

Sloan and Marx, two of the foremost authorities on the nature and treatment of PTSD, have created and validated a powerful new treatment that is brief, efficient, and, most important, easy to use. The almost infinite adaptability of this approach is illustrated in valuable case examples and new chapters that show how written exposure therapy can be used in telehealth, group therapy, and primary care settings. Every therapist seeing trauma patients should consider utilizing this evidence-based intervention.

—**David H. Barlow, PhD, ABPP**, Professor of Psychology and Psychiatry Emeritus; Founder, Center for Anxiety and Related Disorders, Boston University, Boston, MA

Written exposure therapy (WET) is a game changer for the treatment of PTSD. It works unusually rapidly, is easy to administer, is well tolerated, and sets a new gold standard for trauma therapies. This book is an important addition to the toolkit for every trauma therapist.

—**Charles W. Hoge, MD**, Colonel (Ret), U.S. Army; author of *Once a Warrior, Always a Warrior: Navigating the Transition From Combat to Home, Including Combat Stress, PTSD, and mTBI*

Written exposure therapy is changing the landscape of PTSD treatment by offering a brief, five-session treatment that is cost and time efficient. It is critical to reduce barriers for patients to access empirically supported treatments such as WET, and to foster uptake of such treatments by therapists who are working on the front lines of mental health care. This second edition is expanded to include the use of WET in different settings and formats (e.g., telehealth, group format, primary care) and includes practical examples and strategies. This is a must-have manual for every mental health professional and student who wants to help clients suffering from PTSD.

—**Sandra B. Morissette, PhD**, Department Chair, Professor, Psychology, College for Health, Community and Policy, The University of Texas at San Antonio

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INTRODUCTION

Millions of people every year are exposed to traumatic stress and suffer in its wake. Although there are effective treatments for posttraumatic stress disorder (PTSD), including prolonged exposure, cognitive processing therapy, and eye movement desensitization and reprocessing, many people are not able to access them because they cannot find clinicians who offer these treatments, they do not live near a clinician who does, or they simply cannot afford to take the time off from work or time away from other obligations or pay for 10 to 15 therapy sessions. Clinicians also confront barriers that impede their ability to competently offer these treatments to their clients. For instance, the aforementioned PTSD treatments require substantial training to learn how to effectively deliver them (e.g., attending multiple-day workshops followed by close supervision until the clinician displays competency in administering the treatment). Even if they do manage to acquire the required training and certification, clinicians are often not able to offer these treatments because of competing clinical demands and limited staff resources. Clinicians who work in primary care and acute inpatient settings are typically unable to offer evidence-based psychotherapies that require 8 to 15 sessions, even if they

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Written Exposure Therapy for PTSD: A Brief Treatment Approach for Mental Health Professionals, Second Edition, by D. M. Sloan and B. P. Marx

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are provided in a massed format. The barriers for both clients and clinicians underscore the need to identify PTSD treatments that are effective yet brief and do not require extensive clinician training. In other words, mental health care clinicians need a versatile, brief, cost-effective, evidence-based treatment that can be easily implemented with a variety of trauma survivors with PTSD in various clinical settings.

Written exposure therapy (WET) is a psychotherapy we developed to meet this very need. As we will discuss, WET is evidence based and cost-effective, and it requires less training to successfully deliver relative to other psychotherapies. In response to the large number of requests we have received from mental health professionals who wish to use WET either in their clinical practice or in their research, we have written this comprehensive manual, in which we describe how to deliver WET.

OVERVIEW OF WET

The first session of WET requires approximately 1 hour, and the subsequent four sessions require approximately 40 minutes each. As the name suggests, the core feature of WET is the written narratives that clients write during each of the five sessions. The first session of the WET protocol is longer than the other sessions because the clinician spends some time providing the client with an understanding of PTSD and explains how it develops and why repeatedly writing about a traumatic experience in a particular manner is beneficial. The writing instructions are fully scripted to ensure that clients receive the treatment in a highly consistent manner. These instructions change over the course of the therapy sessions. In the earlier sessions, clients begin by writing a detailed account of their traumatic experience as well as the cognitions and affect that they experienced during it. In later sessions, clients progress to describing the impact the event had on their life. Clients write about their traumatic experience for 30 minutes each session. Then, before ending the session, the clinician briefly checks in with the client to hear about their experience in writing about the traumatic event—not about the traumatic event itself. It is important to note that WET does not require any between-session assignments. The brevity of the treatment, both in terms of the number of sessions and the duration of sessions, in combination with the lack of between-session assignments, results in an efficient treatment that is well tolerated by clients and easy to implement for clinicians.

As described in Chapter 2, we have conducted several studies showing that WET is an efficacious treatment for a variety of adult trauma survivors (e.g., sexual assault, physical assault, childhood abuse, combat) with PTSD.

