Prolonged Exposure Treatment Session Checklists

(For therapist use)

PE Treatment Checklist
Session 1 (Chapter 3)

1. Overview of Program and Treatment Procedures
   - Present session agenda.
   - Present overview of treatment [8–15 weekly (or twice-weekly) sessions; each 90 minutes; focus is on decreasing posttraumatic stress disorder (PTSD) symptoms].

2. Present Rationale for Prolonged Exposure Therapy
   - Most trauma survivors have reactions that include PTSD symptoms shortly after the trauma. For some survivors, these symptoms decrease over time; for others, these symptoms linger and the survivors develop PTSD.
   - Those who develop PTSD tend to avoid thinking about the trauma or try to avoid reminders.
   - There are two ways that people avoid:
     - Avoiding thoughts and feelings about the trauma
     - Avoiding situations, places, or things that are trauma reminders
   - Two types of exposure: imaginal exposure (revisiting and recounting trauma memory) and in vivo exposure
     - Imaginal exposure: repeated and prolonged revisiting of the trauma memory in imagination, facilitates emotional processing, helps the patient learn that trauma-related memories and situations are not dangerous and that he or she can handle them
     - In vivo exposure: approach/confront avoided situations, activities, places in real life; helps reduce excessive or unrealistic fear; helps the patient realize that anxiety

Note: These checklists may be reproduced for clinical use and should be used in all PE sessions to help ensure fidelity.

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decreases without escape; helps the patient realize these situations are not realistically dangerous

- Both imaginal and in vivo exposure reduce PTSD symptoms.
- The second factor that maintains PTSD is beliefs or views that are commonly held by individuals with PTSD: seeing the world as very dangerous and themselves as very incompetent.
- Avoidance maintains these beliefs and prevents opportunities to have experiences that might modify them.
- Imaginal and in vivo exposure will provide opportunities to test out and disconfirm those beliefs and expectations.

3. Information Gathering
   - Administer the Trauma Interview (TI) (Appendix A in this therapist guide).

4. Breathing Retraining
   - Breathing and emotional state are connected.
   - Taking in more air is helpful in the face of danger (fight or flight) but unhelpful in situations that are not dangerous.
   - Learning how to breathe slowly will help patient to relax.
   - Provide correct instructions for slow breathing:
     - Take a normal breath
     - Exhale very slowly (while saying “calm,” “relax”)
     - Pause before inhaling again for count of 4 (or at least 2)
   - Have patient practice breathing sequence.
   - Make a recording of the breathing practice for patient to use at home.

5. Assign Homework
   - Instruct patient to practice breathing retraining for 10 minutes, 2 times a day (Handout 2: Breathing Retraining Technique). Suggest that patients use the breathing retraining when they feel particularly tense or distressed throughout the day or to help relax at night before going to sleep.
   - Ask patient to listen to the recording of session one time.
   - Instruct patient to read Handout 1: Rationale for Treatment by Prolonged Exposure, in the workbook.
   - Remind patient to come early to next session to complete self-report forms.
PE Treatment Checklist
Session 2 (Chapter 4)

1. Review Homework
   ■ Review self-report scales (PSS-SR 5 or PCL5, PHQ-9 or BDI-II).
   ■ Offer positive feedback about homework; discuss experiences and answer any questions.

2. Present Session Agenda
   ■ Discuss common reactions to trauma.
   ■ Discuss rationale for in vivo exposure.
   ■ Construct in vivo hierarchy.

3. Discuss Common Reactions to Trauma
   ■ Fear, anxiety, guilt, shame, anger, and other negative emotions are easily triggered.
   ■ Reexperiencing of the trauma via memories, flashbacks, and nightmares
   ■ Impaired concentration
   ■ Hyperarousal/hypervigilance/excessive startle response
   ■ Avoidance (physical/cognitive/emotional)
   ■ Depression/loss of interest
   ■ Assess patient suicidality if indicated
   ■ Feelings of loss of control
   ■ Guilt/shame
   ■ Anger/irritability
   ■ Negative thoughts about self (i.e., poor self-image) and other people
   ■ Disrupted relationships
   ■ Decreased interest in sex
   ■ Activation of other traumatic or negative memories
   ■ Increased use of alcohol and other substances

4. Present Rationale for Exposure (In Vivo)
   ■ Avoidance works in the short run (reduces anxiety) but in long run maintains PTSD symptoms and prevents new learning.
   ■ Exposure:
     ■ Breaks the habit of reducing distress or anxiety by escape or avoidance
     ■ Results in reduction of distress associated with that situation
     ■ Fosters the realization that the avoided situation is not objectively dangerous
     ■ Disconfirms the belief that anxiety in the feared situation continues forever
     ■ Enhanced sense of self-control and personal competence
5. Introduce Subjective Units of Distress Scale (SUDS)
   ■ Define SUDS; range from 0 to 100.
   ■ Generate anchor points based on patient’s experience (minimum: 0, 50, 100).

