UNIVERSITY OF EXETER

CEDAR
Clinical Education Development and Research

Exposure and Habituation

in Low Intensity CBT

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Acknowledgement:

This booklet is based on the material included within 'Reach Out: National Programme Educator Materials to Support the Delivery of Training for Psychological Wellbeing Practitioners Delivering Low Intensity Interventions'.

Image above: Clinical Training (CEDAR) at the University of Exeter's Streatham Campus. **Image right:** The Sir Henry Wellcome Building for Mood Disorders Research at the University of Exeter.

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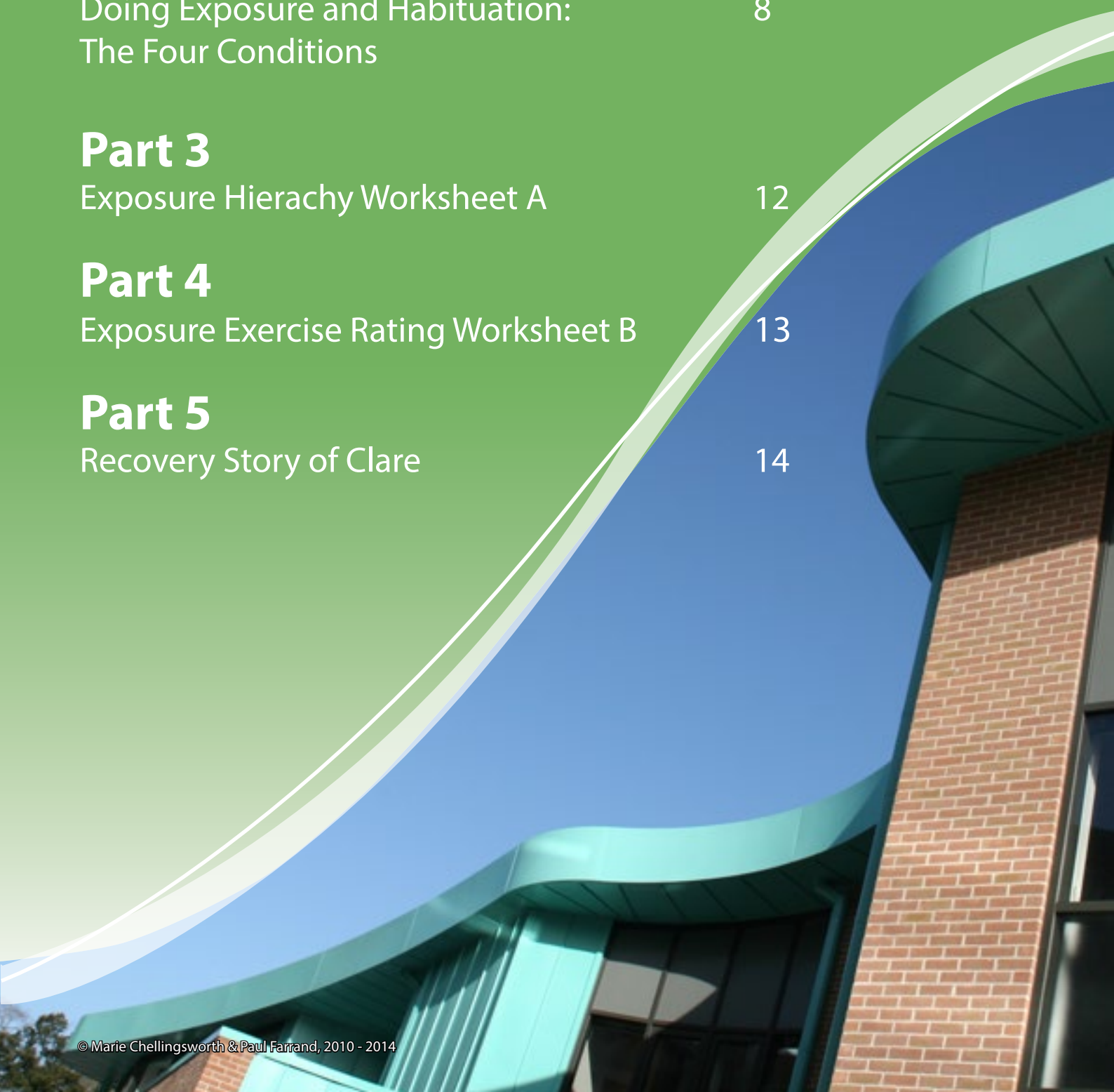


