



# Intermediate Sessions: Overview

Dr. Barbara Rothbaum

Welcome to Module 5: the Intermediate Sessions and Hotspots. Welcome to Video 1: Intermediate Sessions, the Overview.

# Intermediate Sessions

- Reviewing homework  
10 min.
- Presenting the agenda  
3 min.
- Conducting imaginal exposure (hot spots)  
40 to 45 min.

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The session overview for the intermediate sessions includes reviewing homework (that should take about 10 minutes), presenting the agenda for the session (that should probably take no longer than 3 minutes), conducting the imaginal exposure (about 40 minutes, 45 or so), and we're going to be focusing on hot spots, ...

## \*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.

# Intermediate Sessions

- Processing the imaginal exposure
  - Discussing the in vivo exposure
  - Assigning homework
- 
- 15 to 20 min.      10 to 15 min.      5 min.

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... processing the imaginal exposure (that will take anywhere from 15 to 20 minutes), discussing the in vivo exposure (about 10 to 15 minutes), and assigning homework for about five minutes.

## \*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.



The patient should have disclosed all details by this point

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The patient should have disclosed all of the details of the traumatic event by this point.

**\*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.

## Homework Review



- SUDS during exposure exercises
- Changes in SUDS



Distress reduction



Why they think that occurred

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During the homework review, you want to look at what the patient has brought in for his or her SUDS rating (Subjective Units of Distress or Subjective Units of Discomfort) of the imaginal and in vivo exposure homework exercises. And talk about changes in SUDS ratings. Comment on any reduction of distress and talk to them about why they think that occurred. You don't want to say it for them, but you really want to pull

from them to say it's getting easier — how it's getting easier. "It's getting easier to talk about it." "I feel less in my body." "I'm less scared when I do these things." Talk about why it's getting easier. And again, you want to pull for them to say it. "It's getting easier because I'm approaching instead of avoiding." "I'm staying in it long enough for my anxiety to come down." "I'm doing it repeatedly." So, you really want to pull from them that they realized it is getting easier because of what they're doing and that they're doing this exposure in a therapeutic manner because you want them to learn what works so they can apply it if they need it in the future.

\*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.

## Homework Review



Reactions to the recording



What they learned from the exposure



Praise and encouragement

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Ask about their reactions to listening to the recording of the trauma narrative and the recording of the entire session. What comes out for them? What's salient for them? Ask questions about what the patient learned from his imaginal and in vivo exposure homework. And again, you're going to want to pull from them what did they learn. "It wasn't as hard as I thought." "It's getting easier." What's making it easier? "Because I'm going to these situations." "I'm staying in them long enough for my body and my brain to realize they're not as high a threat as I thought." "And I'm staying in long enough to habituate for my anxiety to come down." Again, you're not saying that. You want to pull for them to say that. As always, heap on the praise and encouragement. A lot of people feel like "Okay, this isn't that big a deal. I used to be able to do this all the time before." And let them know really, it's a big deal and you appreciate what a big deal it is and this is courage and this is wanting to take their life back from PTSD. So, I would offer always lots of praise and encouragement.

### \*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.

# Problems With In Vivo Exposure



Look at rating forms at the beginning of the session



Offer praise and positive feedback



Discuss it in more detail when assigning the new in vivo exposure

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If there were any problems with doing the in vivo exposure homework, look at their homework rating forms at the beginning of the session. Offer praise and positive feedback, if that's appropriate. And you can tell them that you're going to discuss it in more detail after today's imaginal exposure, so towards the end of the session when you're talking about the new in vivo exposure homework assignment.

## \*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.

# Standardized Assessments



- Use them every other session
- Review them with the patient
- Comment on changes in symptoms

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Use the self-report scales and any other standardized assessments that you're doing every other session and review them at the beginning of the session with the patient. It can be really helpful to comment on changes in symptoms as treatment progresses.

## \*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.

# Standardized Assessments: Response Set



- They're improving yet their scores don't reflect that
- Ask about specific symptoms

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And sometimes, we find that patients get into what I call a response set. So, when it seems clear that they're improving yet their scores on these standardized assessments don't reflect that, in a nonjudgmental way, I will try to ask them about specific symptoms. So, for example, "You're reporting here that you're still having a lot of nightmares. When was the last time you had a nightmare? And what was it about?" So, going into detail to try to understand what their real experience of their current symptoms are. And sometimes, they've just, as I've said, gotten into this response set where they're just kind of answering the same every week without really examining "Okay, what are my reexperiencing symptoms this 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.

# Agenda



Recount the trauma  
memory



Discuss the recounting



Plan the in vivo  
exercises

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After you review the homework, you'll set the agenda and present the agenda to the patient for this session and let them know that today you're going to spend about 40 minutes of the session recounting your trauma memory. After discussing that, we'll spend the rest of the session talking about what came up and planning the week's in vivo exposure exercises.

## \*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.

## Key Points

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- We introduce hot spots in session 5 or 6.
- The structure of the intermediate sessions includes: homework review, imaginal exposure with hot spots, processing, and homework assignment.
- The patient should have disclosed all of the details of the traumatic event by this point.



Key points from this video: We introduce hot spots in about session 5 or 6. The structure of the intermediate sessions is the same. It includes homework review, imaginal exposure with hotspots and processing and homework assignment. The patient should have disclosed all of the details of the traumatic event by this point.



Next Presentation:

# Intermediate Sessions: Imaginal Exposure

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# Intermediate Sessions: Imaginal Exposure

Dr. Barbara Rothbaum

Video 2: Intermediate Sessions, Imaginal Exposure.

# Intermediate Sessions

- Review homework
- Set the agenda
- Conduct imaginal exposure



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After reviewing the homework and setting the agenda for the session, as usual, this is when we conduct imaginal exposure. And you can present it to the patient by saying, “Today, we’ll again spend some time revisiting the memory of your...” and whatever they call the traumatic event.

## \*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.

# Instructions



Slow down



Focus on what you're seeing, hearing, and feeling



Give SUDS ratings



Don't leave the image

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I'd like to ask you to slow down during the recounting of your trauma memory today and focus in more detail on what you're seeing, hearing, and feeling. I'll ask you to give me your SUDS ratings of your distress here in the room right now with me about every five minutes. Just call out your rating as quickly as possible 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.

# Instructions



Close your eyes



Vividly imagine what happened



Use the present tense



Describe what's happening

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Just like in previous sessions, I'd like you to close your eyes and vividly imagine what happened at the time of the trauma. Use the present tense as if it were occurring now and describe what's happening — what you're feeling and thinking as you go through this 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.



The patient should be saying everything about the trauma

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At this point in treatment, the patient should be saying everything about the trauma. For example, if a rape survivor had previously started exposures by saying, “And then he raped me,” at this point, she should be describing exactly what happened to her in detail: what she’s feeling, what she’s seeing, what she’s experiencing, what she’s thinking, what he’s doing to her. She should be using appropriate words to describe body parts.

**\*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.



- “Don’t filter”
- “If it’s in your memory, say it out loud”
- Orient the patient to this prior to the exposure

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And you might need to tell people don't worry about their language. Don't worry about whatever words. Don't filter. Just use the words how they think about it. What I tell the patients at session 5 and subsequent sessions is, "At this point in our work, you should be including all the detail that you remember. If it's in your memory, say it out loud. Don't worry about what it sounds like or what words you use." And the therapist should orient the patient to this at the beginning of the session prior to 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.

## Imaginal Exposure: Tips for Therapists



Ask specific questions



Conduct the exposure for about 40 minutes



Have them repeat the narrative until their distress decreases

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During the exposure, the therapist can slow down the patient and ask specific questions, such as “What are you feeling in your body?” “What is he doing to you now?” Then we will conduct imaginal exposure for about 40 minutes without interruption. Try to have the patient repeat the narrative until their distress decreases.

