



# Final Session: Outline

Dr. Barbara Rothbaum

Welcome to this video talking about the outline for the final session.

# Final Session



2 hours

- Foa, E., Hembree, E. 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.



Your final session may be session 9. It may be session 12. Whenever it is, we recommend — if you can — put aside two hours for it. That will give you enough time to get everything accomplished.

## \*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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# Final Session

- Review homework
- Conduct imaginal exposure (entire memory)
- Process (discuss changes)



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As usual, you're going to review homework. You will review the in vivo exposure homework. You'll review the imaginal exposure homework. Find out how everything is going. You will conduct the imaginal exposure, but in the final session, it will be of the entire memory. You'll process the imaginal exposure and talk a lot about how their perception of the traumatic event has changed.

## \*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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# Final Session

- Re-rate in vivo hierarchy (discuss changes)
- Review progress
- Say goodbye



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You'll obtain the current SUDS, Subjective Units of Discomfort, for the in vivo hierarchy. So, you'll re-rate that and discuss how they differ from the original SUDS. Review their progress in general and end with termination, closure, saying goodbye.

## \*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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Spend 10 min. in homework review



Spend a few min. presenting the agenda



Make sure that your patient knows this will be their last session

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As usual, you'll spend approximately 10 minutes in the homework review, a few minutes presenting the agenda for the session. And what will be important, you want to make sure that your patient knows before they've arrived for the session that this will be their last session. You don't want to spring that on them now, so make sure. I usually say all along, "Okay, we are nearing the end of our therapy." And let them know that. And certainly, the session previous to this, make sure they know the next session will be our last 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.

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# Presenting the Agenda



• Hot spots



- Doing the whole memory
- Re-rating the in vivo hierarchy
- Reviewing their progress

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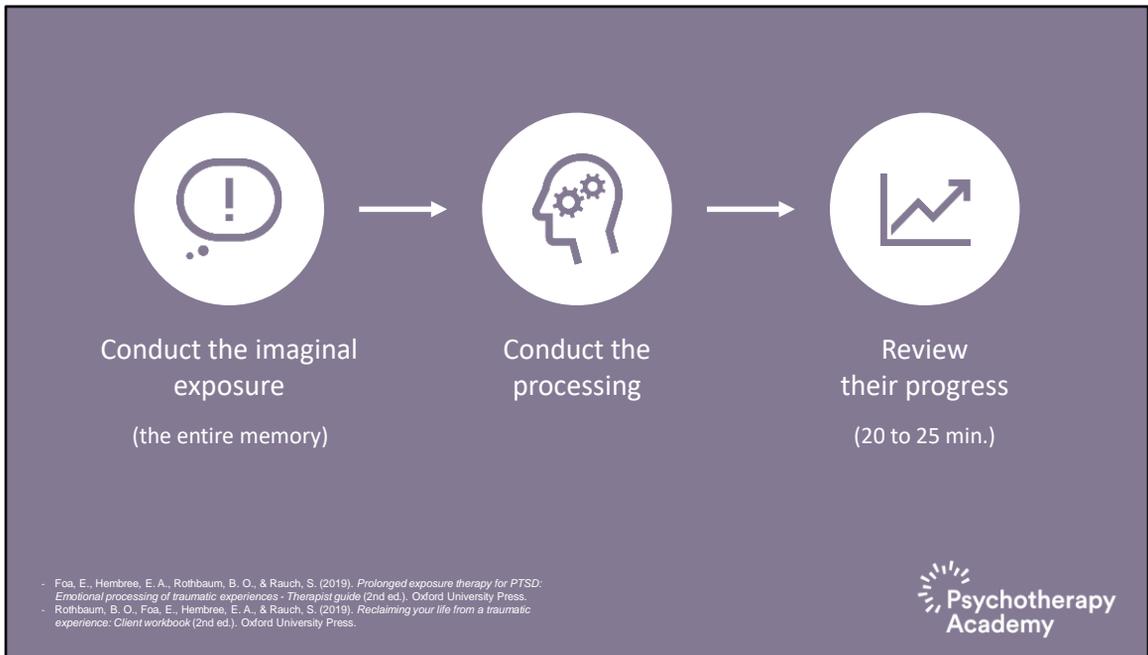


So, when you're presenting the agenda for this session, some of the things that will be different is that you wouldn't be doing hot spots. You'll be doing the whole memory, you'll be re-rating the in vivo hierarchy, and you'll be terminating. You'll be reviewing their progress.

## \*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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You'll conduct the imaginal exposure. And as I said, this will be for the entire memory. Usually, you'll just go through it 1 time and we'll talk about that more in a little bit. And you will conduct the processing associated with the imaginal exposure. And a lot of that will be rolled in with reviewing the progress and what the patient has learned in therapy. And you want to allow a good chunk of time for that so approximately 20, 25 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.

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Discuss how to handle symptom increases and make suggestions for continued practice. And you really want to help problem solve with that. And again, allow for enough time, so that can be anywhere from 15 to 25 minutes. And lastly, you're going to want to terminate therapy and say goodbye. And depending on your style, depending on your relationship with the patient, how long you've known each other, this can take anywhere from 5 to maybe 15 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.

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# Homework Review



Look at the forms



Discuss SUDS of the exposure homework



Ask about their reactions to the recordings

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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 the homework review and as usual, you will begin the final session by reviewing the patient's homework. Look at the forms. Discuss her SUDS ratings of the imaginal and in vivo exposure homework. Ask about her reactions to listening to the imaginal exposure and the session recordings. At this point, they know the drill and so probably they'll be telling you when they're reporting and when they're showing you their forms. They'll be hopefully proud that certain things aren't bothering them anymore.

## \*References\*

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

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# Homework Review



Cheer if it's getting boring



Ask them what they learned during exercises



Offer praise

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What you really want to hear is that their practice of the imaginal exposure is getting boring. And I cheer when they say it's getting boring. That's wonderful if you can get to that point. And you'll get into more of this discussion later, but in the homework review, ask her what she learned this week during her exposure exercises and offer her as usual praise for and acknowledgment of her hard work.

## \*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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# Setting the Agenda



1. Revisit and recount the entire trauma memory
2. Discuss their progress and what they need to continue working on
3. Design a plan for their continued work

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When you're setting the agenda for the session, make sure that you tell her first that you're going to ask her to revisit and recount the entire trauma memory because you had been doing hot spots. So, you're leaving hot spots and you're putting it all back together. And then you're going to discuss the progress she's made, what she's learned, what's led to her improvement, what she needs to continue working on, and design a plan for the continued work after 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.

Ask them to recount the entire trauma memory

Review the previous start and end points

“More than likely, you’ll just be going through the memory 1 time”

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As I keep reminding you — the main difference — you’re going to be asking her to recount the entire trauma memory this session. As you’ve been working on hot spots for the last few sessions, in this one, we’re going to put it all back together for the entire memory. Review the previous start and end points for the entire memory and feel free to revise them if necessary. Let the patient know that more than likely, you’ll just be going through the memory 1 time. But if she goes through it very quickly or if you think that it would be helpful, you’re going to ask her to go through it more than once.

**\*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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## Conducting the Imaginal Exposure



Use 15 to 25  
min.



Go through it  
1 time



Focus on the entire  
trauma memory

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For the imaginal exposure and processing, recounting the trauma memory is usually conducted, say, for 15 to 25 minutes. So, it's a little bit shorter than in previous sessions. But again, often, you're just going through the entire memory 1 time, focusing on the entire trauma memory rather than just working on the 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.

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## Conducting the Imaginal Exposure



Don't interrupt  
much



Ask questions if they're not  
including something  
important



Interrupt every 5  
min. to get SUDS

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As in the beginning, allow the patient to recount the memory without much interruption from you or too many questions. But you should feel free to prompt or ask questions if you think she's not including something important. At this point, you should know everything about the traumatic event and you should know what are the important parts for your patient. Make sure they're including them in this last recounting. So, if they're doing fine, you don't need to say much. Interrupt them about every 5 minutes to get their SUDS. However, if you know that they're leaving out something that you think is important, feel free to ask them 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.

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# Conducting the Imaginal Exposure



Don't expect the same level of detail as in the hot spots



End PE with the patient narrating the entire newly organized 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.  
- 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 won't include the same level of detail as in the hot spots and that's fine. You know, the hot spots, it's like working out a knot in the massage. And so now, you're going to be able to incorporate that information. It really is very important to end PE with the patient narrating the entire newly organized 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.

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## Processing the Imaginal Exposure



Offer praise and positive feedback



Prompt them to think about how the imaginal exposure has changed



“What’s different for you now?”

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When the patient finishes the exposure, begin the processing by offering praise and positive feedback as usual, but follow this with questions designed to prompt the patient to think about how the imaginal exposure has changed for her over the course of therapy. For example, you can say, “Great job. I’m wondering how this felt to you today compared with how you felt after doing it the very first time. What’s different for you now?”

### \*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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## Reviewing Their Progress



What the patient has  
learned



What's changed or  
improved



What they need to  
continue working on

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And this discussion will lead into an important part of the final session: reviewing what the patient has learned in the course of PE, what's changed or improved, and what she needs to continue working on.

### \*References\*

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## Key Points

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- The last session incorporates imaginal exposure to the entire memory.
- Usually, the patient recounts the entire memory 1 time.



The key points from this video are that the last session incorporates imaginal exposure to the entire memory. Usually, the patient just recounts the entire memory 1 time in the last session.

## Key Points

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- Check on the previous start and end points for the entire memory.
- If the patient is doing fine, there's no need to probe.



Check on the previous start and end points for the entire memory and you can revise them if it's necessary. And if the patient is doing fine with recounting the trauma narrative, the therapist doesn't need to probe or ask too many questions.



Next Presentation:

# Reviewing the Patient's Progress

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# Reviewing the Patient's Progress

Dr. Barbara Rothbaum

Video 2: Reviewing the Patient's Progress.



## An Evaluation and Discussion of the Patient's Progress

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



This part of the final session involves an evaluation and discussion of the patient's progress.

### \*References\*

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Ask for their  
perspective first



Ask questions

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As always, ask for your patient's perspective first. Feel free to ask questions to help the patient see what you see.

#### \*References\*

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The infographic is set against a solid red background. It features four white circular icons arranged in a 2x2 grid. Each icon is accompanied by a white text label to its right. The icons are: a brain with radiating lines, two profiles of heads facing each other with a lightbulb above them, a thumbs-up hand, and two stylized human figures shaking hands. At the bottom left, there is a small list of references. At the bottom right, the Psychotherapy Academy logo is displayed, consisting of a sunburst icon and the text 'Psychotherapy Academy'.

Review learned concepts and skills

Make recommendations for further treatment

Give positive feedback

Say goodbye

- Foa, E., Hembree, E. 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'll review the concepts, for example, facing rather than avoiding trauma memories and reminders has helped the patient to recover and skills that she's learned and make recommendations for further treatment, if it's indicated. Give the patient positive feedback for everything that she's accomplished in the program. And if you're terminating treatment now, say goodbye.

#### \*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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Make it interactive

Solicit the patient's perceptions of their progress

Evaluate their preparedness for using the skills in daily life

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This conversation should be interactive and solicit the patient's perceptions of her progress, what she's learned, and her sense of readiness to continue the work begun in therapy. You should ask questions aimed at evaluating her preparedness for using the exposure skills in her daily life.

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Prepare them for an increase in symptoms

“What stressors can you anticipate coming up?”

