



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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PROLONGED EXPOSURE COUNTERCONDITIONING

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Definition: Prolonged imagining of past/current most-pleasant/mastery experiences before and after shorter imagining of main traumatic ones.

Elements:

- Identification of past/current most-pleasant/mastery and trauma experiences in detail.
- With much therapist prompting, prolonged imaginal reliving of pleasant/mastery experiences just before and after briefer imagining of main trauma scenes (*exposure*),
- Daily *homework* listening to an audiotaped cassette of each session.

Related procedures: *Covert reinforcement, counterconditioning, systematic desensitization* (with prolonged pleasant/mastery personal experiences rather than brief relaxation, and more intense and longer *imaginal exposure/implosion*), *behaviour/cognitive rehearsal, behavioral /cognitive experiment* confirming self-esteem/positive world-view, *guided fantasy, well-being therapy*.

Application: Individual therapy.

1st Use? Paunovic N (2002)

References:

1. Paunovic N (2002) Prolonged exposure counterconditioning (PEC) as a treatment for chronic post-traumatic stress disorder and major depression in an adult survivor of repeated child sexual and physical abuse. *Clinical Case Studies*, 1, 148-169.
2. Paunovic N (2003) Prolonged exposure counterconditioning as a treatment for chronic posttraumatic stress disorder. *Journal of Anxiety Disorders*, 17, 479-499.

Case Illustration

A woman aged 29 developed PTSD after three sexual assaults by her uncle when she was 14 and another by a stranger at age 19, and felt severe depression and guilt. Her therapist asked her to identify her 3 most enjoyable events ever concerning: her achievements, best friends, most valued activities, praise/affection from others, other life events; say which events had made her feel most happy/glad/well; describe each in detail - what happened, what she saw, heard, felt, did, and what other people did then. The therapist wrote down the details.

In sessions she imagined with eyes shut the pleasant/mastery experiences: driving a helicopter on her birthday, barbecuing with friends, picking mushrooms with her boyfriend in a forest, lighting a fire with her family at their country home, and giving a present to her mother-in-law. The therapist repeated aloud continuously each pleasurable event while she imagined it with her eyes shut eg: "You: .. build a fireplace with your friends (naming them); pick branches to sit on; arrange stones; collect wood; play with your dog, see your friends (naming each); hear the fire crackle; hear your dog whining; grill pork fillet and marshmallows; feel the taste; see your dog and your friends sitting beside you; feel your dog's head on your back pushing you down; feel satisfied and happy".

In sessions 1-4 (85-100 mins.) she was asked to imagine the main details of her traumatic experiences for 5 mins. by listening to short descriptions from the therapist and then describing them aloud herself. In sessions 5-6 (90 mins.) she saw video scenes of sexual/physical violence for 1-2 minutes and was then asked with her eyes shut to describe for 5 mins. her main traumas, what she saw, heard, did, and what the perpetrator did when she felt most afraid, and heard the therapist say: "You hear him say, 'you want to', but your whole body says 'no'; you hear him blame you, he says 'you want to'". At the peak of her distress the therapist asked her to switch to imagine her most pleasurable events; she imagined these before and after the trauma exposure for: in sessions 1-2, 45 mins. before 1 trauma exposure, after, 40 mins.; in sessions 3-4, 30 mins. before the first trauma exposure and 25 mins. after two trauma exposures; during sessions 5-6, 20 mins. before the first trauma exposure and 15 mins. after three trauma exposures. All sessions were audiotaped and the patient was asked to listen to them once daily. From pre- to posttreatment her PTSD, depression and guilt fell to a non-clinical level.