### \*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.

# Imaginal Exposure: Tips for Therapists



If they're still distressed, terminate with sufficient time to process



Focus on hot spots

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And if that reduction of distress doesn't occur within a session, then the recounting of the trauma memory should be terminated when there is sufficient time left in the session to process the experience with the patient. During processing and homework assignment, sometimes the patient's distress will decrease. Starting at about session 5 or 6, you're going to focus on hot spots. And we're going to talk a lot more about the procedure for hot spots in the next video.

## \*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.

# Difficulties in Recounting a Memory



- Discuss this prior to exposure
- “Is there anything I can do to help you?”
- “Do you have any ideas about why it’s difficult?”
- “How is it at home?”

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If the patient has particular difficulty recounting a memory or expressing their emotions during the imaginal exposure, it may help to discuss this prior to

exposure — to discuss their reluctance to engage with or express feelings about the memory. For example, you might say, “The last two times that you recounted the memory of your trauma, I noticed that you seemed to have difficulty engaging with your emotions. I want to remind you that the important part of revisiting the trauma memories is the connection to the feelings that are associated with the memories. Is there anything I can do to help you with this process? Do you have any ideas about why it’s difficult for you to fully experience your feelings in here? How is it when you’re practicing imaginal exposure at home?”

## \*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.

## Difficulties in Recounting a Memory: Reasons



Under-engagement



Over-engagement



Avoidance of strong emotions

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Sometimes, patients who have difficulty accessing or expressing trauma-related feelings are under-engaged. Less commonly and really much less commonly, patients may be over-engaged in revisiting the trauma and the therapist must help them to reduce emotional engagement.

There are also many patients who try to avoid strong emotions.

### \*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.

## Difficulties in Recounting a Memory: Avoidance



“You may have the desire to avoid, but engaging emotionally will help”



“Your distress will decrease with continued revisiting”

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It's important to remind these patients that they may have the desire to avoid listening to the recordings or avoid attending the next session, but engaging emotionally with the memory is exactly what will help get them better. Distress will decrease with continued revisiting. I found that it's helpful.

### \*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.

## Difficulties in Recounting a Memory: Avoidance



“You might not want to come to the next session”



“What do you need to tell yourself when that happens?”



Problem solve with them

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If I think that there is a chance that my patient is avoidant and might not want to come to the next session, I will predict that for them. I'll say, "I'm not going to be surprised if next Tuesday, when it's time to come see me again, you're not going to want to come. There's going to be a big part of you that really doesn't want to do it. What do you need to tell yourself when that happens?" So, I will predict that they might feel that. I'll problem solve with them and I'll get them to say what some coping statements are and what they should do to make sure they get to therapy. And I have had patients come back and tell me, "How did you know that I wasn't going to want to come in? And I'm glad we had that conversation last week because otherwise I'm not sure I would've made it here."

### \*References\*

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

## Difficulties in Recounting a Memory: Someone Died



- Discuss this prior to the exposure
- Provide reassurance

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There may be specific reasons holding patients back. For example, if someone died, some patients may have the belief that if the memory of the event stops causing distress, they may forget the person who died. It's important to discuss this with the patient — ideally prior to the exposure. We assure them that we're not trying to get them to forget the person who died and we couldn't even if we did want to.

### \*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.

# Difficulties in Recounting a Memory: Someone Died



“What if it was the other way around?”

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In the processing, the therapist can ask, “What if it was the other way around? What if you had died? How would you want your friend to live?” And almost universally, patients report they would want their friend to live a full life and be happy.

## \*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.

# Processing the Imaginal Exposure



“You did great. What was that like for you today?”

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In processing the imaginal exposure, as always, we'll process it after they finish revisiting and recounting the trauma. As soon as the patient opens their eyes, sometimes you can provide a brief positive comment like “You did great.” But then immediately, I say, “What was that like for you today?” or “What did you notice in today's 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.

## The Progression of Treatment



The post-exposure discussion takes less time



You focus on different things



New material may emerge

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And usually, as treatment progresses, this post-exposure discussion might take less time than it did in early sessions and also you focus on different things. As I had said before, in a lot of early sessions, what you're focusing on might be more habituation or by focusing on the memory they're remembering more or it's getting easier each time. And then as treatment progresses, you might get into stickier issues like guilt and blame. However, sometimes, new material does emerge as patients identify the most horrifying moments of the traumatic incidents. For example, one patient said, "I thought the next time my parents would see me would be in a coffin." I had another patient say, "I was worried he would hit me in the eyes and blind me. And then even if I survived, I'd never be able to work again." And when this material emerges, that's important to talk about it in the 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.

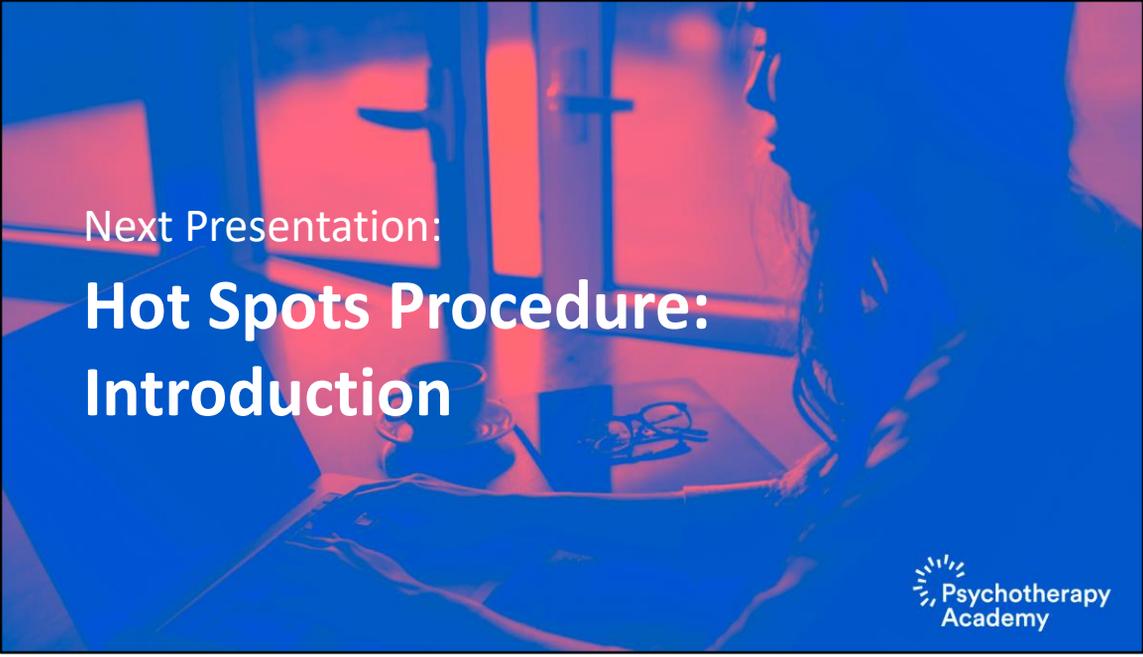
## Key Points

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- Introduce hot spots in about session 5 and continue with exposure to hot spots for the rest of treatment.
- Patients need to emotionally engage to get the full benefits of treatment.
- Avoidance of emotional engagement can be worked on during the processing.



Key points from this video: We introduce hot spots in about session 5 and continue with exposure to hot spots for the rest of treatment until the final session. It's not uncommon for patients to avoid strong emotions. However, patients need to emotionally engage with the trauma memory and reminders to get the full benefits of treatment. Avoidance of emotional engagement can be worked on during the processing.



