory is haunting her the most through intrusive distressing thoughts, flashbacks, or nightmares. In most cases, successful processing of the most disturbing memory will generalize to less distressing memories so that they, too, will 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.

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Extremely Anxious Patient



Manageable trauma
memory



Most distressing memory

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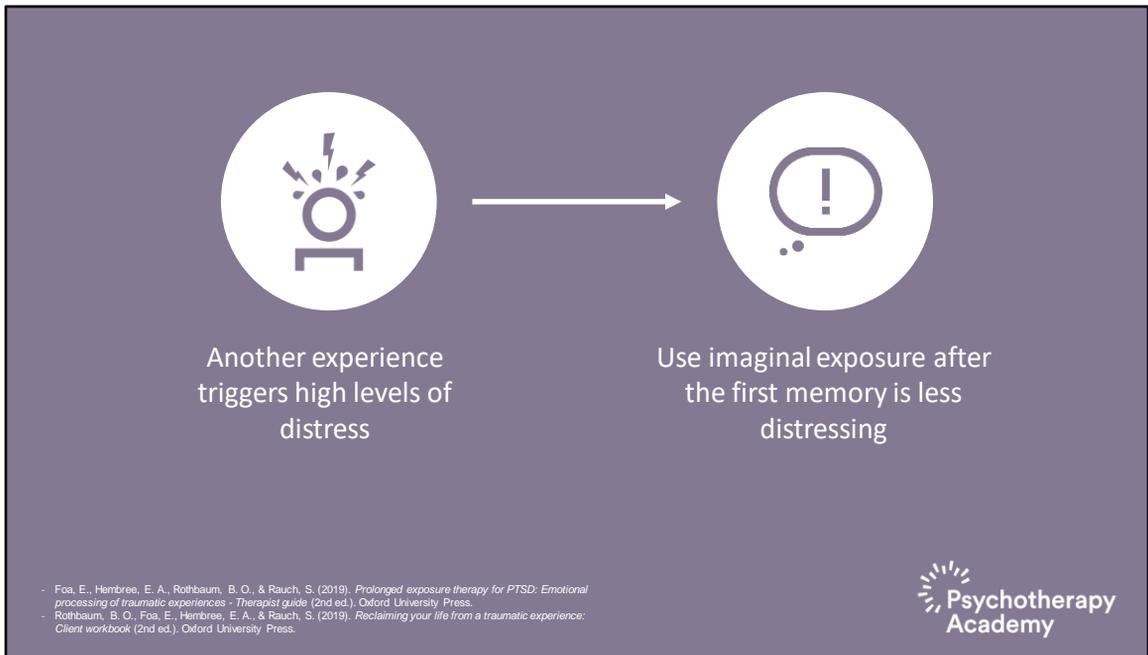


If the patient is extremely anxious and uncertain about whether she can manage the worst memory, you can have her first choose a trauma memory that she feels she can manage. Then move up to the most distressing memory after the first memory ceases to elicit high distress. But I want to tell you that this is rare. They're going to be apprehensive. They're not going to want to go there. But almost all of our patients can. So I wouldn't jump to this unless your patient absolutely refuses and say they're not going to go through with 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.

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Sometimes, even after processing the most distressing memory, another traumatic experience continues to trigger high levels of distress. And in that case, proceed to using imaginal exposure with that memory after the first memory is much 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.

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**Once you start a memory, finish it
before going to another one**

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Once we start a memory, I want to finish that memory before we go to another one. So, even if in, say, the second session of exposure therapy, they say, “You know what? This one doesn’t bother me as much as this one.” At that point, I’m still going to want to finish. Since we started it, I want to finish this memory before we move on to another one.

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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Processing



- Starts after the imaginal revisiting of the memory
- Lasts for 15 to 20 minutes
- Begins with an open-ended question

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As soon as the patient opens her eyes after the imaginal exposure, we engage in processing. After the imaginal revisiting of the trauma memory, you'll process the experience with the patient for approximately 15 to 20 minutes. The first question I ask when they open their eyes is, "How is that for you?" or "What did you notice today in going through the memory?" So, you want to ask an open-ended question to get their observations before you say anything.

References

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Processing



Encourage patient to talk about her reactions



Discuss feelings and thoughts

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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 brief, processing involves encouraging the patient to talk about her reactions to revisiting the trauma memory and to discuss feelings and thoughts that she may have about the trauma or its meaning in her life.

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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Processing



Creates opportunities for learning

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The process of imaginal recounting of the trauma memory creates powerful opportunities for learning. It's common for patients to emerge from imaginal and in vivo exposure with new awarenesses and insights. And in fact, that's the goal 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.

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Processing: Tips for Therapists



Ask questions and make reflective statements



Let them arrive at it



Ask them to describe and expand on insights

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But sometimes, what's obvious to the therapist is not obvious to the patient. So, we want to ask questions and make reflective statements to get the patient to see what we see. It's not helpful to tell them. We want them to arrive at it. Asking the patient to describe and expand on these insights makes them more explicit. And she often begins to reevaluate and modify unrealistic views or expectations.

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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Processing: Tips for Therapists



Don't allow them to leave
in great distress



Leave sufficient time to help
alleviate distress

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It's important that the patient not leave the session in great distress or with high anxiety. Treatment sessions should be planned so there'll be sufficient time at the end of the session to help the patient alleviate her distress 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.

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What If the Patient Remains Distressed?



Use breathing retraining



- Tell the patient she may temporarily feel more upset
- Explain this is the beginning of healing

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In cases where the patient remains very distressed, breathing retraining after the imaginal exposure may be helpful. But I've got to tell you again, this is very rare. I don't think I have ever done it. So, don't resort to it. We really want to work on an exposure paradigm for the patient. It's also helpful to tell the patient that she may temporarily feel more upset after some imaginal exposure sessions, especially the early ones, and then relief after others.

Finally, it may be helpful to tell the patient that anxiety and distress during the imaginal recounting of the trauma memory reflect the beginning of emotional processing of the distressing memories, the beginning of healing from the trauma. Sometimes, I'll use the analogy and, especially for women who have borne children, it's just like they tell you in the early months of pregnancy: if you're nauseous, that's good. It means your hormones are in good shape. I'll tell them if this is upsetting, that's good. It means we're working with the right memory and you're accessing your emotions. So, that's exactly what we want to happen.

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.

What If the Patient Is Apprehensive?



Allow them to:

- Bring a support person
- Hang out in the waiting room

- 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 the patient is very apprehensive about her reaction to early sessions of imaginal exposure, it's fine if she brings a support person with her to wait and drive home with her after the session, although that's generally unnecessary. I'll also tell patients if they want to hang out in the waiting room—and I'll point out a couple of different waiting rooms—to make sure that they feel okay before they drive home, that that's fine.