Problem solve

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You'll also prepare her for the likelihood of an increase in symptoms during times of significant stress, trauma reminders, or around the anniversary. Ask what are stressors that she can anticipate coming up and problem solve with her what will be good coping strategies to incorporate.

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# Objectives: Patients



Feel they can manage increases in PTSD symptoms



Realize they may experience an increase in symptoms



Use the coping skills acquired



See as an opportunity to practice skills



Remember that the work done can't be undone

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The 2 main objectives in this discussion are: (1) to ensure that the patient feels she can manage temporary increases in PTSD symptoms or stressful events with the knowledge and coping skills acquired in the treatment program, and (2) to ensure that the patient realizes that even though she is doing quite well now it's likely due to normal life events that she may experience an increase in anxiety, stress, or PTSD-related feelings and symptoms. Normalize this now so she doesn't get disheartened that she's relapsing. These times should not be seen as relapses but rather as opportunities to practice the skills that she's acquired. I like to tell patients that the work we did together cannot be undone.

## \*References\*

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## Skills Learned



- “I’d like to review your progress and discuss the skills that you’ve learned”
- “I’d also like to say goodbye”
- “We’ve spent these weeks working together to help you process what happened to 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.



In your review of the skills learned in the program, you might present the patient with the following: We’ve been working together on your PTSD symptoms for (about however many weeks it’s been). Today, I’d like to review your progress in the program and discuss the skills that you’ve learned. I’d also like to take a few minutes to say goodbye. We’ve spent these weeks working together to help you process what happened to you during the (use the words they use for the trauma), by repeatedly recounting it in detail. You’ve spent quite a lot of time doing imaginal and in vivo exposure exercises to help you approach the memory, people, and situations that you’ve been avoiding.

### \*References\*

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

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

## Skills Learned



How they're  
feeling



What was  
helpful/unhelpful



Additional  
practices



Plans

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



I'd like to talk to you now about how you're feeling, what you found helpful or not helpful during treatment, and what additional practices would be helpful and about your plans for the near 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.

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



Read the in vivo hierarchy situations



Ask for SUDS levels (now)



Record ratings and show the patient both columns

- Foa, E., Hembree, E. 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 reviewing the patient's progress for in vivo exposure, start by taking out the in vivo exposure hierarchy that you created in session 2. Without showing it to the patient, read each of the situations on the list and ask the patient to imagine herself doing each of the things on the hierarchy right now. Ask her to give you her anticipated SUDS level for each situation if she were to engage in that situation now. Record these ratings in the last column of the handout, labeled "final session." When you've completed this, show the patient the sheet with the two columns of ratings, the first one from session 2 and the one from today. For nearly all patients, there will be significant decreases in SUDS levels for most of the items on the list.

### \*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



- “What do you think?”
- “How did you accomplish this remarkable change?”
- “What caused these ratings to go down?”

- Foa, E., Hembree, E. 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, “What do you think of the two sets of ratings? How did you accomplish this remarkable change?” if that’s true. As always, only say what’s accurate and true for your patient. “What did you do that caused these ratings to go down?” And note the improvement in those situations that changed significantly. You can ask, “Tell me how your distress changed so much for...” and then you can list the item or items from session 2 to now. “What accounted for the decrease in SUDS? What did you do that helped this 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.

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



Get the patient to say what brought about the change



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.



You want to question the patient to get her to say what brought the change about. And the answer you want is exposure. You want to prompt her and pull this information from her. You don't want to tell her by putting herself in these situations repeatedly and until her distress decreased, it got easier over 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.

# In Vivo Exposure

Prompt them to say they learned:



Their distress would decrease



What they were scared of didn't happen



They tolerated the distress



Any specifics from their treatment

- Foa, E., Hembree, E. 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 want to prompt her to be able to say that she learned: (1) that her distress would decrease even while she stayed in the situation, (2) what she was scared of didn't happen, (3) she tolerated the distress, and (4) any specifics in her treatment, for example, the importance of not engaging in safety behaviors, the importance of disclosure to trusted others, how she felt about herself after engaging in successful exposure exercises — whatever is specific to her treatment.

## \*References\*

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

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

## Situations Where SUDS Ratings Remain High



Discuss these situations



Decide which warrant further exposure



Make a schedule to practice



Enter it into their phone calendar

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



Discuss the situations for which the patient's SUDS ratings did not decrease as much. And you can ask, "What do you think happened with this situation? Why has it remained relatively high?" Usually, these are the situations that the patient hasn't confronted sufficiently or where she continued to use safety behaviors. Discuss the items on the list that still have high ratings and warrant further exposure work. Help the patient make a schedule to practice these situations over the next few weeks. If it would be helpful, ask her to enter these practices into her phone calendar. I just got off with a patient prior to recording this video and I did just that. I asked him to put it into his calendar.

### \*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.

## Situations Where SUDS Ratings Remain High



Encourage them to face feared situations and memories



Have them record SUDS ratings



Note which situations they plan to continue practicing

- Foa, E., Hembree, E. 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.



Encourage her to face the feared situations and memories as they come up. Have the patient record the second set of SUDS ratings on her copy of the handout, the in vivo exposure hierarchy in her workbook if she's got that, and note which situations she plans to continue practicing.

### \*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.

## Overall Progress in Therapy



- Review what the patient has learned
- Talk about how their self-reported PTSD and depression scores have changed

- Foa, E., Hembree, E. 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.



Next, you'll review the patient's overall progress in therapy. So, after this in-depth discussion of in vivo exposure, review what the patient has learned over the course of therapy by asking a variety of additional questions. It's helpful to begin this by talking about how her self-reported PTSD and depression scores have changed from pre-treatment levels to now using the self-report measures of PTSD and depression rating scales you've been using. Very often, I will graph those out for a patient and let her see how they've changed over 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.

# Overall Progress in Therapy



Help the patient articulate what they've learned during PE

- Foa, E., Hembree, E. 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 aim of this discussion is to help the patient articulate what she's learned during PE, what caused her symptoms to decline, and her satisfaction in life to increase, for example: So, how did you accomplish all of these changes? What did you do in this therapy that brought about this difference? How do you think about the trauma now? How has this changed since before you came in? How do you think about your response now? How has that changed? What led to these changes? What have you noticed about your level of anxiety or discomfort in certain situations? What have you learned?

## \*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.

# Overall Progress in Therapy



- “What have you found the most helpful?”
- “Are there any problems that you’re still concerned about?”
- “What do you think you need to do about these?”

- Foa, E., Hembree, E. 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 have you found the most helpful to manage that anxiety and discomfort? Are there any problems that you’re still concerned about? What do you think you need to do about these?

## \*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.

## Other Areas of Change



“How are you feeling now compared to when you began?”



Helpful/unhelpful things



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



And continue this final session reviewing other areas of change as noted. And these are things you can say: I think you've made some real progress in the program. How are you feeling about these changes? How are you feeling now compared to when you began the program? What were the most helpful things that we did? Was there anything that you didn't find very helpful? Are there any exposures that you think you need to continue to 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.

## Other Areas of Change



Plans to achieve their  
goals



New habits to  
continue

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



And if so, help the patient make plans for how she can achieve her goals and any behavior change model. It's important to continue the new habits. For example, if you had been trying to lose weight and were successful, what would you need to do to keep the weight off? And you want to elicit the patient saying she would need to continue practicing what worked, for example, eating right and exercising, self-monitoring her food intake. The same applies here. "You've made impressive progress but you need to maintain your new healthy habits. You need to continue approaching rather than avoiding. You need to continue." And here you want to personalize it for the patient, whatever he or she did, for example, talking to your

spouse, going out by yourself after dark, sleeping with the lights off — whatever it was that they did.

### \*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 Notes



Discuss options for referral, if necessary



Encourage the use of skills



Encourage them to call if they run into difficulties

- Foa, E., Hembree, E. 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 notes for you as a therapist to keep in mind. If it's warranted by your patient's condition, you might want to discuss options for referral for further treatment. However, unless immediate therapy is necessary, encourage her to try to use the skills learned in therapy over the next several months and to call you if she runs into difficulties.

### \*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 Notes



Gains are maintained or improved months after therapy has ended



PE's first permanent change is in the brain

- Foa, E., Hembree, E. 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.



PTSD studies often show maintenance of gains or continued improvement months after therapy has ended. We think that PE's first permanent change is in the brain. The patient should continue to enjoy improvements as she moves about differently in the world.

### \*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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## Key Points

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- This part of the final session involves an evaluation and discussion of the patient's progress.
- Evaluate their preparedness for using the exposure skills in their daily life.
- Prepare them for an increase in symptoms.



Key points from this video: This part of the final session involves an evaluation and discussion of the patient's progress. This should be a conversation rather than you pointing out the patient's progress. You should ask questions aimed at evaluating her preparedness for using the exposure skills in her daily life. You will also prepare her for the likelihood of an increase in symptoms during times of significant stress, trauma reminders, or around the anniversary.

## Key Points

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- Re-rate each item on the in vivo exposure hierarchy.
- Question the patient to get them to say what brought about the change.
- Prompt them to say what they learned.



In this final session, you and the patient will re-rate each item on the in vivo exposure hierarchy form that you completed in session 2. Without showing it to the patient, read each of the situations on the list and ask the patient to imagine herself doing each of the things on the hierarchy now. Ask her to give her anticipated SUDS levels for each situation if she were to engage in that situation now. You want to question the patient to get her to say what brought about the change. You want that answer to

be exposure — **b**y putting herself in these situations repeatedly until her distress decreased, it got easier over time. You want to prompt her to be able to say what she learned. Review what the patient has learned over the course of therapy by asking a variety of additional questions.

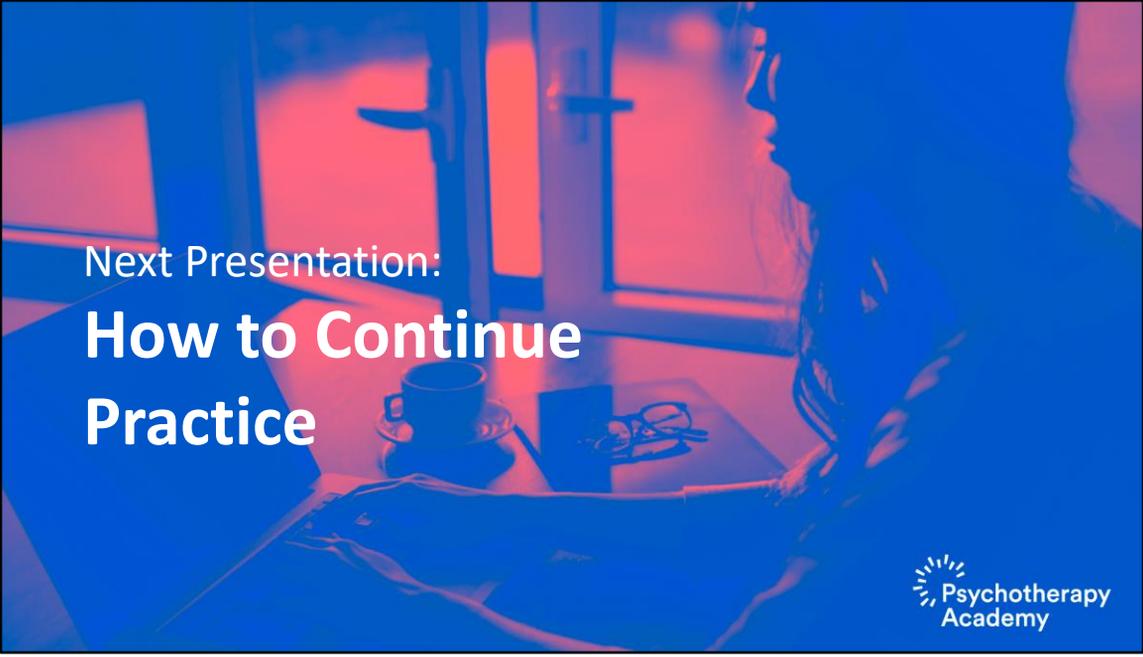
## Key Points

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- Talk about how their self-reported PTSD and depression scores have changed.
- Remind the patient to maintain their new healthy habits.