Next Presentation:

# Hot Spots Procedure: Introduction

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# Hot Spots Procedure: Introduction

Dr. Barbara Rothbaum

Video 3: Introduction to the hot spots procedure.



## Hot spots: Most currently distressing parts of the trauma

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The hot spots are the most currently distressing parts of 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.

# Hot Spots Procedure



- Begin in session 5 or 6
- Have the patient focus on hot spots during the exposure
- Introduce it after the homework review

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Beginning at about session 5 or 6, emotional processing of the trauma memories can be made more efficient by having the patient focus primarily or exclusively on these hot spots during the exposure. We introduce this procedure after the homework review.

## \*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.

# Hot Spots Procedure: Introduction



- It's a different procedure
- It helps to emotionally process the most difficult moments

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During this introduction, we can explain to the patient, “Up to this point, each time you’ve revisited the trauma, you’ve described the entire memory of your trauma.” And again, use the words that the patient uses to describe their trauma. “Today, we’re going to use a different procedure that helps to emotionally process the most difficult moments.”

## \*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.

## Hot Spots Procedure: Instructions



“What are the hardest parts now?”



Describe the memory in great detail



Repeat it as many times as necessary to wear it out

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“I will ask you to tell me \_\_\_\_\_ based on your last exposure here and on your listening to the imaginal exposure recording last week \_\_\_\_\_ what the most distressing or upsetting parts of this memory are for you now. What are the hardest parts now? Then I’ll ask you to focus the revisiting and recounting on each of these hotspots, 1 at a time. We’ll pick 1 to begin with and you’ll repeat that 1 part of the memory over and over just by itself, focusing in closely and describing what happened in great detail \_\_\_\_\_ as if in slow motion \_\_\_\_\_ including what you felt, saw, heard, and thought. We will repeat it as many times as necessary to wear it out or bring about a big decrease in your SUDS level. When that part seems to have been sufficiently processed, we’ll move on to the next one. It’s similar to when you get a massage. Sometimes, there’s a knot and the masseuse focuses on that knot for a while. It might hurt, but when that knot is worked out, then they can work on the whole area again and it’s smoother.”

### \*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.

# Identifying the Hot Spots



“What was the hardest part?”



Use the patient’s self-report



If the patient doesn’t identify a hot spot, ask about it



Decide together what hot spot to focus on first

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Identifying the hot spots: You can start this conversation by asking, “When you did the revisiting last session?” or “When you listened to the recording this week for homework, what was the hardest part?” You can use the patient’s self-report of the currently most distressing moments of the traumatic memory. If the patient doesn’t identify a part of the memory that in your perception is likely a hot spot and that’s where the part where the patient always gives the highest SUDS ratings or avoids that part somewhat during the exposure or you can see that they get the most distressed, ask him whether that part is a hot spot as well. You can then decide together what hot spot would be the best to focus on first.

## \*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.

# Identifying the Hot Spots



Pay attention to possible hot spots in earlier sessions



In session 4, orient the patient to notice the hardest parts

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In my sessions, I am recording their SUDS level on my sheet. And very often, I am making notes to myself about what might be a hot spot — especially when I see them avoiding or having a lot of distress around that moment time after time. It's helpful for the therapist to be paying attention in these earlier sessions to what might be a hot spot. It's also helpful in session 4, if you think the next session, you'll start hot spots, to orient the patient to notice when they're practicing the homework to pay attention to what are the hardest parts for 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.

## Selecting a Hot Spot to Begin the Exposure



Identify the most distressing part of the trauma



Only include 1 hot spot



Determine its beginning and the end

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Selecting a hot spot to begin the exposure: The hot spot to focus on first should be the worst one — the most distressing part of the trauma. Be sure to only include 1 hot spot and to determine the beginning and the end of the hot spot. So, just like we determined the beginning and end of the narrative for the exposure, you want to determine the beginning and end of the hot spot for this 1 slice.

### \*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.

## Selecting a Hot Spot to Begin the Exposure



Ideally, choose a hot spot that is brief and easily repeated



Only work on 1 hot spot per session

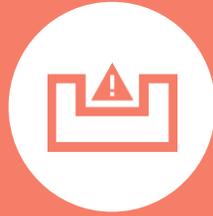
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Ideally, it should be a very brief slice of time that can be easily repeated. If there is another hot spot that closely follows, you can revisit that after completing this hot spot. We only work on 1 hot spot in each session.

### \*References\*

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

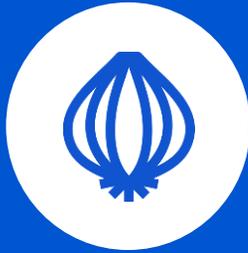


## Examples of Hot Spots

Some examples of hot spots.



I remember one young woman I worked with who was a rape survivor when she was 19 and in college. She was raped and she had gone through the memory several times and in several sessions. And when we got to the hot spot, it was the first time that she recalled that he had forced her or was telling her to perform fellatio. She was refusing. He had a gun and he cocked the gun and said if she didn't perform fellatio, he would kill her. And he had the gun at her head. And she only remembered that and recounted it during the hot spot. And then we went over it and over it.



*“Therapy is like an onion and we kept peeling off layers. And then when we got to the middle part, the stinky part, it was like we released the stinky part and then it didn’t stink anymore”*

And at the end of the treatment for her, she described — I always love her description — that therapy was like an onion and that we kept peeling off layers. And then when we got to the middle part, the stinky part, and for her that was the hot spot. It was like we released the stinky part and then it didn’t stink anymore.



*“I thought when he took me in that house that the next time my parents would see me would be in a coffin. I didn’t think I was coming out”*



I had another patient who actually was also a rape survivor in college. She went to get gas at night and was abducted. And he drove her car to an abandoned lot and they got out and he raped her every which way in that abandoned lot. And they get back in her car and she thought it was over and she thought that she was going to get to go home. And he took her to an abandoned house.

And when we got to the hot spot, it was of going in that house because she said, “I thought when he took me in that house that the next time my parents would see me would be in a coffin. I didn’t think I was coming out.” And so that was the hot spot for her that we worked on.



*“At the end, we could play the whole record through again and it didn’t skip”*

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Another analogy that one of my patients used that I love: **S**o, she was at least as old as I am and it was because we remembered the old long-playing records, LPs, vinyl records that you would play on a record player. And the way she described hot spots at the end of therapy — because at the last session, we’ll put the memory back together again — she said working on the hotspots was like we played the record and the parts that skipped that we worked on each of those for a hot spot. And then at the end, we could play the whole record through again and it didn’t skip. So, I always love that analogy as well.

## Key Points

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- The hot spots are the most currently distressing parts of the trauma.
- We pick 1 hot spot to begin with and repeat that 1 part of the memory to wear it out.
- When that part seems to have been sufficiently processed, we'll move on to the next hot spot.



Key points from this video are the hot spots are the most currently distressing parts of the trauma. We pick 1 hot spot to begin with and you'll repeat that 1 part of the memory over and over just by itself, focusing in closely and describing what

happened in great detail — as if in slow motion — including what the patient felt, saw, heard, and thought. We'll repeat it as many times as necessary in that session and in other sessions to wear it out or bring about a big decrease in SUDS. When that part seems to have been sufficiently processed, we'll move on to the next hot spot.



