

# The Practice of Exposure Therapy: Relevance of Cognitive-Behavioral Theory and Extinction Theory

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Exposure therapy is the most effective psychological intervention for people with anxiety disorders. While many therapists learn how to implement exposure techniques through clinical training programs or instructional workshops, not all of these educational efforts include a focus on the theory underlying this treatment. The availability of treatment manuals providing step-by-step instructions for how to implement exposure makes it easier for clinicians to use these techniques with less training than they might otherwise receive. This raises questions regarding whether it is necessary to understand the theory behind the use of exposure. This article argues that knowledge of the relevant theory is crucial to being able to implement exposure therapy in ways that optimize both short- and long-term outcome. Specific ways in which theory is relevant to using exposure techniques are discussed.

*Keywords:* exposure therapy; anxiety; extinction cognitive-behavioral theory

ACROSS THE MENTAL HEALTH FIELDS there is a great deal of inconsistency in how psychological treatments are taught to trainees (and to professionals). While most of this training necessarily focuses on *technique*—how to implement the various treatment procedures—considerably less attention is often paid to helping the trainee understand the *theory* that forms the basis for these treatment

procedures. This lack of emphasis on theoretical models might be an unfortunate by-product of the field's current (and important) emphasis on treatment manuals and outcome research. It also might be driven by the (similarly important) need to rapidly disseminate effective psychological treatments. Another reason theory might be less valued than technique is that psychological theories can be difficult to understand, requiring a large time commitment that some might feel is not essential to providing effective treatment. Yet this state of affairs begs the question of how effective one can be when delivering psychological treatments if there is no understanding of the science behind the treatments being delivered.

In the present article I will argue that in the case of exposure therapy for pathological anxiety and fear (i.e., anxiety disorders), knowledge of contemporary cognitive-behavioral models of anxiety disorders and the principles of extinction (i.e., the type of learning that occurs with exposure) is extremely important in helping patients achieve optimal short- and long-term outcome. I will begin with a description of exposure techniques and reviews of contemporary cognitive-behavioral models of anxiety disorders and extinction theory on which the principles of exposure therapy are based. After a brief review of research supporting the efficacy of exposure, I will turn to some anecdotes and observations I have made of novice therapists who did not have sufficient knowledge of the relevant theory. I will then discuss several reasons supporting my contention that at least a working knowledge of the theoretical framework discussed in the first part of this article is vital in obtaining optimal short- and long-term success with exposure.

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## Exposure Therapy as a Treatment for Anxiety Disorders

Exposure therapy is a set of psychological treatment techniques (usually considered a form of behavioral or cognitive-behavioral therapy [CBT]) for the types of pathological fear that are typically observed in people with anxiety disorders (although exposure can also be used to reduce pathological fear that is not part of an anxiety disorder). The techniques all involve helping the patient engage in repeated and sometimes prolonged confrontation with a stimulus that provokes fear even though it objectively poses no more than acceptable (i.e., “everyday”) risk. Feared stimuli can be alive (e.g., spiders, people with HIV, clowns), inanimate (e.g., toilets, knives, numbers), situational (e.g., driving, darkness, feeling uncertain), cognitive (e.g., “impure” sexual thoughts, memories of traumatic events, premonitions of untimely accidents), or physiological (e.g., racing heart, feeling out of breath, a skin blemish). The aim of exposure is to facilitate *extinction*—reduction in the conditioned anxiety/fear response associated with the feared stimulus. During exposure, confrontation with the fear-eliciting stimulus typically precipitates an observable response, ranging from mild apprehension to intense fear, based on the person’s exaggerated expectation of danger—although this initial fear activation is not necessary for exposure to produce extinction or beneficial effects on symptoms (e.g., Foa et al., 1983). Over time, this anxious or fearful response typically declines naturally—even in the presence of the feared stimulus—a process known as *habituation*. Here again, research indicates that habituation is not a necessary condition for extinction learning to occur during exposure (e.g., Rowe & Craske, 1998; but see Craske et al., 2008, for a review).

### COGNITIVE-BEHAVIORAL MODEL OF ANXIETY

The use of exposure as a treatment for anxiety and fear-based problems follows from a theoretical model of clinical anxiety implicating dysfunctional beliefs, classical conditioning, and operant conditioning (e.g., Barlow, 2002). Patients with clinical anxiety problems are characterized by two types of dysfunctional cognitions: (a) exaggerated estimates of the likelihood of harm, and (b) exaggerated estimates of the severity of harm. These undue perceptions of threat underlie anxiety responses to the triggers that characterize the various anxiety disorders (e.g., social stimuli, “contaminated” items, animals, etc.). Over time, fear might become a conditioned response to such stimuli.

In order to reduce or control the conditioned anxiety (and reduce the perception of threat), people with anxiety disorders resort to *safety behaviors*—

forms of active and passive avoidance performed to reduce fears of negative consequences and bring about a sense of security—which are also characteristic of the various disorders (e.g., avoidance in phobias, compulsive rituals in OCD, anxiolytic medication use in panic, etc.). Safety behaviors, which often reduce anxiety in the short term (and more rapidly than would naturally occur), have the long-term effect of preventing the natural extinction of classically conditioned fear. Moreover, they are negatively reinforced (operant conditioning) by the reduction in anxiety they engender, thus becoming habitual. From a cognitive-behavioral perspective, safety behaviors maintain the exaggerated threat perceptions and classically conditioned fear responses by (a) fostering premature escape from anxiety before it naturally extinguishes, and (b) preventing the disconfirmation of the misperceptions of threat. For example, following the nonoccurrence of death from a panic episode, a person with panic disorder will say that the only reason she did not die was that her benzodiazepine medication kicked in and reduced her heart rate before her extreme anxiety led to a fatal heart attack. Safety behaviors thus serve as maintenance processes in anxiety disorders; and the fact that they are negatively reinforced ensures a self-perpetuating vicious cycle.

### HOW DOES EXPOSURE THERAPY REDUCE CLINICAL ANXIETY AND FEAR?

Two empirically derived theoretical models have been articulated to explain the effects of exposure therapy. The earlier of the two is emotional processing theory (EPT), which was first proposed by Rachman (1980), elaborated by Foa and Kozak (1986), and further revised by Foa and McNally (1996). EPT asserts that confrontation with a feared stimulus during exposure activates a *fear structure*—a set of propositions about the feared stimulus (e.g., a social interaction), response (e.g., trembling, sweating), and their meaning (e.g., people will notice and I will be embarrassed) that is stored in memory. Activation of the fear structure, along with integration of information that is incompatible with it, is thought to result in the development of a new *nonfear structure* that replaces (Foa & Kozak, 1986) or competes with (Foa & McNally) the original one. The basis for this corrective learning (i.e., incompatible information) is the habituation (i.e., reduction) of fear during an exposure trial and between trials (Foa & Kozak) in the absence of any avoidance or safety behavior. Thus, according to EPT, initial fear activation, within-session habituation, and between-session habituation are all indicators of successful learning (and therefore successful exposure therapy). Put another way, EPT assumes that performance

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