EXPOSURE PRACTICE

Troubleshooting Guide | Beginner CBT therapist quick reference

When exposure does not go to plan, investigate the learning conditions rather than treating the client or exercise as a failure.

01 Start with the prediction

Ask: “What did you expect would happen?” Write a specific, testable prediction, its belief rating (0–100%), and what would count as evidence. Vague goals such as “feel confident” make learning difficult.

02 Check what actually happened

Explore the observable outcome, what the client noticed, and what remains uncertain. Distinguish feared outcomes from anxiety sensations; high anxiety alone does not mean the prediction came true.

03 Review avoidance and safety behaviours

Ask what the client did to prevent the feared outcome (for example, rehearsing every sentence, seeking reassurance or leaving early). Some strategies may obscure learning; assess their function collaboratively, not by rigid rules.

04 Choose the next experiment

If the task was too large, make it smaller; if learning was unclear, sharpen the prediction or observation plan. Repeat or vary situations when clinically appropriate. Plan with the client, considering safety and consent.

Clinical anchor

The aim is new learning and greater flexibility, not guaranteed anxiety reduction. Exposure should be formulation-led and adapted to the presenting difficulty.

COMMON STICKING POINTS

Spot the barrier → explore it → adapt the next practice

Observed difficulty	Possible explanation	Collaborative next step
Client did not attempt it	Task felt too threatening; unclear purpose; practical barrier	Validate; explore the obstacle; agree a smaller, meaningful test.
Anxiety stayed high	Focus on distress rating rather than prediction; demanding task	Ask what was learned despite anxiety; review prediction and pacing.
Left the situation early	Overwhelm; unexpected difficulty; escape as a safety response	Understand the sequence; redesign duration and support; avoid blame.
“Nothing happened”	Prediction too vague; outcome difficult to observe	Specify feared outcome and what would be noticed beforehand.
Success is dismissed	“It was luck”; credit given to safety behaviours	Explore alternative explanations and what the result might mean.
Reassurance was needed	Seeking certainty may have prevented disconfirmation	Explore reassurance function and agree a safe, graded change.
Exposure feels unsafe	Realistic threat, trauma-related factors or poor fit	Pause and reassess risk, suitability, formulation and supervision.

When to pause or seek supervision

Reassess when exposure involves actual danger, significant destabilisation, unclear diagnosis or treatment fit, consent concerns, or complexity beyond current competence. Exposure is never a requirement to endure unsafe conditions.

REVIEW & REPLAN

Worked example and session-ready prompts

Worked example | Social anxiety

Prediction: “If I ask a question in the meeting, colleagues will think I am incompetent” (85%).
Practice: Ask one prepared question during a small team meeting.
Observed: Two colleagues answered normally; anxiety was still 70/100.
Review: The feared response was not observed. The client says, “They were only being polite.”
Next step: Explore that explanation and agree a further test, such as asking an unprepared question in a familiar meeting.

Five questions to guide the review

1. What exactly did you predict, and how strongly did you believe it?
2. What happened that you could observe? What remains uncertain?
3. Did anything you did make the result harder to interpret?
4. What are two possible explanations for the outcome?
5. What would be a useful, manageable next test?

Mini planning template

Situation: _____
Feared prediction / belief %: _____
What will I do and notice? _____
Safety behaviours to review: _____
Actual outcome / learning: _____
Next adjustment: _____

Quick reference

Clarify prediction → review outcome → notice safety behaviours → consider explanations → adapt the next test.
Use clinical judgement, collaborative consent and appropriate supervision.