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

- Imaginal exposure begins in session 3.
- Ask the patient to go back in her mind's eye to the time of the trauma and recount it out loud, repeatedly.
- Record it for homework practice.



Key points from session 3. Session 3 is where we begin imaginal exposure. In imaginal exposure, we ask the patient to go back in her mind's eye to the time of the trauma and recount it out loud repeatedly, several times per session. And we'll record it for homework practice.

Key Points

- After the imaginal exposure, process the experience with the patient.
- Make new learning that occurred in the exposure explicit to the patient.



After the imaginal exposure, you'll process the experience with the patient for about 15 to 20 minutes. And in processing, we want to make new learning that occurred in the exposure explicit to the patient.



Next Presentation:

How to Implement Imaginal Exposure

 Psychotherapy
Academy



How to Implement Imaginal Exposure

Dr. Barbara Rothbaum

Video 5: How to Implement Imaginal Exposure.

Standard Instructions



Go back in your
mind to the
trauma



Keep your eyes
closed



Describe it as if it is
happening now



Engage in the
feelings this
elicits

- 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 standard instructions for imaginal exposure are to go back in your mind's eye to the time of the trauma. And I refer to the trauma, but as we've said before, always use their words. So, go back in your mind to the time of the attack or the assault or the accident—whatever they call it. Recall the memory with your eyes closed. Describe the trauma as if it is happening now. I will often tell people, “We want you to have a foot there in the memory and a foot here, in the present, in my office.” Engage in the feelings that the memory elicits.

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.

Standard Instructions



Use the present tense



Recount as many details as you can



Repeat the narrative

- 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.



Describe the trauma memory in the present tense. Recount as many details as you can, including events and thoughts and feelings. Repeat the narrative as many times as necessary in the allotted time.

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.

Explaining the Procedure



- Reassure the patient
- Explain that you'll ask to recall the memories of the trauma
- Review the start and end points

- 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.



Explain the imaginal exposure procedure to the patient. It's typical for a patient to have some trepidation. If they weren't nervous about it, they wouldn't have PTSD. Reassure her and continue to present the following explanation: "I'm going to ask you to recall the memories of the trauma." You should have already determined the start and the end points of the narrative. So, review those with the 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.

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.

Explaining the Procedure



- Start a little bit before the trauma
- Recount the trauma until the danger is over
- Remember the decided beginning and end of the trauma

- 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 best to start the revisiting at a point in the memory that's a little bit before the trauma actually occurred so that you have a chance to enter the image and get connected to it. So, I want you to begin your recounting of the trauma at a point that's at least a minute or two before you realize the situation is getting bad or frightening. You will then go through recounting the trauma up until the danger is over or you feel safe again or you're out of the situation. Remind the patient what was decided as the beginning and end of the trauma and adjust those points slightly if she asks for these adjustments.

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.

Explaining the Procedure



- Close your eyes
- Recall these memories as vividly as possible

- 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 best for you to close your eyes while you do this, so you wouldn't be distracted. I'll ask you to recall these memories as vividly as possible and to picture them in your mind's eye. We call this revisiting the trauma memory.

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.

Explaining the Procedure



- Use the present tense
- Recount aloud in as much detail as you can

- 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.



What I would like you to do is describe the experience in the present tense as if it were happening now, right here. I'd like you to recount aloud what happened during the trauma in as much detail as you can today. And we'll work on this together.

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.

Explaining the Procedure



- If you feel uncomfortable, I'll help you stay with it
- I'll ask for SUDS level
- Describe how you feel, without leaving the image

- 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 you start to feel uncomfortable and want to stop or avoid the memory by leaving the image, I'm going to help you stay with it. It's important to stay with it. From time to time while you're revisiting the trauma, I'll ask for your SUDS level on the 0 to 100 scale we described previously. Please just try to answer quickly with the first number that comes to mind and describe how you feel here today sitting in this chair and don't leave the 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.

Explaining the Procedure



- When you finish, I'll ask you to start again
- Don't push the memories away
- Remember this isn't 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.



Because it's important that we stay in the imaginal exposure for a lengthy period of time, when you finish recounting the trauma, I'm going to ask you to start all over again from the beginning without any pause. We may do this several times today within the session and how many times depends on how long it takes to go through the memory. The more, the better. It's important that you don't push the memories away—even if they're painful. Remember memories are not dangerous—even if they feel bad. This is not a conversation between us. It's you revisiting and recounting aloud your own memory. So, I wouldn't say much in response to you until your imaginal exposure is over. But we'll have time afterward to talk about it and process your experience with 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.



Therapist's Involvement

- 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 therapist's involvement during the imaginal exposure partly depends on how the patient is doing.

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 Patient Is Doing Fine



Let them talk



Interrupt for SUDS rating and encouragement



Ask "What's happening now?"



Express empathy



Keep comments to a minimum

- 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 the patient is doing fine, let them talk and stay out of their way. The best thing to do is just let them go if they're doing well. Only interrupt them every 5 minutes for a SUDS rating. It's fine to offer encouragement at that point with something like "You're doing great. What's happening now?" That gets them right back into the exposure. Express empathy with the client's distress, but keep your comments to a minimum.

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 Patient Is Distressed



Periodically
reassure them



Conduct revisiting with
their eyes open or in the
past tense

- 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 the client is very distressed and crying, you may want to periodically reassure them with something like “You’re doing great,” “Stay with it,” or “This is exactly what you need to be doing.”

If the client becomes too distressed to the point that they’re not learning, you may conduct the revisiting with the client’s eyes open and/or use the past tense. We’re going to talk about under-engagement and over-engagement in future modules.

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 Engagement



Probe for thoughts and feelings



If they get stuck, ask “What’s happening now?”

- 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 therapist can titrate the client’s emotional response if it’s really necessary, but it probably isn’t in most cases. You can probe for thoughts and feelings to encourage emotional engagement if they need more engagement.

If they get stuck, you can always ask “What’s happening now?” to keep them moving.

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.



Allow time to discuss and process the experience

- 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.

