

The Art of Exposure: Putting Science Into Practice

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Behavioral exposure has been identified as an integral component of successful cognitive behavioral therapy (CBT) for youth with distressing anxiety. Despite the evidence supporting the efficacy of exposures, they are often underutilized in community settings. Although flexible implementation of exposures is recommended, specific guidelines on how to execute individualized exposures are largely lacking. The following paper outlines ways to adapt and tailor exposures to the individual presentation, translating the process into meaningful therapeutic gains. First, the article reviews creative methods to promote youth's motivation and engagement (e.g. through the use of games, technology, and other personalization strategies). Second, the paper outlines generalization of exposure into the child's daily life (e.g. at home, at school, and overtime). The paper concludes with a discussion of areas for future exposure-related research.

THE phrase “easier said than done” is an apt if pithy description of behavioral exposure. Exposure, defined as a controlled therapeutic task in which a person confronts an anxiety-provoking stimulus or situation (Marks, 1973), is straightforward in principle but intricate in practice. Exposures are typically graduated, such that the client systematically confronts situations of increasing difficulty, and therapists shape and model coping (Gosch, Flannery-Schroeder, Mauro, & Compton, 2006). Although uncertainty exists regarding the precise mechanism of change in the treatment for youth anxiety, counterconditioning, extinction, habituation, cognitive change, and enhanced self-efficacy have all been proposed as influential components and consequences of behavioral exposure (Kendall et al., 2005). Although exposures have a long history within clinical psychology (Abramowitz, 2013), new research continues to investigate ways to adapt exposures and maximize their efficiency.

Exposures are integrated into manuals that detail cognitive-behavioral therapy (CBT) for anxiety. CBT, designated as a “well established” treatment for youth anxiety (Hollon & Beck, 2013), has been found to be efficacious in treating youth with generalized anxiety disorder (GAD), social phobia (SoP), and separation anxiety disorder (SAD; e.g. Kendall, Hudson, Gosch, Flannery-Schroeder, & Suveg, 2008; Walkup et al., 2008), specific phobias (Ollendick et al., 2009; Zlomke & Davis, 2008), panic disorder (Pincus, May, Whitton, Mattis, & Barlow, 2010), and obsessive-compulsive

disorder (OCD; POTS I, 2004; Watson & Rees, 2008). CBT applied to the range of anxiety disorders produces moderate effect sizes (Reynolds et al., 2012), indicating that approximately two-thirds of youth show meaningful reductions in anxiety without medication (Kendall, Settapani, & Cummings, 2012).

Several researchers have endorsed that exposure is the key catalyst within CBT for the reduction of anxiety (Beidel, Turner, & Morris, 2000; Kazdin & Weisz, 1998; Kendall et al., 2005). Results from a meta-analysis of adult treatments indicate that behavioral interventions (i.e., exposure only) were as efficacious as exposure plus anxiety management (e.g., cognitive restructuring) for several anxiety disorders (e.g. OCD, SoP; Deacon & Abramowitz, 2004). Moreover, in a study of children with anxiety, improvements in functioning were related to the use of exposures, whereas use of other anxiety-management strategies negatively predicted functioning (Voort, Svecova, Jacobsen, & Whiteside, 2010). Other studies find reduction in treatment effects with the addition of anxiety management strategies to exposure (McKay & Whiteside, 2013), although this finding is not universal (Hedtke, Kendall, & Tiwari, 2009; Silverman et al., 1999). Further supporting the efficacy of exposure, meta-analysis of treatment process variables indicate that behavioral targets demonstrate the greatest gains in therapy (Chu & Harrison, 2007) and that introducing exposures early in treatment (when anxiety-management strategies are typically reviewed) is effective in reducing anxiety (Gryczkowski et al., 2013).

Despite its long history, inclusion in empirically supported treatment manuals, and demonstrated efficacy, exposure remains underutilized within community settings (Storch, Geffken, Merlo, Mann, et al., 2007). Furthermore, there is evidence that community clinicians

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self-identified as cognitive-behavioral therapists rely more on relaxation and cognitive restructuring at the expense of exposure (Freiheit, Vye, Swan, & Cady, 2004). Community clinicians' reservations to embrace exposure are likely varied (Barlow, Levitt, & Bufka, 1999), although many commonly held myths have been empirically debunked. For example, some clinicians may believe exposures are dangerous, making them liable; however there are no documented examples of litigation related to exposure therapy (Richard & Gloster, 2007). Others may believe that exposure will lead to dropout, yet research has not supported greater attrition due to exposure (Gryczkowski et al., 2013). Still, other clinicians may endorse that exposures will rupture the therapeutic alliance or that youth will not see the benefit of exposure. This too has been discredited, as youth who complete CBT recall exposures as "important," (Kendall & Southam-Gerow, 1996), and research shows that exposures do not negatively affect the therapeutic alliance (Kendall et al., 2009).

