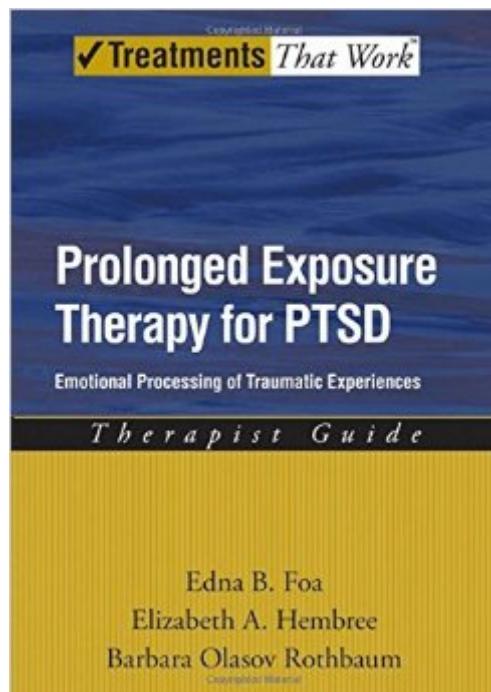


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Prolonged Exposure Therapy For PTSD: Emotional Processing Of Traumatic Experiences (Treatments That Work)



Synopsis

An estimated 70% of adults in the United States have experienced a traumatic event at least once in their lives. Though most recover on their own, up to 20% develop chronic Posttraumatic Stress Disorder. For these people, overcoming PTSD requires the help of a professional. This guide gives clinicians the information they need to treat clients who exhibit the symptoms of PTSD. It is based on the principles of Prolonged Exposure Therapy, the most scientifically-tested and proven treatment that has been used to effectively treat victims of all types of trauma. Whether your client is a veteran of combat, a victim of a physical or sexual assault, or a casualty of a motor vehicle accident, the techniques and strategies outlined in this book will help. In this treatment clients are exposed to imagery of their traumatic memories, as well as real-life situations related to the traumatic event in a step-by-step, controllable way. Through these exposures, your client will learn to confront the trauma and begin to think differently about it, leading to a marked decrease in levels of anxiety and other PTSD symptoms. Clients are provided education about PTSD and other common reactions to traumatic events. Breathing retraining is taught as a method for helping the client manage anxiety in daily life. Designed to be used in conjunction with the corresponding client workbook, this therapist guide includes all the tools necessary to effectively implement the prolonged exposure program including assessment measures, session outlines, case studies, sample dialogues, and homework assignments. This comprehensive resource is an exceptional treatment manual that is sure to help you help your clients reclaim their lives from PTSD. *Treatments That Work*™ represents the gold standard of behavioral healthcare interventions. All programs have been rigorously tested in clinical trials and are backed by years of research. A prestigious scientific advisory board, led by series Editor-In-Chief David H. Barlow, reviews and evaluates each intervention to ensure that it meets the highest standard of evidence so you can be confident that you are using the most effective treatment available to date. Our books are reliable and effective and make it easy for you to provide your clients with the best care available. Our corresponding workbooks contain psychoeducational information, forms and worksheets, and homework assignments to keep clients engaged and motivated. A companion website (www.oup.com/us/ttw) offers downloadable clinical tools and helpful resources. Continuing Education (CE) Credits are now available on select titles in collaboration with PsychoEducational Resources, Inc. (PER)

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Customer Reviews

Foa uses an exposure hierarchy for in vivo exposure. For imaginal exposure, she has the person go right to the most troubling memory and describe the different facets of the the experience. I suppose that she does that because if she tried to have them think of a less severe trauma, they would think of the most severe one any way; like trying not to think of pink elephants. She also does not (usually) have them do relaxation exercises during the exposure. IMHO, this is a great idea, as the tacit message of relaxation during exposure is that anxiety is bad. She does have people learn relaxation and grounding fore between sessions. The book is great for beginners, and has examples of dialogue, much as Barlow has. Foa recommended that the therapist and person meet "once or twice a week". Which is more frequent than most recommendations. She says that even if the SUDS do not decrease over the 60 minutes imaginal exposure, that overall desensitisation will have recurred: that is a relief to know. Foa gives an excellent rationale for exposure. It is summarised on page 84 or 85 and given in more detail earlier in the text.---1. Processing and organising the memory (I supposed this includes dealing with triggered automatic thoughts AND getting what happened as straight in one's mind as possible).---2. Prompting differentiation between "remembering" the traumatic event and "being traumatised" (This is really good news to tell people).---3. Promoting habituation.---4. Promoting differentiation between the traumatic event and similar events (triggers).---5. Increased mastery and sense of control.

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