

**Table 9.6**  
**Common Challenges for Behavioral Exposure**

<b>Challenge</b>	<b>Possible Considerations</b>
Difficulty assessing anxious and fearful patterns	<p>--Use clients' memories or images of a past or hypothetical event to trigger some anxiety.</p> <p>--If clients have difficulty identifying their anxious thoughts, begin with their physiological arousal, which may be most prominent in their memory of the sequence of events.</p> <p>--To help narrow your focus on anxious negative automatic thoughts, focus on the three most common cognitive distortions: catastrophizing, magnification (of risk), and minimization (of own skills to cope).</p> <p>--Focus on clients' avoidance behavioral patterns in response to triggering events.</p> <p>--Be sure to identify any "safety behaviors" to prevent, reduce, or escape/avoid perceived catastrophic events and associated distress.</p> <p>--Determine the outcome of the clients' avoidance behaviors and their cognitive and emotion reaction.</p>
Clients are hesitant to begin progressive muscle relaxation and/or diaphragm breathing	<p>--Review rationale and method for these techniques. This can include emphasizing the importance of having effective coping skills to prevent or minimize anxious symptoms.</p> <p>--Take the "give it a shot" or "what's the worst that could happen" approach. Sometimes clients are put-off by the technique because it looks silly or does not seem like it can work. After a few rounds of practice, the "silliness" often dissipates, and they may experience its benefits as they notice they have control in reducing their physiological arousal.</p> <p>--Try visualization with a meditation component and then return to progressive muscle relaxation and/or diaphragm breathing.</p>
Clients are hesitant to begin in vivo exposure techniques	<p>--Review rationale and method for these techniques. This can include reviewing their hierarchy of feared situations and the effective mechanisms of exposure.</p> <p>--If clients show some motivation but are still hesitant for in vivo exposure, start with imagery and reassess their desire to move forward.</p> <p>--Start with a very small/simple step for in vivo exposure. This may include breaking the first step in the clients' hierarchy of feared situations into two smaller parts or developing a less threatening step before the first step.</p> <p>--Remind clients the progress they have made with learning relaxation skills and modifying their anxious thoughts. This conveys to them that they are more "equipped" to confront their feared situations than they were before therapy.</p>