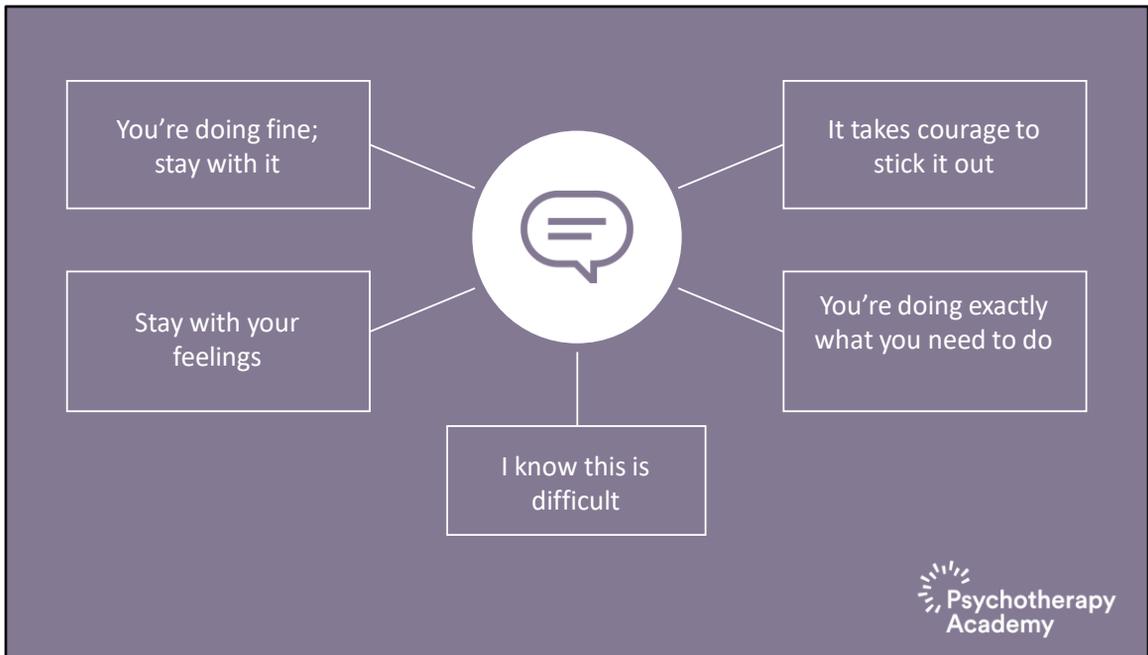


Always allow sufficient time after the revisiting to discuss and process the experience.

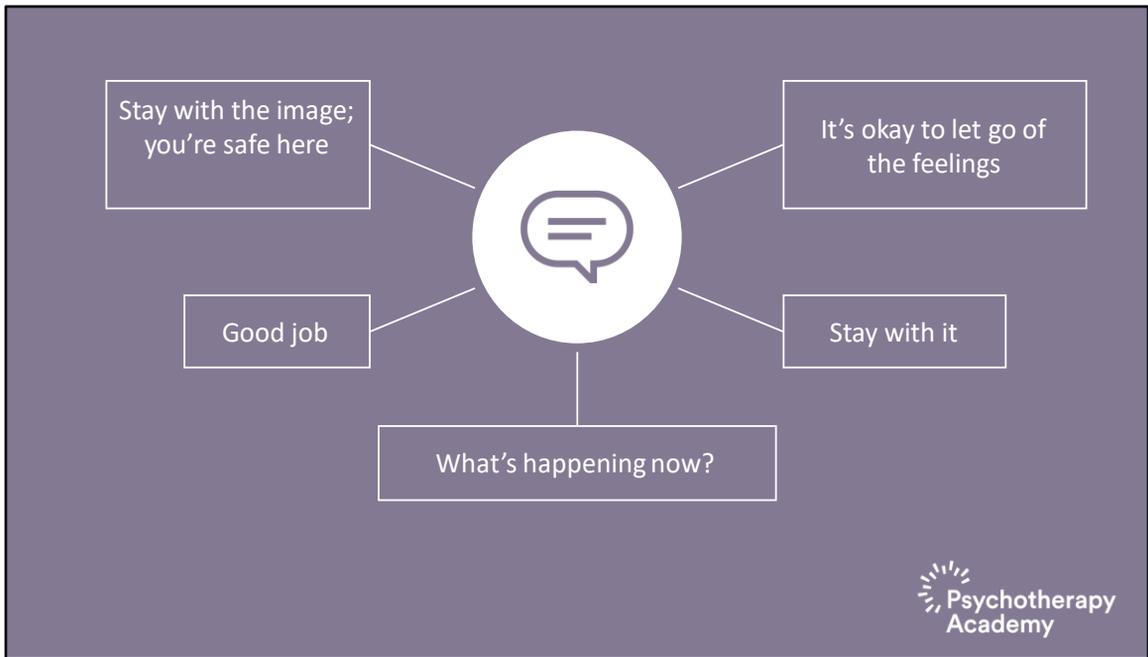
References

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.



Some therapeutic comments during imaginal exposure include: You're doing fine. Stay with it. You're doing very well. It takes courage to stick it out. Stay with your feelings. Stay with it. You're doing exactly what you need to do. I know this is difficult. You're doing a good job.



Stay with the image. You're safe here. It's okay to let go of the feelings. My favorites that I use most often: "Good job," "Stay with it," and "What's happening now?" That keeps them moving.

Key Points

- Review the start and end points of the narrative with the patient before you start imaginal exposure.
- Remind the patient that once they go through the memory, you'll ask them to start again.



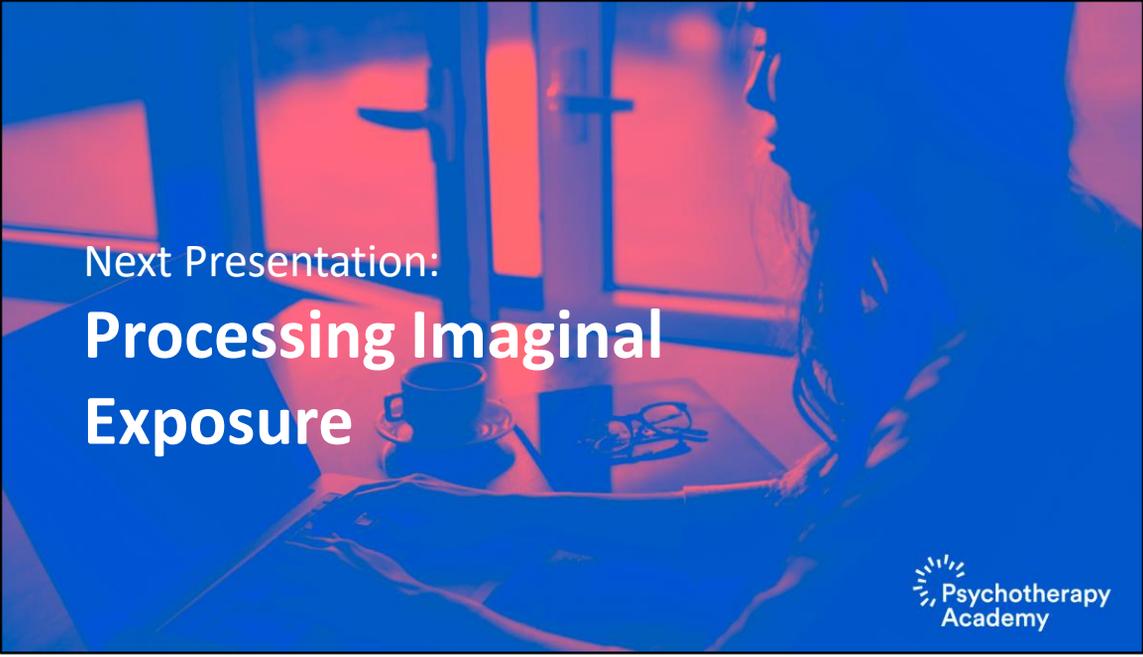
Key points from this video: You should have already determined the start and end points of the narrative. So, review those with the patient before you start imaginal exposure. Remind the patient that once they go through the memory, you'll ask them to go immediately back to the beginning and start again.