It's helpful to begin this by talking about how her self-reported PTSD and depression scores have changed from pre-treatment levels to now. Remind the patient to maintain her new healthy habits. She needs to continue practicing them, approaching rather than avoiding.



Next Presentation:  
**How to Continue  
Practice**





# How to Continue Practice

Dr. Barbara Rothbaum

Video 3: How to Continue Practice.



Handling Symptom Increases and  
Suggestions for Continued Practice



Handling symptom increases and suggestions for continued practice.



Prepare the patient for a temporary increase in PTSD symptoms when under significant stress

- Foa, E., Hembree, E. 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.



Finally, prepare the patient for the likelihood of a temporary increase in PTSD and related symptoms when under significant stress, such as the anniversary of the trauma or during more general difficulties at work or in the family.

#### \*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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For example, you can say, “It’s pretty common for people who’ve recovered from PTSD, as you have, to find that in periods of great stress in life — even positive life stress such as getting married, having a baby, or getting a new job — symptoms can creep up again. It’s important to put this in perspective and begin using the tools you’ve learned in this program.”

**\*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 would you do if:



You experience intrusive thoughts and nightmares again?



A situation reminds you strongly of your trauma?



You feel scared and inadequate?”

- Foa, E., Hembree, E. 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 would you do if in two months from now you suddenly start experiencing intrusive thoughts and nightmares about the trauma again? Or what would you do if you find yourself in a situation that reminds you strongly of your trauma and it causes you to begin feeling anxious about going out again? Or what will you do when you go through a stressful period in your life and you find yourself feeling scared and inadequate?”

#### \*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.

We want patients to apply what they've learned:



Prevent  
avoidance



Face the trauma  
reminders



Maintain a realistic  
perspective

- Foa, E., Hembree, E. 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 answer we hope to hear is for the patient to apply what she's learned in therapy to prevent avoidance; to face the thoughts, feelings, and situations that are reminders of her traumatic experience; and to maintain a realistic perspective.

**\*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.



“Who can help you monitor how you’re doing?”



“What are your warning signs?”

- List them
- Come up with a plan
- Share them with a significant other

- Foa, E., Hembree, E. 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.

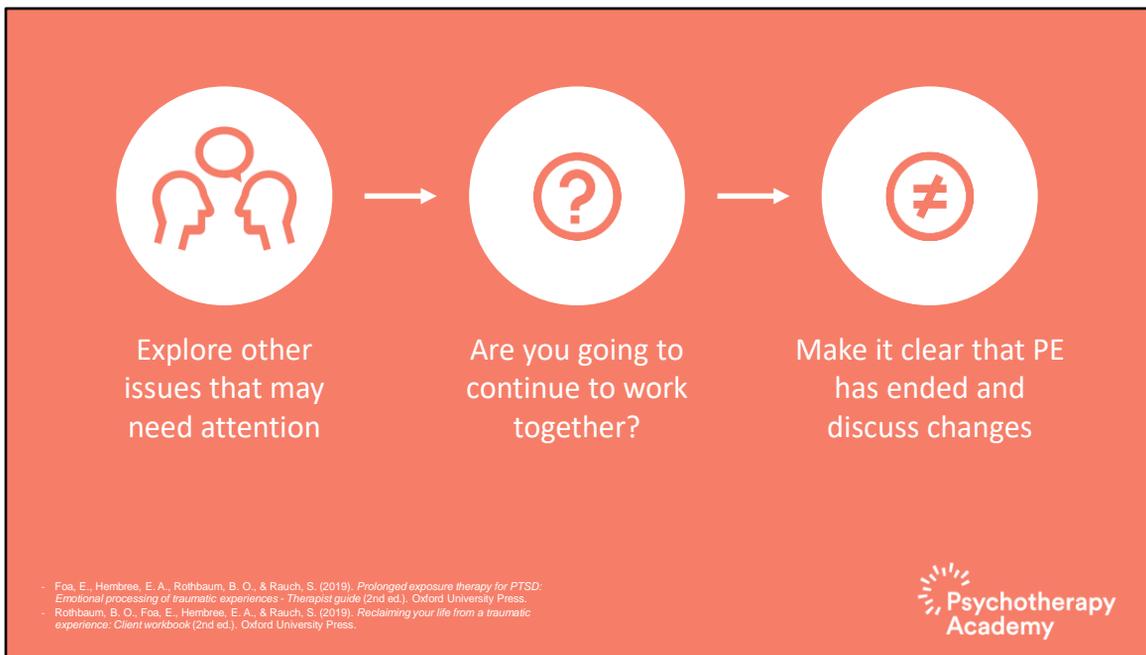


Ask who can she talk to to help her monitor how she’s doing. What are warning signs for the patient? For example, isolating herself, not wanting to go out, avoiding sex. Have her list these warning signs and come up with a plan if they occur. Can she share these warning signs with a close friend or a significant other so they can help point them out in a supportive 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.

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 has been in therapy with you for other issues, explore with her these other issues that may need attention. While ending therapy should be considered if no specific treatment targets are apparent, you and the patient may choose to continue to work together on other issues or arrange for transfer to another therapist who's an expert in the remaining issue such as marital therapy or a dialectical behavior therapy, DBT. If you continue seeing the patient for other issues, make it clear that this stage of therapy and PE have ended and that you will establish goals and techniques for the next stage of therapy. Also discuss if the structure of treatment will change. For example, will sessions be 45 to 50 minutes rather than 90 minutes?

**\*References\***

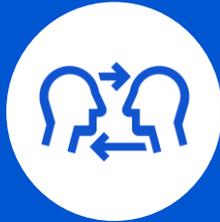
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## Termination and Saying Goodbye

Now, we'll talk about termination and saying goodbye.



- Terminating therapy can be difficult for the patient
- A strong bond develops

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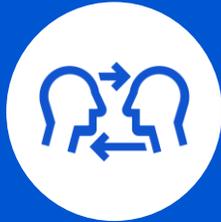


Working with a patient in PE can be emotionally intense for both the patient and the therapist. And not surprisingly, terminating therapy can be difficult for the patient. Even though the patient spent much of the time in therapy with you with her eyes closed during the imaginal exposure, there's usually a strong bond that develops. Exposure therapy is a very intimate therapy. You are witness to the worst, most embarrassing, scariest moments of a person's life. And they're trusting you with this.

#### \*References\*

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

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- The patient may have grown attached to you
- You may feel close to this patient and protective of them

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If the patient improved, they've likely grown attached to you and may be very grateful to you. If the patient felt that you cared about her and her progress, this may be a new experience — especially if she's been isolating. You may feel close to this patient and protective of her.

#### \*References\*

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Take ample time

Remind them this work is short term

Make it clear that therapy is time limited

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Take ample time to do this. For many patients, it can be useful to remind them throughout therapy of the relatively short-term nature of the work you’re doing together. I almost always say something like, “Okay, we’re on session 6. We’re more than halfway through.” Very often, since we schedule 90-minute sessions, I will schedule all of the sessions and write the appointment dates and times down for the patient. This helps make it clear that therapy is time limited. I also remind patients that the harder they work and the more homework they do, the faster they can stop seeing 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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Take the time to offer feedback  
and say goodbye

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As we said, it may be that you'll continue seeing the patient for some period of time to work on other problems or issues. But if you're terminating treatment at this point, take the time to offer the patient feedback and to say goodbye.

#### \*References\*

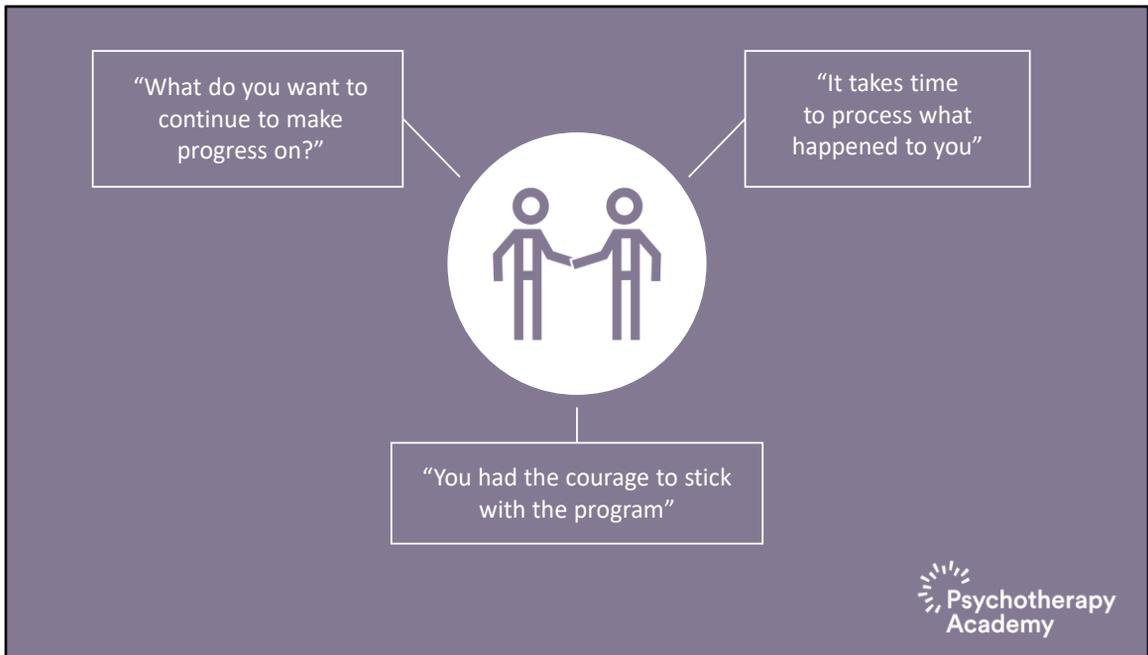
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For example, you can say, "You did a great job with this challenging treatment. I've enjoyed working with you.

I'm honored to have witnessed your transformation." Again, if this is true. You only say things that are true. Or "I'm honored to have assisted in your taking your life back from PTSD. You are extremely unlikely to undo the progress you've made here. You've had some difficult weeks there but you persisted with courage and patience and it's obvious that your efforts have paid off for you."



“You mentioned that you were disappointed that you had not made more progress in the program. I’d like to tell you that it’s not unusual for patients to express the same feelings and then discover that they feel much better as time goes on. What do you want to continue to make progress on? It takes time to digest and process what happened to you in treatment. You may continue to feel even better as time goes on, especially if you continue to apply the knowledge and use the skills that you’ve learned here. You may find that you feel better and better over time as you interact with the world differently and develop new habits. I know this program was difficult for you to complete. In fact, there were a few days or weeks, maybe, when you wanted to just drop out of treatment. But you had the courage to stick with the program and have made some important progress. I’m really glad you did.”

## Key Points

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- Prepare the patient for a temporary increase in PTSD symptoms when under significant stress.
- We want to hear that the patient can apply what they learned in therapy.
- Identify warning signs. Have them list these signs and come up with a plan if they occur.