6. Construct In Vivo Hierarchy
   ■ Use case example (child at beach, taxi driver with bridge phobia) to illustrate the reduction of distress that comes with gradual exposure.
   ■ Elicit avoided stimuli/situations and generate a list of 10–15 in vivo exposure situations.
   ■ Assign SUDS level to each exposure situation/item; should have hierarchy with good range of SUDS levels.

7. Assign In Vivo Homework
   ■ Select situations that elicit low to moderate SUDS ratings (generally between 40 and 60).
   ■ Explain in vivo procedure:
     ■ Patient should aim to remain in the situation until the anxiety decreases by 50% or 45 minutes to 1 hour
     ■ Exposure is most successful when practiced repeatedly
   ■ Provide Handout 5: In Vivo Exposure Homework Recording Form, and demonstrate how to record SUDS levels (pre, post, peak).

8. Assign Homework (Handout 6: Session 2 Homework Form)
   ■ Instruct patient to continue daily breathing practice.
   ■ Ask patient to read Handout 3: Common Reactions to Trauma, several times a week; the patient should share this with his significant others.
   ■ Ask patient to review the In Vivo or her Exposure Hierarchy (Handout 4) and “List of Typically Avoided Situations for Trauma Survivors” at home and to add additional situations.
   ■ Patient should review the “Model for Gradual In Vivo Exposure” material in the workbook.
   ■ Instruct patient to begin in vivo assignments using Handout 5 (In Vivo Exposure Homework Recording Form).
   ■ Ask patient to listen to recording of entire session once.

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PE Treatment Checklist
Session 3 (Chapter 5)

1. Review Homework
   ■ Discuss homework, offer ample positive feedback and praise.
   ■ Provide patient with constructive feedback about homework.
   ■ Review in vivo exposure homework records and provide feedback/problem-solve if necessary about in vivo practice (here or before assigning new homework).

2. Present Session Agenda
   ■ Review rationale for imaginal exposure.
   ■ Imaginal revisiting of the trauma memory for about 40 minutes.

3. Present Rationale for Imaginal Revisiting/Exposure
   ■ Remembering the trauma is painful and leads to avoidance
   ■ Avoidance (pushing the thoughts out of your mind) works in the short run but not in the long run
   ■ Reexperiencing, avoidance, negative thoughts and feelings, and hypervigilance signal that the trauma is “unfinished business”; that the memory is not processed
   ■ Present analogy (e.g., digesting a bad meal)
   ■ Revisiting the traumatic memory:
     ■ Helps process, digest, and organize the traumatic memories; patient gains new perspectives about the traumatic experience(s)
     ■ Increases differentiation between “remembering” the trauma and being “retraumatized”; patient learns that memories of the trauma are not dangerous
     ■ Brings about reduction in distress (i.e., with repetition, anxiety decreases)
     ■ Disconfirms the belief that anxiety stays forever and will lead the patient to “go crazy”
     ■ Enhances sense of personal competence; patient gains mastery and confidence

4. Instructions for Imaginal Revisiting/Exposure (make sure to record!)
   ■ Instruct the patient to . . .
     ■ Close eyes
     ■ Visualize the trauma memory as vividly as possible and describe what happened, including the events, thoughts, and feelings experienced
     ■ Tell the story in the present tense as if it were happening now
   ■ Explain that . . .
     ■ Patient will be asked to provide SUDS ratings about every 5 minutes describing how he or she feels right then in the office with you; patient should try to quickly give rating without leaving the image
Patient will continue the revisiting for about 40 minutes; if the narrative takes less than that to recount, you will ask patient to go back to the beginning and repeat the narrative.

5. During Imaginal Exposure
   - Prompt the patient to stay in the present tense if needed; therapist can repeat what patient just said but in the present tense (e.g., “I am walking”)
   - Offer support/encouragement as needed
   - Prompt patient to focus on thoughts, emotions, and body sensations as needed
   - Elicit SUDS ratings and record on Appendix C: Therapist Imaginal Exposure Recording Form

6. Process Imaginal Exposure
   - Elicit patient’s thoughts and reactions first.
   - Discuss experience with patient; give a lot of praise for accomplishing this difficult task.
   - Discuss reduction of distress (or lack thereof) with patient.
   - Ask patient what emerged or seemed important during the imaginal exposure.
   - You may share your own observations of patient’s imaginal exposure.
   - You may help patient to identify trauma-related thoughts and beliefs (this is often not initiated until second or third session of imaginal exposure).