About the authors

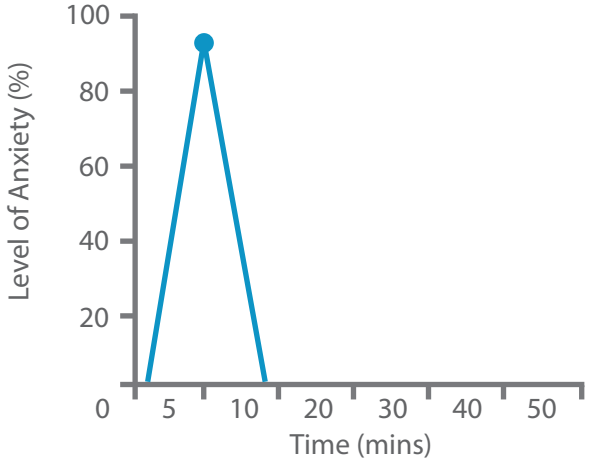
Marie Chellingsworth is Interim Director of PWP Taught Programmes and Senior Lecturer within within Clinical Education Development and Research (CEDAR) at the University of Exeter. She is a Senior Lecturer and Director of PG Certificate (PWP) and BSc Applied Psychology (Clinical). Her main clinical and research interests are in the area of Low Intensity Cognitive Behavioural Therapy (CBT), CBT for older people, dementia caregivers and educational research into improving the transfer of training into practice. She has developed a wide range of written self-help treatments for depression and anxiety and authored a number of books within this area. She has worked nationally with the Department of Health, the British Association of Behavioural and Cognitive Psychotherapies (BABCP) and British Psychological Society (BPS) in the Improving Access to Psychological Therapies (IAPT) programme. Marie is Chair of the National Network forum for PWPs. Outside of work Marie enjoys a wide range of live music, spending time with friends, shopping and and walking with her Irish setter Alfie in the Devonshire countryside.

Paul Farrand is a BABCP accredited Cognitive Behavioural Psychotherapist, Director of Psychological Wellbeing Practitioner training within Clinical Education Development and Research (CEDAR) at the University of Exeter and a National Teaching Fellow of the Higher Education Academy (HEA). His main clinical and research interests are in the area of low intensity cognitive behavioural therapy (CBT), especially in a self-help format. Based upon his research and clinical practice he has developed a wide range of written self-help treatments for depression and anxiety. He has worked at a national level with the Department of Health accreditation committee and within the British Association of Behavioural and Cognitive Psychotherapies. Outside of work Paul enjoys living in Devon and spending time with his wife and three children Oliver, Ellis and Amélie, particularly walks along the seaside, and he is a big fan of 80's music.

Part 1

How does Exposure and Habituation work?

Exposure and habituation is an evidence based treatment commonly used when you are avoiding something that causes fear. It works by putting you in charge and creating a plan to help you face the things that you are avoiding as a result of your anxiety in a graded way, at a pace that suits you. Exposure and habituation has two stages and can be supported by your Psychological Wellbeing Practitioner.



The Vicious Circle of Avoidance and Anxiety

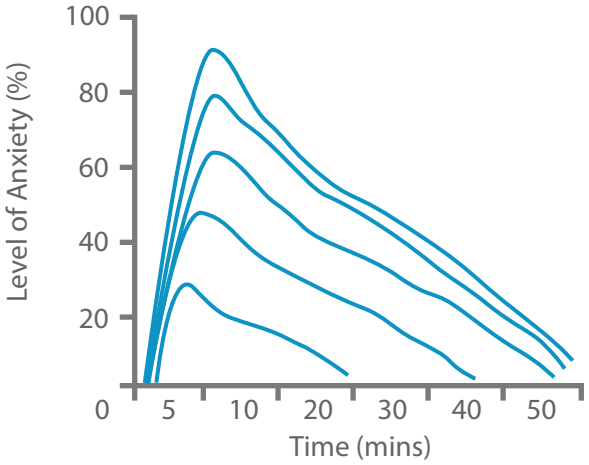
When we feel anxious we may avoid the things, places or symptoms that make us feel that way. When you do this your anxiety comes down quite quickly. In the short term this provides some relief from the unpleasant symptoms experienced and may encourage you to avoid the fearful event again in the future.