Key Points

- If the patient is doing fine, let them talk. Only interrupt for a SUDS rating.
- You can offer encouragement at that point.
- Asking “What’s happening now?” gets them back into the exposure.



If the patient is doing fine, let them talk and stay out of their way. Only interrupt every 5 minutes for a SUDS rating. It is fine if you want to offer encouragement at that point with something like “You’re doing great. What’s happening now?” That gets them right back into the exposure.



Next Presentation:

Processing Imaginal Exposure

 Psychotherapy
Academy



Processing Imaginal Exposure

Dr. Barbara Rothbaum

Video 6: Processing the Imaginal Exposure.



“You did great. How is that for you?”

- 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.



As soon as the patient opens her eyes, I say, “You did great. How is that for you?”

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.

Processing Imaginal Exposure



Ask them to express their thoughts and feelings



Provide positive feedback



Provide support



Normalize their reactions



Comment on habituation

- 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 to express her thoughts and feelings about the imaginal revisiting of the traumatic experience. “What was that like for you?” Provide positive feedback and acknowledgment of the client’s courage and ability to confront these painful memories. Provide support and calming when needed. Normalize and help her understand her reactions and behaviors in the trauma and its aftermath. Comment on habituation that you observed within or across sessions or a lack of it, if indicated. If you see that it looks like it’s getting easier and the patient hasn’t mentioned that, you can say that. You can say, “It looks like it’s getting easier.” You might say, “I noticed you didn’t cry as much today. How is it feeling for you?”

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.



After the patient has described her thoughts and feelings about the recounting of the memory, then you may move to sharing your own observations of her imaginal exposure. Ask questions about those aspects of the revisiting or the client's emotional responses that seem particularly important or meaningful to you.

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.

Processing: Tips for Therapists



- Focus on thoughts that contribute to the maintenance of PTSD
- Choose open-ended questions
- Don't tell the client how they should view the trauma

- 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.



As therapy progresses and you become more aware of the thoughts or beliefs the patient holds that may be contributing to the maintenance of their PTSD, begin to focus the discussion on these issues. Try to stimulate her thinking with open-ended questions. Don't tell the client how she should view the trauma or feel about it. For example, in our veterans, very often, if they had to kill someone and they feel a lot of guilt about it, once they describe what happened, it may be very clear to the therapist that this was the only response they could've made or they would be killed or their comrades will be killed. Probably 50 people have already told them that: that it was a righteous kill, that it was okay. You don't need to be the 51st. You really want to help them arrive at how they think 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.

Processing: Tips for Therapists



No need to tell them what you think 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.



You don't need to tell them how you think about it unless it's just in an informational kind of way.

So, for example, with victims of childhood sexual abuse, very often, early on, I will tell them, "It doesn't matter what I think. But just so you know what I think, I think that a child cannot consent to sexual activity. I think a child could ask for it with words. I think a child could dance naked in front of someone saying, 'Yes, please do this to me.' But a child doesn't understand the implications and a child can never consent to sexual activity. And therefore, it is always the adult's responsibility. And if there's blame to be ascribed, then it belongs to the adult." And I'll tell them, "But it doesn't matter what I think, but just so you know what I think." And I will do that with childhood abuse survivors often early on just because there's so much shame and so much guilt. And I'll just lay it out there, hopefully, so they don't worry about my reaction as they're telling me 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.

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.

Processing: Tips for Therapists



- Phase your questions and comments appropriately
- Focus on changes, habituation, and recounting more details
- Ask the patient what they think first

- 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 that you have several sessions to help your patients see what you see. So, you want to phase your questions and comments appropriately. Early on in treatment, usually, we focus questions and observations about changes from recounting to recounting and pointing out habituation or maybe that the patient is remembering or recounting more details. And again, we always want to ask the patient what they think first. “So, what did you notice from today?” “What did you notice as we went through it three times?” And they might say, “I remembered a lot more detail.” “It got a little bit easier by the third time.” And so you can comment on those as well.

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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Processing: Guilt and Blame



- Wait a few sessions to deal with guilt and blame
- Very often, patients change how they're thinking about it on their own

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Guilt and blame are harder issues and so I usually wait a few sessions to deal with those. Very often, just by going over the memory repeatedly with you in session and listening to it for homework on the recordings, patients change how they're thinking about it on their own. We had a woman who as a teenager was the victim of a gang rape. And by the time she presented for treatment, I think she was in her mid-30s and had carried so much guilt and shame around with her for all those decades thinking that she had asked for it, she was to blame for it. And in the middle of therapy, after recounting it many times and listening to it for homework, she came back in saying, "I don't know what I thought I could've done. There were four of them. There was one of me." So, just listening to it, just going there, helped her change how she thinks 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.

Processing: Guilt and Blame



If prominent early on:

- “That’s a big issue that we’ll come back to”
- “Can you be patient with yourself?”

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If guilt or blame or other issues are prominent early on, I might say something like “I hear you blaming yourself for what happened. That’s a big issue that we’ll come back to.” Because again, a lot of times, they will make progress on their own and it makes it easier. And if you try too early, it ends up being like the therapist is trying to talk them into or out of something. And that’s never a position we want to be in. But once you say you’re going to come back to an issue, you got to make sure you do. And sometimes, I’ll ask patients if they can be patient with themselves as they work through this process. And if they say they’re still feeling something and it’s only your fourth session, I’ll let them know. “This therapy isn’t designed to get everything done that it’s supposed to do in four sessions. So, can you be patient with yourself? Can you give yourself this time that it takes to do the work you need to do?”

