

Exposure and prolonged exposure therapy

Questions Before Exposure Based Treatment

Adults | 10 to 15 minutes

Exposure-based treatments are structured approaches for particular conditions. Prolonged exposure is a specific PTSD treatment. This page helps you discuss a proposed plan with a qualified clinician; it does not provide a fear hierarchy, trauma narrative, or instructions to deliberately provoke distress.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Understand the clinical purpose

Ask which condition or maintaining pattern the proposed treatment addresses, what assessment supports it, and what alternatives exist. Ordinary challenging situations, unsafe environments, and different disorders require different formulations rather than one generic exposure recipe.

Clarify collaboration and support

Discuss how activities would be chosen, consent reviewed, accessibility addressed, and responses monitored. Ask about session demands, between-session work, and what to do if distress or safety concerns increase. Questions and concerns belong in planning.

1. What problem is the proposed treatment intended to address, and why was it recommended?**2. What would you like to understand about the process and available alternatives?****3. What actual risks, access needs, or consent preferences must the plan account for?****4. What support and monitoring arrangements would help you make an informed decision?****Clinical use and adaptation**

Do not create exposure assignments from this page. Differentiate PE for PTSD from other exposure protocols. Assess actual danger, medical considerations, dissociation, readiness, and consent within competence; avoidance of real harm is not a treatment target.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E22, S06, E03, S03. Full sources are in the online preview and collection appendix.

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