

9

confronting feared objects and situations

If your Exposure Plan included facing feared objects or situations (as opposed to feared internal experiences, such as thoughts, feelings, and physical symptoms), this chapter will teach you strategies for overcoming exaggerated fears of virtually anything that is outside your body, including (but certainly not limited to):

- **Objects and animals:** animals and insects, blood, needles, exposure to germs (for example, being near sick people), exposure to chemicals (for example, bleach, gasoline)
- **Places and situations:** elevators, crowds, long lines, leaving the house alone, public transportation, enclosed spaces, open spaces, heights, storms, driving, flying, being out at night, being alone in a parking garage
- **Activities:** walking around the neighborhood, exercising, public speaking, dating, conversations, meeting new people, speaking up in meetings, interviews

Conducting Exposures to External Objects

People can develop fears of virtually any object, whether animal, vegetable, or mineral.

People can develop fears and phobias related to nearly every imaginable external object, including animal, vegetable, or mineral, and just about anything else on the planet. In many cases, fears are associated with objects that may be dangerous under certain circumstances, yet the fear extends to circumstances where the risk is small. For example, although cats can sometimes become aggressive, most of the time they are relatively safe when approached with care.

In other cases, people may fear objects that are virtually never dangerous. We have seen individuals who fear worms, cotton balls, things that are green in color, looking out the window

of a tall building, or touching a photo of a spider or other animal. The general process of exposure remains the same regardless of the feared object. Tips for planning exposures for some of the more common fears are presented in the following sections.

Exposures to objects are usually easy to arrange, although you may need to be creative. Virtually any object can become associated with a fear, although some are more common than others. People have reported fears of certain weapons (whether or not a weapon has ever been used against them), machines, needles or syringes, certain words or numbers, and balloons. Most exposures to objects are straightforward to arrange. Animal fears are also quite common, but exposures to animals can be more difficult to arrange; with the exception of common household pets, most animals live in the wild and may not show up just when we need them! Some animals may be fairly rare in your area, requiring you to visit a zoo, exotic pet store, or other collection of animals. For some people, playing with fake or toy animals (like a rubber snake) or even looking at pictures or video clips of the feared animal is enough to arouse fear. This is particularly true for people who fear spiders, snakes, and insects.

Please use caution when practicing exposure with animals. If you're confronting your fear of dogs, for example, be sure you know something about the animal (for example, consider using a friend's pet) rather than getting close to a stray dog. Although it's usually safe to touch and hold certain animals with appropriate caution (such as ants, dogs, birds, harmless spiders), you should avoid handling animals that can cause harm, such as bees and wasps or unfamiliar spiders.

The box below through page 154 gives examples of where to find commonly feared objects and animals.

Locating Objects for Exposures

Blood

First of all, do not cut yourself for an exposure. If you are planning to do an exposure involving seeing blood or having your own blood drawn, you can make arrangements with a local blood donation center. They have professional phlebotomists (people who are trained to draw and handle blood) who can ensure that everything is done safely, cleanly, and properly. If you go at a time when they are not busy, the staff may also be willing to let you see anywhere from a drop of blood to a full bag of donated blood. Finally, the staff would likely be able to answer any questions you have.

Cats, dogs, and birds

Often, people with phobias of common household pets, such as dogs, cats, and birds, choose to practice exposure to the pets of their friends and family members. Other sources of these animals include pet stores and local parks or beaches where people walk their dogs, or you might see a bird in the wild. An animal shelter is also a good place to check. They often have kittens, puppies, and adult cats and dogs waiting to be adopted. If you ask, they may let you hold a cat or dog. (Watch out, though: they may try to convince you to adopt the animals!) If you choose to use a friend's cat or dog, you could start with your friend holding the animal while sitting on the other side of the room and then gradually work up to petting and holding the animal yourself. For dogs, you might want to try smaller dogs, such as Chihuahuas or

Pomeranians, at first and then work up to larger breeds like Labradors and golden retrievers. It is true that some animals might bite or scratch. Just ask your friends if their pets are ever aggressive. Approaching or holding unknown animals outdoors is *not* recommended.

Dirty or contaminated objects

Fears of contamination are very common. Fortunately, exposures to dirt or contamination are easy to set up. This is because for people with contamination fears, virtually everything may *seem* contaminated. Various places that can be used for exposures include kitchen counters, carpets or floors, dusty objects, toilets and bathroom fixtures, objects that have been outdoors, clothes that have not been washed, and so forth. The key to these exposures is to touch or hold the objects and then resist hand washing.

Locks, light switches, appliance switches, and the like

Most commonly, people develop these fears because they are concerned that they might not have properly locked the door, turned off the lights, or turned off an appliance and that something dangerous or bad will happen as a result. Exposures usually involve locking the door or flipping the switch once, leaving the area, and resisting the urge to go back to double check that the task was completed properly.

Needles and syringes

Pharmacies and medical practices regularly stock new, clean and disinfected needles and syringes for a nominal cost. Used or discarded needles and syringes, or those that you cannot verify are clean, should not be handled. After conducting an exposure to needles or syringes, you should discard them in an appropriate “sharps container” like those found in many public restrooms, even if you have not broken the skin or drawn blood.