Key points from this video: Prepare the patient for the likelihood of a temporary increase in PTSD and related symptoms when under significant stress, such as the anniversary of the trauma or during more general difficulties at work or in the family. We want to hear that the patient can apply what she learned in therapy to prevent avoidance, to face the thoughts, feelings, and situations that are reminders of her traumatic experience, and to maintain a realistic perspective. Identify warning signs that the patient might be backsliding. Have her list these warning signs and come up with a plan if they occur.

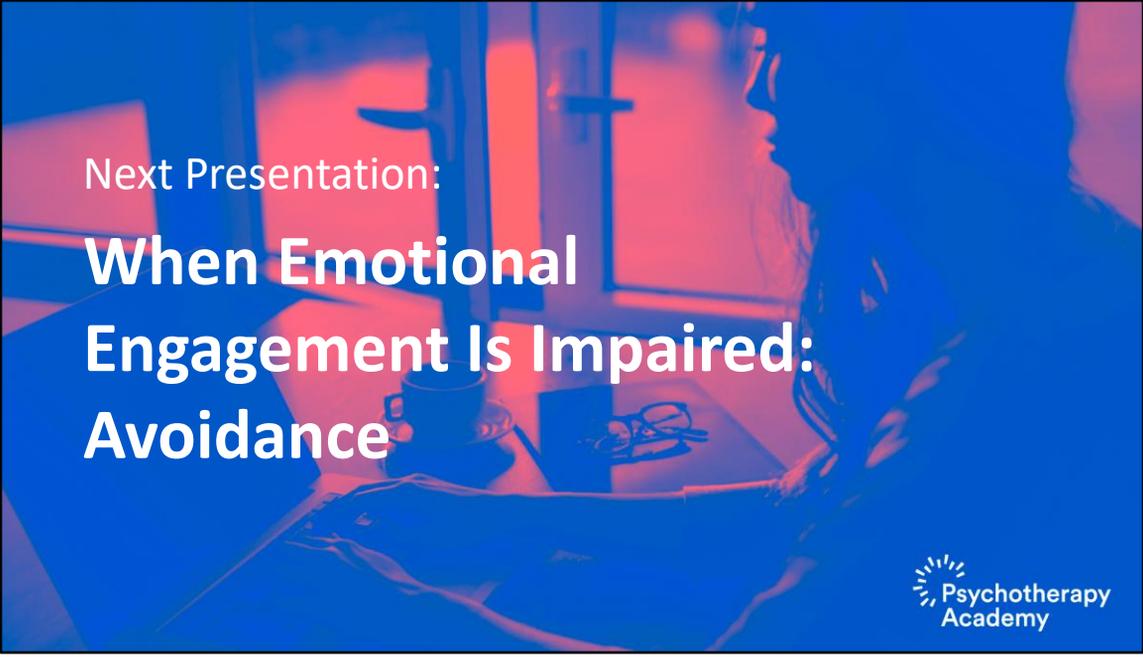
## Key Points

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- If you continue seeing the patient for other issues, make it clear that PE has ended.
- There's usually a strong bond that develops during exposure therapy.
- Make time to terminate properly and say goodbye.



If you continue seeing the patient for other issues, make it clear that this stage of therapy and PE have ended and that you'll establish goals and techniques for the next stage of therapy. Also discuss if the structure of treatment will change. For example, will sessions be 45 to 50 minutes rather than 90 minutes? There's usually a strong bond that develops during exposure therapy. Make the time to terminate properly and say goodbye.



Next Presentation:

# When Emotional Engagement Is Impaired: Avoidance

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# **When Emotional Engagement Is Impaired: Avoidance**

Dr. Barbara Rothbaum

Video 4: When Emotional Engagement is Impaired: Avoidance.

# Factors That Impair Emotional Engagement and Exposure



Avoidance



Under-engagement



Over-engagement

- Foa, E., Hembree, E. 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 the next few videos, we'll talk about factors that can impair effective emotional engagement and exposure. We'll talk about avoidance, then under-engagement, then over-engagement.

## \*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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# Addressing Avoidance



Validate fear and urges to avoid



Remember PTSD is a disorder of avoidance

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Addressing avoidance is so important. Validate your patient's fear and urges to avoid. As we've discussed, PTSD is a disorder of avoidance. If they didn't avoid, they wouldn't have PTSD. It's the nature of the beast.

## \*References\*

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## Rationale



Avoidance prevents learning



Memories aren't dangerous



Avoidance teaches your body that it is dangerous

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It's helpful to review the rationale for treatment. Remind them that avoidance reduces anxiety in the short term, but in the long term, it prevents learning. For example, motor vehicle crashes, MVCs, are unfortunately very common in the U.S. But luckily, most people who are involved in an MVC don't end up with PTSD. One reason for this is that when they get back in the car and nothing bad happens and then nothing bad happens in the car the next day and the next and so on, they and their bodies learn that the MVC was a single bad event but it doesn't mean that every time they get into the car they will crash. If they avoid getting back in the car, they don't get a chance to learn this, and the fear festers.

Remind them that memories aren't dangerous. Although it will feel bad to think about what happened, the memory can't hurt you. What does it teach your body if

you avoid or escape? It teaches your body you're right — it is dangerous. I can't handle it. I feel better when I'm not doing it because it means I'm safe.

### \*References\*

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## Use Analogies



Avoidance is like living in a cave



What would you have to do to learn that outside isn't dangerous?

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Use analogies to support the rationale. For example, 1 analogy that we use is living in a cave. So, avoidance is like living in a cave where the patient retreated to heal from the trauma. It makes sense to retreat to heal. But if you don't go back out, it feels like everything outside the cave is dangerous. If you only go out quickly, running to gather food, carrying a big stick ready to protect yourself, then running back into the cave and feeling as if you just narrowly escaped danger again, it reinforces the view that everything outside the cave is dangerous. What would you have to do to learn that outside the cave is not dangerous? Maybe sit at the entrance to the cave for an hour — long enough to observe that nothing bad happens and for the anxiety to decrease — then every day to venture a little farther away from the cave, always staying out long enough to really see that there is no danger, not feeling relief or safety when you come back to the cave.

### \*References\*

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# Review the Reasons Why They Sought Treatment



Ask them to list some of these reasons



“How do PTSD symptoms interfere with your life satisfaction?”



Use motivational interviewing techniques

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Review the reasons that the patient sought treatment for PTSD. Ask them to list some of these reasons. If they leave out important ones, you can use motivational interviewing techniques to get them to list some more or you can remind them with a nudge. For example, “What would your wife say if she were here? How do PTSD symptoms interfere with your life satisfaction? How do you wish you could take your life back from PTSD?”

## \*References\*

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## Review Their Progress



Come back to the in vivo hierarchy



“What was the first thing you did for in vivo exposure?”



Use examples of prior success



Elicit why it was successful/unsuccessful

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Review the progress that your patient has already made. This is particularly why it’s so important to carefully construct the in vivo exposure hierarchy and pick items for homework that they’re likely to complete successfully. You will want to come back to this to demonstrate the power of exposure when done correctly. You can ask, “Remind me, what was the first thing you did for in vivo exposure?” Patient: “Get in my car and drive around the neighborhood.” Therapist: “And how did that go for you?” Patient: “Well.” Therapist: “Can you tell me why it went well?” Patient: “Obviously, I hadn’t driven since the crash and hadn’t driven the car after it was repaired. So, I was very nervous. We decided that I would just drive around my neighborhood in the middle of the day when there weren’t likely to be many cars around or kids around. I did it like we talked about. I drove around the same stretch over and over for close to an hour until I felt more comfortable. And it was okay.” You can use examples of prior success and elicit from the patient why it was successful and also elicit what was different about times it wasn’t so successful.

### \*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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# Provide Support and Encouragement



- Schedule intersession phone contact
- Have them email you after completing an assignment
- Add it to their phone/computer calendar

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Provide a lot of support and encouragement. If this were easy, the patient would already have done it. If they could do it on their own, they would have. This is PTSD. You might want to schedule intersession phone contact to provide support and discuss homework progress. You can have them email you when they've completed an exposure assignment. You can have them schedule it into their phone or computer calendar.

## \*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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# Provide Support and Encouragement



- Conduct exposure with them
- Ask who can be with them for the next step
  - Set up an exposure date

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If you need to conduct exposure with them in the session, do it. I ride with a lot of patients on the interstate. If it doesn't have to be you, who else can ride with them? Or who else can be with them for the next step of an exposure? Ask them to text, email, or call that person while they're in the session with you and set up an exposure date to hold them accountable.

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## Problem Solve



Find solutions to  
concrete obstacles to  
compliance



Be creative, persistent,  
compassionate, and kind



Work together

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Problem solve solutions to concrete obstacles to compliance with therapy. If they can't get privacy at home or get away from the kids, go sit in their car to practice imaginal exposure. If they say they really don't want to start dating yet, for example, say, "That's fine. You can still set up a profile on a dating app." Be creative. Be persistent. But be compassionate and kind. You are working with them against the PTSD.

### \*References\*

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## Focus on PTSD With Reassessment of Other Problems



Comorbidity



Crises during treatment



Self-destructive impulse control problems

↓  
You can be anxious and do it anyway

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It's going to be important to maintain the focus on PTSD. If the initial assessment determined PTSD to be primary, maintain the focus on PTSD with periodic reassessment of other problem areas. Comorbidity of other psychiatric disorders with chronic PTSD is high. Patients with chronic PTSD often face multiple life stressors. Crises during treatment are common. I have had patients literally crying in the waiting room and then when I ask what's going on and it seems to be the crisis du jour, I tell them the best thing I can do for them is stick to the agenda we agreed to and then I do. And after, when I ask the patient how she felt, it was almost always better. And when I ask what she learned, it was some version of "I can be upset and do it anyway." I teach that to my patient. I teach it to my children. You can be anxious and do it anyway.

Self-destructive impulse control problems such as alcohol or substance abuse binges, risky behaviors, are often related to PTSD. So again, the best thing we can do is to treat their PTSD.

### \*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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# Crisis Without Imminent Risk



Adhere to  
treatment



State support for  
the patient's desire to  
recover from PTSD

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If a crisis arises without imminent risk, remind the patient that adhering to treatment and thereby decreasing PTSD and associated symptoms is the best help you can give. I might tell them, “You came to me to treat your PTSD and that’s what we’re going to do. These other problems will be easier to handle when your PTSD is interfering less.” I’ve even gotten a little more forceful if I think it’s appropriate and I’ve told patients, “Not on my watch. You came to me for help and I take that responsibility seriously. So, I’m going to help the best way I know how and that’s by treating your PTSD.” Clearly state support for the patient’s desire to recover from PTSD.

## \*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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## Crisis Without Imminent Risk



Applaud healthy coping  
and homework effort



Externalize crises as  
related to PTSD



Predict that these  
situations will  
improve

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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.



Applaud healthy coping and homework effort. If appropriate, externalize crises as related to PTSD. Predict that these situations will improve as their PTSD improves.

### \*References\*

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# Crisis Without Imminent Risk



Aim to provide emotional support  
but keep PTSD as the major focus

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The overall aim is to provide emotional support through the crisis, yet keeping PTSD as the major focus of treatment. I tell people very directly when I know they have stressful lives that I will help them maintain a focus on their PTSD.

## \*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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## CBT Interventions



Reduce depression, anxiety,  
anger, and guilt



Have broad effects on  
negative emotions

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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.



Keep in mind that CBT interventions—such as prolonged exposure, SIT (stress inoculation training), CPT (cognitive processing therapy), cognitive therapy—all of these CBT interventions for PTSD also reduce depression, anxiety, anger, and guilt. CBT seems to have broad effects on negative emotions beyond those targeted by the treatment.

