

Exposure and Desensitization

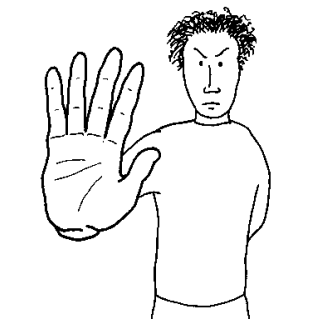
"Do one thing every day that scares you."
~Eleanor Roosevelt



In this part of the group manual we will learn about **exposure**, one of the most powerful weapons to battle anxiety and a big part of CBT treatment.

We spoke about **sensitization** in the section **"Anxiety Fuel."** Now we'll talk about **desensitization**, which means we work to make our anxiety alarm less sensitive, so it doesn't go off as often or as loudly.

In this section we will learn what exposure is, when and how to use it, and some important rules to follow to be sure we get the most out of treatment. We'll also try to give you lots of examples so it makes sense to you; we want you to know what to do, but also how and why it works. In other words, we want you to be sold on exposure!



What is exposure?

Have you ever been afraid of something and found that your fear became less intense over time, the more you experienced something?

For example, some people can be afraid of flying and find that the more they fly, the easier it gets.

This is how **exposure** works. Very simply, the more that we do something we are afraid of doing, or are exposed to something that we are afraid of, the less afraid we tend to be.



Exposure is one set of skills used in CBT. With exposure, we gradually begin doing some of the things we tend to avoid, especially if these are things we need to do to reach our goals. The good news is that not only are we more likely to reach our goals if we don't avoid, but by doing the exposure exercises the anxiety can actually become less, so we feel better. When we feel better, it is because the anxiety center of the brain, the **amygdala**, is getting less sensitive to a certain trigger. This is called **desensitization**. We'll talk more about how this works later.

Here are some examples of situations in which exposure principles can work:

A taxi driver has a fear of traveling over bridges. He avoids bridges at all costs and will even pull over to the side of the road with a passenger in the car, pretending to have engine trouble. This fear of bridges severely limits his ability to do his job. With the help of a therapist, he learns gradually to beat his fear of bridges, starting by going over low bridges with a friend in the passenger seat. Eventually he works up to driving over larger bridges on his own.



Bill, a college student, has a fear of public speaking. He tries to avoid taking classes that involve oral presentations and when he does have one of these classes, he tries to avoid giving presentations by missing class. He often fails to complete his work, and generally performs more poorly in these classes than he does in classes that do not involve presentations. Bill seeks out treatment to address this and gradually learns to speak in front of a few people, then small groups, and then ultimately larger audiences. With practice, he becomes more comfortable speaking in front of others.



When can I use exposure?

Exposure doesn't work for all types of anxiety, and there are things we want to know before starting to use it. We hope that by the end of this part of the group you'll have an idea of when exposure can be helpful and how to use it.

To get a sense of when exposure may be helpful, ask yourself the following questions:

- Do I know exactly **what is triggering** my anxiety?
- Is there something important to me that I am **avoiding** because of the anxiety?
- Are there times when I try to **stay safe** or **protect myself**, which may affect my ability to live life the way I want to?

Be sure to review "**Anxiety Triggers**" if you have trouble determining what your triggers are. Sometimes it is helpful to get the help of an experienced mental health professional to learn more about your triggers.

In the section of the group entitled "**Anxiety Fuel**" we learned about the ways that avoidance and **safety behaviors** can make the anxiety worse. It may be helpful to review this section before beginning exposure exercises. As a rule of thumb, these behaviors interfere with the improvement we might experience using exposure techniques. Later in this section we'll be talking more about how safety behaviors can get in the way of our progress with exposure.

Take home point:

Exposure and desensitization is just one set of skills used in CBT. It works best when we know what triggers our anxiety, and are aware of avoidance and safety behaviors that we use when anxiety presents itself. The goal of exposure is to gradually expose ourselves to whatever it is that we are avoiding, which helps us reduce the anxiety and make progress toward our life aims.

Should I do exposure?

It is common to question whether or not to do exposure to reduce anxiety and stop avoiding important things in our lives. Why? Because facing our fears can be scary and takes hard work. Before and during exposure we may need to remind ourselves of why we are seeking treatment in the first place.

It can be helpful to consider how avoiding inconveniences us— how it may keep us from achieving our goals. For example, Bill, our friend with public speaking anxiety, could list the ways avoidance impacts his life.