Mice and rodents

The best source for mice and rats is often your local pet store. Other possible sources include zoos or the biology or psychology department at your local university.

Snakes

Finding snakes for exposures can be difficult since they usually hide when people are around. For early exposures, many people find plastic or rubber snakes (like those found in toy stores) to be enough to make them anxious. Most zoos have snake pens for viewing. If you call ahead and explain your situation, the zoo staff may even join you and tell you about the snakes. If you are very lucky, the zoo’s professional snake handler may even let you hold a nonpoisonous snake! We have also had success in pet stores that sell snakes. On several occasions, sales clerks have been willing to stay after the store closes (for a reasonable hourly rate) and work with an individual who fears snakes. Because some snakes are poisonous or aggressive, doing exposures by handling wild snakes found in nature is *not* recommended.

Spiders and insects (for example, bees, wasps, cockroaches, moths)

It may not be uncommon to see spiders and insects outdoors or even in your home, but finding them can be a challenge when you’re actually looking for them. Also, if you fear spiders or insects, you may need to ask someone else to catch them for you. Depending on the types of bugs you fear, possible sources include your backyard, garden and plant stores, zoos, university

biology departments, beekeepers, exterminators, and natural science museums. You can even order certain specimens through companies that sell biological supplies to schools and researchers (check out www.carolina.com). Pictures and videos (check out YouTube) can be helpful, too.

Storms

Of all the possible fears, storms are the one over which we have the least control. It's obviously impossible to ensure that a storm will come along just when you're ready for an exposure practice! Fortunately, weather forecasts are usually accurate enough that you can make sure you're ready for an exposure when a storm comes. When it does occur, make sure you look out the window, step out on your porch, and avoid safety behaviors such as compulsively checking weather forecasts or hiding in the basement. Some people find it helpful to start by listening to sounds of thunderstorms and imagining they're real. In addition, some practitioners may be able to treat storm phobias using virtual reality (VR) exposures (for a list of VR practitioners, check out www.virtuallybetter.com).

Weapons

As you can probably imagine, because weapons are specifically designed to cause harm it is important to exercise caution when considering exposures involving knives or firearms. In fact, many countries or regions have very specific laws regarding who may legally possess certain weapons. If you consider it important to your recovery to conduct exposures to weapons—for example, a police officer who developed a fear of handguns after his weapon accidentally discharged—then it is strongly recommended that you contact an accredited weapons safety trainer (perhaps through a handgun safety course) to assist you and ensure proper and safe handling of the weapons.

Exposures to Places, Situations, and Activities

When a person has a fear of being in or around certain places or situations, exposure practices usually involve going to those places or situations. You can become anxious in these places or situations for a variety of reasons. You might be worried about what other people will think of you. You might feel trapped and unable to escape. Perhaps certain places or situations remind you of something terrible that happened to you, like an assault or an accident. You can also start with places or situations that are only somewhat similar to the place or situation, like driving on a suburban street instead of driving on the highway. Once you feel comfortable with the somewhat similar situation, you can move up to bigger streets and eventually the highway. The box on pages 155–157 has some examples of how you can plan exposure practices involving a range of activities.

As you develop your Exposure Plan, it will be important to think of ways to vary the intensity of your exposure to these places or situations so you can gradually increase the difficulty of your practices. If you fear being in a large, crowded shopping mall by yourself, you might start by visiting a smaller mall during a slow time, with a family member or friend. Over time, you can work your way up to more difficult exposures by visiting different and larger malls and by gradually doing more exposures alone (perhaps initially having your “safe person” waiting in the parking lot and available by cell phone).

Planning Exposures Involving Places, Situations, and Activities

Airplanes

Many people have flying fears, but unfortunately exposure to airplanes is becoming increasingly difficult. Safety regulations for airlines and airports limit who can go on or around airplanes without a ticket. Some airlines have special programs to help people with fears of flying, so it might be a good idea to contact airlines to check. Also, some regional airlines offer inexpensive fares for very short flights that you can take advantage of. Finally, there is evidence that computer-administered “virtual reality” (VR) treatments may be helpful for fears of flying. You can find out about practitioners who use VR exposure treatments at www.virtuallybetter.com.

Arenas, malls, stadiums, and theaters

Large, crowded buildings are common in most areas, but gaining access to them can be difficult without buying a ticket to an event. You may be able to get special permission to enter the building for free during a time when no event is scheduled, or you may be able to practice exposure at an inexpensive or free event. Vary the intensity of the exposure by going to smaller (for example, high school stadiums) or larger (for example, professional or college stadiums) locations. You can also vary the intensity by going during less or more busy times (weekday matinee versus Saturday evening movie) or to less or more popular or busy events (a small symphony performance versus a large rock concert).

Assertiveness

Many people feel anxious when they need to be assertive. Sometimes this means having trouble saying no to an unreasonable request. Other times it could involve asking others to change their behavior in some way or to do something for you. Assertiveness can easily be practiced with strangers. Examples include phoning a store and asking the clerk to look up the price of an item, or buying something and then returning it the next day.