Next Presentation:

# Hot Spots Procedure: Imaginal Exposure

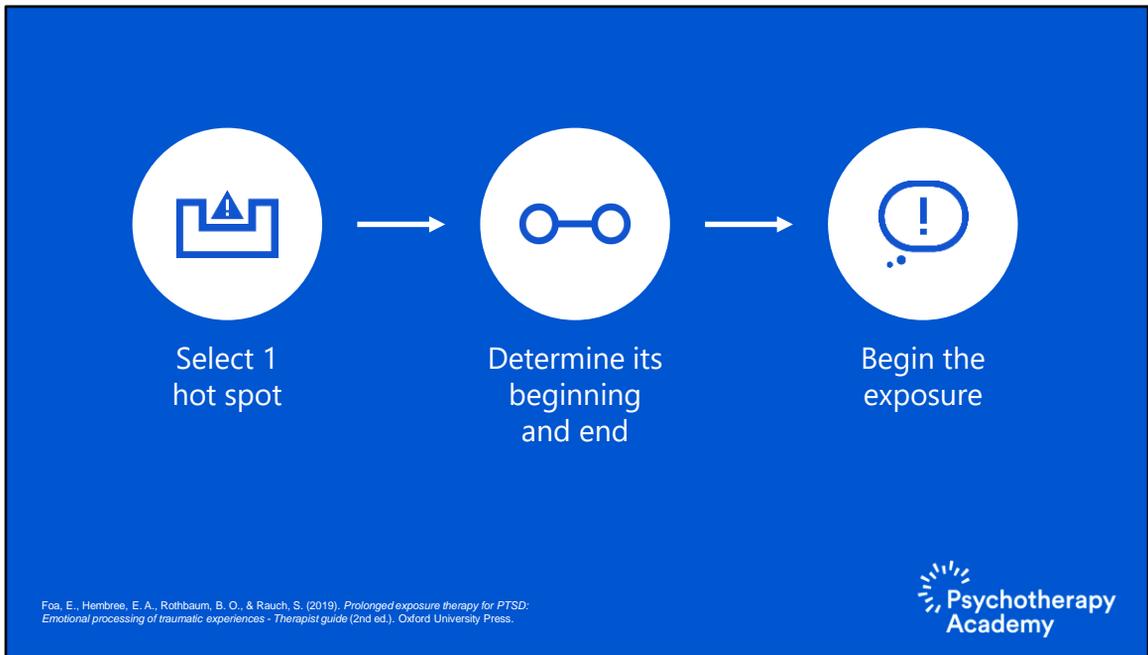
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# Hot Spots Procedure: Imaginal Exposure

Dr. Barbara Rothbaum

Video 4: the Hot Spots Procedure, Imaginal Exposure.



Remember we only work on 1 hot spot in each session. After we determine the beginning and the end of the hot spot we select, we can begin 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.

# Imaginal Exposure: Patient



Repeat the hot spot without pause



Recount as many details as possible

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Ask your patient to repeat the hot spot without pause between repetitions and to recount as many details as possible.

## \*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.

## Imaginal Exposure: Therapist



Help them focus on the feelings, thoughts, and senses



Ask probing questions



Have the patient describe every detail

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Help your patient focus on the feelings, thoughts, senses — all the stimuli. This is the time for the therapist to ask probing questions to get all of the details. We want to dig deep into this slice of the trauma. Prior to this, I'd advise if your patient seems to be doing well with the exposure, get out of their way. Just let them talk if they're doing fine. Now is the time to ask the probing questions to really get at every aspect of this memory. Have the patient describe every bit of relevant stimuli, every thought, every response, the fears.

### \*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.

## Examples of Probing Questions



“How big are you? How big is he?”



“Tell me exactly what position you were in”

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Examples: For childhood sexual abuse, ask for details, including “How big are you?” “How big is he?” If it’s a combat trauma, describe every detail. For example, “Tell me exactly what position you were in.” I remember one example of a patient and as we were working on the hot spot, he had felt very guilty that two of his men had died and it was, he felt, his responsibility since he was the commanding officer. And in going through the detail, he said that, let’s say, Jones had been shot right away by a sniper. And even though he told Smith not to go out, Smith went to try to help Jones and then Smith was picked off. He was shot immediately. And my patient wanted to go and help them but he knew at this point, now, that there were two snipers and they were firing from different directions. And he was covered and that if he had gone out in any direction that he would’ve been shot. And by going over it and over it, he realized that there was nothing he could do, that he had told Smith not to go out and he had and he had gotten shot. And even though he wanted to go and try to help that it would’ve just meant he would’ve been shot, too. And as hard as that is, it does finally help relieve some of the guilt that there was something he should’ve done that he didn’t 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.

# Probing Questions: Guilt



“Why didn’t you?”

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In processing, when patients are struggling — especially with feeling guilty or

blaming themselves or I wish I had done this — once we’ve gone through it a lot and I feel like I pretty much know the answer, I will ask them, “Why didn’t you?” And then they can go through it in detail and, for example, the soldier in combat can say, “Because I would’ve been killed, too, and part of me realized that.” And as sad as that is, it does help relieve some of the guilt.

## \*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.

## Tips for Therapists



- Focus on the hot spots until sufficiently processed
- Work on guilt and blame during processing
- Wear it out before moving on

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Focus on the patient's hot spots until each one has been sufficiently processed. Don't get impatient and move on to another trauma memory until there's a sufficient reduction of anxiety and distress in the first memory. The processing is where issues of guilt and blame and "I wish I would have," etc. can really be discussed and worked on. We often refer to it as wearing it out, wearing out the memory. And you really want to wear it out before moving on to the next hot spot.

### \*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.

## Tips for Therapists



- It may take several sessions
- Be patient

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This may take several sessions depending on the number of hot spots, the patient's pace, the amount of time he spends listening to exposure recordings as homework, and the intensity of the trauma, how avoidant he is — all of this. Allow it to take the time that it takes. Just like we ask patients can they be patient with themselves, that it's a process, and give themselves the time and space it takes, therapists need to be patient 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.

## Low SUDS Ratings: Under-Engagement



Ask the patient to describe the hot spot in detail



Engagement increases



Allows for a reduction in SUDS

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Sometimes, the patient will give low SUDS ratings and they might appear minimally distressed even when focusing on a very distressing part of the memory. Usually, this is due to under-engagement in the trauma memory. In these cases, focusing in on the hot spot and asking the patient to describe this focused portion of the event in detail may increase the engagement in the SUDS, allowing finally for a reduction of the SUDS to occur.

### \*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.



Focus on the hot spots until the final session



Wait until the anxiety associated with the hot spots has sufficiently reduced



Ask the patient to recount the entire memory

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Focus on the hot spots until the final session, when you're going to ask the patient to put the whole memory back together — to recount the entire memory again. When the anxiety associated with the hot spots has sufficiently reduced, then the hot spots work is completed. You're going to have the patient return to focusing on and recounting the entire memory again, putting it all back together, like my patient who said it was like playing a long-playing record and those parts didn't skip anymore.

