Exposure Review and Troubleshooting

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Disclosure

• None
Method for Reviewing ERP

• Facilitate adherence
• Help trainees to learn
• Aid supervisors
• Promote consolidation
Context for Evaluating ERP

• Avoidance
• Inhibitory learning
• Fear modification
Flowchart

- Attempt to communicate the major considerations in ERP
- Codify clinical reasoning
- Starting point for dialogue about reviewing ERP
Flowchart

Main Premises:

• 1) Treatment contract is based on anxiety disorder diagnosis and includes exposure exercises, psychoeducation, cognitive restructuring, and relapse prevention

• 2) Therapy session includes exposure exercises embedded within the context of a larger treatment program, such as one that involves a graded exposure hierarchy

• 3) The exposure exercise is conducted using ratings on the Subjective Units of Distress Scale (SUDS) before, during, and after the exposure
1. Due to emergent issue?

2. Obstacle to treatment?

3. Consider treating as a one-time occurrence

4. Use response prevention

5. Was the feared stimulus presented?

6. Consider readiness for treatment

7. Use response prevention

8. Observe or recognize rituals

9. Consider reversing cognitive processes

10. Was fear elicited?

11. Was the exposure functional?

12. Consider next item on hierarch

13. Stimulus well-defined?

14. Observe and/or recognize changes?

15. Was the exposure sufficiently prolonged?

16. Did SUDS decrease?

17. Consider reducing demand characteristics

18. Consider modified exposure

19. Consider use of other dimensions

20. Use longer exposure

21. Exposure successful

22. Confident in habituation?
Overview of Flow Chart

Arm One: Pretreatment and Readiness for Treatment
• Nodes 1, 2, 3, and 6

Arm Two: Reviewing, Fine Tuning, and Troubleshooting
• Nodes 4, 8, 9, 13, 14, 15, 18, 19, and 20

Arm Three: Graded/Gradual Exposure
• Nodes 7, 11, and 12

Arm Four: Path to Inhibitory Learning
• Nodes 5, 10, 16, 17, 21, and 22
Overview of Flow Chart

Arm One: Pretreatment and Readiness for Treatment
• Nodes 1, 2, 3, and 6

Arm Two: Reviewing, Fine Tuning, and Troubleshooting
• Nodes 4, 8, 9, 13, 14, 15, 18, 19, and 20

Arm Three: Graded/Gradual Exposure
• Nodes 7, 11, and 12

Arm Four: Path to Inhibitory Learning
• Nodes 5, 10, 16, 17, 21, and 22
Arm One: Pretreatment and Readiness for Treatment

- Node 1: Emergent Issues
- Node 2: Obstacles to Treatment
- Node 3: Consider Treating as a One-Time Occurrence
- Node 6: Consider Readiness for Treatment
1. Due to emergent issue?
   - Y: Obstacle to treatment?
   - N: Consider treating as a one-time occurrence

2. Obstacle to treatment?
   - Y: Consider readiness for treatment
   - N: Use response prevention

3. Consider readiness for treatment
   - Y: Use response prevention
   - N: Consider next item on hierarch

4. Use response prevention

5. Was the feared stimulus presented?
   - Y: Consider reversing cognitive processes
   - N: Observe or recognize rituals

6. Consider reversing cognitive processes
   - Y: Consider next item on hierarch
   - N: Consider reducing demand characteristics