Writing down the ways avoidance impacts our lives can help us understand how important it is to stop avoiding. We use **exposure** to work on the avoiding itself.

How avoiding public speaking impacts my life:

- 1. I worry about the next speech.*
- 2. I have to try to take classes that don't involve oral presentations.*
- 3. When I do speak in public, I feel more anxious.*
- 4. I sometimes fail classes that involve public speaking.*
- 5. I may limit the types of careers that are possible for me.*
- 6. I may not be able to move up in my profession if I avoid public speaking.*

Homework exercise: How can I use exposure?

Go back to the section “Anxiety Triggers” and list the triggers you wrote under “My anxiety triggers are” here:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Now use the following questions to determine for what triggers exposure might work:

- Am I **avoiding** any of these triggers because of anxiety?
- Are there times when I am exposed to these triggers and I try to **stay safe** or **protect myself**, which may affect my ability to live my life the way I want to?

Now list some of the triggers for which the answers to these questions are “yes:”

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Homework exercise: Should I use exposure?

Use Bill’s example above to write down the ways that avoidance of some of these triggers either inconveniences you or keeps you from achieving your goals.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Desensitization

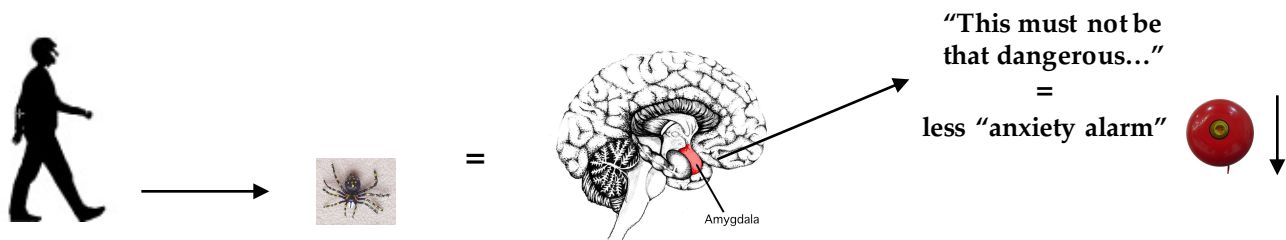
You may remember from the “Anxiety Fuel” section of the manual that we can *think* and *do* things that make the anxiety worse, like thinking over and over what might happen when we have to make that speech, or avoiding speeches altogether.

Anxiety can also get worse when bad things really happen, or we perceive that some event is dangerous.

As we mentioned earlier, these events, safety behaviors and negative thoughts can make our anxiety alarm more sensitive to certain triggers. This is called **sensitization**.



Desensitization is the opposite; our **amygdala** learns that something is not dangerous, through experience. Take our spider example: if this guy continues to approach the spider, it teaches the amygdala that the spider is not as dangerous as he once thought. If he is approaching that spider, it must not be that dangerous...



Give it time!

One trick about desensitization is that it usually takes **time** to retrain the amygdala to think something is *not* dangerous, especially if it's been trained over the years to think it is. As we will discuss more later, one important thing about desensitization is **staying in the anxiety provoking situation long enough to learn it is not dangerous**. Since our amygdala wants to protect us, it needs a lot of convincing to be willing to turn down that anxiety alarm.



This is also called **habituation**, which means that we get used to something so that it no longer seems as scary to us. We will even get bored, if we stay with it long enough. This is OK, because it is better to be bored, than anxious!

The next time we are around the trigger, we may still feel some anxiety, but it is likely to be less. If we do this over and over, the alarm gets weaker and weaker. Our anxiety “radar” may detect the trigger, but our amygdala will not react to it like it did before.

Take home point:

*Through experience and over time we can make our brain less sensitive to certain anxiety triggers. This is called **desensitization**.*

“Oh, say can you see...”

Imagine that you were asked to sing the *Star-Spangled Banner* on opening day at Comerica Park. Would you be nervous?

Now imagine you were asked to do this for every Tigers game— that’s about 80 home games in a season. Would you be just as nervous after one month? At mid-season? At the end of the season?



Beware of Dog!

Elaine grew up around dogs all her life. Her family had many dogs, so she learned through experience that dogs tend not to be dangerous. When she’d see something on the news about a dog attacking a person, she’d think, “Wow, that seems odd,” because in her experience dogs were not dangerous. This attack seemed like an isolated event and it did not change her opinion of how dangerous dogs are.

