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WHY THERAPISTS AVOID USING EXPOSURE THERAPY WITH **ANXIETY PATIENTS?**

Ivanka Zivcic-Becirevic

University of Rijeka, Croatia

he effectiveness of exposure based cognitive-behavioral therapy in the treatment of anxiety disorders is well confirmed. In spite of that, clinical experience shows that many anxiety patients do not get this efficient treatment. Besides clients' reluctance, therapists may also have additional barriers to the implementation of exposure therapy. They may fear that exposure might harm their clients (lead to cognitive decompensation, symptom exacerbation, and physical harm) or they might drop-out of treatment. Even when therapists do use exposure treatment, it is often inappropriately delivered due to therapists' reservations, resulting with interrupting exposure too early or using safety behaviors during exposure. The presentation will describe the therapist negative beliefs about exposure therapy, as well as the results of our research with 112 therapists, using the therapist beliefs about exposure scale. Our results show that cognitive behavioral (CBT) therapists and those with more experience in using exposure therapy have more positive attitude comparing to therapists of other therapeutic orientations and those that do not use exposure treatment with their clients. Among CBT therapist, accredited therapists and supervisors have more positive attitude comparing to trainees. The therapists are most often worried about patients' difficulties tolerating the distress and need to use arousal reduction strategies during exposure exercises. Results are explained within CBT framework. Positive beliefs and knowledge about the exposure therapy encourage therapists to use it, while positive experience in its application further reinforce positive beliefs. To ensure that more clients will get the appropriate treatment, it is recommended to inform the potential clients and therapists of all therapeutic orientation about the efficacy of exposure therapy. In CBT training, it is important to recognize therapist negative attitudes about exposure therapy that might be a barrier for using it, as well as for the competent delivery of the technique.

izivcic@ffri.hr