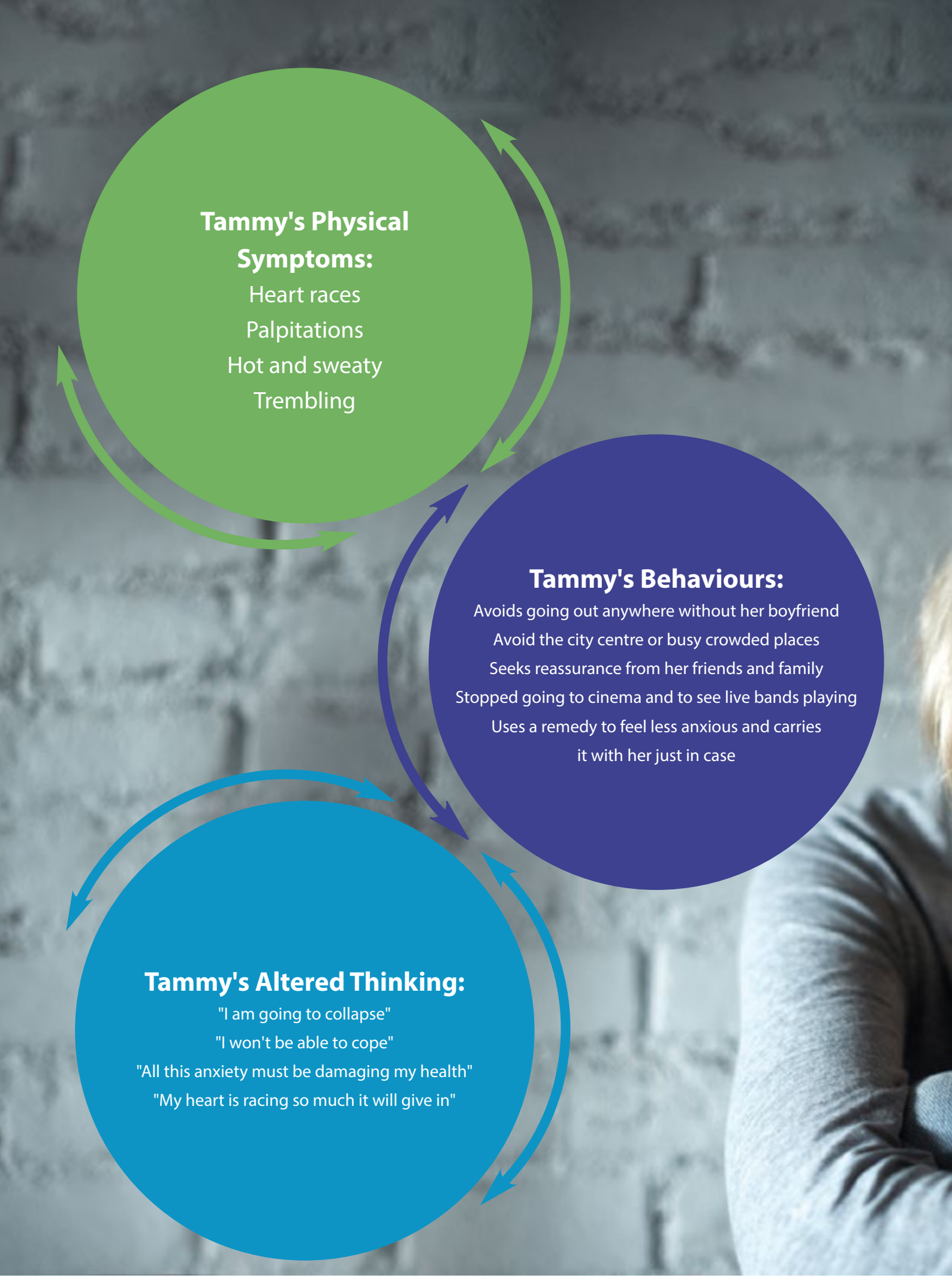
However as you continue to avoid the fearful event a pattern of avoidance is created and you will feel just as anxious the next time you are faced with the fearful event. This will lead to a vicious circle of avoidance and anxiety.