Jessica did not have dogs in her home growing up. When she was six she saw a news clip in which someone was attacked by a dog. She got the impression that dogs were dangerous—each time she was around a dog, she remembered that news clip and began to worry that the dog might attack her. She also felt scared and anxious when she saw a dog in real life.

Jessica’s friend Rachel got a dog the next year. Jessica gradually learned through experience that dogs weren’t always dangerous, and she began to feel less afraid.



Wait just one second!

You may be thinking “I’ve exposed myself to this trigger over and over for a long time, and it hasn’t gotten any better; in fact, it is worse! Why would exposure make this any better?”

There are some important rules about doing exposure that are necessary in order for it to work. We’ll talk about these rules in the section entitled “The Exposure Formula.”



Exercise:

Try to think of some things to which you’ve become desensitized in your life. Examples are driving, scary movies, roller coasters, air travel, etc. Think of things you’ve gotten good at with practice, and also maybe some fears you’ve overcome by being exposed to them over and over and over. Then write them down here.

- 1.
- 2.
- 3.
- 4.
- 5.

Exposure: Getting Started

Now that we know how desensitization works, we can get started. If you are still questioning whether or not exposure will work for you, review the page "Should I do exposure?" Remember that if there are currently avoidance or safety behaviors related to a trigger, it is likely that exposure could be used to help bring the anxiety down.



How do I know *where* to start?

If different anxiety triggers interfere with your life and you are not sure where to start with exposure, ask yourself the following questions:

1. Which trigger interferes with my life the most?
2. With which one would I predict that my life would improve the most if the anxiety were less?
3. Does one stand out as being more "doable" than others? Would one be easier to start on, so I can start to get my life back on track?

Based on the questions above, try to pick the most pertinent exposure target. Once you've chosen a trigger to start on, list ways that you might be able to get your anxiety alarm going. For example, Bill might write down different types of situations that would trigger his public speaking anxiety. We call this a **Fear Hierarchy** or a **Stimuli Map**.

| Exposure exercise (different ways to trigger the anxiety) | Anxiety Rating |
|--|----------------|
| <i>-Speaking in front of a large group of professionals who are experts on the topic on which I am speaking, using a prepared speech</i> | 9 |
| <i>-Speaking in front of a large group of professionals who are experts on the topic on which I am speaking, using a more impromptu style and few note cards</i> | 10 |
| <i>-Speaking about myself in front of a few friends</i> | 6 |
| <i>-Speaking for a few people who I don't know and who don't know my topic well</i> | 7 |
| <i>-Speaking for about 10 people who are also students and don't know my topic well</i> | 8 |
| <i>-Practicing a planned presentation on my own</i> | 3 |
| <i>-Performing the speech for my girlfriend</i> | 5 |

When trying to come up with ways to vary the exposure, think about things that can change how challenging the exposure is. Bill might list:

- Length of speech*
- How well I know the audience*
- How well they know the topic*
- How well practiced I am*
- Speech is more planned out versus more impromptu*

It is good to come up with a nice long list at first, so try to think of as many variations as possible!

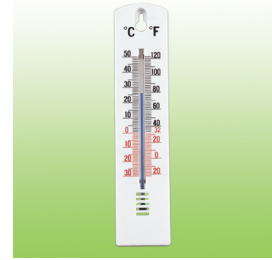
After listing the different variations on the left, Bill rates his anxiety on a scale of 0-10 using the "Subjective Units of Distress Scale" (SUDS) for each one. We discuss the SUDS scale on the next page.

The SUDS Scale

Exposure therapists often use a scale of 0-10 or 0-100 to rate the amount of anxiety someone has during exposure exercises. It is like a thermometer, measuring how “hot” our anxiety gets.

This is called the **Subjective Units of Distress Scale** or “SUDS.”

- 0= no anxiety at all; completely calm
- 3= some anxiety, but manageable
- 5= getting tough; wouldn't want to have it all the time
- 7-8= severe anxiety that interferes with daily life
- 10 = worst anxiety you've ever felt



Why do I have to rate my anxiety?

There are a few good reasons we ask folks to rate their anxiety before and during exposure treatment:

1. It helps us decide where to start and how to move from one exposure exercise to the next.
2. It keeps track of progress and helps us know if you are improving, staying the same, or getting worse.
3. It helps us start to step back from our anxiety when it happens and see that anxiety is not always the same severity.

