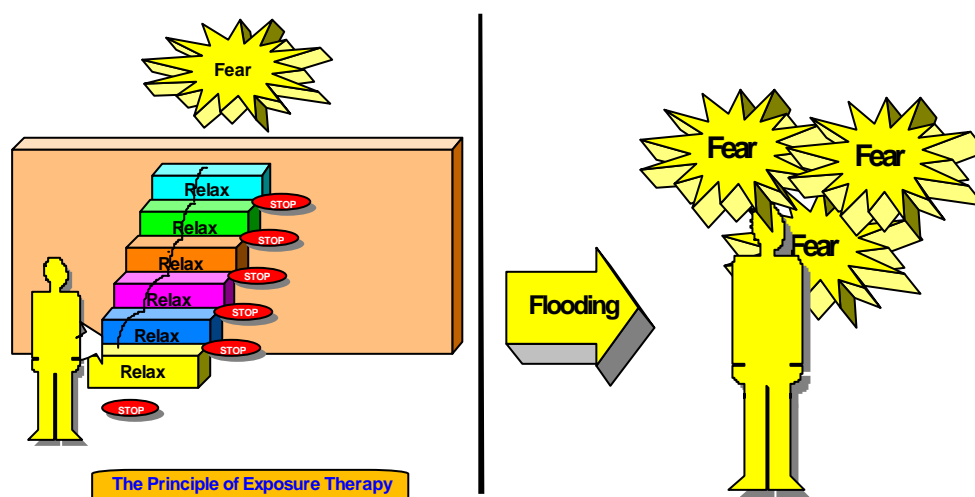


EXPOSURE THERAPY

- A common psychological method for managing anxiety disorders e.g. Panic Disorder +/- Agoraphobia (P.D.+/-A.), Specific Phobia & Social Phobia, P.T.S.D. & O.C.D..
- Central process = Pavlovian EXTINCTION.
- Works by having patient EXPERIENCE ANXIETY, preventing 'escape' or avoidance & ALLOWING IT TO WANE i.e. arranging exposure to the CS (Conditioned stimulus) so as to eventually have no UR (Unconditioned response) occur. The art & science lies mostly in discovering, & arranging to break, the association between salient stimuli & the fear.
- Creative application of the principles of Behavioural Analysis and Classical Conditioning is often demanded in psychological approaches to anxiety management.
- Two behaviour therapies (both forms of extinction) widely used in managing anxiety disorders are:

'Graded exposure therapy' (a.k.a. 'systematic desensitisation', 'reciprocal inhibition' or 'counterconditioning') and *'flooding'* more dramatic, but briefer exposure to fear stimulus.



GRADED EXPOSURE - Some 'tricks of the trade':

Flooding is understandably an unpopular treatment with patients (and therapists!) because it is so intensely confrontive. It is rarely used and so is not addressed in these notes.

PATIENT determines 6-12 steps of increasingly difficult elements of fear. To help conceptualise management draw a staircase. Evenly space steps towards final goal. Assign numerical ratings to each step using Subjective Units of Disturbance Scale (SUDS) e.g. 0-10 = "little or no anxiety"; 90-100 "terror, worst fear imaginable"). Emphasise the need to remain consistently & relatively relaxed before the next step is taken e.g. SUDS below 20 or 30. Predict/normalise the subsequent mild rise in apprehension & tension for patient as approaches next step.

- **DO NOT PROCEED** to next hierarchy item until each one has been counterconditioned or extinguished by 80%+ of its original SUDS rating. (100% relaxation or a 0-10 SUDS is unrealistic.) This can take up to 5-8 separate exposures. Each may require up to 4 HOURS though usually around half an hour before it settles. Too brief and the exposure can **BACKFIRE** (resensitising).
- **PATIENT** not the therapist **DETERMINES PACE** of exposure. Therapist keeps checking for adherence to above principles. Assure patient there will be **NO SURPRISES** = no sudden demands on coping with fears.
- If a particular item is arousing an **UNMANAGEABLE** level of distress e.g. S.U.D.S. 80+ break it down to **SMALLER STEPS**. Then continue as above. Alert patient to usual need to modify original hierarchy as proceeds.
- Extinction alone can be inefficient. Usually better to arm patient with some kind of reliable **RELAXATION** "weapon" such as slow, deep & regular breathing **BEFORE** going into the "battle" of exposure. This **MUST BE OVERLEARNED** to near constancy in calmer moments. (As well patients need to experience that it works even if in less demanding situations. This gives them extra confidence to begin initial exposure items.) Practice & application well into arousal is too late! Apply at first one or two symptoms of arousal. The situation will be demanding enough without having to "knock the rust off" a poorly practiced/inadequately conditioned relaxation strategy.

- ANXIOLYTICS and any kind of distraction technique are generally NOT ADVISED if *permanent* control is the goal. They are fine for short-term, cosmetic relief. But they can lose potency over time, they may in some cases become addictive & the fear often remains intact when they wear off - generalisation to the non-drugged state fails. Anti-anxiety agents block the experience of anxiety and so block the extinction of anxiety.
- EXPOSURE therapy WITH ANTIDEPRESSANTS is O.K. though in the management of P.D.+/- A. They work almost as well as extinction therapies. Their effectiveness improves when combined with exposure. They may suppress panics without sedation & allow exposure to the CS of Agoraphobic situations in the absence of the UR of panic = Pavlovian extinction.
- They are not very useful with Social Phobia. While 60% of patients improve on MAO inhibitors success is temporary & the relapse rate is high upon discontinuation.
- DISTRACTION is the antithesis of eradicating anxiety. It is a form of avoidance. Apart from drugs, the only way to overcome fear is to face it.
- A form of BEHAVIOUR THERAPY exposure is ultimately a NON-VERBAL THERAPY. Feelings of anxiety aren't always easily changed just by persuasion, reassurance, corrective information or more rational, realistic self-talk.
- COGNITIVE APPROACHES like stress-inoculation training (thought-stopping for excessive rumination, relaxation & cognitive restructuring) certainly HAVE THEIR PLACE in managing anxiety and other disorders E.G. Cognitive Therapy FOR DEPRESSION. (Indeed, research says the early emphasis in psychologically managing depression should be on changing thinking styles. Behaviour Therapy may be useful for raising activity levels, social skills training and other interventions which counter and reinforce non-depressed behaviour. But with depression Behaviour Therapy usually comes later or is at least paralleled by cognitive therapy.)

- BUT, as far as anxiety at least is concerned, rather than try to directly persuade the patient out of their fears, exposure therapy acknowledges what phobically anxious patients will often tell you: that NO AMOUNT OF INSIGHT/RATIONAL SELF-TALK MAKES THE FEAR GO AWAY. They usually realise that an emotionally conditioned fear is irrational. But the realisation often does not help, unless the fear grew and continues to rest solely on misinformation.
- Flying phobics, for instance, know and believe the statistics on the likelihood of a crash but they continue to avoid 'planes. ("The head knows but the heart doesn't listen!").
- Mindful of this, behaviour therapists when dealing with anxiety FOCUS first and foremost ON CHANGING EXPERIENCES. This is a more indirect method of changing cognitions (thoughts, feelings and terrifying images.) But it is far more convincing in most cases.
- Hence an aphorism for the anxious:

"if you want to feel differently, act differently. New thoughts follow new feelings."

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