7. Use response prevention

8. Observe or recognize rituals
   - Y: Consider reversibility
   - N: Stimulus well-defined?

9. Consider reversibility
   - Y: Observe and/or recognize changes?
   - N: Stimulus well-defined?

10. Observe and/or recognize changes?
    - Y: Consider modified exposure
    - N: Consider use of other dimensions

11. Was fear elicited?
    - Y: Exposure successful
    - N: Did SUDS decrease?

12. Exposure successful
    - Y: Exposure successful
    - N: Exposure successful

13. Stimulus well-defined?
    - Y: Consider modified exposure
    - N: Consider use of other dimensions

14. Observe and/or recognize changes?
    - Y: Consider modified exposure
    - N: Consider use of other dimensions

15. Was the exposure sufficiently prolonged?
    - Y: Exposure successful
    - N: Did SUDS decrease?

16. Did SUDS decrease?
    - Y: Exposure successful
    - N: Exposure successful

17. Consider reducing demand characteristics

18. Consider modified exposure

19. Consider use of other dimensions

20. Use longer exposure

21. Exposure successful

22. Confident in habituation?
1. Due to emergent issue?
2. Obstacle to treatment?
3. Consider treating as a one-time occurrence
4. Use response prevention
5. Was the feared Stimulus presented?
6. Consider readiness for treatment
7. Use response prevention
8. Observe or recognize rituals
9. Consider reversing cognitive processes
10. Was fear elicited?
11. Was the exposure functional?
12. Consider next item on hierarch
13. Stimulus well-defined?
14. Observe and/or recognize changes?
15. Was the exposure sufficiently prolonged?
16. Did SUDS decrease?
17. Consider reducing demand characteristics
18. Consider modified exposure
19. Consider use of other dimensions
20. Use longer exposure
21. Exposure successful
22. Confident in habituation?
1. Due to emergent issue?  
   - Y: 2. Obstacle to treatment?  
   - N: Consider treating as a one-time occurrence
   - N: 4. Use response prevention
   - Y: 5. Was the feared Stimulus presented?  
   - Y: 6. Consider readiness for treatment
   - N: 7. Use response prevention
   - N: 8. Observe or recognize rituals
   - N: 9. Consider reversing cognitive processes
   - Y: 10. Was fear elicited?  
   - Y: 11. Was the exposure functional?  
   - N: 12. Consider next item on hierarch
   - Y: 13. Stimulus well-defined?  
   - Y: 14. Observe and/or recognize changes?  
   - Y: 15. Was the exposure sufficiently prolonged?  
   - N: 16. Did SUDS decrease?  
   - Y: 17. Consider reducing demand characteristics
   - N: 18. Consider modified exposure
   - N: 19. Consider use of other dimensions
   - N: 20. Use longer exposure
   - Y: 21. Exposure successful
   - Y: 22. Confident in habituation?
Arm One: Pretreatment and Readiness

1. Due to emergent issue?
   - Y: 2. Obstacle to treatment?
     - Y: 6. Consider readiness for treatment
     - N: 3. Consider treating as a one-time occurrence
   - N: 5. Was the feared Stimulus presented?
     - Y: 6. Consider readiness for treatment
     - N: Start

2. Obstacle to treatment?
   - Y: 6. Consider readiness for treatment
   - N: Start

5. Was the feared Stimulus presented?
   - Y: 6. Consider readiness for treatment
   - N: Start
Arm One: Pretreatment and Readiness for Treatment

Node 1: Emergent Issues

• Consider whether client has presented problem that requires change in focus of therapy session
• Examples include death of a relative or friend, loss of employment, end of a close relationship, or another stressful life event
• Such events exacerbate stress-reactive conditions and leads to revision of session agenda
Arm One: Pretreatment and Readiness for Treatment

Node 2: Obstacles to Treatment

- Requires a revision to the therapeutic contract
- Examples include eviction notice following loss of employment
- These events require more than one session of processing and problem solving
- Changes in priority of treatment
- Patterns might suggest avoidance, lifestyle factors associated with stress generation
- Consider whether client will come to subsequent sessions ready, willing, and able to work on explicit therapy contract
Arm One: Pretreatment and Readiness for Treatment

Node 3: Consider Treating as a One-Time Occurrence

- One-time basis is likely to be appropriate
- Revised agenda depends upon nature of emergent issue
- Set aside session agenda is not usually required in course of therapy with most patients
- Client may lack understanding and/or commitment to treatment rationale (see Node 6), and/or resources for explicit treatment contract (see Node 2)
- If set aside the session agenda more than, then clinician should revisit evaluation of potential obstacles to treatment (see Node 2)
Arm One: Pretreatment and Readiness for Treatment

Node 6: Consider Readiness for Treatment

- Client might refuse to participate or engage in exposure
- Changes in life circumstances lead to a reprioritization of treatment
- Pattern of recurring issues reflects an avoidance of fear stimuli
- Other problems include severe depression and/or personality problems that threaten the therapeutic alliance
- Therapist’s role as one of providing information, drawing boundaries, and supporting adaptive behaviors
- Consider some type of new treatment contract
- Use of motivational interviewing or some other interventions to address resistance to treatment
Arm Two: Reviewing, Fine Tuning, and Troubleshooting

- Node 4: Use Response Prevention
- Node 8: Observation and Recognition of Rituals
- Node 9: Consider Reversing Cognitive Processes
- Node 13: Well-Defined Stimulus
- Node 14: Observation and Recognition of Change
- Node 15: Exposure Sufficiently Prolonged
- Node 18: Consider Modified Exposure
- Node 19 Consider Use of Other Dimensions
- Node 20 Use Longer Exposure
1. Due to emergent issue?
   - Yes: Proceed to step 2.
   - No: Consider treating as a one-time occurrence.