\*References\*

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

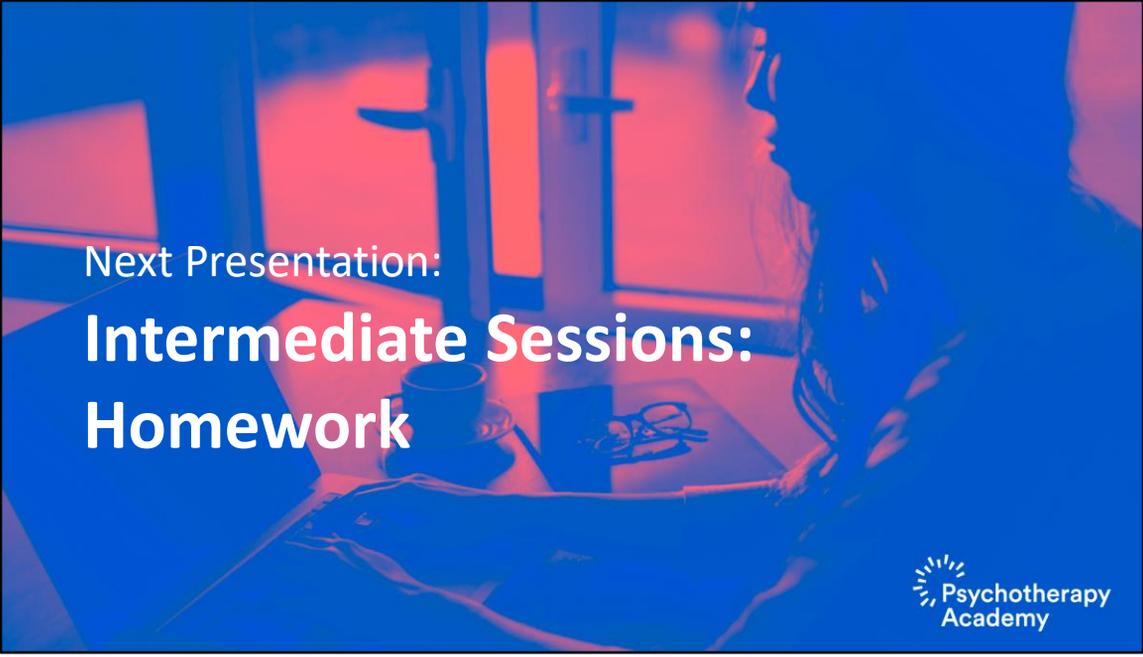
## Key Points

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- Focus on only 1 hot spot per session.
- Instruct the patient to recount that hot spot repeatedly.
- Ask probing questions.
- Work on hot spots until the final session.



The key points from this video that we'll focus on only 1 hot spot per session, starting with the most difficult. We'll instruct the patient that he or she will recount that hot spot repeatedly without pause. This is the time for the therapist to ask probing questions to get all of the details. We want to dig deep into this slice of the trauma and continue to work on hot spots in all sessions until the final session. And ask the patient to recount the entire memory again in the final session.



Next Presentation:

# Intermediate Sessions: Homework

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# Intermediate Sessions: Homework

Dr. Barbara Rothbaum

Video 5, Intermediate Sessions, Homework.

# Homework: Therapists



Encourage patients to push themselves



Leave no stone unturned

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We really want to encourage patients to be pushing themselves and eating, breathing, and sleeping exposure at this point. Just as we're encouraging no stone left unturned in their imaginal exposures in the therapy session, we want to encourage this in their day-to-day lives outside of the therapy 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.

# Homework: Patients



Learn new  
habits



Encounter their  
triggers



Look for ways to  
engage

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This is where they'll be learning and adapting new habits. This is where they're going to encounter their triggers. Ideally, they should've adapted the exposure approach and be looking for ways that they can engage.

## \*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.

## Homework: Patients



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When they truly understand the exposure therapy model and have seen some improvements, they'll want to do more to root out avoidance. Once they understand the concept of approaching rather than avoiding in a therapeutic manner, they'll know what's best for them in their day-to-day lives in between sessions. They can certainly be instructed on what to do and how to do it for planned exposures.

### \*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.

# Homework: Patients



View unexpected triggers as a cue to practice exposure



Understand the reasons for the exercises

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But oftentimes, something will happen out of the blue, unexpectedly, that will trigger them. Their PTSD instinct may be to avoid, but we want them to have a new response to triggers. Instead of escaping, withdrawing, or avoiding, we want them to view the

trigger and their response as a cue to approach or at least hold steady — rather than escape. Instead of habitually responding with an “Uh, I’ve got to get out of here” response to a trigger, we want to turn it into “This is a good chance to practice exposure” or, even better, “I’m going to punch PTSD in the nose and stay here until my anxiety decreases. I can do this. I got this.”

This is why it’s so important that patients understand the reasons why we’re asking them to do these exercises and the ways that we think it’ll work so they can make good decisions for themselves in the moment.

## \*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.

# Homework: Patients



Don't remain in a dangerous situation



Evaluate the safety of a situation

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None of this is to say they should remain in an objectively dangerous or sketchy situation — just the opposite. Once they gain back some control over their PTSD and the triggers, they can more objectively evaluate the safety or danger of a situation. Prior to treatment, if anything triggered them, they likely responded as if they were in danger. However, sometimes, people with PTSD can respond just the opposite. For example, it's not uncommon for people who were the survivors of childhood sexual abuse to go through a phase of promiscuity. We hear of our veterans with PTSD engaging in risky behaviors all too often, such as riding their motorcycles over 100 miles per hour or provoking fights or volunteering for dangerous assignments. Sometimes, people with PTSD think of themselves as weak or scaredy-cats and assume that they're overreacting and ignore warning signs and stay in objectively dangerous situations. Sometimes, their self-esteem is so damaged they don't think that they're worth saving.

## \*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.

# Evaluating the Safety of a Situation



## Truly dangerous

- They should protect themselves



## Acceptable level of risk

- They should remain in it
- Their anxiety should decrease

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So, with treatment, people with PTSD can learn to more objectively evaluate the safety or danger of a situation and respond accordingly. If it truly is dangerous — and we always need to remember that people with PTSD have been in a truly dangerous situation — they should act to protect themselves. But if they're just getting triggered and can evaluate the situation as within an acceptable level of risk, if they remain in it, their anxiety should decrease. This is helping them to discriminate, which is one of the goals of prolonged 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.



Move up the hierarchy for in vivo exposure



Engage in behavioral activation activities



Risk relapse without healthy behaviors

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They should be moving up the hierarchy for in vivo exposure and also engaging in behavioral activation activities — especially if their lives had become narrow. We want them engaging in therapeutic exposures. But we also want them filling their lives with relationships and activities that are healthy and fulfilling. If they don't fill in the time they used to devote to PTSD with healthy behaviors, it puts them at risk for relapse.

**\*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.



- Encourage them to take their lives back, in a therapeutic manner
- Inquire about other activities

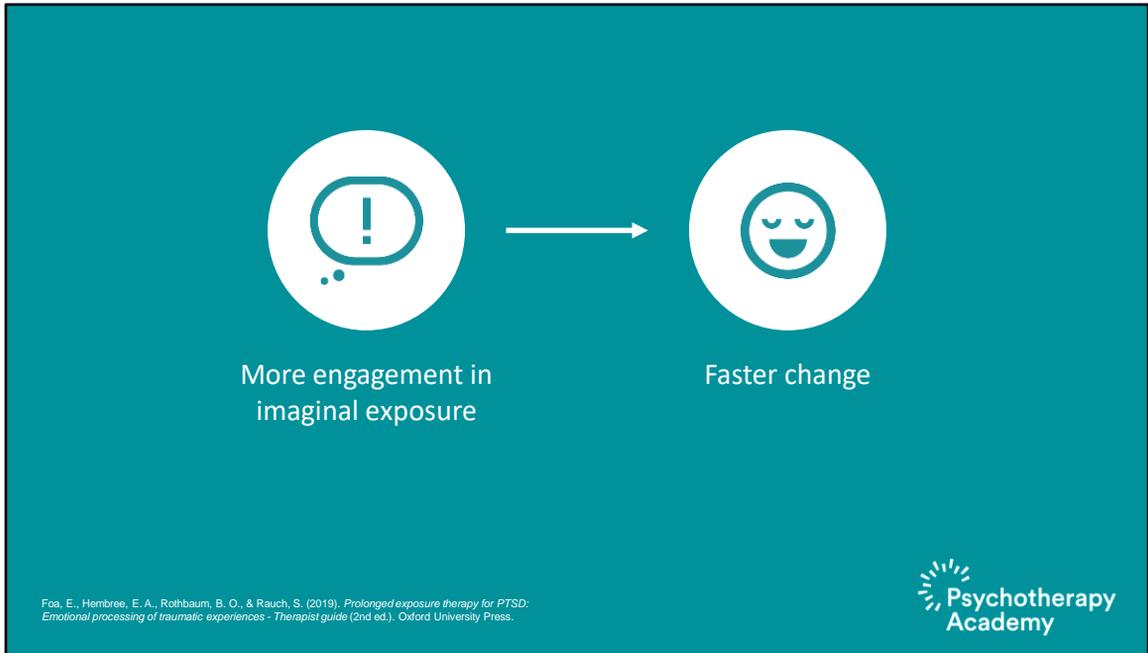
Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.