### \*References\*

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

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Reducing PTSD and depression helps  
other problems

- Foa, E., Hembree, E. 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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When we reduce their PTSD and depression, it often helps other problems such as substance misuse or abuse.

#### \*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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# Key Points

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- PTSD is a disorder of avoidance.
- Avoidance reduces anxiety in the short term, but in the long term, it prevents learning.
- Be creative, persistent, compassionate, and kind.



Key points from this video: That PTSD is a disorder of avoidance. Remind them avoidance reduces anxiety in the short term, but in the long term, it prevents learning. Be creative. Be persistent. But be compassionate and kind. You're working with them against the PTSD.

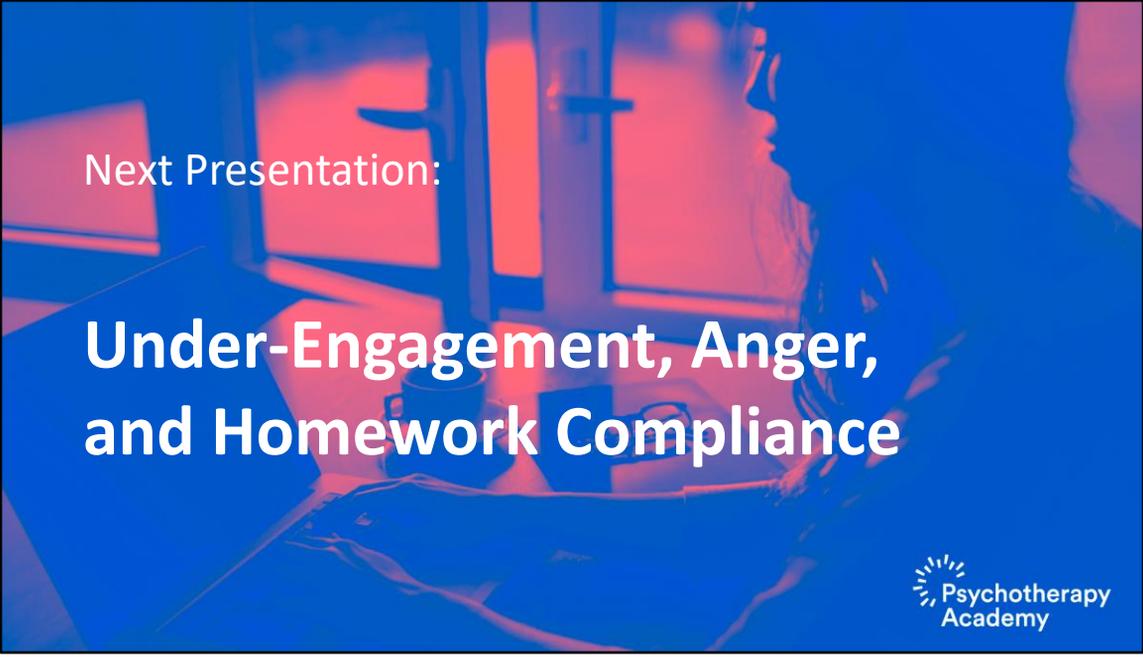
## Key Points

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- Maintain the focus on PTSD.
- Teach them you can be anxious and do it anyway.



Maintain the focus on PTSD. Teach them you can be anxious and do it anyway.



Next Presentation:

# Under-Engagement, Anger, and Homework Compliance

 Psychotherapy  
Academy



# **Under-Engagement, Anger, and Homework Compliance**

Dr. Barbara Rothbaum

Welcome to Video 5: Under-Engagement, Anger, and Homework Compliance.

# Identifying Under-Engagement



Low SUDS



Emotionally  
disconnected



Difficulty  
visualizing the  
event



Rushed  
revisiting

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.  
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There are a few ways that you can recognize and identify under-engagement. If the patient has difficulty accessing the memory. And one way to see this is if they are consistently reporting low SUDS, Subjective Units of Discomfort or Distress, if they seem emotionally disconnected or detached from the memory, if they report difficulty visualizing the event, and if they rush through their revisiting.

## \*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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## Under-Engagement: Discrepancy in Reporting of SUDS



- Describes trauma in detail, but reports low SUDS
- Reports high SUDS, but appears undistressed
- Sounds like a police report

- Foa, E., Hembree, E. 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 can also identify under-engagement if there's a discrepancy in the reporting of their SUDS and what you're observing. For example, if they describe the trauma in detail but report low SUDS during the revisiting or if they report high SUDS during imaginal revisiting, but they appear not so distressed. So, their appearance is discrepant with the high rating. You also want to be on the lookout for under-

engagement if their narrative sounds like a police report — that basically they go into what I call reporting mode. It's kind of a flat, affect-less reporting of the incident that would be similar to how a police report would read.

### \*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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# Addressing Under-Engagement



Reiterate the rationale



Explore the feared consequences

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There are several ways to address under-engagement. We usually start with reiterating the rationale, why it's essential that the patient understand why he or she is being asked to confront this painful memory. Explore the feared consequences of engagement with the memory. For example, I've had some people tell me they feel like if they start crying that they may never stop. I've also had people tell me that they feel like — especially if someone died — that if they get over it and it gets less distressing that they feel like that wouldn't be honoring the person's memory. So, it's important to address any of these feared consequences of engagement with the 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.

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# Addressing Under-Engagement



Validate their feelings



Help them realize that being distressed isn't dangerous



Avoid conversations during the revisiting

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.  
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We also want to validate the patient's feelings, but at the same time, help him or her realize that being distressed is not dangerous. Always we want to avoid conversations during the revisiting. Conversations reduce the emotional engagement with the memory and it reinforces avoidance. So, when they're doing the imaginal exposure, keep them in the imaginal exposure. And if you really need to say, "We can talk about that after exposure," you can say that much.

## \*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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# Procedures to Increase Engagement



Keep your eyes closed



Use the present tense

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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.



There are a couple of ideas and procedures that can increase the emotional engagement. This is why we ask people to keep their eyes closed and use the present tense because this increases emotional engagement.

## \*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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# Procedures to Increase Engagement: Probe for Details



- Ask about bodily sensations, feelings, and thoughts
- Use brief questions in the present tense

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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.



The therapist can probe for details about bodily sensations, feelings, and thoughts with brief questions using the present tense. For example, “How does it smell?” “What are you feeling?”

## \*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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# Procedures to Increase Engagement: Probe for Details



- Keep questions infrequent, directed at what they are describing
- Role-play the procedure

- Foa, E., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences - Therapist guide* (2nd ed.). Oxford University Press.  
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Keep these probe questions very brief, infrequent, and directed only at what the patient is describing at that moment. You want to enhance it, not distract them. If needed, you can role-play the proper procedure for the patient to demonstrate the way trauma recounting should be done, what it should look like. Remember they don't know what they're doing. They don't know what you're asking 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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Anger in PTSD



What about anger? We see a lot of anger with PTSD.



- Validate the valid
- Normalize anger as a reaction that comes up during emotional processing

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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.



And in addressing that, first, we want to validate the valid. Most people with PTSD obviously have been in a dangerous situation. They have been in a situation that probably should never have happened and maybe in which they were wronged. You want to normalize anger in the context of PTSD and as a reaction that comes up during emotional processing of trauma. I often see people go through different emotions as they move through exposure and processing, much like the grief reaction of denial, anger, bargaining, depression, acceptance, but obviously not always in that order or all 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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Discuss the usefulness of anger



Discuss how it may be unhelpful



Explain it's easier to feel anger than fear

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You can discuss the usefulness of anger, how it helps, how it protects, how it propels us to act, but also discuss the ways that anger may be unhelpful, how it gets in the way, hinders, keeps the patient stuck, keeps them from getting what they want. For some people, it's easier to feel anger than fear.

#### \*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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Anger is valid



It gets in the way of  
effectively processing the  
trauma

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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.



And explain that anger, although it's valid and maybe justified, can get in the way of effectively processing the trauma. It can keep the person from accessing the fear and the vulnerability.

#### \*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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I sometimes see anger as a round room with no way out and I'll use that analogy with patients. In that case, I'll ask if they want to feel less angry. Sometimes, they don't. Then I'll ask, what would they need to decide to feel less angry? I might suggest that the person put aside or step around the anger or try to use it to allow themselves to emotionally process the trauma. And explain that if they decide to let go of the anger, it doesn't mean that what the person did was okay or not bad. It just means that they recognize that the anger they're carrying isn't useful to them. It's costing them. It's a burden to carry. And now, it's getting in the way of getting better.

**\*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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Get creative



Use metaphors

- Foa, E., Hembree, E. 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 can work on ways to do this as needed. Feel free to get creative. Sometimes, I'll use metaphors or if the patient already has a metaphor. Sometimes, we'll have a wall and we can knock out bricks in the wall. Anything that seems to work and get the message across.

#### \*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 Compliance and Outcome



Now, let's talk about homework, homework compliance, and outcome.



- CBT: Homework assignments and compliance are related to better outcomes
- Patients of more experienced therapists do more 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.

- Kazantzis, N., Deane, F. P., & Ronan, K. R. (2000). Homework assignments in cognitive and behavioral therapy: A meta-analysis. *Clinical Psychology: Science and Practice*, 7(2), 189-202. <https://doi.org/10.1093/clipsy.7.2.189>

- 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.



There's been a meta-analysis of homework in cognitive behavior therapy studies that showed that homework assignments are related to better treatment outcome and high homework compliance is related to better treatment outcome. Other studies have found that patients of more experienced exposure therapists do more homework than patients of less experienced therapists.

#### \*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.

Kazantzis, N., Deane, F. P., & Ronan, K. R. (2000). Homework assignments in cognitive and behavioral therapy: A meta-analysis. *Clinical Psychology: Science and Practice*, 7(2), 189-202. <https://doi.org/10.1093/clipsy.7.2.189>

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The more they practice, the better they'll get and the faster they'll improve

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- Kazantzis, N., Deane, F. P., & Ronan, K. R. (2000). Homework assignments in cognitive and behavioral therapy: A meta-analysis. *Clinical Psychology: Science and Practice*, 7(2), 189-202. <https://doi.org/10.1093/clipsy.7.2.189>
- 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.



Bottom line: the more they practice for homework, the better they'll get and the faster they'll improve.

#### \*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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# Facilitate Homework Compliance



- Foa, E., Hembree, E. 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 are some things you can do to facilitate the homework compliance? One is you can reiterate the rationale. Again, they must understand why they're being asked to do homework. Find out what's getting in the way. Is it organization? Did they lose their sheet or forget? Are there practical issues? Do they have no time or no privacy? Or is it avoidance? And your intervention will be guided by the nature of the compliance problems and what's getting in their way. I will often ask them if they use the calendars on their phones or computers and enter the homework into their calendars to remind them. And I ask them to put in reminders 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.

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.

# Facilitate Homework Compliance

Ask about  
homework at the  
beginning of every  
session



Remind them the  
more they do, the  
faster they can stop  
seeing 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.  
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Ask about their homework at the beginning of every session. If you don't ask about it, they'll stop doing it. If they've done it but didn't record it on the homework sheets, I'll ask them to recreate it at the beginning of the session filling out the homework sheets. I also remind them that the more homework they do, the faster they can stop seeing 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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## Key Points

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- Under-engagement is one of the biggest obstacles to exposure therapy.
- Procedures to increase engagement include keeping their eyes closed, using the present tense, and probing for details.