Breaking the Vicious Circle through Habituation

Exposure and habituation works by breaking into this vicious cycle. This is done by gradually exposing yourself to the fearful event without avoiding or escaping from it. You start with easier situations to face first and each time you do your exposure treatment you remain with the anxiety feelings long enough for them to come down naturally without avoiding or escaping from them. This is called 'habituation'.

As your anxiety symptoms naturally reduce you will learn that the fearful event is not what is causing you anxiety. This will help to break the vicious cycle of avoidance and anxiety.





This example shows Tammy who experiences panic disorder with agoraphobia

She experienced rapid rises in her anxiety levels, triggered by physical symptoms, places or the thought of going out. She used avoidance to cope with how she was feeling, which in the short term gave her relief from her symptoms, but in the longer term kept her in a vicious cycle of avoidance and feeling anxious. She became increasingly restricted in what she was able to do, and relied upon her boyfriend to go out. She used exposure and habituation successfully to address her difficulties with the support of a Psychological Wellbeing Practitioner (PWP).

Part 2

Doing Exposure and Habituation: The Four Conditions

Although exposure and habituation is personally challenging, the good thing is that following four simple conditions makes it effective. Follow these steps to plan your own exposure and habituation plan, ensuring it meets these conditions.

Condition 1: Graded

Use the hierarchy on worksheet A to help you to identify what you are currently fearful of and what you are avoiding. Put the things that you find most fearful at the top and work downwards adding things that are medium difficulty and easier things too. You should not grade things on your hierarchy by the length of time you will expose yourself to them. This is because in exposure and habituation, you need to stay in the situation until your anxiety drops by at least 50% from where it is at the start of the exercise and we do not know how long this will take from person to person. If you graded your exposure activities by time, you could end up leaving the situation before habituation can take place, which would mean the treatment was not effective. You don't want to face your fears, feel anxious and not benefit from the treatment!

Once you have created your hierarchy, select the step that causes you some anxiety, but one you feel you could manage. For something to be a useful exposure exercise, it should give you enough symptoms of anxiety to enable habituation to take place and for you to feel your anxiety level drop by at least half during the exercise. A useful suggestion is that it needs to give you at least 50-60% anxiety to use in an exposure exercise. That will help to guide you to know what to choose as your first exercise.

Condition 2: Prolonged

Once you have created your hierarchy, select your first step and write this in the exercise section on worksheet B. Then plan a suitable time to undertake the exposure exercise. Remember to plan to stay exposed to the step on your hierarchy for as long as it takes for your anxiety to drop by 50% from the start of the exercise. Unfortunately no one knows exactly how long it will take for your body to use up the adrenalin and your symptoms reduce, as this varies from person to person. It may be helpful to put aside 1-2 hours for your exercises initially. Once you have decided when you will do your exposure exercise, fill in the date and time you plan to do it.

When you are beginning to prepare to do your exposure exercise, just before the planned start time, fill in the 'Before Exercise' rating on worksheet B to indicate how much anxiety you are experiencing before you do it. Use the rating scale at the bottom where 0% = no anxiety and 100% = where you are experiencing the worst level of panic.

Just as you start your exposure at the planned time, then re-rate your anxiety again using the 'Start of the Exercise' rating column. This is the figure you will use to know when to stop the exposure exercise when this level has dropped by 50%. Once you have completed the exercise, put your end of exercise anxiety rating on the form and see how long it took for your anxiety to drop by 50% from the time at the start of the exercise. Fill in the time you did the exercise over in the 'Duration' box on the worksheet.This helps you

Four simple conditions to follow:

Condition 1: Graded

List things in your exposure hierarchy that give you at least 50-60% anxiety from the easier things up to more difficult things. Remember not to grade an exercise by time. When you have been repeating an exercise and it no longer gives you at least 40% anxiety at the start of the exercise, you are then ready to move up to the next item on your exposure hierarchy.