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.

Comments and Questions for Processing



“What did you notice as you went through it several times?”

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Some comments or questions for processing: “What did you notice as you went through it several times?” And for example, they might say, “It got easier.” “More details.” Make that explicit. So, as they’re saying that or if they don’t, you want to pull it out of them.

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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Compare and Contrast Beliefs With Recounting



“What do you think about what you did after going through it?”

“What do you notice about how you’re thinking about this?”

“How do you think you need to think about this to move on?”

- 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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Compare and contrast the beliefs with the recounting. And this might be in later sessions for some patients. For example, “You had said you didn’t think you did enough. What do you think about what you did after going through it?” And I’ve had some patients who’ll say, “It sucks that he died, but I realized I did everything I could”. You know, once they’ve gone through it in a lot of detail as we do with the exposure, you can ask, “What do you notice about how you’re thinking about this?” or “How do you think you need to think about this to move on?”

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.

Processing Imaginal Exposure



Make comments that match the patient's experience



Provide positive feedback



Acknowledge their courage



Provide support

- 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.



To summarize, in the processing of imaginal exposure, you should make appropriate comments that match the patient's experience. So, for example, if it looks like your patient — if it looks like it got easier across sessions or across recountings, you can say that. But don't say that if it didn't get easier. Begin by providing positive feedback and acknowledgment of the patient's courage and ability to confront these painful memories. And I say that, that this takes courage and I don't use that term loosely. "Courage is being scared and doing it anyway and that's exactly what you're doing." Provide support when needed.

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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Processing Imaginal Exposure



Ask them to express their thoughts and feelings



Normalize their reactions and behaviors



Comment on the reduction in distress

- 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.



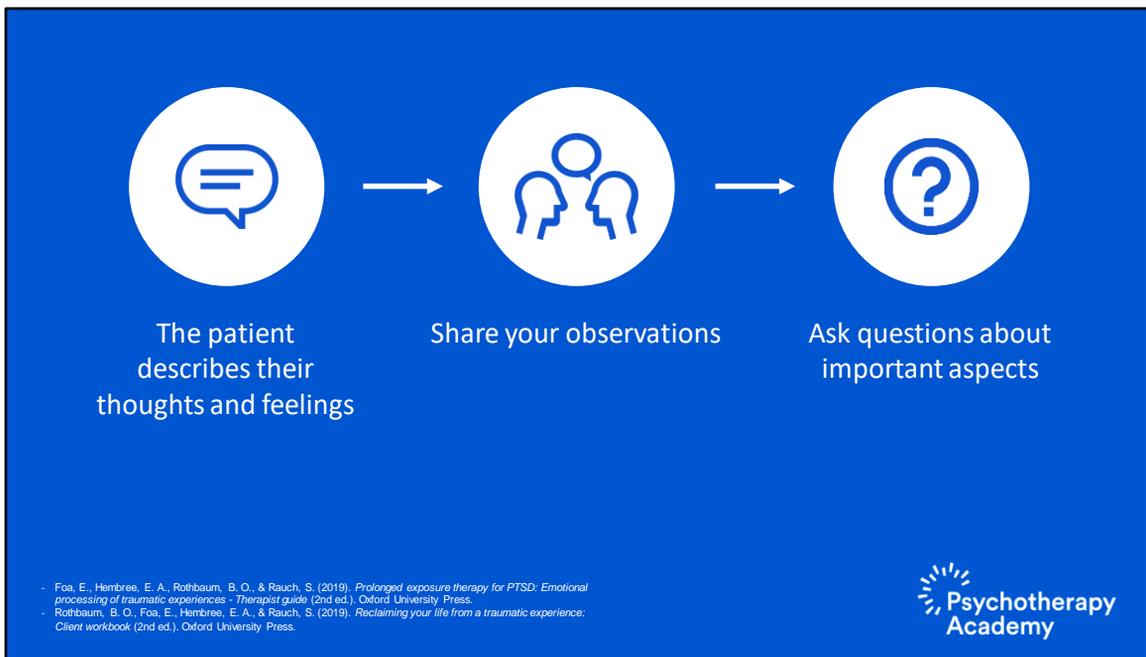
Ask the patient to express her thoughts and feelings about the imaginal revisiting of the traumatic experience. This may include asking what was different or important today as she revisited the memory. And you may be able to compare it to other sessions or overall if this is session 3.

Normalize and help the patient understand her reactions and behaviors in the trauma and its aftermath. For example, if someone froze in a trauma and feels terrible that she didn't do more to respond, it's important to let them know that's one of our three Fs. When we're threatened, very often, we will respond by fleeing, freezing, or fighting. And it is instinctual and it helps you survive. You're here to talk about it. So, what it says to me is you did the right thing. You can comment on the reduction and distress that you observed within or across sessions or lack of, if that's what's accurate. If they didn't, if you're not seeing a reduction in distress, you can comment on that. And you can say, "You tolerated it. You were scared you wouldn't be able to tolerate it. I can tell that this was so hard for you and it stayed hard and you stuck with it and you tolerated it." So, whatever comments you make, make sure that they're accurate.

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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After the patient has described her thoughts and feelings about the recounting of the memory, then you can share some of your own observations of her imaginal exposure. Ask questions about those aspects of the revisiting or the patient's emotional responses that seem particularly important or meaningful for you. For example, I'll call it my Columbo routine. When they've gone through it and I will just use their words and describe. "Okay, so you said the sniper was on the roof. You already had two guys down. You know, one who went out, the other one tried to go save the first guy and he got shot. You're under cover. You've commanded everyone else to say under cover. Tell me what was possible in that moment. You're saying you wished you had done more. Tell me what it was you could've done." So, I'll just recount it back to them and put the question to them. And very often, it's obvious. Okay, there was nothing else they could'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.

Processing: Tips for Therapists



- Focus on thoughts that contribute to the maintenance of PTSD
- Choose open-ended questions

- 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.



As therapy progresses and you become aware of the thoughts or beliefs that the patient holds that might be contributing to the maintenance of their PTSD, begin to focus the discussion on these areas during the processing after the imaginal exposure. And a lot of times, that's where you're going to get into guilt and blame and those stickier issues and anger. Anger comes up there, too. Try to stimulate the patient's thinking with open-ended questions.

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.

Processing: Tips for Therapists



- Don't tell the patient how they should view the trauma
- Use reflective listening and ask the patient to elaborate

- 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.



Don't tell the patient how she should view the trauma or feel about it or how you view it. Reflective listening and asking the patient to elaborate on her thoughts and feelings is a key tool to use in processing.

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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Questions for Processing



“When did you start viewing/thinking about it this way?”