Key points from this video: Under-engagement is one of the biggest obstacles to exposure therapy. Procedures to increase engagement include keeping the eyes closed and using the present tense and probing for details.

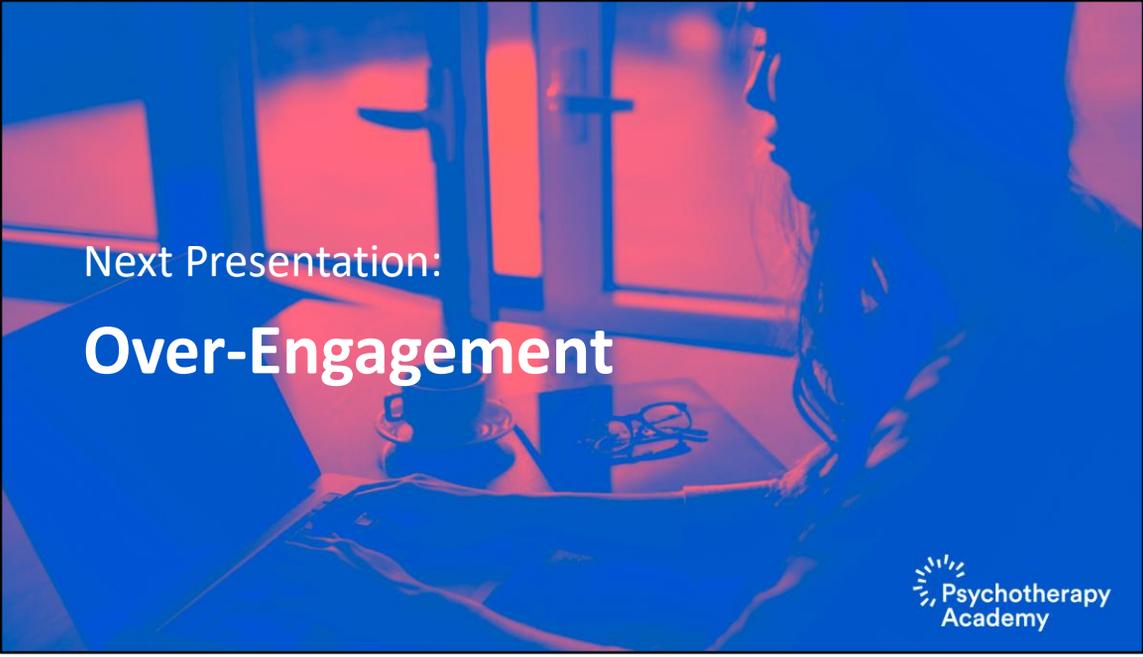
## Key Points

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- Anger can get in the way of effectively processing trauma.
- Homework completion and compliance are associated with better outcomes.



Anger, although valid and justified, can get in the way of effectively processing trauma. Keep emphasizing homework completion and compliance throughout treatment. It's associated with a better outcome.



Next Presentation:

# Over-Engagement

 Psychotherapy  
Academy

# Over-Engagement

Dr. Barbara Rothbaum

Video 6: Over-Engagement.



Therapists new to exposure worry more about over-engagement



Under-engagement is the larger issue

- Foa, E., Hembree, E. 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.

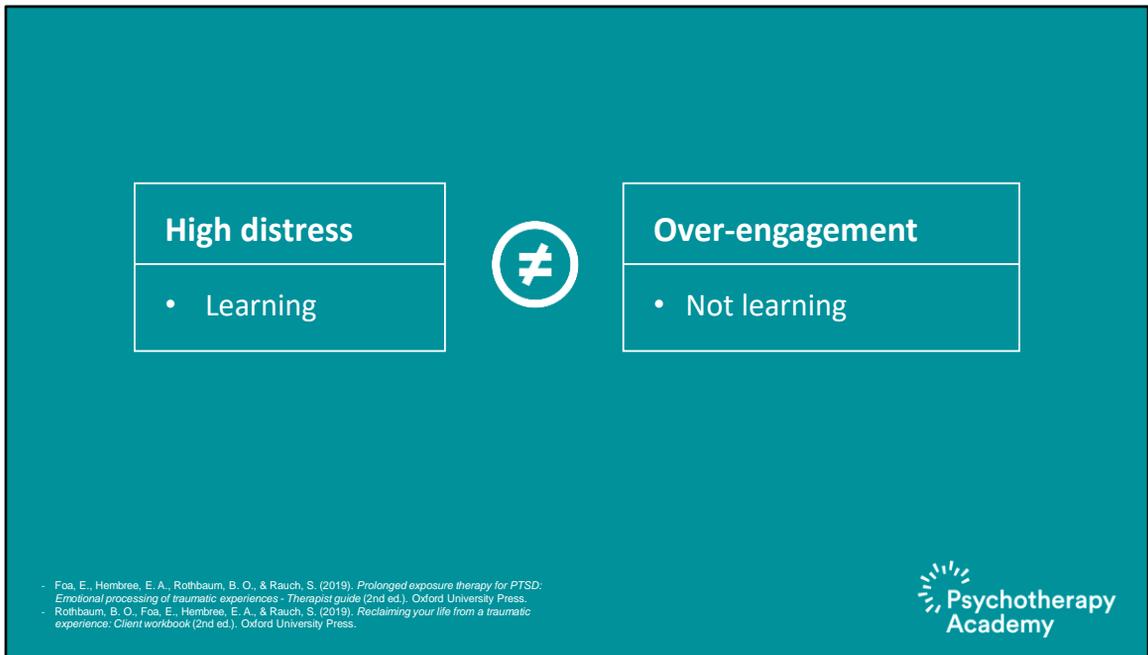


Therapists new to exposure therapy worry more about over-engagement, but under-engagement is really the larger issue. I've rarely seen true over-engagement.

#### \*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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High distress is not over-engagement. They're learning. They're learning that they can handle it and that it will go down the longer they stay with it. Over-engagement is when they are so distressed that they're not learning what they need to learn. In the example I used in earlier sessions about the child with a dog phobia after being bitten by a dog, if you exposed him to a dog and it attacked him, that's analogous to over-engagement. He didn't learn that the animal posed no threat.

**\*References\***

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

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I'll give you an example from my past. Years ago, I was consulting with some therapists in a private practice. And they did everything they could to decrease patients' distress. They wouldn't consider asking a patient to talk about their traumatic event until they had been in therapy for years. After 1 meeting from them, I went from their office back to my office in time for supervision when we were conducting a study of PE for rape survivors with PTSD. In the tape we watched, a rape survivor was engaging in imaginal exposure and sobbing as she was telling it. I thought that these therapists I had just left were probably almost thinking we were committing malpractice. But I was happy for the patient because I could tell she was accessing what she needed to access and she was going to get better. And she did.



## Tolerate your patients' 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.



Therapists can't be scared of their patients' distress. You've got to be able to tolerate it. You've got to be able to give them the message that you can tolerate 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.

# Borderline Personality Disorder



Go from 0 to 100 very quickly



Stay at 100 longer than most patients



High distress associated with BPD isn't over-engagement

- Foa, E., Hembree, E. 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 note about patients with borderline personality disorder. Very often, they do go from 0 to 100 very quickly and they might stay at 100 for a while — longer than most patients. I had a patient who would stay at 100 every day when she was doing her homework until day 7 when she finally came down. We were able to predict this for her. High distress may be associated with borderline personality disorder is not over-engagement.

## \*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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# Identifying Over-Engagement



Very high SUDS ratings that remain high



Visibly very distressed



No emotional distinction between “thinking” and “re-encountering”



Not learning they can safely confront this 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.  
- 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.



So, what is over-engagement? I want you to learn to identify it. For example, if the patient usually reports very high SUDS ratings that remain high within and between sessions: 100, 100, and 100. And they stay 100. And they look like they're at 100. They appear visibly very distressed. Again, this alone should not be considered evidence of over-engagement. We have some patients that cry every session, no matter what, and that's their M.O. That's okay. The patient's emotional experience during imaginal exposure doesn't promote a distinction between thinking about the trauma and actually re-encountering it. It can be a sign of over-engagement. Learning that she or he can safely confront this memory, that's what they need to learn.

## \*References\*

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

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

# Types of Over-Engagement



## Dissociative

- Have difficulties in maintaining a sense of safety/groundedness
- Mirror actual actions
- Have flashbacks in the session
- Are less responsive to inquiries

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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.



And there are different types. So, there's the dissociative type and they have difficulty maintaining a sense of safety and groundedness. The physical movements that they make during exposure may mirror actual actions — and we want to see some of these and it shows engagement — **b**ut in these patients, it may indicate rather than having a foot there and a foot here, like we asked, that they are totally back there and truly re-experiencing it. If their recounting of the memory feels like actually being there, they might be having flashbacks in the session. They may be less responsive to therapists' inquiries.

### \*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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# Types of Over-Engagement



## Emotionally overwhelmed

- Sob for prolonged periods of time
- Appear and sound very distressed
- Aren't describing the trauma
- Seem regressed or immature

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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.



There's also the emotionally overwhelmed type, usually sobbing hard for prolonged periods of time and for more than 1 or 2 sessions of imaginal exposure. They appear and sound very distressed. Sometimes, they're not talking or describing the trauma. They're just sobbing or crying. They may seem regressed or immature. And again, just high distress is not over-engagement.

### \*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.

# Addressing Over-Engagement: The Goal of Imaginal Exposure



Recount part of the memory while managing the distress



Learn that:

- Distress doesn't last forever
- It can be tolerated
- What they fear doesn't happen

- Foa, E., Hembree, E. 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.



How do we address over-engagement? Remember that the goal of imaginal exposure is to help the patient successfully recount some part of the memory while managing the distress and to learn that the distress doesn't last forever. They can tolerate it and what they fear doesn't 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.

# Addressing Over-Engagement



Facilitate  
grounding and  
support



Don't attempt a  
comforting touch



Reiterate the  
rationale



Stress that  
memories are  
painful but not  
dangerous

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

 Psychotherapy  
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Discuss prior to or after the exposure ways to facilitate grounding and support. We do not suggest touching a patient. Don't attempt a comforting touch during exposure, unless you've worked that out in advance. Reiterate the rationale, if needed, with an emphasis on the aim of learning to discriminate the actual trauma from the memory of the trauma. Stress that memories are painful but not dangerous.

## \*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.

# Procedures for Reducing Engagement



Use the past tense



Keep their eyes open



Increase your empathic grounding statements

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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.



And you can modify the procedures to reduce emotional engagement in the memory. You can use the past tense and keep the eyes open to reduce the engagement during imaginal exposure. You can increase your use of empathic grounding statements. For example, “You’re doing a great job staying with it.” “I know this is hard, but you’re safe here.” “Remember memories can’t hurt 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.

# Procedures for Reducing Engagement



The patient  
seems stuck



Ask "And then what  
happened?"

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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.



If the patient seems stuck, you can move the memory forward to foster the realization that this moment ended by asking, "And then 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.

# Procedures for Reducing Engagement



Make it more conversational



Have them write 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.



And these are all things we don't want you to do for regular patients if it's going well, but you can do differently if they're over-engaged. So, you can make it more conversational. You can have them write the narrative. And again, I want to emphasize true over-engagement is so rare.