Condition 2: Prolonged

Stay in the exposure exercise situation, without using distraction until your anxiety drops by 50% from the start of the exercise. So for example if you were 80% anxious, you would stay in the situation until your anxiety drops to 40%. You would then repeat the exercise until it no longer gets above 40% at the start of the exercise.

Condition 3: Repeated

Expose yourself to each step on the hierarchy at a time. You should repeat each step until the exercise no longer makes you feel anxious, say if it no longer goes above 40% anxiety at the start of the exercise. Then it is time to move up to the next exercise on your hierarchy ladder. On average you should aim to do exposure treatment 4-5 times per week (these may be different exercises depending on your ratings).

Condition 4: Without Distraction

Try to remove things from your hierarchy that reduce your anxiety artificially or distract you from how you are feeling during your exposure exercises. Whist these may seem like the give temporary relief from feeling anxious, they are keeping you stuck in that vicious circle.

and your Psychological Wellbeing Practitioner see how long it took for you to habituate.

Condition 3: Repeated

You should continue exposing yourself to the same step of the hierarchy until you notice that your anxiety score at the start of the exercise is no longer going up quickly and feels that it is now at a manageable level for you to consider moving onto the next exercise. Try to repeat the exercise at each step as many times as you can within each week to get the full benefit. The number of times you can do it however can be affected by the type and demands of the exposure exercise and other competing demands in your life. The more you do it, the more likely you are to feel the benefits, so do the best you can to make time to carry out exercises on average 4-5 times per week. If the exercise is no longer causing you more than 30-40% anxiety at the start of the exercise, then it may be time to move to the next step on your hierarchy. Your Psychological Wellbeing Practitioner or other health professional, can also advise you when it is a good time to move up the hierarchy.

Condition 4: Without Distraction

When we feel anxious we sometimes do things to make us feel better or safer; or we may ask others for support to reduce our anxiety. Whilst this may reduce your anxiety level in the short term, relying on these things is unhelpful in the longer term and will not enable habituation to take place in your exposure treatment. To make exposure and habituation to work effectively, you need to ensure that you do not use things that may distract you from feeling your anxiety or make you feel better during the exercise. To habituate naturally to the fearful event you need to do the exercise and remain with the anxiety until it naturally reduces by 50%. It can be hard to drop these things straight away though. Sometimes people need to rely on these things to get started with exposure. This is OK, however at some step in your hierarchy you should put on the list doing

the activities without them. For example, if initially you cannot manage to go to the shop without your partner walking with you, then you may have this as an easier activity as long as it still gives you enough anxiety to make a good exercise. Further up your hierarchy you should have walking to the shop alone. At times this is a good way to construct the steps within your hierarchy. Your Psychological Wellbeing Practitioner will be keeping an eye out for anything like this you have and will be able to advise you how to drop them. You should also ensure that during the exercise you do not distract yourself from your feelings of anxiety in any other way and that if someone is with you as part of your plan on an exercise that you do not distract yourself from how you are feeling by having a conversation with them, or seeking their reassurance.

Remember:

Keeping records are essential to schedule activities and for you and your Psychological Wellbeing Practitioner if you are seeing one, to review your progress and help you problem solve any difficulties.

Part 3

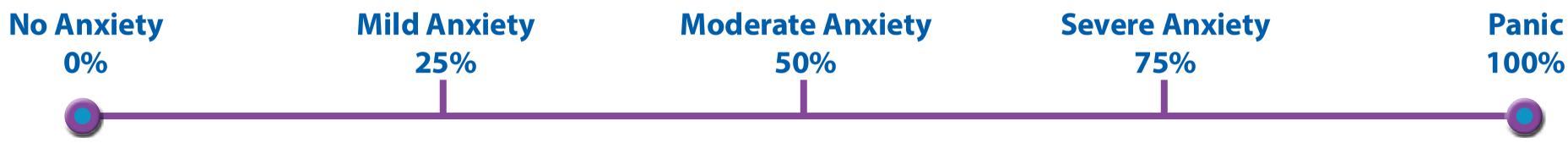
Exposure Hierarchy
Worksheet A

Below Write Each Step in Your Hierarchy	Anxiety Rating (0-100%)
Most difficult...	
Medium difficulty...	
Easiest...	

