

Prolonged exposure therapy found beneficial in treating adolescent girls with PTSD

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Researchers at Penn Medicine report in the December 25 issue of *JAMA* that a modified form of prolonged exposure therapy – in which patients revisit and recount aloud their trauma-related thoughts, feelings and situations – shows greater success than supportive counseling for treating adolescent PTSD patients who have been sexually abused.

Despite a high prevalence of posttraumatic stress disorder (PTSD) in adolescents, evidence-based treatments like prolonged <u>exposure therapy</u> for PTSD in this population have never been established.

"We hypothesized that prolonged exposure therapy could fill this gap and were eager to test its ability to provide benefit for <u>adolescent</u> <u>patients</u>," says Edna Foa, PhD, professor of Clinical Psychology in the department of Psychiatry in the Perelman School of Medicine at the University of Pennsylvania, who developed prolonged exposure therapy.

The concern has been that prolonged exposure therapy, while the most established evidence-based treatment for adults with PTSD, could exacerbate PTSD symptoms in adolescent patients who have not mastered the coping skills necessary for this type of exposure to be safely provided.

Adolescence is often a time when children begin to test limits and are in and out of situations, both good and bad – situations that often determine the path their lives take into adulthood.



The six-year (2006-2012) study examined the benefit of a prolonged exposure program called prolonged exposure-A (PE-A), that was modified to meet the developmental stage of adolescents, and compared it with supportive counseling in 61 adolescent girls, ages 13-18, with sexual abuse-related PTSD.

In the single-blind <u>randomized clinical trial</u>, 31 received prolonged exposure-A, and 30 got supportive counseling.

Each received 14 60- to- 90 minute sessions of either therapy in a community mental health setting. The counselors were familiar with supportive counseling but naïve to PE-A before the study; their PE-A training consisted of a 4-day workshop followed by supervision every second week.

Outcomes were assessed before treatment, mid-treatment and after treatment and at three, six and 12-month follow up. During treatment, patients receiving PE-A demonstrated greater decline in PTSD and depression symptom severity, and improvement in overall functioning. These differences were maintained throughout the 12-month follow up period.

"Another key finding of this research was that prolonged therapy can be administered in a community setting by professionals with no prior training in evidence-based treatments and can have a positive impact on this population," Foa says.

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