“How do you feel when you think about it this way?”

“What would you tell your daughter, sister, friend, son, or brother if they were thinking this way?”

- 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.



Questions that may be useful during processing especially in later treatments include: “When did you start viewing it this way?” “When did you start thinking about it this way?” “How do you feel when you think about it this way?” One of my favorites: “What would you tell your daughter, sister, friend, son, brother if she or he were thinking this way?”

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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Distress in PTSD may come from perspectives developed AFTER the trauma occurred

- 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.



Much of the distress of patients with chronic PTSD may come from perspectives of the trauma that they've developed after the trauma occurred rather than from the particular thoughts that went through their minds at the time the event was happening.

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.

Questions for Processing: Post-Trauma Thoughts



“What does it mean to you that this happened?”

“What does it say about you?”

- 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.



To identify these post-trauma thoughts, it's useful to ask patients questions, such as “What does it mean to you that this happened?” “What does it say about you?”

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.

Questions for Processing: PTSD Symptoms



“Why do you think you currently have PTSD?”

“What do you think the symptoms say about you?”

“How does that fit with the common reactions to trauma?”

“How does it make you feel?”

- 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.



Similar questions can also be asked about the patient’s appraisal of her PTSD symptoms: “Why do you think you currently have PTSD?” “What do you think the symptoms say about you?” “How does that fit with what you’ve learned about common reactions to trauma?” “How does it make you feel to think it yourself in this manner?”

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

- As soon as the patient opens their eyes, say, “You did great. How was that for you?” This begins the emotional processing.
- Let the patient describe their observations first.



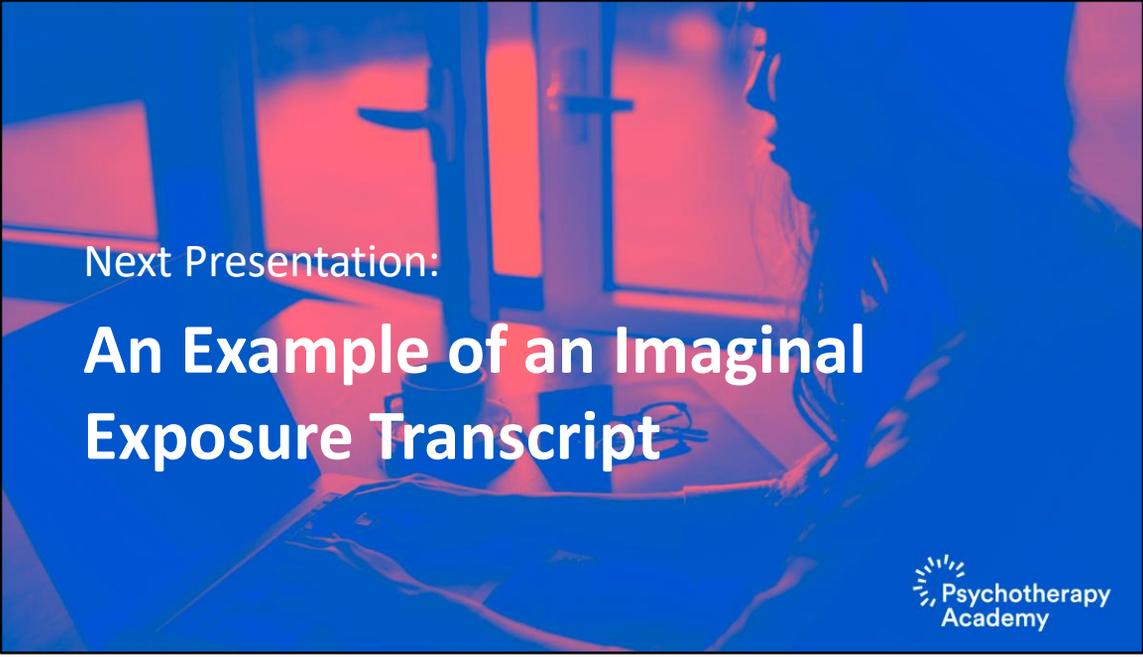
Some key points from this video: As soon as the patient opens her eyes, I say, “You did great. How is that for you?” And this begins the emotional processing. It’s important to let the patient describe his or her observations first.

Key Points

- Don't tell the patient how they should feel or think.
- Make comments that match the patient's experience.
- Phase your comments and questions appropriately.



Don't tell the patient how they should feel or think about the trauma or themselves. Only make comments that match the patient's experience. Don't say, "You see, your distress decreased," if it did not. Phase your comments and questions according to where the patient is in therapy. I usually don't start with guilt or blame or moral injury. These are better approached after the patient has had several sessions of exposure and processing.



Next Presentation:

An Example of an Imaginal Exposure Transcript

 Psychotherapy
Academy



An Example of an Imaginal Exposure Transcript

Dr. Barbara Rothbaum

In video 7, I want to give you an example of an imaginal exposure transcript.



- Adult female sexual assault survivor
- 31 years old, married, Caucasian
- Master's degree
- 1 year after a rape in her townhouse

This is the case of an adult female sexual assault survivor that I treated a number of years ago. When she presented for treatment, she was 31 years old, married, Caucasian. She had a master's degree. She presented for treatment about 1 year after a rape in her townhouse.



- Nightmares
- Fear of being alone
- Avoidance of sex
- Hypervigilance, jumpiness
- Decreased concentration



Avoids:

- Taking dogs for walks after dark
- Being downstairs alone
- Discussing the assault

Her complaints were of nightmares, fear of being alone, avoidance of sex with her husband, hypervigilance, jumpiness, checking locks, decreased concentration, which was causing difficulties in school, and she was avoiding taking her dogs for walks after dark, being downstairs alone, or discussing the assault with anyone.