Part 4 Exposure Exercise Rating Sheet

Worksheet B

Date and Time	Duration	Exercise	Rating of Anxiety Level			Comments
			Before Exercise	Start of Exercise	End of Exercise	



Part 5

Clare's Recovery Story

Clare's story is about someone who used exposure and habituation to treat her panic disorder with agoraphobia. Exposure and habituation is a technique that breaks the cycle of avoidance and anxiety by slowly confronting the things that you are fearful of and avoiding in a graded way until your anxiety drops by 50% from the start of the exercise

Clare was 19 years old and had worked within the local village shop since leaving school. However this was not her ideal job and she dreamt of working in a high fashion retailer in the local town. The only difficulty was that Clare suffered from agoraphobia. Although she was just about able to endure leaving the house to work in the small shop next door, the thought of going any further, and especially using a bus to travel into the town really scared her. As such she felt trapped and alone. Having her difficulties since leaving school she had lost all her friends, had few interests and was isolated.

One day Clare was reading the local newspaper and came across an advertisement for her dream job. It was for a sales assistant within one of the most fashionable retail outlets in the local town. Clare suddenly realised that enough was enough and that she needed to do something to overcome her difficulties.

She remembered seeing on a previous page of the newspaper an advertisement for 'ACCESS; an Improving Access to Psychological Therapies service offering specialist support for patients

with depression and anxiety' which welcomed self-referrals. Whilst still having many concerns and fear about how she would get to the appointments she made a call anyhow.

Following the call she felt a little more relieved, what they offered, sounded ideal for her and they could even provide support over the telephone, however she would still need to make it into the service in town initially. Talking this through with Bill, the shop manager, it was agreed that he would drive her to the appointment and wait with her. Although Clare knew this would cause her some anxiety, she trusted Bill and knowing he would be there and she found it helpful. With Bill, Clare attended her appointment the following week. Her PWP undertook an assessment of her difficulties and indicated that what she presented with was consistent with panic disorder with agoraphobia. After discussing this they collaboratively decided to use exposure and habituation and set some goals to start to take treatment forward. The PWP and Clare talked about exposure and habituation and her PWP explained the four necessary conditions. Although Clare was highly anxious about the thought of facing her agoraphobia like this, she knew it had to be done and was reassured when the PWP discussed that exposure and habituation had a good evidence base and that she was in control of the treatment.

With the aid of her Psychological Wellbeing Practitioner Clare decided on the following goals:

Clare's Goals

Goal number 1

To travel on the bus on my own **Today's date:** 24th November

I can do this now (circle a number):

(0)	1	2	3	4	5	6
Not at all		Occasionally		Often		Anytime

Goal number 2

To be able work in a city centre shop **Today's date:** 24th November

I can do this now (circle a number):

(0)	1	2	3	4	5	6
Not at all		Occasionally		Often		Anytime

To ensure that the treatment was **graded**, the PWP used the **Exposure Hierarchy (Worksheet A)** to start to help Clare create a graded list of anxiety provoking situations arising from her agoraphobia. Initially Clare found this difficult to do, but found it helpful when her PWP suggested that she may want to try to think about what causes her the most and least fear first and then to think about something in the middle. Once she started in this way she began to find the task of grading her fear much easier and began moving steps up and down the hierarchy as she thought about them. She also found the PWP's advice that she could consider varying specific tasks by things such as time of day, or initially being supported by someone else helpful.

Clare's Exposure Hierarchy
Worksheet A

Below Write Each Step in Your Hierarchy	Anxiety Rating (0-100%)
Most difficult...	
To travel on the bus to a job interview in town when busy	100%
To travel on the bus at a quiet time alone	65%
Medium difficulty...	
To travel on the bus at a quiet time with Bill	60%
To walk to the park alone when quiet	60%
Easiest...	
To walk to the next street alone at a quiet time of day	55%
To walk to the end of the street with Bill	40%

Once Clare understood how to grade the steps in her hierarchy she was encouraged by her PWP to complete the hierarchy in her own time. Within the session they moved onto planning some exposure tasks on the **Exposure Rating Sheet (Worksheet B)**. To make sure that the exposure was **graded** she was encouraged to select a task on her hierarchy that caused her fear but one that did not feel it was so overwhelming that she could not manage it. With her PWP Clare was confident that although not at the bottom of her hierarchy she would be able to manage *'To walk to the next street alone at a quiet time of day'* as her first exposure task. She liked the idea of being able to grade this task by how quiet she knew the task would be, and thought about how her next steps could vary this. Clare was then encouraged to consider when she would be best able to commit the time to undertake this task and wrote this in the Date and Time column of the **Exposure Rating Sheet (Worksheet B)**.