## \*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.

## Procedures for Reducing Engagement



Praise their efforts



Help them appreciate they're able to emotionally engage



Say "I know you can do 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 want to strongly praise the patient's efforts. Help them appreciate that she or he is able to emotionally engage in the memory and describe the trauma while managing the distress. One of our therapists noted that she has a personal trainer and when the trainer would suggest something new, our therapist would feel a little bit of anticipation, apprehension, wasn't sure she could do it. And then the trainer would say, "I know you can do it." And that would give her the confidence to do it. So, we need to do that for our patients. We need to give them the confidence and say, "I know this is hard, but I know you can do 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.

# Procedures for Reducing Engagement



Do slow breathing



Have them write their 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.



If they are really so distressed, you can do a few minutes of the slow breathing. And as I mentioned, you can have them write their narrative in the session for homework rather than verbalize it and/or write the narrative and then read it and record it so you can work with that as a modification.

## \*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

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- True over-engagement is very rare.
- High distress isn't over-engagement.
- With over-engagement, they're not learning what they need to learn.



Key points from this video: True over-engagement is very rare. High distress is not over-engagement. They're learning that they can handle it and that it will go down the longer they stay with it. Over-engagement is when they're so distressed that they're not learning what they need to learn.

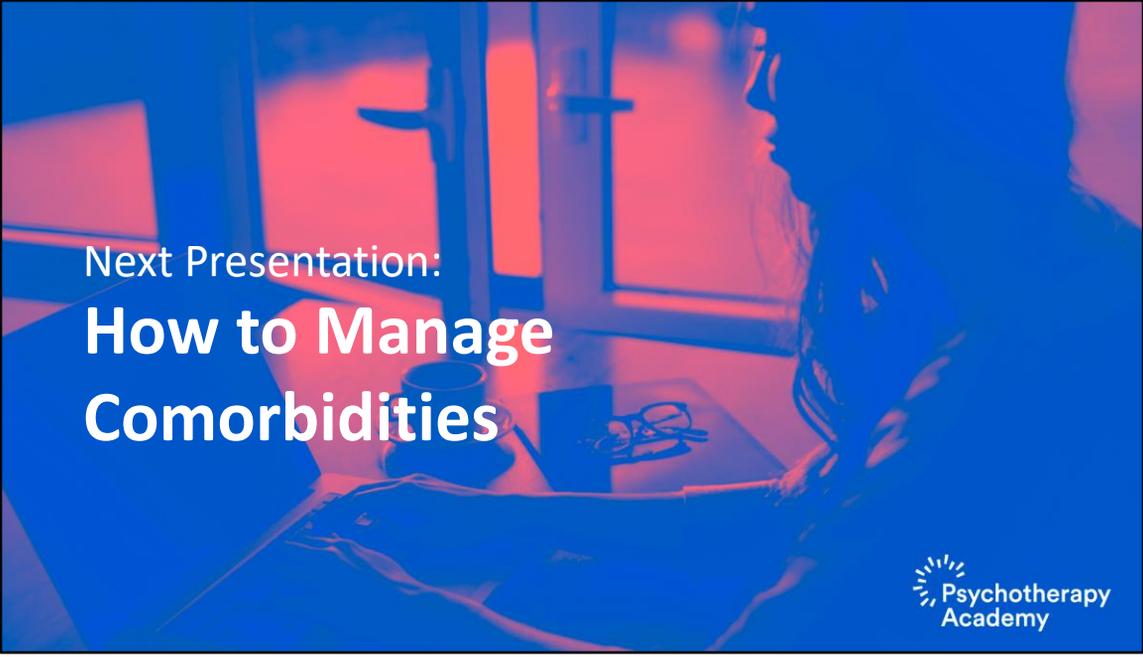
## Key Points

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- Techniques for reducing over-engagement include:
  - Using the past tense,
  - Keeping their eyes open, and
  - The increased use of empathic grounding statements.



Techniques for reducing over-engagement include: using the past tense, keeping the eyes open, increased use of empathic grounding statements.



Next Presentation:  
**How to Manage  
Comorbidities**

 Psychotherapy  
Academy



# How to Manage Comorbidities

Dr. Barbara Rothbaum

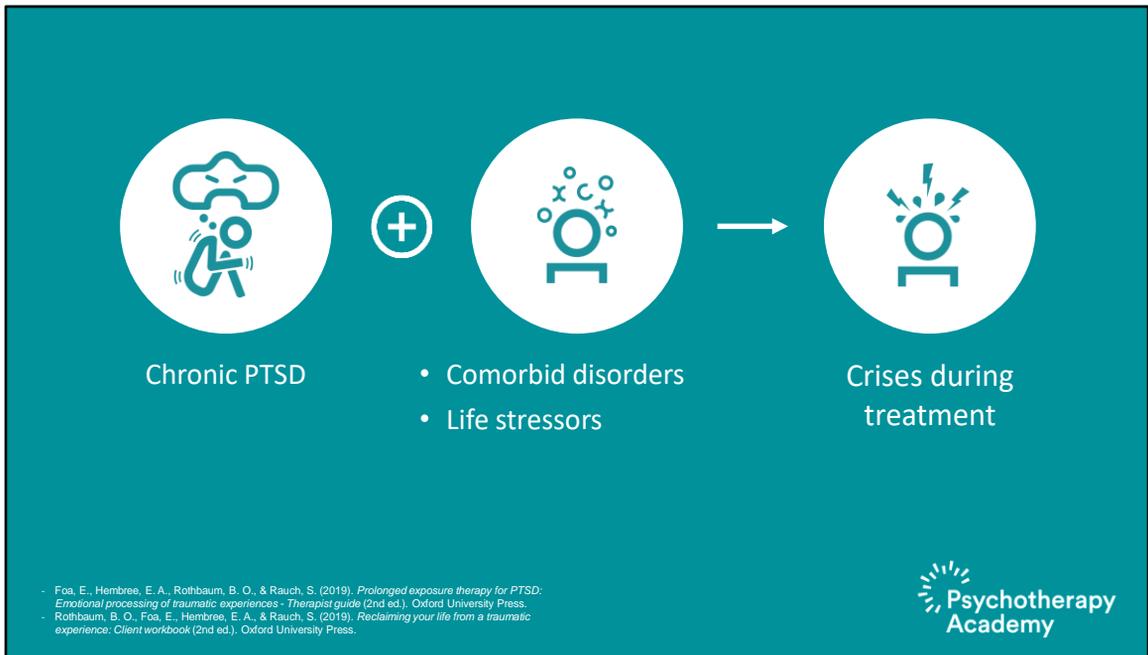
Video 7: How to Manage Comorbidities.



Maintaining the Focus on PTSD  
During Chaos and Crises



Maintaining the Focus of Treatment on PTSD During Chaos and Crises.



Comorbidity of other psychiatric disorders with chronic PTSD is common. Depression, dysthymia, other anxiety disorders, alcohol and substance abuse and dependence are examples of common comorbid disorders. In addition, patients with chronic PTSD often face multiple life stressors leading to chaotic lifestyles. Therefore, crises during treatment are quite usual — especially if early or multiple traumatic experiences have interfered with the development of healthy coping skills.

**\*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.



Poorly modulated affect



Self-destructive impulse control problems



Conflicts with others



Depression with suicidal ideation

These problems can disrupt the focus of treatment of PTSD

- Foa, E., Hembree, E. 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.

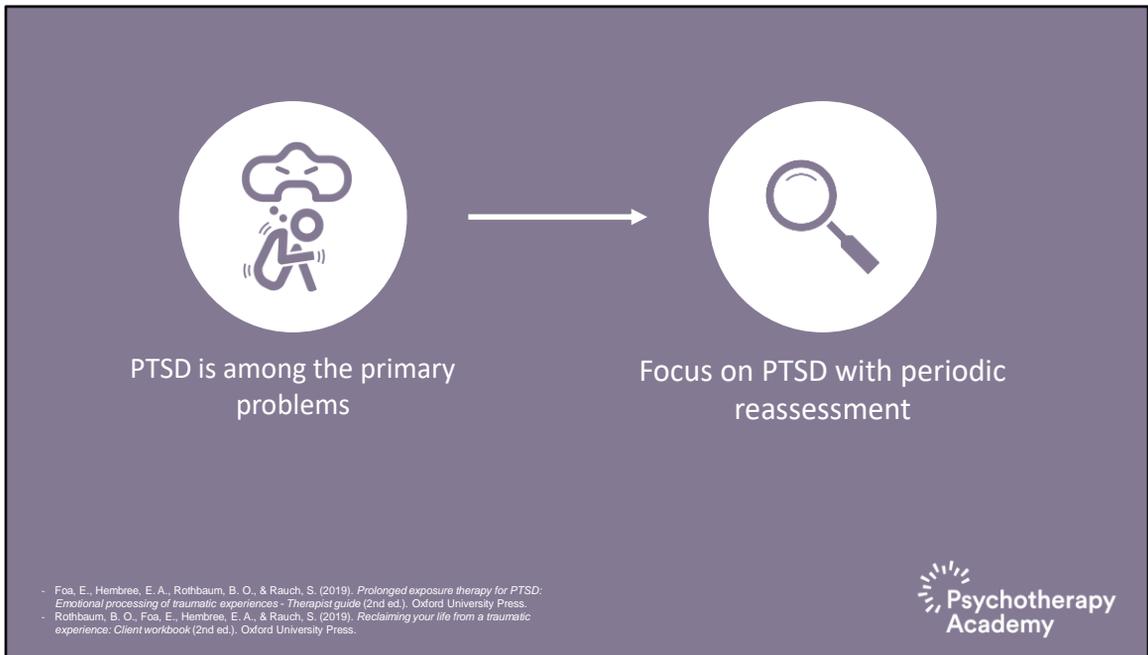


Poorly modulated affect, self-destructive impulse control problems—for example, alcohol binges or risky behaviors—numerous conflicts with family members or others, and severe depression with suicidal ideation are not uncommon in those with chronic PTSD. These problems require attention, but can potentially disrupt the focus of treatment of PTSD.

#### \*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.



If careful pre-treatment assessment has determined that chronic PTSD is among the patient’s primary problems, our approach is to maintain the focus on PTSD with periodic reassessment of other problem areas as 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.

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's mood or behaviors cause imminent concern about his personal safety or the safety of others, the need to attend to this prominent risk may require postponing PE.

**\*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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# Crises Without Imminent Risk



- Adhere to the treatment plan
- Express support for the patient's desire to recover from PTSD
- Applaud healthy coping and adherence

- Foa, E., Hembree, E. 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.



However, if crises arise without imminent risk, explain to the patient that adhering to the treatment plan and thereby decreasing PTSD symptoms and associated problems is the best way to address the crisis. This is because many crises are directly or indirectly associated with the PTSD symptoms. In maintaining this focus, you must clearly express support for the patient's desire to recover from PTSD. Communicate a strong belief that the patient wants to get better. Applaud every step in the direction of healthy coping and adherence to the treatment program.

## \*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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# Crises Without Imminent Risk



Label and externalize crises as related to the PTSD



Predict that these situations will improve as symptoms decline

- Foa, E., Hembree, E. 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 appropriate, you may label and externalize crises as related to the PTSD and predict that these situations will improve as the patient's skills improve and PTSD symptoms decline.

## \*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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# Crises Without Imminent Risk



Provide emotional support while focusing on PTSD



Stick to the agenda

- Foa, E., Hembree, E. 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 aim is to provide emotional support throughout the crises and, at the same time, keep PTSD as the major focus of treatment. It's a powerful learning moment for the patient to feel in crisis yet maintain the agenda in the session and see that he accomplished something by staying the course. As we discussed in previous videos, we recommend that if it's not an imminent crisis that requires attention, find a way to keep PE as the focus of your treatment and stick to the agenda for that 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.