7. Assign Homework
   Referring to Handout 8: Sessions 3 up to 14 Homework Form:
   - Instruct the patient to listen to the recording of the imaginal exposure once a day (but not today, the day of the session) and review logistics (from beginning to end, with eyes closed and visualize what she is hearing throughout the recording, with privacy, etc.)
   - Ask the patient to record her SUDS levels while listening to the imaginal exposure, using Handout 7 (Imaginal Exposure Homework Recording Form) in the workbook.
   - Help the patient choose which in vivo exposure exercises she will do for the coming week. She should continue with in vivo exposure exercises daily, repeating each exercise until reduction of SUDS occurs, and then working up the hierarchy with progressively higher SUDS levels.
   - Instruct the patient to listen to the recording of the entire session (including the parts before and after the imaginal exposure) one time.
   - Continue with breathing retraining practice.
   - Ask the patient to come early to the next session to complete self-report forms.
PE Treatment Checklist
Intermediate Sessions (4 to up to 14) (Chapter 6)

1. Review Homework
   ■ Review self-report forms (PSS-SR 5 or PCL5, BDI-II or PHQ-9) if administered.
   ■ Review imaginal and in vivo exposure homework records and provide praise, constructive feedback.

2. Present Session Agenda
   ■ Imaginal exposure
   ■ Plan/Implement in vivo exposure.
   ■ Discuss homework assignment.

3. Conduct Imaginal Exposure
   ■ Review instructions as needed.
   ■ Conduct imaginal exposure for about 40 minutes.
   ■ Beginning typically in session 5 or 6: identify and focus imaginal exposure on “hot spots.”
   ■ Prompt patient to stay in the present tense if needed.
   ■ Offer encouragement/support as needed.
   ■ Prompt patient to focus on thoughts, emotions, and body sensations as needed.
   ■ Titrate the experience as needed.
   ■ Elicit SUDS ratings.

4. Process Exposure
   ■ Discuss experience with patient; give a lot of praise for accomplishing this difficult task.
   ■ Discuss habituation (or lack thereof) with patient as needed.
   ■ Process experience with patient; ask patient what emerged or seemed important during the imaginal exposure; you may share your observations with patient.

   **As therapy progresses:**
   ■ Help the patient to identify trauma-related thoughts and beliefs as needed.
   ■ Ask questions that help the patient to develop a realistic perspective on the trauma and the meaning it has in his or her life now, as needed.

5. Discuss or Implement In Vivo Exposure
   ■ Discuss in vivo homework in depth and assist in problem-solving if needed and/or
   ■ Conduct therapist-assisted in vivo exposure (less commonly done).
6. Assign Homework

Referring to Handout 8: Sessions 3 up to 14 Homework Form:

■ Instruct the patient to continue with breathing retraining practice.
■ Ask the patient to listen to the imaginal exposure recording daily.
■ Ask the patient to record his SUDS levels while listening to the imaginal exposure, using Handout 7 (Imaginal Exposure Homework Recording Form) in the workbook.
■ Instruct the patient to continue to practice in vivo exposure exercises using Handout 5 (In Vivo Exposure Homework Recording Form) in the workbook.
■ Instruct the patient to listen to the recording of the entire session (including the parts before and after the imaginal exposure) one time.
PE Treatment Checklist
Final Session (Chapter 7)

1. Review Homework
   ■ Review self-report forms (PSS-SR 5 or PCL5, BDI-II or PHQ9) if administered.
   ■ Review imaginal and in vivo exposure homework records and provide praise, constructive feedback.

2. Present Session Agenda
   ■ Brief imaginal exposure (usually 20 minutes as it is one repetition)
   ■ Discuss treatment progress and plans for continuing to use exposure skills.

3. Conduct Imaginal Exposure
   ■ Conduct imaginal exposure for **about 20 minutes**, working on entire memory.
   ■ Elicit SUDS ratings.
   ■ **Process exposure.**
     ■ Process and discuss the experience with the patient as needed.
     ■ Focus discussion on how the imaginal exposure experience has changed over course of therapy.

4. Review Treatment Program, Patient’s Progress
   ■ Elicit current SUDS ratings for items included on the in vivo hierarchy; show the form with the two sets of ratings to patient.
   ■ Discuss patient’s progress.

5. Relapse Prevention
   ■ Review skills the patient has learned and make plan for continued exposures if indicated (e.g., if in vivo exposure items with significant SUDS remain).
   ■ Relapse Prevention: Discuss possibility of experiencing symptom exacerbation in the future and how to prevent/address relapse.

6. Termination
   ■ Elicit patient’s feedback about helpful and less helpful aspects of the treatment.
   ■ Provide patient with positive feedback about her work and progress.
   ■ If terminating, say good-bye.