Exposure practice record

Make a specific prediction and a fair test. Plan any safeguards before practice; record observations afterwards.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.

BEFORE PRACTICE

Task / prediction / belief 0-100%

e.g. Look at an agreed picture; I predict I cannot stay with it. Belief 80%.

What I will do and look for

e.g. Use the chosen picture in my session and record what I actually do.

Habit to change / precautions to keep

e.g. Reduce hiding the picture; keep agreed support and consent.

AFTER PRACTICE - observations and learning

What actually happened?

e.g. Looked at it for the agreed task; felt anxious but continued.

What I learned

e.g. I could choose to continue with discomfort.

Next step

e.g. Review and agree the next step with my therapist.

Agree safe practice and support. Do not use sharps, cause injury or remove genuine precautions.

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Using this resource

Exposure practice record

What this helps with

Exposure gives you an opportunity to learn something different about a feared situation. The question is not just "Did I feel calmer?" but "What did I predict, and what happened?" Agree a clear task and a reasonable opportunity to observe it. Anxiety may rise, fluctuate or remain present. Reviewing the outcome helps distinguish what you learnt from the feeling of threat, and prevents a difficult attempt being dismissed as a failure.

How to use it

1. Specify one agreed task, location, timing and practical precautions.
2. Write an observable prediction and estimate belief from 0 to 100%.
3. Agree one unnecessary safety habit to reduce, while retaining genuine protection.
4. Carry out the planned task with suitable support; record what happened rather than checking anxiety constantly.
5. Review the prediction, coping and remaining uncertainty. Agree what to repeat or adapt.

A fictional worked example

Leah expected that standing inside a lift for one short journey would make her panic so much that she could not leave at her floor. After assessment, she and her therapist agreed a suitable journey and normal lift precautions. She practised without repeatedly asking whether she looked all right. Her heart raced and she felt a strong urge to escape, but she stayed for the agreed journey and stepped out at the planned floor. Her learning was that feeling trapped did not prevent her taking the next action. They agreed to repeat the task before changing the setting.

Keep in mind

Use only collaboratively agreed, ordinarily safe situations. Do not lock yourself in, restrict exits or rely on strangers to manage an emergency. Stop for a genuine safety or medical concern. Review unexpected difficulties with your therapist before increasing challenge.

Sources and attribution

Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., & Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. Behaviour Research and Therapy, 58, 10-23.

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