Authority figures

Talking to authority figures often feels like a difficult exposure to plan because people frequently think that “bothering” the authority figure could get them into trouble. The fact of the matter is that many people talk to others in positions of authority every day without making trouble. Examples of exposures include calling the nonemergency phone at a police station (obviously, **do not call 911 to practice**) and asking how to file an accident report or register a new bicycle, calling a fire station to ask for directions, or going to a medical clinic and asking the doctor questions.

Crowds

Exposures to crowds are usually similar to exposures involving arenas, malls, stadiums, or theaters. Referring back to that section will be helpful. Other examples of crowded places in which to practice include supermarkets, large restaurants, amusement parks, buses or subways (during rush hour), crowded elevators, flea markets, conventions, trade shows, and busy city streets.

Dating

While one could go to a local coffee shop or bar and ask many people out on dates, that might be disrespectful or bothersome to others who don't want to be bothered by a stranger. It would

probably be more appropriate to join a singles club or a speed dating service where others are more likely to be looking to date as well. Many of these clubs or services do charge a fee. Alternatively, you could ask a friend or family member to set you up with someone they know is single. Remember, the goal of the exposures is to practice becoming comfortable with dating or asking someone out on a date, not to immediately find “the one.”

Disorganization and messiness

Fears relating to messes, or having things disorganized or out of order, are often seen in people with obsessive–compulsive disorder (OCD), although anyone can develop similar fears. Exposure to disorganization or messiness involves intentionally rearranging things or making small messes without cleaning them up. For exposures to arouse anxiety, some people need to continue looking at the mess until their anxiety comes down. Others just need to *know* that the mess exists, even if they leave the area. (Note: You should discuss this exposure with others living in the same house or apartment before beginning.)

Doctor or dentist offices, hospitals

Depending on your fears, you can vary the intensity of your exposure by going to a small office, a local clinic, a large medical/dental practice, or a major hospital complex. Exposures to medical or dental offices are often fairly easy to set up. Because dentists, doctors, and nurses are health professionals, they may be willing to help you with your exposure practices.

Driving on city streets or highways

There are only a few places left that are not crisscrossed with highways or streets, so finding them is fairly easy. If the amount of traffic is a factor in your fear, start with exposures on less busy roads. For highway exposures, you may want to start with highways that have many on-and-off-ramps so that you can build up from staying on the highway for just one exit to staying on for many exits. As you become more comfortable with smaller roads or deserted highways, you can start moving up to major freeways or interstate highways.

Specific people

It's common to develop fears relating to specific people or types of people after a traumatic event. For example, if a woman is raped, she will very commonly feel fearful around men for a while. If you were mugged or assaulted, it would not be unusual to become anxious or fearful around people who remind you of the attacker. Exposures might begin with interacting with people who remind you a bit of the person or people you fear, and then gradually interacting with people who are more and more like the specific person or people you fear. (Note: If someone committed a traumatic offense against you, your Exposure Plan should obviously *not* involve that person. No exposure practices should ever involve doing anything that most people would consider dangerous.)

Exercise or sports

You may be surprised to know that many people are fearful of exercising for a range of reasons. Some people, particularly those who have panic attacks, may be fearful of the physical sensations of panting or raising their heart rate. Some people may be anxious about sweating for social reasons or due to feelings of uncleanliness. Others may fear injury from exercise. And finally, some people may avoid exercise or sports because they think their performance will be judged. Think carefully about what it is that concerns you about exercising or playing sports

and try to think of activities that you could do. Jogging or running is free. Most cities have gyms that you could join. For a fee, many cities have recreational programs where you could play basketball or tennis, or join hiking groups. If you have concerns about medical problems or your physical ability to engage in such activities, please check with your physician.

Heights, bridges

Exposure to heights can be fairly easy and safe to plan. Depending on the severity of your fear, initial exposures might involve standing on a stepladder, stool, or chair; on the balcony of a high-rise apartment; or near the window of a tall office building. Some larger buildings, such as the Empire State Building, have public observation decks that you may be able to use for practices. Bridges can be used as well, ranging from small concrete bridges to large steel and cable bridges located over large bodies of water. In some places, particularly mountainous areas, suspension bridges may even be a possibility.

Speeches

Fear of public speaking is one of the most common fears of all. Fortunately, there are many individuals, groups, and organizations that help people become more comfortable in front of an audience. One of the biggest (and least expensive) is Toastmasters International, which has chapters in many cities and towns around the world (see www.toastmasters.org). Groups meet regularly to practice giving speeches. The members can range from people with full-blown social phobia to experienced public figures. For less intense initial exposures, practice in front of a mirror, give a small speech while sitting in front of one or two friends, stand and deliver a speech to a few friends, or even stand up and say a few words at a formal occasion like a wedding.

Finally, many people develop fears of doing certain activities. Sometimes these are social activities, like public speaking or asking someone out on a date. The advantage of exposures with people is that you can start by asking someone you feel comfortable with to pretend to be someone who makes you anxious or roleplay the specific activity. The box on pages 155–157 has some examples of how you can plan to practice exposure involving particular activities in addition to those involving other people.

