



ASSIST TRAUMA  
CARE



ASSIST TRAINING

## TREATING POST-TRAUMATIC STRESS DISORDER

### EXPOSURE THERAPY

Prolonged exposure (flooding) has a long and successful history in the treatment of anxiety disorders, and has in recent years been extended into the treatment of trauma and PTSD.

Controlled studies (initially with Vietnam veterans) suggest that exposure treatment ameliorates traumatic memories and enhances adjustment.

Foa and colleagues conducted extensive research in the United States in the 1990s into using exposure treatment with other types of trauma, particularly rape. Later studies showed that it is also effective in treating childhood trauma.

Over time a refined treatment programme has been developed, involving both systematic in-vivo exposure and prolonged imaginal exposure. The in-vivo exposure entails approaching situations associated with the trauma that evoke moderate anxiety and progressing to situations that evoke maximum fear, and remaining in the situation until the distress substantially abates. The imaginal exposure involves recalling the trauma vividly during therapy sessions, and use of a tape.

In every case safeguards, including a strong, supportive therapeutic relationship, education about the therapy and relaxation training, must be employed.

Despite safeguards prolonged exposure is –by design- a highly stressful procedure. However studies suggest that the evoking of intense feelings does not contribute to a poor outcome.

For clients who cannot cope with the intensity of exposure treatment systematic desensitisation is an option, although there have been fewer studies and there is therefore less evidence to support this technique.