2. Obstacle to treatment?
   - Yes: Consider reversing cognitive processes.
   - No: Proceed to step 3.

3. Consider treating as a one-time occurrence.

4. Use response prevention.

5. Was the feared stimulus presented?
   - Yes: Proceed to step 6.
   - No: Was the exposure functional?


7. Use response prevention.

8. Observe or recognize rituals.
   - Yes: Consider reversing cognitive processes.
   - No: Consider reducible demand characteristics.


10. Was fear elicited?
    - Yes: Consider next item on hierarch.
    - No: Did SUDS decrease?

11. Was the exposure functional?
    - Yes: Consider next item on hierarch.
    - No: Did SUDS decrease?

12. Consider next item on hierarch.

13. Stimulus well-defined?
    - Yes: Proceed to step 14.
    - No: Did SUDS decrease?

14. Observe and/or recognize changes?
    - Yes: Consider reducible demand characteristics.
    - No: Did SUDS decrease?

15. Was the exposure sufficiently prolonged?
    - Yes: Consider reducible demand characteristics.
    - No: Did SUDS decrease?

16. Did SUDS decrease?
    - Yes: Consider reducible demand characteristics.
    - No: Did SUDS decrease?

17. Consider reducible demand characteristics.

18. Consider modified exposure.

19. Consider use of other dimensions.

20. Use longer exposure.


22. Confident in habituation?
1. Due to emergent issue?
   - Yes → 2. Obstacle to treatment?
   - No → 4. Use response prevention

2. Obstacle to treatment?
   - Yes → 3. Consider treating as a one-time occurrence
   - No → 5. Was the feared Stimulus presented?

5. Was the feared Stimulus presented?
   - Yes → 6. Consider readiness for treatment
   - No → 8. Observe or recognize rituals

8. Observe or recognize rituals
   - Yes → 9. Consider reversing cognitive processes
   - No → 10. Was fear elicited?

10. Was fear elicited?
    - Yes → Exposure functional?
    - No → 12. Consider next item on hierarch

11. Was the exposure functional?
    - Yes → Consider next item on hierarch
    - No → 14. Observe and/or recognize changes

14. Observe and/or recognize changes
    - Yes → 15. Was the exposure sufficiently prolonged?
    - No → 16. Did SUDS decrease?

15. Was the exposure sufficiently prolonged?
    - Yes → Exposure successful
    - No → 17. Consider reducing demand characteristics

16. Did SUDS decrease?
    - Yes → Exposure successful
    - No → 18. Consider modified exposure

18. Consider modified exposure
    - Yes → 19. Consider use of other dimensions
    - No → 20. Use longer exposure

19. Consider use of other dimensions
    - Yes → Exposure successful
    - No → 21. Exposure successful

21. Exposure successful
    - Yes → Exposure successful
    - No → 22. Confident in habituation?

22. Confident in habituation?
1. Due to emergent issue?
   - Y: Obstacle to treatment?
     - Y: Consider treating as a one-time occurrence
     - N: Continue
   - N: Consider reversing cognitive processes

4. Use response prevention

5. Was the feared stimulus presented?
   - Y: Consider readiness for treatment
   - N: Continue

6. Consider readiness for treatment
   - Y: Use response prevention
   - N: Continue

7. Use response prevention

8. Observe or recognize rituals
   - Y: Consider reversing cognitive processes
   - N: Continue

9. Consider reversing cognitive processes

10. Was fear elicited?
    - Y: Consider next item on hierarch
    - N: Continue

11. Was the exposure functional?
    - Y: Consider reducing demand characteristics
    - N: Continue

12. Consider next item on hierarch

13. Stimulus well-defined?
    - Y: Observe and/or recognize changes?
    - N: Continue

14. Observe and/or recognize changes?
    - Y: Consider modified exposure
    - N: Continue

15. Was the exposure sufficiently prolonged?
    - Y: Use longer exposure
    - N: Exposure successful

16. Did SUDS decrease?
    - Y: Consider reducing demand characteristics
    - N: Continue

17. Consider reducing demand characteristics

18. Consider modified exposure

19. Consider use of other dimensions

20. Use longer exposure

21. Exposure successful
    - Y: Confident in habituation?
    - N: Continue

22. Confident in habituation?
Arm Two: Reviewing, Fine Tuning, and Trouble Shooting

1. Start

2. Was the feared Stimulus presented?
   - Yes: 4. Use response prevention
   - No: 8. Observe or recognize rituals

3. Was the exposure sufficiently prolonged?
   - Yes: 15. Was fear elicited?
   - No: 14. Observe and/or recognize changes