We will be talking about the **SUDS** scale often in this manual and you will be using it a lot during exposure therapy.

Exercise: “My Fear Hierarchy”

Pick a trigger and try designing some exposure exercises by listing possible ways to bring on the anxiety.

| Exposure exercise (different ways to trigger the anxiety) | Anxiety Rating (0-10) |
|---|-----------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |
| 11. _____ | _____ |
| 12. _____ | _____ |

The Exposure Formula

Exposure practice is like a formula; there are certain ingredients that are necessary to get the results we want. We need to understand these before starting the exposure practice, because if we don't follow these rules, we aren't likely to make much progress. In fact, we could make the anxiety worse! We'll be talking more about this in the next section.



There are four main ingredients in the "exposure formula:"

1. It is **prolonged**
2. It is **repetitive**
3. We **focus on the anxiety**
4. We add **no safety behaviors**

Ingredient #1: Prolonged

As we discussed earlier, it is important to stay in the anxiety producing situation until the anxiety comes down. Sometimes people ask if it is possible to do a shorter exposure practice in order to make it easier to complete. Usually we advise people to adjust the difficulty of the exposure, *not the duration*, because staying the situation long enough is necessary for the anxiety to come down. In fact, one important element of feeling better is staying in the situation long enough and doing it often enough that we **eventually get bored** with the trigger. This is important, because being bored it is a surefire way to know that we are not anxious!



Ingredient #2: Repetitive

Have you ever played a musical instrument or a sport? Your music teacher or coach probably told you to "practice, practice, practice!" Repetition is important for our brain to learn anything, and anxiety is no exception. Some people notice that their anxiety goes down quickly after starting exposure, but most people find that it takes **consistent, daily practice** to adequately retrain the brain and feel better.



Ingredient #3: Focus on the anxiety

This is the part that can be difficult; we are going to ask that you try to **focus on the feelings** (the anxiety "alarm") that come up when you are in the anxiety provoking situation. Why? Because we are trying to convince the **amygdala** that this trigger *is not really dangerous*. If we avoid these unpleasant feelings, we send the message that the trigger *is dangerous*, and our time spent practicing exposure is wasted.



Ingredient #4: No "Safety Behaviors"

The same could be true if we spend our exposure practice trying to stay safe or protect ourselves from the trigger, or the anxiety itself. You may remember that safety behaviors are a great way to "fuel" our anxiety and make it stronger; they also really sabotage our exposure practice! We discussed some examples of safety behaviors in the section "Anxiety Fuel." You may want to review this before starting exposure; it is another very important part of doing exposure correctly.



Important!

The #1 factor in seeing improvement with exposure is whether or not you **do the exposure and use all of the ingredients** listed above.



Take home points:

The first step in exposure practice is setting up a "Fear Hierarchy" and rating the amount of anxiety you would feel for each exercise.

Exposure practice requires repetitive, prolonged exposures to the anxiety itself, with no "safety behaviors."

Exposure Tips



Exposure seems simple; just expose yourself to something you are afraid of, and the anxiety comes down over time. While this is true, going through an exposure program sometimes seems anything but simple. We should be ready to troubleshoot when things get tough– and sometimes it can be confusing! Below are some tips to help you through the exposure and improve your results.



Tip #1: Choose wisely!

Throughout exposure, try to pick exercises you are **confident you will complete**. Often people become frustrated with exposure because it is “too hard,” and they may even leave the exposure practice early.

When first starting exposure, it is best to take something from your Fear Hierarchy in the “5” or “6” range on the SUDS and then **very gradually** increase the difficulty of the exposures. If you are having trouble with an exercise, try making it a bit easier and commit to becoming comfortable with that particular trigger.

When designing exposure exercises, it is helpful to try to make them **convenient**; in other words, make it hard to forget to practice, and schedule it into the day so it does not take a lot of extra work to get going. Give yourself every chance you can to follow through with the exposure.

Tip #3: Unify your cognitive and behavioral “forces”

Imagine an army going into battle tentatively, with only half the number of soldiers, worried that there may be some casualties. How do you think they would fair against the enemy? Probably not so well.

Sending the message to the amygdala that the trigger is not dangerous works best when our **thoughts and behaviors are aligned**, a “unified front” against our enemy, the anxiety.



