Maximizing The Effectiveness Of Exposure Therapy

Description

Exposure therapy is the most effective treatment for anxiety disorders. It can take a number of forms:

- Graduated vs. intense (flooding).

- Brief vs. prolonged.

- With or without cognitive or somatic coping strategies.

- Imaginal vs. interoceptive vs. in vivo.

There are a number of models which attempt to explain why exposure to a fear-inducing stimulus is an effective method for overcoming fear. These include:

1. Habituation models which focus on the reduction of fear through exposure (e.g. Foa & Kozak, 1986).

2. Cognitive models whereby behavioral testing is used to explicitly disconfirm mistaken threat-laden assumptions (e.g. Salkovskis et al, 2006).

3. Inhibitory learning models which propose that the original CS-US association learned during fear conditioning is not erased during extinction but is instead inhibited by new learning about the CS-US (specifically, that the CS no longer predicts the US).

Craske and colleagues (2014) propose that inhibitory learning is the most helpful model for understanding exposure therapy. Specifically, they argue that anxious individuals show deficits in the mechanisms underpinning extinction learning and that optimizing inhibitory learning during exposure can enhance the effectiveness of treatment. They identify nine strategies which clinicians can use to maximize the effectiveness of exposure therapy including: expectancy violation, deepened extinction, occasional reinforced extinction, removal of safety signals, variability, retrieval cues, multiple contexts, reconsolidating, and affect labeling. *Maximizing the Effectiveness Of Exposure Therapy* is an information handout designed to help clinicians and their anxious clients plan and conduct effective exposure therapy.

Instructions

This is a Psychology Tools information handout.
Suggested uses include:

- Client handout – use it as a psychoeducation resource to teach clients how to make their exposure therapy practice more effective.

- Discussion point – use it to provoke a discussion and explore client beliefs regarding avoidance and exposure.

- Therapist learning tool – improve your familiarity with an inhibitory learning theory approach to exposure therapy.

- Teaching resource – use it as a learning tool when training clinicians or anxious individuals how to conduct effective exposure therapy.

References

Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., & Vervliet, B. (2014). Maximizing exposure therapy: an inhibitory learning approach. *Behaviour Research and Therapy*, 58, 10-23.

Foa, E. B., & Kozak, M. J. (1986). Emotional processing of fear: exposure to corrective information. *Psychological Bulletin*, 99(1), 20.

Salkovskis, P. M., Hackmann, A., Wells, A., Gelder, M. G., & Clark, D. M. (2007). Belief disconfirmation versus habituation approaches to situational exposure in panic disorder with agoraphobia: A pilot study. *Behaviour Research and Therapy*, 45(5), 877-885.

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Exposure to things that we are afraid of is **the** most effective treatment for anxiety. Psychologists have discovered what makes exposure **even more effective**. You can use these methods to design more effective exposure therapy tasks.

Expectancy violation

Design an exposure task where the client predicts what will happen (sets up an expectancy), tests it fairly, and where the prediction does **not** come true.

Exposure tasks should be designed with the mindset *"what do you need to learn"* rather than "stay in the situation until fear declines". Client learning is maximized by asking them to judge what they learned from the non-occurrence of the feared event.
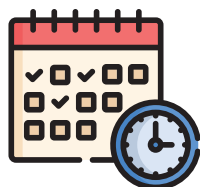
Deepened extinction

Extinguish multiple cues separately, then together.

Example 1: use interoceptive exposure to expose a client to uncomfortable feelings produced by hyperventilation, then practice exposure to those same feelings whilst also being in a busy location.

Example 2: exposure to an obsession ("I will hurt my partner"), then exposure to a trigger (e.g. a knife in the presence of a significant other), then exposure to both the obsession and knife in the presence of the loved one.

Occasional reinforced extinction

Keep practicing the exposure exercises at irregular intervals so that more learning can take place, and so the fear does not return.

Regular exposure practice can be framed as *personal maintenance* or *relapse prevention*. Clients can be instructed to practice exposure with the mindset of "I need to deliberately seek the opportunity for negative outcomes".

Removal of safety signals

When we are afraid we often engage in safety behaviors to make us feel safer.

Exposure is more effective when we let go of all of these safety behaviors.

It is not essential to insist a client drops all of their safety behaviors immediately (It is more important to begin exposure) but holding on to safety behaviors can prevent important learning and they should be dropped as soon as possible. Check for behaviors by asking directly: "Are you doing anything to keep yourself safe during the exposure?".

Variability

Exposure is more effective when you vary the length of the exposure and the settings for it.

Consider varying: duration, location, intensity, presence of other people, amount of prior preparation. Choose items out of sequence from a fear hierarchy and don't be concerned if anxiety is higher or if it fails to habituate – learning about and tolerating anxiety are much more important than habituation.

Retrieval cues

Find a way to remind yourself often of what you learned during the exposure.

Clients can be encouraged to: take a photograph, wear a wristband, carry an object, or write a note to themselves. Retrieval cues are best used later in therapy as a relapse prevention tool – using them too early can lead to them becoming safety signals.

Multiple contexts

Exposure is more likely to generalize if it is conducted in different situations.

Try: conducting exposure alone, with other people, in different places, and at different times of the day or week.

Affect labeling

Exposure is more effective if you simply label the emotions you are feeling during the task without attempting to change them.

During exposure ask your client "What emotions are you feeling right now?", "Just notice that feeling and stay focused on the target".

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