4. Use response prevention
   - Yes: 9. Consider reversing cognitive processes
   - No: 13. Stimulus well-defined?

5. Was fear elicited?
   - Yes: 10. Was fear elicited?
   - No: 16. Did SUDS decrease?

6. Consider modified exposure

7. Consider use of other dimensions

8. Observe or recognize rituals
   - Yes: 9. Consider reversing cognitive processes
   - No: 13. Stimulus well-defined?

9. Consider reversing cognitive processes

10. Was fear elicited?

11. Did SUDS decrease?

12. Use longer exposure
Arm Two: Reviewing, Fine Tuning, and Troubleshooting

Node 4: Use Response Prevention

• Educate client on refraining from actions that maintain pattern of dysfunction
Arm Two: Reviewing, Fine Tuning, and Troubleshooting

Node 8: Observation and Recognition of Rituals

• Observation of fidgeting, stereotypic movements of hands, feet, etc.,

• “Is there anything that you are doing to help yourself feel better or to make the exposure easier?”
Arm Two: Reviewing, Fine Tuning, and Troubleshooting

Node 9: Consider Reversing Cognitive Processes

• “I keep telling myself that it is not dangerous.”
• Differentiate between operant thinking versus respondent thinking, i.e., is the thought a form of avoidance and/or suppression versus reflection of the process of incorporating new information
Arm Two: Reviewing, Fine Tuning, and Troubleshooting

Node 13: Well-Defined Stimulus

• New sensations, stimuli, and/or thoughts develop during the exposure
• Example: fear triggered by nausea may develop only after 10-20 minutes into a spinning exposure
• Example: new thoughts emerge during an OCD exposure, such as arranging
Arm Two: Reviewing, Fine Tuning, and Troubleshooting

Node 14: Observation and Recognition of Change

• Client fidgeting less, yawning more, seem relaxed, joking and/or smiling at the end of the exposure

• Reconcile the SUDS with the therapist’s observations

• Use this information, have client confront discrepancy, ask how (not whether) experience during beginning of exposure is different from experience later in exposure
Arm Two: Reviewing, Fine Tuning, and Troubleshooting

Node 15: Exposure Sufficiently Prolonged

• Typical exposure times associated with different stimuli

• If exposure sufficiently prolonged, then evaluate modifying exposure (see Node 18)
Arm Two: Reviewing, Fine Tuning, and Troubleshooting

Node 18: Consider Modified Exposure

• If sufficient SUDS decrease has not occurred, then consider dropping elements to ensure habituation and learning

• If sufficient SUDS decrease has occurred, then consider use of other dimensions (see Node 19)
Arm Two: Reviewing, Fine Tuning, and Troubleshooting

Node 19: Consider Use of Other Dimensions

- If sufficient decrease in SUDS has occurred, then consider adding elements to promote further habituation, generalization, and deepen extinction
Arm Two: Reviewing, Fine Tuning, and Troubleshooting

Node 20: Use Longer Exposure

• If SUDS drop not significant, then increase time/duration of exposure

• Work toward prolonged exposure for best results in within-session habituation
Arm Three: Graded/Gradual Exposure

• Node 7: Use Response Prevention
• Node 11: Functional Exposure
• Node 12: Consider Next Item of Hierarchy
1. Due to emergent issue?

2. Obstacle to treatment?

3. Consider treating as a one-time occurrence

4. Use response prevention

5. Was the feared stimulus presented?

6. Consider readiness for treatment

7. Use response prevention

8. Observe or recognize rituals

9. Consider reversing cognitive processes

10. Was fear elicited?

11. Was the exposure functional?

12. Consider next item on hierarch

13. Stimulus well-defined?

14. Observe and/or recognize changes?

15. Was the exposure sufficiently prolonged?

16. Did SUDS decrease?

17. Consider reducing demand characteristics

18. Consider modified exposure

19. Consider use of other dimensions

20. Use longer exposure

21. Exposure successful

22. Confident in habituation?
1. Due to emergent issue?

Y: 2. Obstacle to treatment?