Transcript of Her Imaginal Exposure



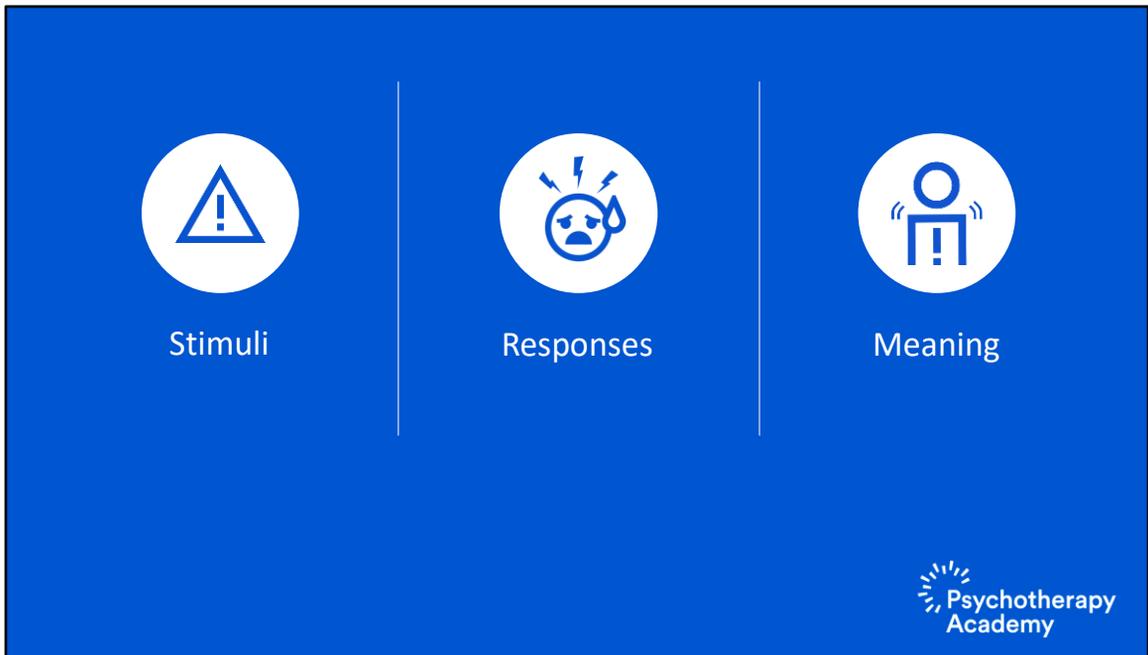
Upsetting material

So, this is a transcript of her imaginal exposure narrative. I should warn you, it does have some upsetting material in it.



I see this person in the doorway of the stairwell and he seems to be rushing at me. And my heart's pounding. I'm really surprised and I know I'm really in trouble. He has this thing at my head and he says if I scream—which I don't because I've got fingers practically down my throat—that he'll shoot me. He says, "Where did your husband go?" And I say, "Just out to do something very quickly. He'll be right back." And he says, "I've got my buddy waiting for him." And that really scares me because it seems like now this is some type of horror story or something that we're both going to be hurt. He says, "Get on the bed," which again scares me. I didn't expect that. It's the first time I suspect rape. So, I get on the bed. I don't see any choice, any way to escape. I think there's somebody downstairs. He whacks me across the face and he says, "Don't scream anymore." I think this man is really dangerous. He can really hurt me and I have to be careful. So, I have to figure out how much anything I try to do is going to provoke him and not let it get that far. He's pushing too low and I feel burning, sharp cutting, and then it goes in. And I don't really feel it after that. Just like movement. He says, "When I'm done with you, my buddy is coming up." That's just another terrifying moment. I want to get out. I can't have that, another person going to hit me. I'm saying, "No, no. Please don't hurt me. No, no." And I hate it. I hate whining. I hate myself, hearing myself say it. I wish I would stop. It's like I can't make myself stop. He comes off of me and says, "Kiss it," which I don't want to do. My mouth's bleeding and it hurts. It just looks evil and I think it's dirty. And I don't want to do it. But he pushes me down and I'm afraid I'm going to be hurt. So, I just do it. I'm shaking now. It's cold and I'm embarrassed. It's very peculiar. It's like I'm again suspended and I'm new to my bedroom with someone I don't know. It's like the same feeling when you dream you're at work but you're not dressed correctly like you wore your pajamas to work or something, sort of a little panic and embarrassed, and you don't want anyone to see you.

Those were excerpts from her imaginal exposure. And you can hear that it's got a lot of the information we want included.



We want information about the stimuli and she includes that. You want information about responses and she includes that. I think she says, “my heart’s pounding” at one point. And you want information about the meaning. And she has a lot of information about the meaning. “Now, I think it’s really dangerous.” “There’s someone downstairs.” “They’re going to attack my husband, too.” “We’re both going to be hurt.”



We repeat this over and over again



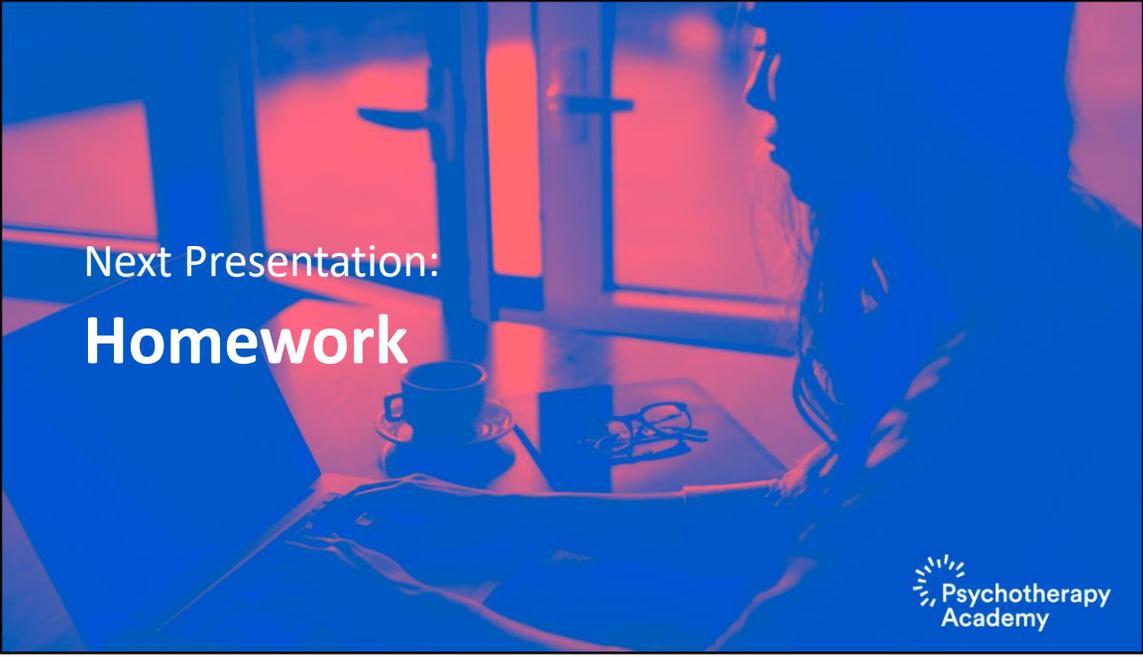
And again, in therapy, we're going to repeat this over and over again every session. These were just excerpts from her narrative and we're going to repeat it session after session.