After You Identify and Plan Your Exposures

After you identify and plan your exposures, review the steps we described in Chapter 8. After deciding to practice exposures to feared objects, places, situations, or activities (based on your Exposure Plan), you will:

1. Plan the details of how you will find and confront the object, place, situation, or activity.
2. Identify the thoughts you're likely to experience during the exposure.
3. Set specific measurable goals based on actions, not feelings.
4. Start and stay in the exposure until your anxiety comes down.

5. Not use any safety behaviors or safety thoughts.
6. Finish the exposure, review your goals, and decide whether any of your anxiety-provoking thoughts or expectations came true.
7. Reward yourself for facing your fears.

Examples of Exposure Plans

Exposure Plans are very individual, so there's no such thing as a typical Exposure Plan. This section provides some examples of other people's Exposure Plans for fears that concern objects or situations, including the Exposure Plans for Bindi and Jacqui (both of whom you met in the Introduction to this book), as well as three other individuals—Miguel, Sandra, and Sunil. Don't think that your plan needs to look exactly like any of these, even if the person described in the example sounds a lot like you.

Bindi: Social Anxieties

You may remember Bindi from earlier in the book. She was the university student from a small rural town who became very anxious when she needed to talk to people or go to events like parties. Sample Completed Form 8.3 (Bindi) shows her Exposure Plan.

Bindi initially found developing the Exposure Plan to be a bit overwhelming, as she could come up with hundreds of situations that would make her anxious. As she worked through it, she simplified the process by focusing on either situations that were a frequent problem, like talking to classmates or giving presentations in class, or things that she really wanted to start doing, like going to parties or social gatherings.

Bindi started her exposure with item 10. Talking to classmates was easy enough to practice since most of her classes had a lot of students, and it was a situation over which she had a lot of control. She decided that she would talk to two different classmates every day. She felt that she could start by talking about the class—like asking questions about an upcoming assignment or how the other students liked the class. Bindi got very anxious the first time she did her exposure, with her fear rating going up to 80 (she had predicted it would be only 60), but her fear went down quickly. The classmate she talked to before class was quite friendly, and Bindi found out that her classmate was also from a rural community. She did her second exposure after class, talking to a young man who sat next to her during the lecture. This time her anxiety only went up to a 50. The conversation was also quite easy and her anxiety went down quickly again. Bindi thought he might have been “hitting” on her, but she felt like she wasn't ready to start thinking about dating or working on flirting yet. On the second and third days, her fear when talking to classmates never went above 15, so Bindi decided it was time to start a more challenging exposure. She moved up to #8 on her Exposure Plan, asking or answering a question at least once in each of her classes. Talking in class was more difficult than chatting with classmates because Bindi felt that she might give the wrong answer or ask a stupid question. Her fear rating started around 80, even though she expected it would be a 70 when she filled in her Exposure Plan. After a week of doing this exposure during every class, her anxiety rating never

SAMPLE COMPLETED FORM 8.3 (Bindi)

Exposure Plan in Order of Difficulty

Rank order	Fear trigger: Situation, object, thought, or sensations	Fear rating (0-100)
1	Going out to a hip club	100
2	Going to a party where I don't know anyone	99
3	Going on a date	95
4	Going to a party where I know some people	85
5	Going out to a fancy restaurant with someone I know	84
6	Doing a presentation in one of my classes	80
7	Asking my professor questions during office hours	75
8	Talking/answering a question in class	70
9	Going out to a casual restaurant with someone I know	65
10	Talking to a classmate before or after class	60

got above 30 when speaking up in class. She said that she realized that “people ask questions in class all the time. It’s the professor’s job to answer the questions!”

Her next exposures to going out with others were difficult to plan. Bindi knew that she would find it easier to start by going out with people she knew, but the problem was that she didn’t know many people very well at her university. So she modified her first exposure—talking to classmates—to ask them if they wanted to go and get coffee or a meal after class. She didn’t ask the flirty guy, but the woman who was also from a rural town (Lynn) was really excited to grab dinner later that week. Apparently, Lynn didn’t have many friends in the city either! They met for dinner at a bar and grill just off campus, and while Bindi really didn’t feel like she “fit in” with the crowd there, she and Lynn had a nice time getting to know each other and laughing about how different life is in the city than in the country.

Bindi and Lynn began sitting beside each other in class and started to become good friends. Bindi felt comfortable enough to tell Lynn that she was working on meeting more people and “being less introverted,” so Lynn invited Bindi to a book club gathering at her apartment. Bindi thought this would be a good way to start working on #4 on her Exposure Plan. This made her quite anxious, with a fear rating of 70, but it was actually easier than what she had expected. She also joined the university’s Indigenous Students’ Association so that she could meet more people, and possibly even start attending some of their social gatherings in the evenings (#2 on her Exposure Plan). She also heard that sometimes professors would ask the Indigenous Students’ Association to give a classroom presentation on various aspects of their culture and history—a great way to practice #6 on her Exposure Plan.

