

### **Q.** What is prolonged exposure therapy?

**A.** Prolonged exposure (PE) is a short-term, trauma-focused cognitive behavioral therapy (CBT). PE typically consists of 12–15 sessions that last approximately 90 minutes each, and patients are encouraged to attend weekly appointments. PE is a trauma focused therapy that allows patients to process traumatic events by repeatedly recounting the traumatic memories (*imaginal exposure*) until the memory loses the ability to intensely upset the patient. PE also focuses on the negative meanings that the patient may have attributed to the traumatic event about oneself, the world, and other people. In PE, patients are also asked to approach reminders of the trauma in the environment in a systematic and graded manner (*in vivo exposure*). PE was rolled out nationally across the Department of Veterans Affairs (VA) beginning in 2008. The Center for Deployment Psychology offers training in PE ([deploymentpsych.org](http://deploymentpsych.org)).

### **Q.** What is the theoretical model underlying PE?

**A.** PE is rooted in both learning theory (Mowrer, 1960; Eysenek, 1976) and bioinformational conceptualizations of fear (Lang, 1977, 1979). Foa and Kozac (1986) proposed emotional processing theory (EPT) to describe how post-traumatic symptoms develop after a traumatic event and are maintained. During and after the traumatic event the individual associates a range of internal and external cues with the traumatic event and subsequently develops a fear “network” surrounding these associated stimuli. When any of these stimuli are experienced after the event, the survivor experiences increased distress and attempts to avoid the internal or external cues. This avoidance perpetuates the distress and underlies the PTSD symptoms. According to EPT, exposure treatment involves two mechanisms: (a) optimal activation of the fear network (typically through some form of exposure), and (b) engaging the patient with the avoided stimuli (including the traumatic memory) in a safe environment to disconfirm pathological elements of the fear network.

### **Q.** Is PE recommended as a treatment for PTSD in the Military Health System (MHS)?

**A.** **Yes.** The 2017 VA/DoD Clinical Practice Guideline (CPG) for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder gives a “Strong For” strength of recommendation for individual, manualized trauma-focused psychotherapies that have a primary component of exposure and/or cognitive restructuring, including PE.

*The MHS relies on the VA/DoD CPGs to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.*

### **Q.** Do other authoritative reviews recommend PE for PTSD?

**A.** **Yes.** Other authoritative reviews have substantiated the use of PE for PTSD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: A 2018 systematic review update of psychological and pharmacological treatments for adults with PTSD found that exposure-based CBT reduced PTSD symptoms, with a high strength of evidence, based on 13 trials with a total of 885 participants (Forman-Hoffman et al., 2018).
- Cochrane: A 2013 systematic review (Bisson et al.) supports the efficacy of individual and group trauma-focused cognitive behavioral therapy. The review does not differentiate between different types of trauma-focused CBT.

**Q. What conclusions can be drawn about the use of PE in the MHS?**

**A.** PE is recommended as a front-line treatment for PTSD. Clinicians should consider several factors when choosing an evidence based treatment for their patient. Treatment decisions should incorporate clinical judgment and expertise, patient characteristics and treatment history, and patient preferences that might influence treatment engagement and retention.

**References**

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