We encourage them to take their lives back from PTSD to start doing things with family and friends again and to do them in a therapeutic manner without safety behaviors. Inquire about activities that aren't on the in vivo exposure hierarchy. What did they use to do before the traumatic event? What do significant others wish they could do? What would give their lives meaning? Describe the life they want to be living and help them get there.

#### \*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.



In addition to in vivo exposure and behavioral activation homework, the more they engage in imaginal exposure for homework, the faster they'll see change. They spend more time out of the therapy sessions than in them, so it's important they use that time therapeutically.

**\*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.

# Discussing In Vivo Exposure



- Plan daily in vivo exposure assignments
- Guide the patient in moving up their hierarchy

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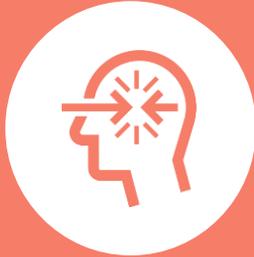


When discussing the in vivo exposure, after processing the imaginal exposure, proceed to planning the daily in vivo exposure assignments. Guide the patient in moving up their in vivo exposure hierarchy.

## \*References\*

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

# Discussing In Vivo Exposure



- Patients should:
  - Practice until it ceases to produce more than mild anxiety
  - Do as much as they can

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Patients should continue to practice each exposure item until it ceases to produce more than mild anxiety or discomfort. As their symptoms decrease and confidence increases, encourage patients to do as much as they can to take back their lives and to do in vivo exposure exercises in their day-to-day 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.

## Assigning Homework



Continue with breathing retraining



Practice in vivo exposure



Listen to the imaginal exposure recording daily



Listen to the recording of the session 1 time



Record SUDS levels

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In assigning homework, as always, instruct the patient to continue with breathing retraining practice. Ask the patient to listen to the imaginal exposure recording daily. Ask the patient to record his SUDS levels while listening to the imaginal exposure. Instruct the patient to continue to practice in vivo exposure exercises and instruct the patient to listen to the recording of the entire session including the parts before and after imaginal exposure at least 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.

## Key Points

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- Homework includes the same practices as for prior sessions.
- Encourage patients to take back their lives from PTSD, in a therapeutic manner.



Key points from this video: Homework includes the same practices as for prior sessions. We really want to encourage patients to be pushing themselves and eating, breathing, and sleeping exposure at this point. We encourage them to take back their lives from PTSD, to start doing things with family and friends again, and to do them in a therapeutic manner, without safety behaviors.

## Key Points

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- Patients should be moving up the hierarchy for in vivo exposure and also engaging in behavioral activation activities.
- The more they engage in imaginal exposure for homework, the faster they'll see change.



They should be moving up the hierarchy for in vivo exposure and also engaging in behavioral activation activities — especially if their lives had become narrow. The more they engage in imaginal exposure for homework, the faster they'll see change. And I encourage them the more homework they complete, the sooner they can stop seeing me.



Next Presentation:

## Tips for Exposure Therapy

 Psychotherapy  
Academy



# Tips for Exposure Therapy

Dr. Barbara Rothbaum

Video 6: Tips for Exposure Therapy

# Treatment Schedule and Rationale



- Weekly sessions
- 90 min.
- Increasing the frequency helps minimize avoidance

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The first tip has to do with the treatment schedule and the rationale. We are presenting this program as weekly sessions. And probably around the world, that is the most frequent way that all psychotherapy is conducted—in weekly sessions. For PE, for prolonged exposure, we recommend at least 90-minute sessions to allow enough time to get into the exposure, to do the processing, to assign homework. I also really like seeing patients more frequently than that. In our veterans program, we have an IOP, an intensive outpatient program, and we're able to see patients. We bring people in from all over the country and we see them every day for two weeks. We do an hour and a half of individual imaginal exposure and then two hours of group in vivo exposure. And people move very quickly through the memory and it's difficult but we're seeing great responses. And one of the best things about it is we have a very low dropout rate by doing it that frequently. Even if you can't do it that frequently, if you can see patients twice a week or three times a week, it really helps to minimize the avoidance that some of the patients will engage in between sessions and it works to move them quickly up the hierarchy.

## \*References\*

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Make appropriate comments



Encourage continued exposure until anxiety has habituated

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As we've said before, the therapist should make appropriate comments during the exposure and encourage continued exposure until anxiety has habituated. Many of us have the things that we tend to say all the time, but we only want to say them if it's appropriate. So, for example, if a lot of people tend to say, "See, with continued exposure, your anxiety decreases," if that hasn't happened to your patient, don't say that. You want to say something that reflects reality and shows your patient that you're really paying attention to what's going on for them. So, if their anxiety hasn't decreased, you might say something like, "I know you were so scared of doing this and I can see that it is hard for you and it has remained hard for you and you tolerated it. You were scared that something terrible would happen and it hasn't. I know that it causes you a lot of distress, but you're tolerating it and nothing bad has happened. And that's terrific. And I do think that if we stay with this, it will get easier." So, you want to make appropriate comments.

#### \*References\*

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## Guidelines for Exposure Therapy

Some guidelines for exposure therapy.



## Patients should remain in the exposure situation long enough for their anxiety to decrease

- ❌ Don't engage in a discussion during exposure
- ✅ Encourage them to continue exposure

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Patients should remain in the exposure situation long enough for their anxiety to decrease. I can't emphasize this one enough. The biggest rookie mistake that I see in therapists new to exposure therapy: patient gets anxious, therapist gets anxious, and they stop the exposure. It is very common for patients when they're doing imaginal exposure—and especially early on in treatment and sometimes throughout treatment—they will say, "I don't want to do this. I hate this. Can I stop now?" Or when they've gone through one iteration and we're asking them to go back to the beginning and start again, they say, "Really?" And they'll open their eyes and look at us and say, "I don't want to do that." It's important (1) not to engage in a discussion with the patient during exposure and (2) to encourage them to continue exposure. You can acknowledge that this is difficult, that you say this is exactly what you need to do to help it be easier for you. Don't let them off the hook. That is not the kind thing to do. They can avoid all on their own. They're coming to you to help stop avoiding, to help do something differently, to help make this an easier memory for them.

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Encourage the patient to use as much detail as possible, especially for the worst parts



Use the patient's words

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The therapist should encourage the patient to use as much detail as possible—especially for the worst parts of the trauma. Some therapists I’ve worked with that are new to exposure, they feel voyeuristic and they feel almost cruel and very uncomfortable asking for this level of detail. But in the example I gave earlier, if a rape victim glosses over it and says, “And then he raped me,” that’s not doing her any favors to let her get away with that. We need to slow it down and say describe everything that he’s doing to you, describe everything that you’re feeling in your body. Use the appropriate words and whatever her words are. They can be penis and vagina. They can be dick. They can be whatever word she uses. But encourage her to describe everything that she’s feeling. I’ve had several people tell me that this is the first time that they have ever been able to go through in detail what happened to them. And I think that it is so powerful to have a human in the room with you trying to be helpful, someone who’s handling the details of what you’re saying. They’re not shocked. They’re not abhorred. And they’re letting you air it all out and say it. One of our other analogies is that it’s like mold. And when they keep the details and these memories in the dark, the mold festers. And one way to get rid of the mold is expose it to the sunlight.

