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THE EFFECTS OF PROLONGED EXPOSURE THERAPY ON THE SYMPTOMS OF PATIENTS WITH POSTTRAUMATIC STRESS DISORDER

HANNAH BELLE PONTILLAS



Background

Prolonged exposure therapy (PE therapy) is the first line of treatment for PTSD, which involves imaginal exposure and in vivo exposure. However, PE therapy has garnered concern because a large proportion of patients drop out before the completion of treatment due to symptom exacerbation.

Purpose

This thesis will compare the effects of prolonged exposure therapy to that of combination therapy i.e., pharmacotherapy and alternative forms of psychotherapy on the severity of PTSD symptoms to explore the effective treatments for the disorder. A literature review was performed, and six studies were divided into two categories: prolonged exposure exclusively and combination therapy.

Literature Review

PE therapy was found to significantly decrease the severity of symptoms in PTSD patients. However, the particular study conducted by Booyesen and Kagee (2021) demonstrated a minor to major increase in in distress among patients who received this treatment. Patients who received combination therapy, on the other hand, such as MDMA-assisted PE therapy also exhibited a decrease in symptom severity (Jerome et al, 2020).

Primary Research Aim

To compare the efficacy of different treatment options for PTSD including PE therapy and combination therapy (pharmacotherapy and cognitive processing therapy or CPT).

References

Booyesen, D. D., & Kagee, A. (2021). Preliminary effectiveness of brief prolonged exposure therapy for PTSD: Expanding access to effective therapies. *Clinical Case Studies*, 20(6), 482–497. <https://doi.org/10.1177/15346501211017989> Jerome, L., Feduccia, A. A., Wang, J. B., Hamilton, S., Yazar-Klosinski, B., Emerson, A., Mithoefer, M. C., & Doblin, R. (2020). Long-term follow-up outcomes of MDMA-assisted psychotherapy for treatment of PTSD: a longitudinal pooled analysis of six phase 2 trials. *Psychopharmacology*, 237(8), 2485–2497. <https://doi.org/10.1007/s00213-020-05548-2>

Research Proposal

Participants

The population of interest are individuals with a professional diagnosis of PTSD that meets the DSM-5 criteria, is over the age of 18, not in need of acute crisis stabilization, and has experienced moderate to severe symptoms that has caused impairment for at least 3 months.

Design

Longitudinal mixed method (qualitative and quantitative)

Methodology

- Participants will receive either PE therapy alone or combination therapy (pharmacotherapy and CPT). They will complete both a survey and PCL-5 every 3 months until the completion of an entire year of treatment.
 - *The PCL-5* — PTSD checklist that asks the participants a list of questions relating to their symptoms, in which they numerically rate their symptom severity
 - Survey — Series of in-depth questions used to measure participants' personal responses to the treatment
 - Final interview — determines if the treatment met their needs and if they feel as if they should have received another form of treatment.

Analysis

The baseline PCL-5 scores will be compared to the final scores and a t-test will be used to compare both the scores and means between the two groups. Qualitative data will be established through the analysis of their responses to the surveys and interviews to determine any common experiences or perceptions to improve future clinical practice.

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Results

Based on the results of the studies conducted in the literature review, participants receiving either PE therapy or combination therapy are expected to experience a moderate decrease in the severity of their symptoms, with those receiving combination therapy expected to have a slightly reduced risk of experiencing symptom exacerbation.

Conclusions

- Although PE therapy is one of the first lines of treatment for PTSD, it may not be the best option for every patient, all of whom experiences a different level of symptom severity that can potentially be exacerbated from this treatment.
- Further research must be conducted in order to provide patients who fear this risk of symptom exacerbation with alternative treatment options to reduce dropouts from treatment and instead increase the number of individuals regaining control of their lives from this disorder.