Over the next few weeks, Bindi participated in a few of the classroom presentations, where her anxiety went up to a 60 but came down quickly when she saw how interested the class looked. She also went to a party with Lynn, which surprisingly wasn’t too anxiety provoking, and she got to meet a few new people who she found interesting. She also decided to ask the flirty classmate from her second exposure if he wanted to get a coffee after class, as she thought this might be a good way to start practicing #3 on her Exposure Plan. She was a little disappointed when he said he already had plans with his boyfriend—apparently he wasn’t flirting after all—but she realized that talking to him and asking him out still counted as an exposure. As fate would have it, though, the next week a guy she had met at an Indigenous Students’ Association social event asked her out for a drink in the city. Bindi was a little terrified, because this was both #3 and possibly #1 on her Exposure Plan, but she was feeling buoyed by the success she had been having with her previous exposures. The date was a little awkward because they didn’t have a lot in common, and the place they went to wasn’t exactly a “hip club,” but Bindi felt that it still counted as a successful exposure. Her anxiety went up to a 70 at first but, as with her previous exposures, it came down fairly quickly. During the date, the guy mentioned that he had been to a new local hot spot recently, so a couple of days later Bindi suggested to Lynn that they should get dressed up on Friday night and check it out.

Since that time, Bindi has taken every opportunity to talk to more people and get out of her dorm room as much as possible. Because of her studies and the fact that finances are tight as a student, she goes out to dinner or clubs only once every 2 or 3 weeks. Even so, she has realized how much more comfortable she is when she does go out. She still feels a little anxious at times in new situations or when meeting new people, but she keeps pushing herself because she knows that she can beat her anxiety and live life the way she wants.

Jacqui: Thoughts of Harm

In Chapter 8, you reviewed the Exposure Plan for Jacqui, the new mother who had been having intrusive thoughts about harming her new daughter. Take a look at Jacqui's Exposure Plan in Sample Completed Form 8.3 (Jacqui), repeated here, to remind yourself of her triggers and her plans for exposure. Her Exposure Plan focused on two types of things—the intrusive thoughts, which will be discussed in Chapter 10, and situations or objects that seem to cause those thoughts to pop into her mind. We'll discuss her exposures to the situations and objects here.

While looking over her Exposure Plan, Jacqui noticed that many of the items listed fell into two categories: (1) situations where *she* thinks she might actually cause harm to her child (driving with her child, objects that could possibly be used to harm the infant) and (2) situations where *others* might think she has harmed or neglected her child. Given that the items about what others might think were rated as less anxiety provoking, Jacqui decided to start with those. She decided to book an appointment with her daughter's pediatrician for a checkup but asked her partner to drive them to the medical office since she wasn't ready to drive with her daughter alone. The night before the appointment, Jacqui was so anxious that she couldn't sleep and spent much of the night ruminating about all of the things that could go wrong. Not surprisingly, when they arrived at the pediatrician's office the next day, Jacqui's anxiety was through the roof. On her Exposure Plan she thought it would only go up to an anxiety rating of 40 out of 100, but once she went into the waiting room, it was closer to 80 out of 100. She desperately wanted to cancel the appointment and leave, but she had an even stronger desire to overcome her anxiety for the sake of her daughter. "I don't want her to grow up seeing her mother like this," she thought. So she stayed.

Despite Jacqui's worst expectations, the appointment went just fine. Her daughter was completely healthy, although the pediatrician did say that her daughter's weight was a little lower than expected for her age. Hearing this, Jacqui became worried that this meant she was a bad mother and was somehow neglecting her child's health, but the pediatrician reassured her that some babies have periods of time when their weight gain simply slows down. Jacqui was very relieved to hear the pediatrician say, "It looks like you're doing everything right as a new mother." By the end of the appointment, Jacqui's anxiety had gone down from the 80 in the waiting room to a 20.

Given her success in facing #10 on her Exposure Plan, Jacqui decided to move up to #8 and ask her in-laws if they would babysit her daughter for an hour two times during the week. Jacqui's mother-in-law was ecstatic about getting to spend extra time with her granddaughter and even offered to babysit more often than twice per week. Jacqui was tempted by the offer but decided to stick with her initial Exposure Plan for a few weeks and then she would increase the number of visits. The next day, Jacqui put her daughter in the stroller, and they walked over to her mother-in-law's house for their visit. Jacqui decided that she would spend the hour at the nearby shopping center. As she walked to the shops, Jacqui became very anxious that her mother-in-law might be noticing marks or bruises on her daughter and calling child protective services. Her anxiety went up to a 60 and, despite knowing that she should not engage in any safety behaviors, she called her mother-in-law to "make sure everything is okay." Her mother-in-law just laughed, said that everything was wonderful, and told Jacqui to enjoy her free time. Initially, this reassured Jacqui, but after about 15 minutes she started to worry again. This time

SAMPLE COMPLETED FORM 8.3 (Jacqui)

Exposure Plan in Order of Difficulty

Rank order	Fear trigger: Situation, object, thought, or sensations	Fear rating (0-100)
1	<i>Having anything around that could potentially be a weapon (like a pencil) when I'm alone with my daughter</i>	90
2	<i>Changing my daughter's diaper when alone</i>	85
3	<i>Having thoughts that I might have poisoned my daughter</i>	85
4	<i>Having thoughts that I might have touched my daughter</i>	80
5	<i>Changing my daughter's diaper when my partner is around</i>	80
6	<i>Driving on the freeway with daughter</i>	60
7	<i>Hearing my daughter cry at night—worry I did something wrong</i>	50
8	<i>Dropping my daughter off at my in-laws'—worry they will find something that looks like an injury</i>	50
9	<i>Driving in my car on regular streets with daughter</i>	40
10	<i>Taking daughter to physician – worry she will find something that looks like an injury</i>	40

she resisted the temptation to check again and continued doing some shopping. After about 30 more minutes, Jacqui was surprised to notice that her anxiety had gone down to about a 40; by the time her phone reminded her to walk back to pick up her daughter, her anxiety had gone down to a 15! And when she got back to her mother-in-law's house, there was no sign that any of her concerns had come true. The two of them had a delightful visit, and now her daughter was happily taking a nap.

