

The Process of Processing During Prolonged Exposure Therapy for PTSD

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INTRODUCTION

Prolonged exposure (PE) is an empirically supported treatment for PTSD which includes in-session imaginal exposure to the trauma memory. After imaginal exposure, the therapist and patient are encouraged to “process” the exposure, or to discuss thoughts and feelings related to the memory and the imaginal exposure itself (Foa, Hembree, & Dancu, 2002). The study of processing in psychotherapy requires an examination of therapist and patient variables, such as attitudes and behavior, as well as an examination of therapist-patient interaction variables. Previous studies have examined therapist and patient variables in psychodynamic (Jones, Cumming, & Horowitz, 1988), interpersonal, and brief cognitive-behavioral psychotherapy for depression (Ablon & Jones, 1999), but no studies to date have examined these variables in a cognitive-behavioral treatment for PTSD. A clear understanding of the *process of processing* may highlight critical aspects of this portion of treatment that can contribute to symptom reduction, thus helping clinicians to better optimize treatment outcome. Thus, the purpose of the current study was to begin to examine such therapist and patient variables that accurately describe the processing portion of PE.

METHOD

Participant Data

- Female sexual assault survivors ($n=31$) with a diagnosis of chronic PTSD were recruited from two large, urban communities.
- Participants received their choice of treatment (sertraline or PE); only data collected from participants who chose PE ($n=23$) was analyzed for the current study.

Measures

Psychotherapy Process Q-set (PQS) (Jones, 2000)

- The PQS is a 100-item instrument describing qualitative variables of a psychotherapy session, including therapist, patient, and interaction variables. Example items: Therapist asks for more information or elaboration; Patient is committed to the work of the therapy; The therapy relationship is the focus of discussion.
- The PQS has demonstrated high levels of inter-rater reliability, item reliability, concurrent and predictive validity (Jones & Pulos, 1993).

Procedure

- Key time points in therapy were identified as the 3rd session (the introduction of IE) and 10th session (conclusion of treatment and last IE session). Thus, processing portions from these “early” and “late” treatment sessions were transcribed for all participants for whom data was available ($n=21$). If data from sessions 3 and 10 were unavailable, transcriptions from next closest sessions were used (i.e., sessions 4 and 9).
- The PQS follows an ipsative description and a fixed distribution, meaning items are sorted according to a “forced choice” condition with the fewest items placed at the extremes and the greatest number of items placed toward the center of the distribution. Each item is coded according to a Likert scale from 1 (“extremely uncharacteristic”) to 9 (“extremely characteristic and highly salient”) with 5 indicating an item that is neutral or irrelevant to the therapy session. (See table below)

Table 1: Fixed distribution of the Psychotherapy Process Q-set

Category	Number of Items
Extremely Characteristic	5
Quite Characteristic	8
Fairly Characteristic	12
Somewhat Characteristic	16
Neutral	18
Somewhat Uncharacteristic	16
Fairly Uncharacteristic	12
Quite Uncharacteristic	8
Extremely Uncharacteristic	5

Analyses

- Each therapy session was rated by a minimum of one rater. For sessions with multiple raters, data from only one rater was randomly selected and used.
- Interrater reliability was computed using the Intraclass Correlation Coefficient (ICC).
- Mean item ratings were computed, and the most and least characteristic items were identified.

RESULTS

Reliability

- Interrater reliability was good with $ICC = .90$.

Variables rated as MOST Characteristic of PE Processing

	M (SD)
Item 45: Therapist adopts supportive stance	8.52 (0.81)
Item 18: Therapist conveys nonjudgmental acceptance	8.33 (0.86)
Item 31: Therapist asks for more information	8.14 (0.79)
Item 6: Therapist is empathic	8.05 (1.80)
Item 3: Therapist remarks aimed at facilitating patient speech	7.95 (1.12)
Item 30: Discussion centers on cognitive themes	7.67 (1.28)
Item 66: Therapist is directly reassuring	7.43 (1.29)

Variables rated as LEAST Characteristic of PE Processing

	M (SD)
Item 51: Therapist condescends to patient	1.90 (0.99)
Item 77: Therapist is tactless	2.19 (0.98)
Item 9: Therapist is distant	2.24 (0.99)
Item 87: Patient is controlling	2.43 (1.12)
Item 24: Therapist emotional conflicts intrude into relationship	2.76 (1.34)
Item 36: Therapist points out patient use of defensive maneuvers	2.81 (2.25)
Item 98: Therapy relationship is a focus of discussion	2.81 (1.03)

DISCUSSION

The purpose of this preliminary study was to begin to examine the therapist, patient, and interaction variables associated with the processing portion of PE. Results suggest that PE processing is characterized by empathy, acceptance, and reassurance, and focuses on cognitive themes, which is particularly interesting given that the treatment does not include a cognitive restructuring component per se. Yet, a focus on trauma-related cognitions during processing allows patients an opportunity to evaluate the helpfulness of these beliefs, which may be serving to maintain their PTSD symptoms. The current study allowed for an initial examination of processing in PE, ideally laying the groundwork for continued study. A thorough understanding of processing variables throughout the course of PE has important clinical implications. Specifically, though processing variables have not been linked to outcome, it is possible that recognition of important patient/therapist interaction variables may be a primary step towards helping therapists to modify treatment as needed to enhance treatment effects in PE. In addition, examination of processing allows for the assurance that the treatment techniques used in the process of PE conform to the treatment rationale and principal techniques used in PE. Future studies should examine the relationship between processing variables and treatment outcome in PE.