If we have doubts about whether or not the anxiety provoking trigger is *really* dangerous and then try to do exposure, it’s like going into battle without all of our forces. The anxiety is likely to win the battle, because our negative thoughts continue to send the message that the trigger is dangerous.

For example, when Bill goes to do exposure for his public speaking anxiety, he reminds himself of the evidence he has that making a mistake would not be the end of the world. We discuss the methods to do this in the **Cognitive Therapy Skills** module of this group manual.

Tip #2: Follow the rules of exposure



As we emphasized on the last page, it is very important that all of the “ingredients” of the exposure formula be included in order to get good results. It is especially important that the person doing the exposure **stay in anxiety provoking situation long enough for the anxiety to decrease**. Review these concepts on the previous page.

As we mentioned before, the #1 factor determining whether or not someone does well with exposure is whether or not they practiced exposure consistently and followed the rules.

Tip #4: Be prepared for some discomfort and stay aggressive!

Exposure can be difficult at times; after all, if we are going into battle, we should expect the enemy resist us with everything it has!

The main defense the anxiety has is **discomfort**, and we can expect to feel some during the exposure. Usually the discomfort is most severe early in the exposure, and some people even find that the anxiety gets worse before it gets better. This is our body trying to get us to give in and play defense; but we know our best bet is to stay aggressive and not listen to what the anxiety is telling us.

We are going to try to “**ride**” the anxiety wave, always remembering that anxiety is uncomfortable, not dangerous!



Exposure: Tracking Your Progress



Once we begin practicing exposure, it is important and helpful to track our progress. Remember our **Subjective Units of Distress Scale (SUDS)**? We'll use this to rate how much anxiety comes up when we do an exercise. We rate our anxiety at the beginning, middle, and end of each exercise. Let's take our friend Bill's public speaking exposure as an example.

Exposure task: *Performing my presentation for friends*

| Day/Date | Length of time | | SUDS (0-10) | | | Comments |
|----------|----------------|----------|-------------|--------|-----|------------------------------|
| | Start | Stop | Beginning | Middle | End | |
| 4/15 | 10:15 am | 11:15 am | 2 | 8 | 4 | |
| 4/16 | 2:00 pm | 3:00 pm | 2 | 8 | 3 | |
| 4/17 | 5:30 pm | 6:30 pm | 1 | 9 | 4 | <i>Lost train of thought</i> |
| 4/18 | 5:30 pm | 6:30 pm | 1 | 5 | 2 | |
| 4/19 | 10:00 am | 11:00 am | 0 | 4 | 1 | |
| 4/20 | 6:00 pm | 7:00 pm | 0 | 3 | 1 | |
| 4/21 | 10:15 am | 11:15 am | 0 | 2 | .5 | |

This is the type of progress we would expect to see for someone that consistently practices this one exposure exercise. You may notice that the "middle" levels are often highest, because it takes some time for the anxiety to come down.

We can also do multiple "mini" exposures to things that are harder to do for a full hour straight. For example, Jane, who has Obsessive Compulsive Disorder and fear of contamination, is practicing exposing herself to a rag that has been in contact with a door handle one time every hour, all day long.

Exposure task: *Touching rag that had contact with door handle*

| Day/Date: | SUDS (0-10) | | | | | | |
|-----------|-------------|------|------|------|------|------|------|
| | 4/15 | 4/16 | 4/17 | 4/18 | 4/19 | 4/20 | 4/21 |
| 8:00 am | 8 | 8 | 7 | 5 | 3 | 4 | 3 |
| 9:00 am | 8 | 6 | 5 | 4 | 2 | 3 | 2 |
| 10:00 am | 8 | 5 | 4 | 4 | 3 | 3 | .5 |
| 11:00 am | 7 | 5 | 4 | 4 | 1 | 2 | 0 |
| 12:00 pm | 7 | 5 | 3 | 3 | .5 | 2 | 0 |
| 1:00 pm | 6 | 4 | 4 | 3 | 1 | 1 | 0 |
| 2:00 pm | 4 | 5 | 3 | 4 | 1 | 1 | 0 |
| 3:00 pm | 4 | 3 | 2 | 2 | .5 | 2 | 0 |
| 4:00 pm | 4 | 3 | 1 | 1 | 0 | .5 | 0 |
| 5:00 pm | 5 | 4 | 1 | 1 | 0 | 0 | 1 |
| 6:00 pm | 3 | 7 | 1 | 1 | 2 | 0 | 0 |
| 7:00 pm | 3 | 6 | 2 | .5 | 0 | 0 | 0 |
| 8:00 pm | 3 | 5 | 1 | 1 | 0 | 0 | 0 |
| 9:00 pm | 4 | 5 | 1 | 1 | 0 | 0 | 0 |
| 10:00 pm | 4 | 5 | 1 | 2 | 1 | 1 | 0 |