Two days later, Jacqui dropped her daughter off again and went to the grocery store. This time her anxiety only went up to a 30, and she only had mild transient thoughts that her mother-in-law might find marks or bruises. So Jacqui decided that next time she would increase the difficulty of her exposure by driving her daughter the short distance to and from her mother-in-law's house. Not only would that let her start working on #9 on her Exposure Plan but also, if she drove she could use the car to go to see a movie. When she did drive her daughter over for the visit, she had a few thoughts like "What if I cause an accident and hurt my baby?" and "I might have left my daughter in the car seat bassinet on the driveway," which sent her anxiety up to a 40, but the drive there and back was uneventful. Each time she practiced this exposure over the next 2 weeks, it got easier and easier, and her anxiety never went above 20. Plus, she finally got to see several movies that her partner had no interest in watching! During the next several months, Jacqui kept pushing herself up through her Exposure Plan. Since she was enjoying going to the movies, she decided to take her daughter to an animated kid's movie, which required Jacqui to drive on the highway. Given how well these exposures were going, she decided it was time to shift her attention to doing exposures to her intrusive thoughts about harming or poisoning her daughter. But you'll have to read Chapter 10 to find out how well that went.

Miguel: Agoraphobia

Miguel is a 35-year-old man who experiences severe anxiety and panic attacks when he is in crowded places. Miguel becomes very anxious and panicky when he feels trapped or unable to escape from these places. Sample Completed Form 8.3 (Miguel) is a copy of Miguel's Exposure Plan.

Miguel started his exposure with item 10. Going to the supermarket in the evening was easy enough to practice, and it was a situation over which he had a lot of control. He decided that he would split up his shopping list into three parts and go around 8:30 P.M. on Monday, Wednesday, and Thursday. Miguel had a fear rating of 50 (he had predicted it would be only 30) before the first shop on the first day, but his fear went down quickly. On the second and third days, his fear about going to the supermarket on weekday evenings never went above 15. Miguel decided it was time to start a more challenging exposure. He moved up to going to the supermarket during busy times, such as Friday evening and weekend mornings, and decided to go to a different and bigger supermarket.

Shopping for groceries at busy times was more difficult than weekday evenings, and his fear rating started around 70, even though his expected fear rating on the Exposure Plan was a 55. After 3 days of this exposure, his anxiety rating never got above 30 when going to any supermarket at any time. Public transportation, whether buses, trains, or subways, was also difficult to get going. Miguel realized that he wasn't just nervous about being trapped, but he also feared

SAMPLE COMPLETED FORM 8.3 (Miguel)

Exposure Plan in Order of Difficulty

Rank order	Fear trigger: Situation, object, thought, or sensations	Fear rating (0-100)
1	<i>Going to the big mall around Christmas</i>	100
2	<i>Going to concerts or sports in big arenas</i>	95
3	<i>Going to the big mall on weekends.</i>	90
4	<i>Crowded movie theaters and being stuck in the middle of a row</i>	80
5	<i>Going to the mall on weekday nights</i>	70
6	<i>Subways or city trains – can't get off until the next stop</i>	60
7	<i>Going to the supermarket at busy times (weekend mornings)</i>	55
8	<i>Crowded buses – easier than trains because next stop usually closer</i>	50
9	<i>Crowded elevators</i>	40
10	<i>Going to the supermarket late in the evening on a weeknight (when there's only a few people there)</i>	30

that he would have a panic attack and everyone would think he was crazy or weird. So he modified his plan and decided to take the bus at times when there would be fewer people riding it.

The following week he decided to tackle going to the mall. Christmas was 2 months away, and he wanted to start early so that he could build up to the top of his Exposure Plan. He went to the mall on a weekday evening. He was surprised at how busy it was—he assumed only a few people would be there—and he didn't end up going in. His anxiety hit about 85. After going home, Miguel was disappointed in himself, but realized that his anxiety went higher than expected because he was shocked by the number of people there.

The next day, Miguel returned to the mall more determined and more prepared for the number of people who would be there. And even though there were almost as many people in the mall as there had been the night before, Miguel went in and browsed the shops for an hour. His fear rating only went up to 60 this time and came down quickly to 25, although it briefly went back up to 50 when he went into the food court and saw a huge number of teenagers hanging out.

Over the next 3 weeks, Miguel started going to the malls on weekends and occasionally started taking public transportation to get there. He also started branching out to other malls, including one he could take the train to. He also decided to start watching movies at the theater in the mall.

