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POST-TRAUMATIC STRESS DISORDER Factsheet

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What are exposure therapies?

Exposure therapy help people confront their fears in a safe environment. In vivo exposure involves directly facing a feared object, situation, or activity. Imaginal exposure involves vividly imagining the feared factors, while virtual reality exposure uses technology to imitate the feared factors. Exposure can be paced in different ways. Graded exposure is where the feared factors are ranked according to difficulty, with the mild factors exposed first. Flooding also uses this hierarchy but begins with the most difficult tasks. Systematic desensitisation combines exposure with relaxation to associate the feared factors with being relaxed.

Exposure therapy can help weaken previously learned associations between feared factors and bad outcomes. It can help show people that they can confront their fears and manage feelings of anxiety. People can learn to attach more realistic beliefs about the feared factors, and they can become more comfortable with the experience of fear.

What is the evidence for exposure therapies for PTSD?

Moderate quality evidence found large effects of reduced PTSD and depressive symptoms, and more loss of PTSD diagnosis with exposure therapies than with waitlist or usual care. There was a medium-sized effect of greater improvements in PTSD and depressive symptoms with prolonged exposure therapy than with relaxation.

Moderate quality evidence found large effects of reduced PTSD symptoms and general subjective stress with prolonged exposure therapy compared to control conditions. These effects remained, but were reduced at the 12-months follow-up. Larger effects were found when the comparison was with waitlist/no treatment than when the comparison was with a psychological placebo (e.g., treatment as usual). There were no differences in symptoms between prolonged exposure therapy and active treatments (e.g., cognitive therapies).

Moderate quality evidence found medium-sized effects of improved PTSD and depression symptoms with virtual reality exposure therapy compared to inactive controls (no treatment, treatment as usual, waitlist, or attention placebo). More treatment sessions were associated with larger effect sizes, and effects remained for up to 12 months. There were no differences in symptom improvements between virtual reality exposure therapy and active controls (CBT, prolonged exposure, or present-centred group therapy).

Moderate to low quality evidence found large effects of reduced PTSD symptom severity with narrative and prolonged exposure therapies compared to waitlist/no treatment in children and adolescents. At 1-4 months post-treatment narrative exposure therapy continued to show a large effect in children and adolescents.

For more information see the technical table

HOW YOUR SUPPORT HELPS

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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about PTSD and its treatment with your doctor or other health care provider.