You may notice in both of these examples that there are times when the anxiety will come down, and then go up again. At other times the anxiety starts high and comes consistently down. When we record our SUDS scores this way, we can see that over time the numbers tend to come down, with some fluctuations in the middle.



Exposure Examples: "External Cue Exposure"

External cue exposure is a fancy way to describe exposure to situations, places, objects, animals, or people *in our environment* that make us feel anxious. This is also called **in vivo exposure**, which means exposure "in real life." Let's take a look at Bill's in vivo exposure for public speaking anxiety, one step at a time.

Step One: Pick a trigger

Bill has decided he really wants to beat this fear of public speaking. He decides to focus on this target and commits to designing an exposure plan to reach his goal.



Step Two: Create a fear hierarchy

Bill lists ways that he could purposely trigger the anxiety. He thinks about different ways to make public speaking situations more or less difficult.

Exposure exercise (different ways to trigger the anxiety)

- Speaking in front of a large group of professionals who are experts on the topic on which I am speaking, using a prepared speech
- Speaking in front of a large group of professionals who are experts on the topic on which I am speaking, using a more impromptu style and few notecards
- Speaking about myself in front of a few friends
- Speaking for a few people who I don't know and who don't know my topic well
- Speaking for about 10 people who are also students and don't know my topic well
- Practicing a planned presentation on my own
- Performing the speech for my girlfriend

Step Six: Ending exposure

Bill continues to practice the exposure for about 12 weeks, changing the exposure exercise about each week as he moves up the hierarchy. After this, he decides to continue to practice public speaking, but less formally, to maintain his gains and refine his skills.



Step Five: Middle sessions of exposure

Once Bill's anxiety comes down to about a "3" or less on the SUDS consistently for 3-4 days, he moves on to the next highest item on his hierarchy. He goes to a **Toastmasters** group where he practices in front of people with whom he feels less comfortable. When he again habituates to this exercise, he moves on to the next.

Bill moves through his hierarchy until he feels comfortable speaking in front of superiors who are knowledgeable about his topic. Since it was hard to find superiors to help him practice exposure, he had to revise his hierarchy to create this fear as realistically as possible. For instance, he practiced speaking about current events at Toastmasters, because most people could be considered "experts" on these topics.

For more information about **Toastmasters**, visit www.toastmasters.org.



Step Three: Rate the hierarchy

Bill rates each item on his list using the SUDS scale (see "Exposure: Getting Started" for more information on the SUDS).

| <u>Exposure exercise</u> | <u>Anxiety Rating</u> |
|--|-----------------------|
| -Speaking in front of a large group of professionals who are experts on the topic on which I am speaking, using a prepared speech | 9 |
| -Speaking in front of a large group of professionals who are experts on the topic on which I am speaking, using a more impromptu style and few notecards | 10 |
| -Speaking about myself in front of a few friends | 6 |
| -Speaking for a few people who I don't know and who don't know my topic well | 7 |
| -Speaking for about 10 people who are also students and don't know my topic well | 8 |
| -Practicing a planned presentation on my own | 3 |
| -Performing the speech for my girlfriend | 5 |

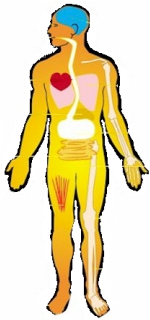


Step Four: Starting exposure

Bill picks an item from the list in the "5-6" range on the SUDS. He begins by speaking in front of his friends one hour each day for one week. He tracks his progress using the SUDS (see Exposure: Tracking Your Progress). He also follows the rules of exposure outlined in the section "The Exposure Formula."



Exposure Examples: “Internal Cue Exposure” for Panic Disorder



Internal cue exposure means that the trigger for our anxiety is internal, or inside our bodies. This type of exposure is used most often for people that struggle with Panic Disorder. Anyone who has had a panic attack knows how uncomfortable it is; this is the “fight or flight” response at its worst! Often the “trigger” for panic attacks is body symptoms and feelings. Remember what we discussed in the “Anxiety Fuel” section? Uncomfortable body feelings can lead to worries about further anxiety symptoms, which then triggers more symptoms, which leads to more worries, and before we know it we are in the middle of a full-fledged panic attack.