# Crises Without Imminent Risk



- “What you’re going through is important and we’ll discuss it, but let’s stick to the agenda first”
- Typically, the patient feels better 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.  
- 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 can tell the patient that it’s important what they’re going through and will discuss it, but let’s stick to the agenda first and discuss it at the end of the session if there’s time. Typically, the patient feels better at the end of the session about what they were worried about.

## \*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.



Reducing PTSD depression or related symptoms as well as increasing the patient’s sense of confidence and self-efficacy will facilitate his ability to cope better with crises in the future as well as to prevent 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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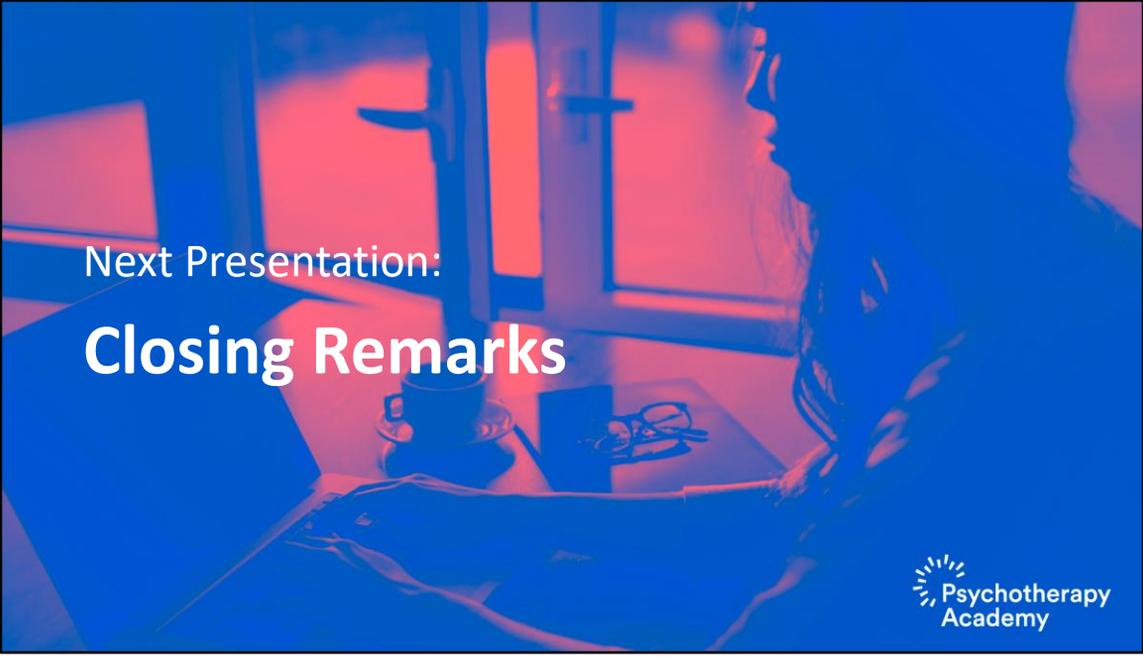
## Key Points

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- Comorbidity is the rule rather than the exception with PTSD.
- Treating PTSD is the best way to help with other problems. Maintain the focus on PTSD.
- If a crisis arises without imminent risk, adhering to the treatment plan is the best way to address the crisis.



Key points from this video: Comorbidity is the rule rather than the exception with PTSD. Treating PTSD is the best way to help with other problems. Maintain the focus on PTSD. Teach them you can be anxious and do it anyway. Depression, dysthymia, other anxiety disorders, and alcohol and substance abuse and dependence are examples of comorbid disorders with PTSD. If a crisis arises without imminent risk, explain to the patient that adhering to the treatment plan and thereby decreasing PTSD symptoms and associated problems is the best way to address the crisis.



Next Presentation:

# Closing Remarks





# Closing Remarks

Dr. Barbara Rothbaum

Video 8: Closing Remarks.

# Working With PTSD



- Extremely rewarding
- Effective treatments
- Positive impact in a short period of 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.



Working with patients with PTSD is extremely rewarding for therapists. PTSD is a public health concern. The availability of effective treatments for PTSD — including PE — allows mental health professionals to positively impact the disrupted lives of chronic PTSD sufferers in a short period of 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.

# Working With PTSD



- Symptoms and comorbidity may hinder engagement
- Premature dropouts
- Avoidance
- Difficulty tolerating anxiety

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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.



However, PTSD symptoms themselves and related comorbidity may hinder the ability of some patients to engage in and benefit from the therapy. It's not uncommon for PTSD sufferers to fail to attend therapy regularly or to drop out prematurely. Even routine gaps in meeting together, such as holidays on the day when therapy sessions are held, can increase the chances that someone will drop out of treatment early. Some patients struggle with avoidance and are reluctant to do exposure homework. Other patients have difficulty tolerating anxiety or engaging in 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.

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Being flexible when using PE procedures is often a necessity



Sharing the trauma memory with a compassionate, understanding, nonjudgmental person is a healing experience

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Flexibility in the use of PE procedures guided by the treatment rationale and by what we've learned here is often a necessity. The experience of sharing the pain and horror of the trauma memory with a compassionate, understanding, nonjudgmental person is a powerful healing experience that may by itself begin to reduce the patient's fear, shame, guilt, and PTSD symptoms.

#### \*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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Although PTSD will be challenging at times, it's immensely rewarding



PE has allowed us to witness the resilience of the human spirit

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Although PTSD will be challenging at times for the patient and the therapist, it is immensely rewarding for both as well. Many patients tell us at the final session that they feel so much better. We hear over and over again, “You saved my life.” “You saved my marriage.” Many come back after therapy telling us that they feel like the people they were before the trauma and that they hadn’t thought that this was possible. We’ve heard horrible trauma stories and wondered initially how anyone could get over such an experience and then they do. PE has allowed us to witness the resilience of the human spirit and that’s a gift.

#### \*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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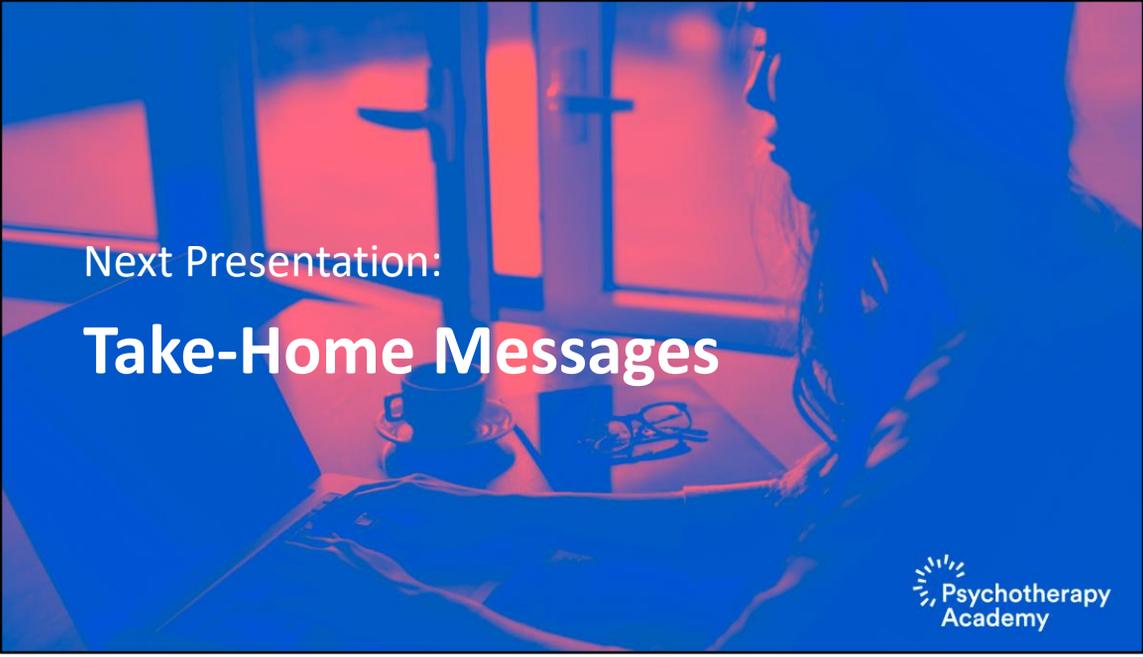
## Key Points

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- Treatment for PTSD is often difficult, but it's extremely rewarding.
- PE has allowed us to witness the resilience of the human spirit.



Key points from this video: Treatment for PTSD is often difficult for both the patient and the therapist, but it's extremely rewarding. One of our postdoctoral therapists in applying for a permanent position with us said, "Where else do you get to change someone's life every two weeks?" PE has allowed us to witness the resilience of the human spirit. We wish this for you as well.



Next Presentation:

# Take-Home Messages

 Psychotherapy  
Academy



# Take-Home Messages

Dr. Barbara Rothbaum

Video 9: Take-Home Messages.

# Final Session



Incorporate imaginal exposure of the entire memory



Evaluate and discuss the patient's progress



Re-rate the in vivo exposure hierarchy



Maintain new healthy habits

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The last session incorporates imaginal exposure to the entire memory. Part of the final session involves an evaluation and discussion of the patient's progress. In the final session, re-rate each item on the in vivo exposure hierarchy form that you completed in session 2. Remind the patient to maintain her new healthy habits. She needs to continue practicing them, approaching rather than avoiding.

## \*References\*

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

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# Termination and Saying Goodbye



A strong bond develops during therapy



Take the time to terminate properly and say goodbye

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There's usually a strong bond that develops during exposure therapy. Make the time to terminate properly and say goodbye.

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# Addressing Avoidance



PTSD is a disorder of avoidance



The patient needs help overcoming avoidance



In the long term, it prevents learning

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PTSD is a disorder of avoidance. You will need to help the patient over this avoidance for them to get the most out of therapy. Remind them that avoidance reduces anxiety in the short term, but in the long term, it prevents learning.

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# Addressing Avoidance



Be creative, persistent, compassionate, and kind



Work with them

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Be creative, be persistent, but be compassionate and kind. You're working with them against the PTSD.

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# Under-Engagement



1 of the biggest obstacles to exposure therapy



Therapists new to exposure worry more about over-engagement



Under-engagement is the larger issue

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Under-engagement is one of the biggest obstacles to exposure therapy. Therapists new to exposure therapy worry more about over-engagement, but under-engagement is the larger issue.

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# Procedures to Increase Engagement



Keep the eyes closed



Use the present tense



Probe for details



Emphasize homework completion = better outcome

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Procedures to increase engagement include keeping the eyes closed, using the present tense, and probing for details. Keep emphasizing homework completion and compliance. It's associated with better outcome.

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# Over-Engagement



Very rare



High distress isn't over-engagement



Over-engagement = not learning what they need to learn

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True over-engagement is very rare. High distress is not over-engagement. They're learning that they can handle it and that it will go down the longer they stay with it. Over-engagement is when they're so distressed that they're not learning what they need to learn.

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# Techniques for Reducing Over-Engagement



Use the past tense



Keep the eyes open



Increase empathic grounding statements

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Techniques for reducing over-engagement include using the past tense and keeping their eyes open and increased use of empathic grounding statements.

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# Comorbidity



This is the rule rather than the exception



Treating the PTSD is the best way to help with other problems



The focus stays on the PTSD



They can be anxious and do it anyway

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Comorbidity is the rule rather than the exception with PTSD. Treating the PTSD is the best way to help with other problems. Maintain the focus on PTSD. Teach them you can be anxious and do it anyway.

## \*References\*

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