He felt quite anxious about going to a movie, because he had the thought that if he had a panic attack and had to run out of the theater, he would still be in the crowded mall and would need to run out of there too. But he was comforted by the knowledge that his previous exposures had been successful and he hadn't had a full panic attack during any of them. He worked on countering his anxiety-related thoughts by asking himself, "What is really the worst that could happen? Some teenagers might think I'm weird . . . and I could live with that. I don't really care what teenagers think of me." Miguel was a little disappointed with the movie—it was one of those silly holiday comedies—but to his surprise he did spend more time laughing than being anxious.

Bolstered by his success with malls and movie theaters, Miguel pushed toward the top of his Exposure Plan. If he could overcome the easier fears, he figured he could also overcome the more difficult ones, and he was thrilled to think that he would no longer be under the control of his anxiety. He knew that a popular band he really enjoyed was playing a concert at the arena the next week, and his favorite baseball team was about to start a four-game stretch of home games. The baseball schedule was kind to him; the first two games would be against weak teams so he didn't think as many people would be going. The last two games were against his team's archrivals, so he knew the stadium would be packed. As expected, the stadium was fairly empty during the first game, and Miguel didn't experience much anxiety at all, about 50 at most. During the second game the next night, the team was doing a bobblehead giveaway and there were many more people. But his anxiety still only went up to a 50, which Miguel believed was due to his having already done this exposure the night before. The next two games against the archrivals were nearly sold out, but again his anxiety only hit 50 during the first game and 40 during the second one. In fact, Miguel started to think about getting season tickets, but decided against it when he saw how much the tickets cost! Finally, he went to the concert. He bought a ticket for a seat that was pretty far from the stage, but this was mostly because at age 35 he really didn't feel any desire to be on the floor level with the kids. What's more, his anxiety never went above

30 during the whole concert, although it did briefly go up to 50 afterward, when the thousands of people in the arena were all leaving at the same time.

As Christmas was approaching, Miguel was feeling quite confident about going to the mall no matter how busy it got. He was quite enjoying being able to get gifts for his nieces and nephews, but he felt like he already got the best present for himself: freedom from his anxiety.

Sandra: Blood, Injuries, and Injections

Since childhood, Sandra has always had an intense fear of seeing blood or injuries, as well as getting blood drawn or needles. She has never passed out at the sight of blood, but she regularly gets lightheaded and queasy. She doesn't watch contact sports because she worries that there might be a severe injury. Although she wishes she could donate blood, she has never seriously considered doing so. In fact, she generally avoids going to the doctor because she worries that she will have to get a shot or have blood drawn. And when her elderly father was in the hospital recently for a procedure, Sandra was unable to visit him because of her fears that she would see blood, needles, and IVs. Take a look at Sandra's Exposure Plan in Sample Completed Form 8.3 (Sandra).

Sunil: Fear of Cats

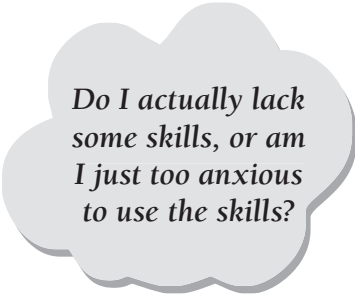
Sunil's fears were more focused than the others. When he was 11 years old, he went over to a friend's house one evening. His friend's family had a large and beautiful cat that he wanted to play with. When he got near the cat, it turned toward him and the hairs on its back bristled. Then it let out a loud hiss and narrowly missed scratching him. Now, 10 years later, Sunil still gets very anxious whenever he is around a cat.

He has no idea why this event affected him so much. He now lives in an apartment complex and has a neighbor with an outdoor cat. If Sunil sees the cat sleeping near the entrance to his apartment, he feels embarrassed by the fact that he must walk around the building and go in the side entrance. Take a look at his Exposure Plan in Sample Completed Form 8.3 (Sunil).

Improving Relevant Skills

Sometimes a person's fear is compounded because he lacks certain basic skills that are required to be safe or competent in the situation. For example, some people who fear skiing may lack the experience and training to be able to ski safely. They may benefit from some skiing lessons in addition to standard exposure practices.

But before you decide that you lack certain skills, it's important to know that your skills are probably better than you think they are. Most people with anxiety disorders *think* they have poor skills, but many research studies have shown that when objective judges watch people with anxiety, the judges rate their skills and performance more positively than the individuals rate their own skills and performance. This has been shown for public speaking, driving, small-talk



***Do I actually lack
some skills, or am
I just too anxious
to use the skills?***

SAMPLE COMPLETED FORM 8.3 (Sandra)

Exposure Plan in Order of Difficulty

Rank order	Fear trigger: Situation, object, thought, or sensations	Fear rating (0-100)
1	<i>Giving/donating blood</i>	100
2	<i>Seeing someone with a severe injury, like a car accident victim</i>	100
3	<i>Being in the emergency room</i>	99.9
4	<i>Being in the regular hospital</i>	90
5	<i>Having to get an IV line</i>	85
6	<i>Having a small cut that's bleeding</i>	80
7	<i>Watching hospital-type TV shows</i>	75
8	<i>Getting a flu shot</i>	70
9	<i>Seeing someone with a small cut that's bleeding</i>	50
10	<i>Seeing dried blood on the ground</i>	30