Two of the great myths are that exposure is rigid and unpleasant (Bouchard, Mendlowitz, Coles, & Franklin, 2004). However, this cannot be further from the case. Exposure, and CBT in general, is meant to be applied flexibly (e.g., "flexibility within fidelity"; Kendall & Beidas, 2007). Exposure needs to be tailored to the individual's presentation to make therapy meaningful. In addition, exposure must be adapted to developmental level, as youths are not just "little adults" (Kingery et al., 2006). Additionally, exposure can actually be an enjoyable process for the therapist and the client, despite his or her experience of anxiety. Although some guidelines exist for implementing exposure with anxious youth (Bouchard et al., 2004; Kendall et al., 2005; Rapee, Wignall, Hudson, & Schniering, 2000), there is a need for a more detailed account of approaches and techniques to individualize exposure and engage youth. Such knowledge may help bridge the dissemination gap between research and community practice. Furthermore, more nuanced recommendations for individualizing exposure may help to address those youth who do not fully respond to CBT.

The present article identifies practical issues for implementing exposures with anxious youth, and provides suggestions and guidelines for tailoring exposure to enhance treatment outcomes. In two parts, we discuss examples that can guide practitioners through the process of conducting exposures. Part I identifies ways to creatively adapt exposure to motivate and engage children and adolescents. These approaches enhance the relevancy of exposure for youth, translating the process into meaningful gains. Part II focuses on exposures conducted beyond the therapy room. Discussion includes parent involvement, exposures in school settings, maintaining gains, and areas for future research. We strive to illuminate the relevance, flexibility, and accessibility of

exposure, while concurrently encouraging practitioners to reflect on ways to adopt exposure into their practice.

"But I Don't Wanna!" Using Creative and Tailored Approaches to Increase Motivation, Engagement, and Relevance

Unlike adults, anxious youth do not typically seek treatment for themselves (Piacentini & Bergman, 2001). Thus, working with children presents a challenge: How to motivate and engage a client who may not want to be there? As if this were not difficult enough, as a therapist using exposure, one's job is to get youth to engage in situations that they routinely avoid and likely despise. Yet engagement is crucial, and child involvement is linked to a favorable outcome (Chu & Kendall, 2004). The clinician is thus faced with the need to find creative ways to engage the child, such as making therapy playful, fun, entertaining, and relevant (Friedberg, Crosby, Friedberg, Rutter, & Knight, 1999). We offer specific examples of tailored exposures to illustrate how they can be made to be meaningful to the child. With a bit of creativity, youth may actually look forward to coming into therapy! Of note, most of these recommendations are geared toward children (ages 6 to 11), but many can be modified when working with adolescents. Therapists should assess clients' developmental level to determine the appropriateness of certain techniques; some examples of these adaptations are included throughout.

Duck, Duck, Exposure: Use of Games

Exposures need not be dry and tedious exercises. Perhaps counterintuitive, exposures can be both fun *and* anxiety-provoking for the youth. Turning exposure into a game has the potential to increase the youth's engagement and motivation. For example, a scavenger hunt exposure requires youth to experience anxiety separating from caregivers and/or exploring new environments. Youth may search for small hidden rewards (e.g., pieces of candy) or earn a point for each scavenger item collected to be traded in for a reward. The location of the scavenger items and the time limit can be manipulated over trials to increase the challenge of the exposure. With modest demands on the therapist to record data, the youth's progress (e.g., length of time separated each trial) can be visually graphed and used to encourage the youth to "beat their record" next time.

Therapist use of creativity can transform any exposure into a game. For youth with OCD, therapists can play "Bad-Thought Go-Fish." Cards are created with intrusive thoughts (e.g., violent messages, sexual phrases) that are distressing to the youth. Having to hold, view, and then say the content from the taboo cards provides a multifaceted exposure experience. In other instances the process of the game, rather than the content, is central. For youth presenting with rigidity and GAD, changing (or breaking) the rules of a game midway through can be a potent

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