Exposure Therapy Homework Instructions

The following guidelines can be used to help you as you complete exposure homework tasks. Specific exposure tasks and the frequency with which you will be expected to complete them will be determined with your therapist during your individual sessions.

BEFORE BEGINNING THE EXPOSURE TASK:

- Use a new **Exposure Recording Form** each time you complete an exposure task.
- **Feared outcomes:** List up to 3 things you are most afraid could happen during the exposure task. Try to identify the worst things you think might happen. Be as specific as possible about what you think could happen and describe observable outcomes (that others could see as well) instead of internal (non-visible) outcomes whenever possible. Examples:
    - Instead of "I will go crazy" you might write "I will scream and fall over on the floor."
    - Instead of "People will think I'm stupid" you might write "People will say critical things to me."
    - Instead of "I will feel too sad" you might write "I will cry so much that I won't be able to talk."
- For each of the feared outcomes you listed, complete a ***Before*** rating of:
    - **Probability estimate**: What is the likelihood that this could happen during the exposure task? (0-100)
    - **Cost estimates**: How bad would it be if this happened during the exposure task? (0-100)
- Complete the rest of the ***Before*** ratings about how you are feeling in this moment as you anticipate completing the exposure task:
    - **SUDs** (0-100): overall level of distress
    - **Urges** (0-5): urges to commit suicide, self-harm, quit therapy, and use substances
    - **Dissociation** (0-100): current level of dissociation
    - **Specific Emotions** (0-100): current levels of sadness, fear, anger, guilt, shame, and disgust *related to the traumatic event*, as well as joy *related to completing this particular exposure task.*
    - **Radical Acceptance** (0-100): how much do you radically accept that the trauma occurred?

COMPLETING THE EXPOSURE TASK:

- Perform in vivo or imaginal exposure by either putting yourself in the distress-provoking (but low risk) situation or imagining the distress-provoking situation.
- Try to **prevent distractions** during the exposure task. For example, do not do exposure while driving, watching TV, listening to music, or when you are likely to be interrupted. As much as possible, focus your complete attention on the exposure task.
- **Avoid avoidance!** Be on the lookout for efforts to avoid coming into complete contact with the exposure task and the emotions that it will cause. Avoidance can be subtle (e.g., thinking about something else during the exposure, keeping something with you such as medications, a cell phone, or water that makes you feel safer) or obvious (e.g., leaving the exposure situation early, closing your eyes).
- **Set specific goals** for the exposure task and do not stop the exposure until you have reached these goals. To be most effective, these goals should be achievable

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(e.g., difficult but not unmanageable) and based on specific behavior(s) you will perform during the exposure (e.g., listening to an imaginal exposure tape for 30 minutes or initiating conversation with 3 strangers at the grocery store). Be sure to stay in the exposure situation for however long is needed to achieve these goals, typically for at least 20 minutes. Consult with your therapist about what these goals should be.

AFTER COMPLETING THE EXPOSURE TASK:

- **Congratulate yourself** for doing something difficult!
- Complete the **After** ratings to reflect how you are thinking/feeling now that the exposure task is done for:
  - Probability and cost estimates
  - SUDs
  - Urges
  - Dissociation
  - Specific emotions
  - Radical acceptance
- For each of the feared outcomes, indicate whether it **actually happened** (yes or no).
- Complete the **Peak** ratings to reflect the highest levels you reached during the exposure for:
  - SUDs
  - Urges
  - Dissociation
- Write **what you learned** during the exposure task at the bottom of the form. For example, you may have learned that the things you predicted were going to happen did not actually happen. Or you may have learned that the things that happened were not as bad as you thought they would be and you were able to cope with them.
- Use your **Post-Exposure Skills Plan** as needed.

DEFINITIONS OF TERMS:

1. **Probability Estimates:** A rating of how *likely* you think it is that the thing(s) you are afraid of are going to happen during the exposure task. The scale ranges from 0 (not at all likely to occur) to 100 (absolutely is going to occur).
2. **Cost Estimates:** A rating of how *bad* it would be if the thing(s) you are afraid of did occur during the exposure task. The scale ranges from 0 (it wouldn't bother you at all) to 100 (it would be the worst thing in the world).
3. **Subjective Units of Distress Scale (SUDS):** A scale used to rate the amount of overall distress you are experiencing that ranges from 0 (no distress at all) to 100 (the most distress you could ever experience).
4. **Dissociation:** This can include a variety of dissociative experiences, such as a sense of being unreal, separated from your body, very spaced out, and/or that things around you are not real.
5. **Radical acceptance:** This term is used here to reflect how much you completely and radically accept that the traumatic event you are working on during exposure occurred. It does not mean that you approve of, like, or support the fact that the trauma occurred. Instead, it is simply a rating of how much you accept or acknowledge that the trauma happened to you.

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