In Vivo: Establishing an In Vivo Exposure Hierarchy/Fear Ladder

STEPS
SUPERVISION TO ENHANCE PRACTICE STUDY | WASHINGTON

BEHAVIORAL REHEARSAL GUIDELINES

Shannon Dorsey, PhD | University of Washington | dorsey2@uw.edu

Remember 5-10 minutes. Do not review the goals of the behavioral rehearsal task. This is meant to provide an estimate of clinician fidelity for this component. Do not interrupt the therapist rehearsing to provide feedback. After the rehearsal, provide feedback on both strengths and needed improvements.

WHEN TO USE

For clinicians who are about to cover In Vivo (for clients who are avoiding trauma triggers that are interfering with daily life; e.g., dark, cars), complete the following behavior rehearsal.

PROMPT FOR THERAPIST

Please show me how you would set the stage for In Vivo exposures. Identify areas where In Vivo exposure is needed, set up a hierarchy, and get client buy-in.

SUPERVISOR INSTRUCTIONS

If you do not know the child's avoidance behaviors, try to make some up based on your knowledge of the case. It is very unlikely the clinician will get through all of the elements below. Just cut them off after 5-10 minutes, depending on time available, and evaluate based on what they did cover.

EXPECTATIONS

☐ * ***Identifies avoidance behavior or distress in response to trauma reminders*** that is appropriate to be addressed with In Vivo exposure/Facing Up. To be appropriate for In Vivo exposure...
- The avoided situations/cues ***must not be dangerous***. (Never desensitize children to cues or situations that may indicate actual danger.)
- The avoidance or distress ***interferes with functioning*** (e.g., child does not participate in normative/important activities, or does so with significant distress)

☐ * ***Learns about avoided/distressing situations***
- ***WHAT*** specifically causes avoidance or distress (the specific cues/characteristics of situations that provoke anxiety)?
- ***WHY*** does child avoid or become distressed (what does child fear will happen)?

☐ * ***Explains concept*** of exposure:
- ***Gradually*** face fears to overcome fears
- ***Fear decreases*** gradually when you ***stay in the situation*** and the feared outcomes don't happen
- Therapist is ***convincing/conveys confidence*** that exposure will work

☐ * Identifies ***steps on a fear ladder*** (starting with less feared situations, progressing to harder situations)
- Uses a rating scale (e.g., SUDS/thermometer) to determine difficulty of steps
- Initial exposures do not appear too easy or too hard for child to benefit

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FEEDBACK	
Strengths (Adherence & Skill)	
Areas to Improve (Adherence & Skill)	

OTHER TOPICS OR COMMON CHALLENGES YOU MIGHT WANT TO DISCUSS WITH THE CLINICIAN...

- How to prepare child/caregiver for at-home exposure practice.
- What if caregiver minimizes difficulty of exposures, contributes to avoidance by conveying directly or indirectly that these situations are dangerous, or appears to be getting own needs met when child avoids (e.g., child staying home with mom vs. going to school)?
- How do you make sure that you have a task that is easy enough for the child to complete, but hard enough to cause some anxiety (and actually be exposure).
    - If clinician needs a harder or easier task can ask questions about existing ones: "What would make *this one* easier? What would make *this one* harder?"