Exposure Plan in Order of Difficulty

Rank order	Fear trigger: Situation, object, thought, or sensations	Fear rating (0–100)
1	<i>Petting a large cat while it is sitting on my lap</i>	80
2	<i>Petting a cat that is on the ground</i>	75
3	<i>Being in the same room with a cat (not petting it)</i>	60
4	<i>Going to a friend's house with a cat in the room</i>	50
5	<i>Walking past my neighbor's cat</i>	50
6	<i>Going to a friend's house with a cat in another room</i>	40
7	<i>Walking into my apartment building if I don't see my neighbor's cat (it might be hiding)</i>	40
8	<i>Seeing cats on TV</i>	30

conversation, and even sports. The main issue isn't with their skills or performance; it's with their thoughts about their skills or performance, just like you learned in Chapters 5–7. So before you decide that your fears are due to a lack of relevant skills, take a moment to practice evaluating and challenging these thoughts to see if they are exaggerated or actually realistic. If you still feel like you may lack certain skills, such as driving, social interactions or public speaking, or studying and test taking, the box on the facing page lists some suggestions and resources that may be helpful.

Suggestions and Recommendations for Improving Skills

Driving Skills

Most people who fear driving actually drive very well. Unlike confident drivers, they rarely speed and they hold the steering wheel with both hands. Nevertheless, there are some fearful drivers who *should* be afraid because they drive unsafely. Often, these fearful drivers have very little driving experience. An example might be someone who obtained a license as a teenager and then spent the next 20 years avoiding driving until finally deciding to overcome his fear. If you are fearful of driving and also lack basic driving skills, it can be useful to combine exposure practices with driving lessons from a certified driving instructor. If you can't find one on your own, the government agency that handles driver's licenses (in the United States, this is usually your state's department of motor vehicles, or DMV) might be able to provide some recommendations. Some driving instructors even specialize in training fearful drivers, which can be helpful because they are more likely to be supportive and understanding of the fear.

Social and Communication Skills

Most people with high levels of anxiety in social situations have fine social skills, though they may feel socially awkward from time to time. For some people, though, a lifetime of avoiding social situations may prevent them from mastering some of the subtleties of social interaction. Some of the skills that may be lacking include asking someone out on a date, basic presentation skills, using nonverbal communication and body language effectively, how to be assertive, strategies for dealing with disagreements and conflict, and so forth. A full discussion of strategies for improving social skills is beyond the scope of this book, though there are excellent books on this topic. Organizations like Toastmasters International are excellent for helping people develop public speaking skills.

Studying and Test-Taking Skills

Many people with test-related anxiety have perfectly good studying and test-taking skills. Despite experiencing significant anxiety about doing poorly on tests, they typically do much better than expected. However, for some people, test anxiety is a realistic concern. Their performance on tests and exams is not as strong as it might be, possibly because they haven't learned effective study habits or test-taking skills. Most universities, colleges, and schools have special programs and departments designed specifically for people who are having difficulty with studying and test taking. If you are an enrolled student, you can usually access these programs for free. Just contact Student Services at the school or university, and they can help you access the services. If you are not currently a student—perhaps you are thinking of going back to school—Student Services may be able to point you in the direction of local organizations that specialize in helping learners improve their skills. Finally, many universities have excellent online tips and strategies for studying and test taking that can be accessed by anyone, including the universities that we each work at (www.monash.edu/rlo/study-skills/preparing-for-exams/exam-strategies and www.ryerson.ca/studentlearningsupport/online-resources).

Troubleshooting

Of course, not everyone's Exposure Plan will go smoothly, although many do when an individual really makes a commitment to the plan. But sometimes an exposure may go in the wrong direction. Bindi asked a male classmate out on a date, but he said no because he is not romantically attracted to women. Miguel was caught off guard about how busy the mall was on a weekday evening and didn't do his exposure. Even the best public speakers mess up a speech at times (just watch politicians on TV!). Even the cleanest people get sick from a bug every now and then. A dog might bark at you. You might feel woozy when standing near the window in a tall building. In fact, it's best to *expect* that setbacks will happen once in a while during the process. Then you can prepare for them to make sure they don't derail your motivation.

Remember that the anxious mind can play tricks on itself. As discussed in Chapter 5, we often pay attention to things and remember information in a biased fashion. The anxious mind is incredibly good at remembering when things go wrong, but it forgets the dozens or hundreds of times when things go right. Be sure to remember the times when nothing bad happened! It's a useful way of ensuring that you evaluate the actual risk in situations as realistically as possible.

Don't just remember the one time you drove on the freeway and another driver cut you off; also remember the 20 times you drove on the freeway last month when absolutely nothing bad happened. Keep the situation in perspective. Remind yourself that "I only got cut off once in 20 times, and it was just a 'close call.' I didn't get into an accident, I didn't lose control of my car, and I certainly didn't die in a fiery crash like I expected." Then get back on board with your Exposure Plan. Prove to yourself that the negative event was just a fluke or a coincidence.

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