N: 3. Consider treating as a one-time occurrence

Y: 4. Use response prevention

N: 5. Was the feared Stimulus presented?

Y: 6. Consider readiness for treatment

N: 7. Use response prevention

Y: 8. Observe or recognize rituals

N: 9. Consider reversing cognitive processes

Y: 10. Was fear elicited?

N: 11. Was the exposure functional?

Y: 12. Consider next item on hierarch

N: 13. Stimulus well-defined?

Y: 14. Observe and/or recognize changes?

N: 15. Was the exposure sufficiently prolonged?

Y: 16. Did SUDS decrease?

N: 17. Consider reducing demand characteristics

Y: 18. Consider modified exposure

N: 19. Consider use of other dimensions

Y: 20. Use longer exposure

N: 21. Exposure successful

Y: 22. Confident in habituation?

N: Consider next item on hierarch
1. Due to emergent issue?

Y: 2. Obstacle to treatment?

Y: 3. Consider treating as a one-time occurrence

N: 4. Use response prevention

N: 5. Was the feared Stimulus presented?

Y: 6. Consider readiness for treatment

N: 7. Use response prevention

N: 8. Observe or recognize rituals

N: 9. Consider reversing cognitive processes

Y: 10. Was fear elicited?

N: 11. Was the exposure functional?

Y: 12. Consider next item on hierarch

N: 13. Stimulus well-defined?

N: 14. Observe and/or recognize changes?

Y: 15. Was the exposure sufficiently prolonged?

N: 16. Did SUDS decrease?

Y: 17. Consider reducing demand characteristics

N: 18. Consider modified exposure

N: 19. Consider use of other dimensions

Y: 20. Use longer exposure

N: 21. Exposure successful

Y: 22. Confident in habituation?
Arm Three: Gradual Exposure

1. Start

2. Was the feared Stimulus presented?
   - N: Proceed to step 5.
   - Y: Proceed to step 10.

3. Was fear elicited?
   - N: Proceed to step 11.
   - Y: Consider next item on hierarch.

4. Was the exposure functional?
   - N: Use response prevention.
   - Y: Proceed to step 12.

5. Was the feared Stimulus presented?
   - N: Proceed to step 5.
   - Y: Proceed to step 10.

6. Was fear elicited?
   - N: Proceed to step 11.
   - Y: Consider next item on hierarch.
Arm Three: Graded/Gradual Exposure

Node 7: Use Response Prevention

- Exposure nonfunctional due to use of distraction, rituals, safety behaviors or cues, and/or other neutralizing factors
- Conduct exposure using response prevention
- Review treatment rationale
- Enlist client’s help in identifying and removing these factors during exposures
Arm Three: Graded/Gradual Exposure

Node 11: Functional Exposure

• Fear stimulus was presented
• Consider whether exposure was functional
• Exposure may be rendered nonfunctional by use of distraction and by presence of safety cues or behavior
• Clients may close their eyes, avert their gaze, hum or make noises, or engage in covert self talk to interfere with their attention to fear stimuli
• Clients may engage in rituals or use safety behaviors to neutralize perceived threat associated with fear stimuli
Arm Three: Graded/Gradual Exposure

Node 12: Consider Next Item of Hierarchy

- Fear stimulus was presented
- Sufficient fear was not activated
- No factors identified as neutralizing functionality of exposure
- Consider whether to conduct an exposure using next item of fear hierarchy
- Current item on the hierarchy has been sufficiently addressed is more plausible when prior exposures to same or similar stimuli have been successful, and if current SUDS ratings reflect patterns of within- and between-session habituation
Arm Four: Path to Inhibitory Learning

- Node 5: Presenting the Fear Stimulus
- Node 10: Eliciting Fear
- Node 16: SUDS Decrease to Criterion
- Node 17: Consider Reducing Demand Characteristics
- Node 21: Exposure Successful
- Node 22: Confident in Habituation
1. Due to emergent issue?

