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Q: What is prolonged exposure therapy?

A: Prolonged exposure (PE) is a type of trauma-focused cognitive behavioral therapy (CBT). PE is manualized and typically consists of 12–15 weekly sessions that last approximately 90 minutes each. In PE, patients process traumatic events by repeatedly recounting their memories (imaginal exposure) until the memory loses the ability to cause distress (habituation). Between sessions, patients listen to a recording of the imaginal exposure to assist with habituation and are also asked to approach reminders of the event in the real world in a systematic and graded manner (in vivo exposure). Processing the event involves examining the negative beliefs that patients have about themselves, others, and the world due to the trauma. Since its initial development, PE has been adapted to account for the experiences of military personnel and veterans, including considerations of military culture and different combat experiences (Hall-Clark et al., 2019; Green et al., 2016). PE has also been adapted to be delivered in different formats and modalities to minimize barriers to care, including delivery via telehealth (Morland et al., 2020), in accelerated timeframes (Foa et al., 2019), and in intensive outpatient programs (Peterson et al., 2023).

Q: What is the theoretical model underlying PE?

A: Foa and Kozak (1986) proposed emotional processing theory (EPT) to describe how posttraumatic symptoms develop and are maintained after a traumatic event. During and after the traumatic event, an individual associates a range of internal and external cues with the experience and subsequently develop a fear “network” surrounding these associated stimuli. When individuals encounter any of the trauma-associated stimuli, they experience increased distress and attempt to avoid the internal or external cues. This avoidance perpetuates the distress and underlies PTSD symptoms. According to EPT, exposure treatment addresses this avoidance in a two-part process: (a) activation of the fear network through imagined or actual exposure to the feared stimuli, and (b) patient engagement 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 2023 VA/DOD Clinical Practice Guideline (CPG) for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder recommends PE as a treatment for PTSD with a “Strong For” strength of recommendation.

The MHS relies on the VA/DOD clinical practice guidelines (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 as a treatment for PTSD?

A: Yes. The American Psychological Association (APA) and National Institute for Health and Care Excellence (NICE) in the United Kingdom both recommend PE for PTSD. No relevant Cochrane reviews have been found since this brief was last published.

Other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. Most notable of these organizations is Cochrane – an international network that conducts high-quality reviews of healthcare.

Q: What conclusions can be drawn about the use of PE as a treatment for PTSD in the MHS?

A: PE is recommended as an initial 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

Department of Veterans Affairs/Department of Defense. (2023). VA/DOD clinical practice guideline for the management of posttraumatic stress disorder and acute stress disorder. (Version 4.0). <https://www.healthquality.va.gov/guidelines/mh/ptsd/>

Foa, E. B. & Kozak, M. J. (1986). Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin*, 99(1), 20–35.

Foa, E. B., Zandberg, L. J., McLean, C. P., Rosenfield, D., Fitzgerald, H., Tuerk, P. W., Wangelin, B.C., Young-McCaughan, S., & Peterson, A. L. (2019). The efficacy of 90-minute versus 60-minute sessions of prolonged exposure for posttraumatic stress disorder: Design of a randomized controlled trial in active duty military personnel. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(3), 307.

Green, J. D., Bovin, M. J., Erb, S. E., Lachowicz, M., Gorman, K. R., Rosen, R. C., Keane, T.M., & Marx, B. P. (2016). The effect of enemy combat tactics on PTSD prevalence rates: A comparison of Operation Iraqi Freedom deployment phases in a sample of male and female veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(5), 634-640. <https://doi.org/doi.org/10.1037/tra0000086>

Hall-Clark, B. N., Wright, E. C., Fina, B. A., Blount, T. H., Evans, W. R., Carreño, P. K., Peterson, A.L., Foa, E.B., & STRONG STAR Consortium. (2019). Military culture considerations in prolonged exposure therapy with active-duty military service members. *Cognitive and Behavioral Practice*, 26(2), 335-350.

Morland, L. A., Mackintosh, M. A., Glassman, L. H., Wells, S. Y., Thorp, S. R., Rauch, S. A., Cunningham, P.B., Tuerk, P.W., Grubbs, K.M., Golshan, S., Sohn, M.J., & Acierno, R. (2020). Home-based delivery of variable length prolonged exposure therapy: A comparison of clinical efficacy between service modalities. *Depression and Anxiety*, 37(4), 346-355.

Peterson, A. L., Blount, T. H., Foa, E. B., Brown, L. A., McLean, C. P., Mintz, J., Schobitz, R. P., DeBeer, B. R., Mignogna, J., Fina, B. A., Evans, W. R., Synett, S., Hall-Clark, B. N., Rentz, T. O., Schrader, C., Yarvis, J. S., Dondanville, K. A., Hansen, H., Jacoby, V. M., Lara-Ruiz, J.... & Keane, T. M. (2023). Massed vs intensive outpatient prolonged exposure for combat-related posttraumatic stress disorder: A randomized clinical trial. *JAMA Network Open*, 6(1), e2249422-e2249422.