Exposure therapy techniques in the treatment of Complex PTSD

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Context

• Clients who typically present with
  • Multiple traumatic experiences
  • Across multiple domains of their lives
  • Spectrum of trauma related disorders
  • Ongoing significant life stressors.

• Limited sessions available for treatment

• Ethical imperative to provide treatments likely to be effective
Agenda

• What presentation will not cover

• What presentation will cover
  • Use of ETs with clients who have experienced many traumatic events
  • Emphasising the meaning give to traumatic events, as a way of organising those events for ET
Understanding ourselves and the world

- Heuristics or cognitive short-cuts help us predict the relationship between ourselves and the world.
- Designed to help us understand these relationships quickly to avoid the need to process all incoming information.
Assumptions

- Core assumptions are
  - Abstract and over-generalized
  - Positively biased
  - Often held unconsciously
  - Resistant to change
  - May change gradually with repeated new learning opportunities
Making meaning after trauma


Core assumptions shattered:

- World as benevolent e.g., “people around me are basically good”
- World as meaningful e.g., “if I work hard good things will happen”
- Self as worthy e.g., “I’m ok”
Assumptions

- Pre-existing: I'm safe & I'm a decent person
- New: He's trying to kill us
- New: There's nothing I can do
- New: I'm trying to save myself & no one else
Empirically supported treatments (ESTs)

• For the treatment of PTSD literature supports TF-CBTs and EMDR including
  • Prolonged Exposure Therapy
  • Imaginal and In-vivo ET
  • Trauma Focussed Cognitive Therapy
  • Nightmare rescripting/imagery rescripting
  • Cognitive Processing Therapy
  • Narrative Exposure Therapy
  • STAIR-PE model
Commonalities

• All provide structured ways of engaging with core phobic stimulus, e.g., intrusive memory

• All involve reducing reliance on avoidant coping e.g., “avoiding the avoidance”

• With less avoidant coping → increased likelihood of emotional processing of event(s) and re-conceptualization of experience(s)
Complex PTSD (C-PTSD)

- TF-CBTs yield larger pre-post treatment effect sizes than non trauma focussed treatments

- For TF-CBT studies, largest ESs found for treatments that were sequenced and multi-component & also included trauma focussed phase vs those that were purely trauma focussed

- EMDR yields good effect sizes
Clinical dilemma

• Utilize research evidence
• Continue to provide ESTs
• Modify approach to accommodate needs of clients who present with
  • PTSD
  • Spectrum of trauma-related disorders
  • Chronic life stress
• Many traumatic and intrusive memories
Exposure therapy

• What is exposure therapy?

  • Engaging with the feared stimulus e.g., the memory

  • Exposure to stimulus, response and interpretive information e.g., trauma memory network Creamer et al (1992) Foa et al (1989)

  • Challenging and disrupting habitual avoidant coping

  • Encouraging emotional and cognitive processing
Exposure therapy

• In vivo
  • Confronting trauma-related situations that the client escapes from, avoids or endures with distress and use of safety behaviours
  
  • Allows strongest activation of traumatic memory, however, for practical purposes, not always possible

• Imaginal
  • Confronting the memory of traumatic experiences in a controlled and safe environment
Mechanism: how do ETs work?

- Exposure to intrusive memory, in absence of SBs → reduction of anxiety

- Mechanism responsible for effectiveness of ETs said to be **habituation**
  - Within session habituation
  - Between session habituation
Anxiety Reduction During Exposure
(Within session habituation)
Anxiety Reduction During Exposure
(Within and between session habituation)
Mechanism?

• Habituation is one very effective mechanism

• However, might be helpful to consider “new learning” or “inhibitory learning” e.g., Craske et al (2008)
Imaginal ET: a few memories

- Nominate intrusive memories
- Identify emotions
- Rate intensity of emotion SUDS scale
- Articulate meaning(s) given to the event
- Create hierarchy
  - memory 1 = SUDS 6/10
  - memory 2 = SUDS 8/10
  - memory 3 = SUDS 10/10
- Start ET with least distressing memory, move to next when first has reduced in distress and is no longer intrusive
Imaginal ET: many memories

• Cluster memories together that load on particular meanings e.g.,
  • Fear/vulnerability
  • Control/predictability,
  • Responsibility/guilt

• Use the client’s language

• Select most representative memories

• Arrange in hierarchy & employ standard ETs
Central memory & relationship to other memories
Card example no. 1

• Memory
  • First time he raped me

• Emotion(s)
  • Fear: SUDS 9/10
  • Guilt: SUDS 4/10

• Thoughts
  • Fear = “What’s happening? I don’t know what’s happening! I’m frightened, What happens if someone finds us and I get in trouble? It really hurts!”
  • Guilt = “Why didn’t I fight back? Why didn’t I bite him? Why didn’t I kick him? It must be my fault”
Card example no. 2

• **Memory**
  • The MVA that occurred last year

• **Emotion(s)**
  • **Fear**: SUDS 9/10
  • **Guilt**: SUDS 6/10

• **Thoughts**
  • Fear = “Oh my god!! We are going to die!!”
  • Guilt = “It’s my fault, I’m a mother, I’m supposed to keep my children and grandchildren safe!”
Measuring effectiveness

• Look for reduction in SUDS ratings for memories
• Reduction in SUDS ratings for other, not directly addressed memories
• Reduction in overall PTSD symptom ratings, in particular the intrusiveness of the memories
• Increase in, participation in previously avoided activities
Measuring effectiveness: Example

- Client: Allied health professional
- Trauma: Medical negligence resulting in death of child
- Others: Upbringing characterized by multiple episodes of domestic violence at hands of father
- Meaning: “There is no justice in the world” and “I’m powerless”

- Post ET: “If you do something wrong to me or my family I will pursue justice. I might not get it, but I will pursue it”.
Summary

• Literature is limited

• Assess for PTSD, spectrum of trauma-related disorders, and ongoing life stressors

• Work sequentially through these problems

• Consider ESTs that include a active engagement with intrusive memories

• Consider grouping memories according to meaning

• Monitor progress and revise if necessary