2. Obstacle to treatment?

3. Consider treating as a one-time occurrence

4. Use response prevention

5. Was the feared Stimulus presented?

6. Consider readiness for treatment

7. Use response prevention

8. Observe or recognize rituals

9. Consider reversing cognitive processes

10. Was fear elicited?

11. Was the exposure functional?

12. Consider next item on hierarch

13. Stimulus well-defined?

14. Observe and/or recognize changes?

15. Was the exposure sufficiently prolonged?

16. Did SUDS decrease?

17. Consider reducing demand characteristics

18. Consider modified exposure

19. Consider use of other dimensions

20. Use longer exposure

21. Exposure successful

22. Confident in habituation?
Start

1. Due to emergent issue?
   - Y → 2. Obstacle to treatment?
   - N → N
   - N → 3. Consider treating as a one-time occurrence

4. Use response prevention
   - Y → 5. Was the feared Stimulus presented?
   - N → 6. Consider readiness for treatment

8. Observe or recognize rituals
   - Y → 9. Consider reversing cognitive processes
   - N → Y

13. Stimulus well-defined?
   - Y → 14. Observe and/or recognize changes?
   - N → 15. Was the exposure sufficiently prolonged?

18. Consider modified exposure
   - Y → 19. Consider use of other dimensions
   - N → 20. Use longer exposure

21. Exposure successful
   - Y → 22. Confident in habituation?
   - N → 17. Consider reducing demand characteristics

12. Consider next item on hierarch

16. Did SUDS decrease?
   - Y → 11. Was the exposure functional?
   - N → Y

20. Use longer exposure
Arm Four: Path to Inhibitory Learning

5. Was the feared Stimulus presented?
   Y
   10. Was fear elicited?
       Y
       16. Did SUDS decrease?
           N
           21. Exposure successful
               Y
               22. Confident in habituation?
                   N
                   17. Consider reducing demand characteristics

   N
   N
Arm Four: Path to Inhibitory Learning

Node 5: Presenting the Fear Stimulus
- Exposure was conducted
- Fear stimuli presented
- Exposure designed with intention of presenting fear stimuli
- Can be attempted even if specific fear stimuli features are not yet known with certainty
- Interoceptive exercises such as hyperventilation often produce fear reactions even if specific sensation or combination of sensations that elicit fear have not been identified
- Specification is helpful but may not be necessary for learning to take place
- If exposure was not conducted, then attention should turn to reason why (see Node 1), if exposure was conducted, then attention should turn to question of whether fear was elicited (see Node 10)
Arm Four: Path to Inhibitory Learning

Node 10: Eliciting Fear

• Eliciting fear rests upon comparison of pre-exposure SUDS rating and maximum or initial SUDS rating following presentation of feared stimuli

• Desirable to have SUDS ratings prior to discussion of exposure and free from any anticipatory anxiety

• Any increase in anxiety due to either anticipation or presentation of fear stimuli can be usually taken as an indicator of fear activation

• Larger increases more desirable

• Low absolute levels following presentation of fear stimuli may be treated as failures to activate fear
Arm Four: Path to Inhibitory Learning

Node 16: SUDS Decrease to Criterion

- Fear stimulus was presented
- Fear was elicited
- Consider whether SUDS ratings during exposure showed a decrease
- Three ways to evaluate whether within-session habituation has occurred:
  1.) decrease of 40 points or more from the highest SUDS rating to final SUDS rating is one indication of within-session habituation
  2.) decrease by half in SUDS ratings, for example from 60 to 30, is another indicator of within-session habituation
  3.) SUDS ratings should return from an elevated level that suggests activation, to a baseline or normal level
Arm Four: Path to Inhibitory Learning

Node 17: Consider Reducing Demand Characteristics

- Client reports decreases in SUDS
- Does not experience and convincingly describe experience of habituation
- Reexamine therapeutic relationship and treatment rationale
- Reestablish a working alliance
- Reduce demand characteristics with therapeutic relationship
Arm Four: Path to Inhibitory Learning

Node 21: Exposure Successful

- Goal of exposure session
- Indicates most productive use of session
- Attention to pattern of habituation
- Attention to absence or relative lack of severity of feared consequence
- Client prompted to remember and think about this issue
- Review relationship to treatment rationale
- May implement complementary procedures, such as cognitive restructuring
Arm Four: Path to Inhibitory Learning

Node 22: Confident in Habituation
- Fear stimuli was presented (see Node 5)
- Fear was elicited (see Node 10)
- Decrease in SUDS ratings indicated habituation (see Node 16)
- Consider whether client and therapist are both confident that habituation occurred
- Client has a strong subjective sense that SUDS was lower at end of exposure session than at beginning
- Decrease not due to any behavior other than continued exposure
- Clinician perceives the client’s report as credible