To make sure that the exposure was **repeated** Clare planned to complete the first step several times that week and discussed with her PWP about how many times to repeat this step before moving up the hierarchy. Obviously how quiet the street would be would vary across days, so Clare identified a range of times to repeat this activity for each day she felt the street was usually at its quietest.

Clare did not put in the duration of the exposure exercise **until afterwards** as she did not know how long it would take for her **anxiety to reduce by 50%** from the level recorded at the start of doing each feared task. So she agreed to complete this part of the worksheet after each exercise to ensure it was **prolonged**. Clare's PWP was also keen to make her aware that although it was OK to have steps in which she was doing things with Bill, who made her feel better and enable her to engage with the task, these would need to be dropped within further steps so that she was doing each exposure session **without distraction**.

Using the scale on the worksheet Clare was then asked to rate her anxiety level before, during and after each exercise session and to make any comments she felt necessary. Once again she was encouraged to do each task until her for her

Graded

Repeated

Prolonged

Without Distraction

anxiety reduced by 50% from the level at the start of the exercise. She would use her worksheet also to monitor how the exposure was going so that this could be discussed in her next session with her PWP.

After some obvious fear about undertaking the exposure exercises Clare found that the first week actually went quite well. So well in fact that by the following Sunday she had decided to move to the next step herself which she had written as *'To walk to the park alone when quiet'*. Doing this she noticed a lot of the fear that had gone had returned, but she was well prepared for this and keen to get on with it.

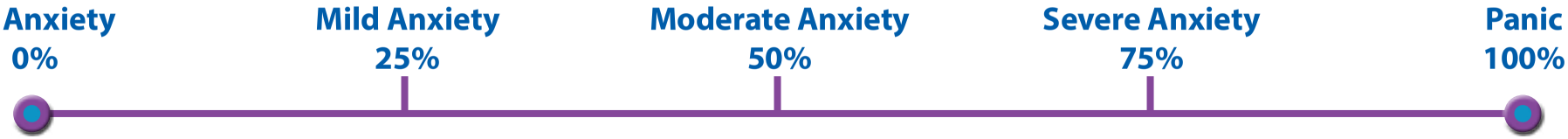
At her next telephone appointment Clare discussed how she was getting on with her PWP. He was very supportive and motivated Clare to keep going as she had been. Over the next few weeks Clare carried on doing the exercises and made good progress. It wasn't always easy, but once she had moved up a few steps she noticed that, although each step bought its own fear, in a weird sort of way it seemed to get easier. She was very pleased that she was able to go places alone on the bus and actually to start doing things again and meeting up with friends.

Later that year Clare felt able to start to apply for jobs. Although she had not yet got one, she was really pleased that she was at applying and really enjoyed being able to get out and about again.

Clare's Exposure Exercise Rating Sheet

Worksheet B

Date and Time	Duration	Exercise	Rating of Anxiety Level			Comments
			Before Exercise	Start of Exercise	End of Exercise	
Sun 9.30am	85 mins	To walk to the next street alone at a quiet time of day	55%	85%	40%	Terrifying but I did it!
Mon 6.30am	75 mins	To walk to the next street alone at a quiet time of day	45%	80%	35%	Still horrible but I did it!
Wed 6.00am	40 mins	To walk to the next street alone at a quiet time of day	40%	40%	20%	Not as bad this time ☺
Sat 2.45pm	25 mins	To walk to the next street alone at a quiet time of day	30%	30%	15%	Not as bad this time again, feel ready to try the next exercise!!! eek
Sun 9.30am	70 mins	To walk to the local park when quiet	60%	70%	35%	Felt horrible again to begin with but I was expecting this and it got better



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