Even though clients write about one specific event during treatment, those who have experienced multiple or chronic traumas (e.g., childhood abuse, military combat) can be successfully treated with WET. We want to emphasize that in all the clinical trials conducted with WET to date, the clinicians have had at least a master's degree and some doctoral-level training in clinical psychology, as well as training and experience delivering other trauma-focused psychotherapies. A question we get asked frequently is whether WET can be delivered effectively by persons with less mental health care training and experience than the clinicians in our studies. Our answer to this question is that we simply do not know yet and that more research is needed.

HOW TO USE THIS BOOK

Although we believe this book will be most useful to mental health professionals who already have some training and experience using exposure-based trauma treatments for PTSD, we recognize that mental health care clinicians with a variety of education and training backgrounds may be interested in WET and want to try it with their clients. Accordingly, we have included chapters at the beginning of the book that provide an overview of the PTSD diagnosis and a brief guide to evidence-based assessment practices. In Chapter 1, we briefly describe contemporary theories underlying currently available evidence-based PTSD psychotherapies, highlight the common elements of these approaches, and describe how these theories apply to WET. In this chapter we also describe common concerns clients and clinicians express about doing trauma-focused treatment, including WET, and responses to these concerns. In Chapter 2, we describe the research we have conducted to better understand the necessary and sufficient components of PTSD treatment and how this work culminated in the development of the WET protocol. We believe that this background information will help readers better understand why certain features of the treatment should not be changed. In this chapter we also review the research findings to date that support WET as an efficacious and effective treatment for different clients with PTSD (e.g., adolescents, clients who do not speak English, those from non-Western cultures) in a variety of clinical settings (e.g., residential treatment programs, inpatient psychiatry units), and different delivery formats (group, telehealth). Since the publication of the first edition of this book, the evidence supporting WET has rapidly expanded, and this chapter presents the additional studies that have been conducted.

Chapter 3 focuses on the proper assessment of PTSD and associated comorbidities and determining whether WET is an appropriate treatment for presenting clients. We also discuss using WET with clients who have PTSD symptoms but do not meet full diagnostic criteria for the disorder. We further describe how assessment should be fully incorporated into treatment to evaluate whether clients receiving WET are experiencing the desired reductions in PTSD symptoms and whether additional clinical services are needed after completion of the WET protocol. Last, we explain how to best prepare clients for WET.

Chapter 4 provides a comprehensive description of the WET protocol and explains how it should be delivered. It includes session-by-session instructions that should be read verbatim to clients. For convenience, these instructions are also provided contiguously in Chapter 8, so that clinicians can easily create handouts of the instructions to give to clients. Throughout Chapter 4, we discuss how clinicians should handle a variety of issues that might arise when using the treatment. In addition, we provide examples of how clinicians should approach the check-in process at the end of the treatment sessions, and we provide example trauma narratives to illustrate how feedback is given to help clients obtain maximal benefits from treatment.

Chapter 5 represents a new chapter in this second edition; in it, we describe how to deliver WET when using different formats. This includes delivering the treatment via telehealth, using a group format, altering the format of WET to be used in a primary care setting that typically permits only 30-minute sessions, and using a language translator to deliver the treatment to clients who speak a different language from the clinician.

We have substantially revised Chapter 6 to describe how to manage a variety of difficult situations that can arise when delivering WET, and in Chapter 7 we present a variety of case examples that demonstrate various principles and potential outcomes of the WET protocol. These case examples correspond to some of the most frequently asked questions we receive from clinicians regarding how to manage specific client scenarios (e.g., what to do with clients who have experienced multiple traumas, clients who dissociate, and clients who are highly reluctant to confront their trauma memory), as well as case examples to illustrate the delivery of WET in different settings and in different formats (e.g., how the treatment is adapted for use in primary care and how it can be delivered via a telehealth format). The clinical material used in this book is adequately disguised to protect client confidentiality. As previously stated, Chapter 8 contains the full treatment script. We have also included this script as an online resource so it can be downloaded and printed. This resource can be accessed online (<https://www.apa.org/pubs/books/written-exposure-therapy-ptsd-second-edition>; see the Resources tab).

Although this book was written as a guide to WET for mental health treatment clinicians, it can also be used as a resource for graduate students in mental health-related disciplines, such as clinical psychology, counseling, and social work, who are interested in learning more about treatments for trauma survivors. The book is not intended to be used as a self-help resource for trauma survivors, nor is it intended to be a treatment manual for paraprofessionals, because there is limited evidence demonstrating that WET can be successfully delivered by those with very limited clinical training and experience. Consistent with Section 2 of the *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2017b), only licensed clinicians with appropriate experience and training, or those in training who are being supervised by such clinicians, should use WET.

We hope that readers find this book, and the tools presented, useful in their clinical practice with trauma survivors with PTSD. We also hope this book increases the dissemination of, and client access to, an efficient PTSD treatment that will help many trauma survivors with PTSD who want treatment but may have difficulty obtaining it.