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## Allow patients to progress at their own pace

- ✓ Push them outside of their comfort zone
- ✗ Don't push them outside of their safety zone

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Patients should be allowed to progress at their own pace. And this is true, but also with an asterisk. Their pace is one of avoidance and so they've come to us for help out of that avoidance. So, it's like a dance we do with our patients. As I've said before, I tell them I will push them outside of their comfort zone, but not outside of their safety zone. You don't want to push them too far or too fast because then they might drop out of therapy. But you want to keep them moving because this is a pretty short-term therapy. And that's one of the advantages. I tell people, "This is hard, but it's best described in weeks really rather than even months. And it's worth the investment. If you push yourself hard for these few weeks, you're going to be able to take your life back from PTSD."

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Praise patients for exposures completed



Encourage them to push themselves further

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Patients should be praised for exposures completed and encouraged to push themselves further. I've said it before. I'm like a cheerleader in there, really getting excited when they're doing exposures and celebrating with them when they're able to do something that they've been avoiding maybe for years. And I want them to feel how happy I am for them. And also, that helps me push them because I want to help them get to that point.

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Acknowledge how difficult exposure therapy is for them

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The clinician should acknowledge how difficult exposure therapy is for the patient. And you should really understand that even if some level the patient knows that it's not as dangerous as their bodies make them feel like it is, it still feels that dangerous. It feels that scary. And they are doing it anyway. And so, we do want to let them know that we can appreciate how difficult this is. They have set their lives up to avoid this memory, to avoid these reminders. And we are asking them to do this on purpose.

**\*References\***

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## Gauge your responses according to the patient's reactions to exposure



Mirror the patient's experience

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Therapists should gauge their responses according to the patient's reactions to exposure. And this is similar to what we talked about earlier. It's similar if you know about the concept of mirroring. So, we want to mirror what the patient's experience is. If they're doing great, we want to say they're doing great. If they're having difficulties, we want to acknowledge the difficulties and problem solve them with them.

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# Virtual Reality Exposure



- An interactive computer environment
- A sense of presence and immersion

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I'm going to switch now and talk very briefly about virtual reality. First, what is virtual reality exposure? Because this is a term that's used a lot these days. It is an interactive computer environment, but it's more than just this multimedia environment because the user experiences a sense of presence in this environment. They are immersed in this environment. So, for example, if I took a picture of a room I was in and sent it to you, you could get a sense of that room. If I took a video of that room, you could get a little bit better sense of that room. If I had that room rendered in virtual reality, you would feel present in that room. And so for that reason, that sense of presence and immersion, we thought that virtual reality would be good for exposure therapy.

## \*References\*

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# Virtual Reality Exposure: Hardware



A head-mounted display



A handheld sensor or joystick



A computer and monitor



A thunder chair

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The hardware that we use. We ask the users to put on what's called a head-mounted display or HMD. And that is like a helmet with straps with a television screen in front of each eye and earphones and a position tracker that just as my view changes in reality when I move my head, so it does in the virtual reality in real time. For some environments, we have a handheld sensor or joystick that allows the user to manipulate things in the virtual environment or move around. So, for example, they can push a virtual button on a virtual elevator and go up. They can drive a virtual Humvee and steer it. There's obviously the computer and the monitor, so the therapist can see everything on the monitor that the patient is seeing in the head-mounted display, so we can comment appropriately. For many environments, we will also use something like what's called a thunder chair. For our environments where I work, we have a raised platform and a woofer, a base speaker, a shaker, embedded underneath that platform, so they also feel the vibrations. So, for example, in the virtual airplane, they can feel turbulence. They can feel the landing gear coming up. In the virtual Iraq, they can feel the engines on of the Humvee. They can feel the explosions.

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Rothbaum, B. O., Price, M., Jovanovic, T., Norrholm, S. D., Gerardi, M., Dunlop, B., Davis, M., Bradley, B., Duncan, E. J., Rizzo, A., & Ressler, K. J. (2014). A randomized, double-blind evaluation of D-cycloserine or alprazolam combined with virtual reality exposure therapy for posttraumatic stress disorder in Iraq and Afghanistan war veterans. *American Journal of Psychiatry*, 171(6), 640-648. <https://doi.org/10.1176/appi.ajp.2014.13121625>

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# Virtual Reality Exposure: Effectiveness



Specific phobias



Substance use disorders



PTSD

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And virtual reality exposure therapy, or VRE, has been found to be effective for specific phobias, including the fear of heights, the fear of flying, the fear of public speaking, for substance use disorders, for PTSD, and for many others.

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# Virtual Reality Exposure: PTSD



- PE with their eyes open
- The therapist matches what the patient is describing in the VR

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For PTSD, virtual reality exposure therapy is basically PE with their eyes open and the therapist matches what the patient is describing in the VR. So, for example, for a combat veteran who might be describing, "I'm driving the Humvee back to base. Jones is next to me. Smith is in the back seat. Rivera is in the turret as the gunner. We hit an IED on the right front. Everything fills with smoke," we can reproduce all of that in the virtual reality. We first tried VRE for PTSD in the late '90s and that was with Vietnam veterans and it was helpful. And now, many people around the world are using VR for PTSD. They're using it for World Trade Center survivors. They're using it in Israel for terrorist survivors. As I mentioned, we use it for combat survivors.

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# Virtual Reality Exposure



Fear of flying



Controlled stimuli

- Rothbaum, B. O., Price, M., Jovanovic, T., Norrholm, S. D., Gerardi, M., Dunlop, B., Davis, M., Bradley, B., Duncan, E. J., Rizzo, A., & Ressler, K. J. (2014). A randomized, double-blind evaluation of D-cycloserine or alprazolam combined with virtual reality exposure therapy for posttraumatic stress disorder in Iraq and Afghanistan war veterans. *American Journal of Psychiatry*, 171(6), 640-648. <https://doi.org/10.1176/appi.ajp.2014.13121625>
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I like VRE for several reasons. For example, we can exactly control the stimuli. So, actually, one of my favorite virtual reality programs is the virtual airplane for the fear of flying. And prior to VR, I kind of hated treating the fear of flying because it was such a pain to go to the airport. And if I actually had to fly with the patient, it took a lot of time. It was expensive for the patient. It was difficult feasibly to arrange. And a virtual airplane is so easy, feasibly. I can exactly control the stimuli. If my patient is not ready for turbulence, I can guarantee there wouldn't be turbulence. When my patient is ready for turbulence, I can guarantee there will turbulence. We can take off and land as many times as we need to—all within my 45-, 50-minute therapy session and without leaving my office. In our studies, it has worked just as well as going to the airport and using a real airplane. And it's just so much easier. It's so much more feasible.

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# Virtual Reality Exposure



PTSD



Potent stimulus, harder to avoid

- Rothbaum, B. O., Price, M., Jovanovic, T., Norrholm, S. D., Gerardi, M., Dunlop, B., Davis, M., Bradley, B., Duncan, E. J., Rizzo, A., & Ressler, K. J. (2014). A randomized, double-blind evaluation of D-cycloserine or alprazolam combined with virtual reality exposure therapy for posttraumatic stress disorder in Iraq and Afghanistan war veterans. *American Journal of Psychiatry*, 171(6), 640-648. <https://doi.org/10.1176/appi.ajp.2014.13121625>
- Rothbaum, B. O., Hodges, L., Smith, S., Lee, J. H., & Price, L. (2000). A controlled study of virtual reality exposure therapy for the fear of flying. *Journal of Consulting and Clinical Psychology*, 68(6), 1020-1026. <https://doi.org/10.1037/0022-006x.68.6.1020>
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For PTSD, I like the virtual reality because it's such a potent stimulus that I think it's harder for the patient to avoid. And as I mentioned, we use a lot of sensory input. They can feel the vibrations. For some environments, we have the smells. The sounds are really what get people as well. So, even if they're emotionally avoidant, it's really hard to avoid such a potent stimulus.