Key Points

- The patient included information about the stimuli, her responses, and the meaning.
- She speaks in the present tense to help with engagement.
- She describes many points that will be important to discuss in the processing.



Some key points from this video. In this example of an imaginal exposure narrative, the patient included information about the stimuli. "It looked dirty." "It looked evil." Her responses: "I could hear myself screaming." And the meaning: "Now, I think this is really dangerous." She speaks in the present tense to help engagement. She describes many points that will be important to discuss in the processing.



Next Presentation:
Homework

 Psychotherapy
Academy



Homework

Dr. Barbara Rothbaum

Video 8: Homework.

Homework After Session 3



Listen to the recording of the imaginal exposure once a day

- 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.



Let's talk about homework after session 3. You can refer to the handout, sessions 3 to 14, the homework form, and instruct the patient to listen to the recording of the imaginal exposure once a day. But they don't have to do it the day they come in for a 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.

Instructions



Choose a time when you won't be interrupted



Listen from beginning to end



Sit down and close your eyes



Visualize what you're hearing



Practice imaginal 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.



Tell her that she should choose a time that she wouldn't be interrupted and she should listen to the recording of the recounting from beginning to end, without turning it off. She should sit down and listen to the recording with her eyes closed and visualize what she's hearing throughout the recording. I tell people I actually don't want them listening to a recording. I want them practicing imaginal exposure, just like they did in the session with me.

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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Instructions



The goal is to emotionally engage

- 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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Explain to her that the goal is to try to emotionally engage with the feelings that she has while listening to the exposure recording at home.

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.

Instructions



- If you aren't alone, use headphones
- Don't listen to it just before bedtime
- Don't let others listen to the recording
- Don't listen to it while doing something else

- 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 the patient isn't alone at home, ask her to listen to the recording using headphones to preserve her privacy. Caution her, however, to not listen to the imaginal exposure just before bedtime, so we don't encourage nightmares or sleep disturbances. Ask the patients not to let others listen to the imaginal exposure recording. And this is for a couple of reasons. One, we never know how someone else is going to react and that might not be helpful. And two, I never want someone filtering what they say in the session with me because they don't know how it might sound to someone else. So, it may be an item on the in vivo exposure hierarchy form to talk to someone about the trauma, but that's different. And we ask them not to let anyone else listen to their imaginal exposure recording.

We also don't want people to listen to the recording while they're doing something else. So, for example, we don't want them to listen to it in their car while they're driving. It's not listening to a recording. It's closing their eyes and practicing the imaginal 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.

Instructions



Record your SUDS level while listening to the imaginal 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.



Ask the patient to record her SUDS level while listening to the imaginal exposure. And she can use handouts, the imaginal exposure recording form.

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



Help the patient choose in vivo exercises for the coming week

- 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.



Help the patient choose which in vivo exposure exercises she'll do for the coming week.

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.

Instructions



Continue with the in vivo exercises daily



Repeat each exercise until your SUDS are reduced



Work up 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.
- 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
Academy

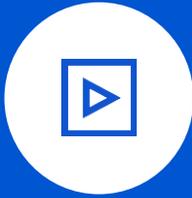
She should continue with the in vivo exposure exercises daily, repeating each exercise until she gets a reduction of the SUDS, and then working up the hierarchy with progressively higher SUDS levels. But work out which ones in the session you're going to ask your patient to do for homework.

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.

Homework After Session 3



Listen to the recording of the session one time



Continue the breathing retraining practice



Complete self-report forms

- 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.



Instruct the patient to listen to the recording of the entire session—including the parts before and after the imaginal exposure—one time. Continue the breathing retraining practice. And if you're having them do the self-report forms, then it might be that you ask them to come a little bit early to the next session just to complete the self-report forms.

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

- Instruct the patient to:
 - Listen to the recording of the imaginal exposure once a day.
 - Sit down with her eyes closed and visualize what she's hearing.



The key points from this video. Instruct the patient to listen to the recording of the imaginal exposure once a day. She should sit down and listen to the recording with her eyes closed and visualize what she's hearing throughout the recording.

Key Points

- Practice imaginal exposure.
- Not practice just before bedtime.
- Not let anyone else listen to the recording.



Practice imaginal exposure, not just listening to a recording. The imaginal exposure shouldn't be practiced just before bedtime to prevent sleep disturbances or nightmares. And caution your patient not to let anyone else listen to their imaginal exposure recording.



Next Presentation:

Take-Home Messages





Take-Home Messages

Dr. Barbara Rothbaum

Video 9: Take-Home Messages. I have a lot of take-home messages from this module.



Imaginal exposure begins in session 3

- 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 3 is an important session because imaginal exposure begins in session 3.

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.

Imaginal Exposure: Instructions



Go back to the time of the trauma



Recount it out loud repeatedly



While we record it for homework

- 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 imaginal exposure, we ask the patient to go back in her mind's eye to the time of the trauma and recount it out loud, repeatedly, several times per session. And we record it for homework and practice.

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.

Explaining the Procedure



Review the start and end points before you begin



Remind them that when they finish, you'll ask them to start again

- 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.



You should've already determined the start and end points of the narrative of the exposure. So, review those with the patient before you start imaginal exposure. Remind the patient that once they go through the memory, you're going to ask them to go immediately back to the beginning and start again.

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 Patient Is Doing Fine



Let them talk



Interrupt for a SUDS
rating and
encouragement



Ask "What's
happening now?"

- 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 the patient is doing fine, let them talk and stay out of their way. Only interrupt them about every 5 minutes for a SUDS rating. It's fine to offer encouragement at that point with something like, "You're doing great. What's happening now?" That gets them right back into the 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.

Processing Imaginal Exposure



- Start after the imaginal exposure
- Make new learning explicit

- 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.



After the imaginal exposure of the trauma memory, you'll process the experience with the patient. In processing, we want to make new learning that occurred in the exposure explicit to the 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.

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.



“You did great. How is that for you?”

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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.



As soon as the patient opens her eyes, I say, “You did great. How is that for you?” and this begins the emotional processing.

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.

Processing: Tips for Therapists



- Let the patient describe their observations first
- Don't tell the patient how they should view the trauma

- 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 to let the patient describe his or her observations first. Don't tell the patient how they should feel or think about the trauma or themselves.

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.

Processing: Tips for Therapists



- Make comments that match:
 - The patient's experience
 - Where the patient is in therapy
- Don't start with guilt, blame, or moral injury

- 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.



Only make comments that match the patient's experience. Don't say, "You see, your distress decreased" if it didn't. Phase your comments and questions according to where the patient is in therapy. I usually don't start with guilt or blame or moral injury. These are better approached after the patient has had several sessions of exposure and processing.

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.