## \*References\*

Rothbaum, B. O., Price, M., Jovanovic, T., Norrholm, S. D., Gerardi, M., Dunlop, B., Davis, M., Bradley, B., Duncan, E. J., Rizzo, A., & Ressler, K. J. (2014). A randomized, double-blind evaluation of D-cycloserine or alprazolam combined with virtual reality exposure therapy for posttraumatic stress disorder in Iraq and Afghanistan war veterans. *American Journal of Psychiatry*, 171(6), 640-648. <https://doi.org/10.1176/appi.ajp.2014.13121625>

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# Virtual Reality Exposure



Studies



Precise methodological control

- Rothbaum, B. O., Price, M., Jovanovic, T., Norrholm, S. D., Gerardi, M., Dunlop, B., Davis, M., Bradley, B., Duncan, E. J., Rizzo, A., & Ressler, K. J. (2014). A randomized, double-blind evaluation of D-cycloserine or alprazolam combined with virtual reality exposure therapy for posttraumatic stress disorder in Iraq and Afghanistan war veterans. *American Journal of Psychiatry*, 171(6), 640-648. <https://doi.org/10.1176/appi.ajp.2014.13121625>
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And if you're using it in studies, I love it for the precise methodological control. When we used it for some of the studies studying medication in addition to exposure therapy, we can make sure that every patient gets exactly the same dose of exposure therapy, that we can replicate it by patient by session. So, it offers precise methodological control.

## \*References\*

Rothbaum, B. O., Price, M., Jovanovic, T., Norrholm, S. D., Gerardi, M., Dunlop, B., Davis, M., Bradley, B., Duncan, E. J., Rizzo, A., & Ressler, K. J. (2014). A randomized, double-blind evaluation of D-cycloserine or alprazolam combined with virtual reality exposure therapy for posttraumatic stress disorder in Iraq and Afghanistan war veterans. *American Journal of Psychiatry*, 171(6), 640-648. <https://doi.org/10.1176/appi.ajp.2014.13121625>

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## Key Points

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- The patient should remain in the exposure long enough for the distress to decrease.
- Patients should be encouraged to use as much detail as possible.



Key points from this video: The patient should remain in the exposure long enough for the distress to decrease. Patients should be encouraged to use as much detail as possible.

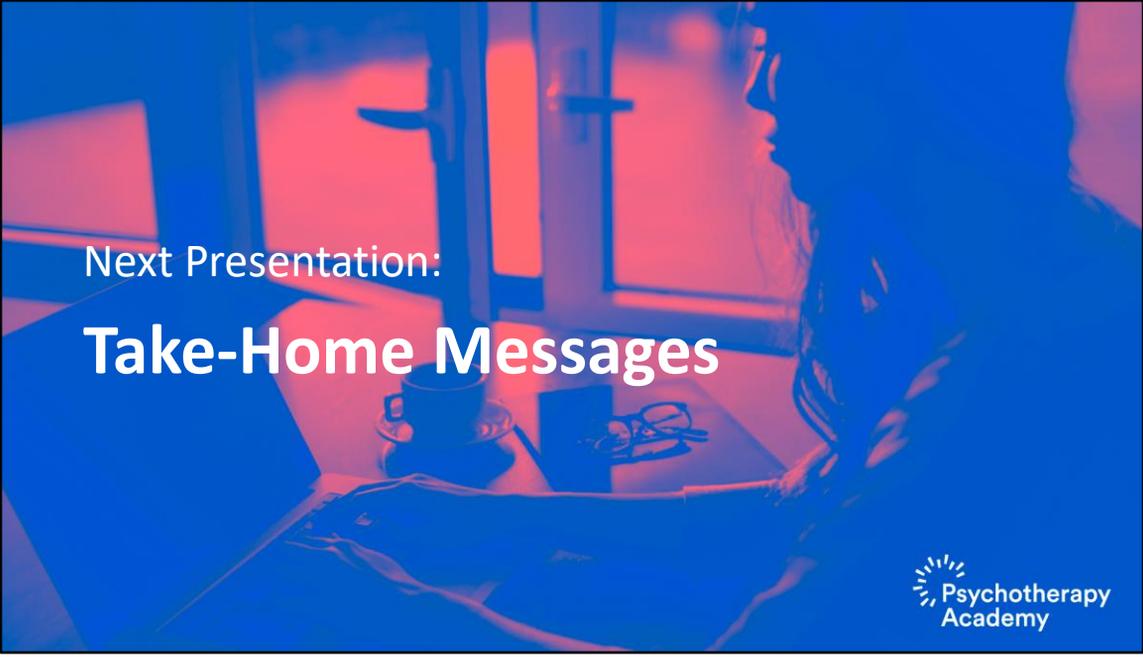
## Key Points

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- Praise patients for this difficult but worthwhile work.
- Virtual reality exposure therapy is a new effective medium for conducting exposure therapy.



Therapists should praise patients for this difficult but worthwhile work. And virtual reality exposure therapy or VRE is a new medium for conducting exposure therapy that's been found effective and engaging for patients.



Next Presentation:

# Take-Home Messages

 Psychotherapy  
Academy



# Take-Home Messages

Dr. Barbara Rothbaum

Video 7: Take-Home Messages.

# Hot Spots Procedure



Introduce in about  
session 5



Continue until the  
final session



Hot spots: The most  
currently distressing parts  
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.



We introduce hot spots in about session 5 and continue with exposure to hot spots for the rest of treatment until the final session. The hot spots are the most currently distressing parts of the trauma.

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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.

# Hot Spots Procedure



Pick 1 hot spot



Repeatedly describe what happened in detail



Repeat it as many times as necessary to wear it out

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.



We pick 1 hot spot to begin with and you'll repeat that one part of the memory over and over, just by itself, focusing in closely and describing what happened in great detail — as if in slow motion — including what you felt, saw, heard, and thought. We will repeat it as many times as necessary to wear it out or bring about a big decrease in SUDS. When that part seems to have been sufficiently processed, we'll move on to the next one.

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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.

# Hot Spots Procedure



Only focus on 1 hot spot per session



Recount it repeatedly



Therapist: Ask probing 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.



Focus on only one hot spot per session, starting with the most difficult. Instruct the patient that he or she will recount that hot spot repeatedly without pause. This is the time for the therapist to ask probing questions to get all of the details. We want to dig deep into this slice of 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.



Continue to work on hot spots until the final session



In the final session, ask the patient to recount the entire memory

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.



Continue to work on hot spots in all sessions until the final session. And in the final session, ask the patient to recount the entire memory again in full.

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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.

# Intermediate Sessions

- Homework review
- Imaginal exposure (hot spots)
- Processing
- Homework assignment



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The structure of the intermediate sessions is the same and includes homework review, imaginal exposure with hot spots and processing, and homework assignment.

## \*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.



The patient should have disclosed all details by this point

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.



The patient should have disclosed all of the details of the traumatic event by this point.

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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.

# Homework: Patients



Push yourself



Move up the hierarchy for  
in vivo exposure



Engage in behavioral  
activation activities

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.



We really want to encourage patients to be pushing themselves and eating, breathing, and sleeping exposure at this point. They should be moving up the hierarchy for in vivo exposure and also engaging in behavioral activation activities — especially if their lives had become narrow.

## \*References\*

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



The more they engage in imaginal exposure for homework, the faster they'll see change.

**\*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.