Because the trigger for panic attacks within the context of Panic Disorder is *the body*, the exposure exercises center on the anxiety symptoms themselves. If we can become comfortable with the idea of having the anxiety symptoms, we train the brain that the anxiety is not really dangerous, and the anxiety “alarm” doesn’t need to be sounded as loudly or as often. These are also called **interoceptive exposure** exercises, which is a fancy way to say exposure to feelings of anxiety and panic in the body.

Take a look at these interoceptive exposure exercises that can be used to toughen up against the possibility of having a panic attack. The person would pick a symptom that they experience when they have panic and practice one exercise daily. Each person may not respond to each exercise, so it is important try a number of them and find one that will trigger some anxiety.

Symptom: Rapid heartbeat

-Run on the spot or up and down stairs for 1 minute, then 1 minute break. Do this sequence 8 times.

Symptom: Breathlessness or smothering feelings

-Hold breath for 30 seconds, then breathe normally for 30 seconds. Do this 15 times.

-Breathe through a narrow, small straw (plug nose if necessary) for 2 minutes, then 1 minute breathe normally. Do this 5 times.

-Sit with head covered by a heavy coat or blanket.

Symptom: Choking feelings, gag reflex

-Place a tongue depressor on the back of the tongue (a few seconds or until inducing a gag reflex). Do this repetitively for 15 minutes.

Symptom: Trembling or shaking

-Tense all the muscles in the body or hold a push-up position for as long as possible for 60 seconds, then rest 60 seconds. Repeat 8 times.

Symptom: Sweating

-Sit in a hot, stuffy room (or sauna, hot car, small room with a space heater)

-Drink a hot drink

Symptom: Dizziness or lightheadedness

-Spin slowly in a swivel chair for 1 minute, then 1 minute break. Do this sequence 8 times.

-Shake head from side-to-side for 30 seconds, then 30 second break. Do this 15 times.

-While sitting, bend over and place head between legs for 30 seconds, then sit up quickly. Do this 15 times.

-Hyperventilate (shallow breathing at a rate of 100-120 breaths per minute) for 1 minute, then normal breathing for 1 minute. Do this 8 times.

Symptom: Derealization (feeling that things are not real)

-Stare at a light on the ceiling for 1 minute, then try to read for 1 minute. Repeat 8 times.

-Stare at self in a mirror for three minutes, then one minute break. Repeat three times.

-Stare at a small dot (the size of a dime) posted on the wall for three minutes.

-Stare at an optical illusion (rotating spiral, “psychedelic” rotating screen saver, etc.) for two minutes, then break for one minute. Repeat five times.

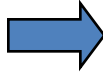
Symptom: Tightness in throat

-Wear a tie, turtleneck shirt, or scarf tightly around the neck for 5 minutes, then take a one minute break. Do this three times.

Let's see what a course of interoceptive exposure for panic would look like. Janet is a 24 year-old woman with Panic Disorder. She has panic attacks that seem to come from "out of nowhere" and she often worries about having another panic attack. Sometimes she feels a little anxious and she begins to feel dizzy, which then makes her worry the panic will get worse; in fact, it usually does.

Step One: Pick a trigger

Janet decides to start with the "dizziness" trigger, because it most often triggers panicky thoughts that fuel the anxiety and make it worse.



Step Two: Create a fear hierarchy

Janet lists the different interoceptive exercises she can use to trigger some anxiety, using a list she got from her therapist.

Exposure exercise (different ways to trigger the anxiety)

Spin in a swivel chair for 1 minute, then 1 minute break. Do this sequence 8 times.

-Shake head from side to side for 30 seconds, then 30 second break. Do this 15 times.

-While sitting, bend over and place head between legs for 30 seconds, then sit up quickly. Do this 15 times.

-Hyperventilate (shallow breathing at a rate of 100-120 breaths per minute) for 1 minute, then normal breathing for 1 minute. Do this 8 times.



Step Three: Rate the hierarchy

Janet rates each potential exercise using the SUDS scale (see "Exposure, Getting Started," for more information on the SUDS).

| <u>Exposure exercise</u> | <u>Anxiety Rating</u> |
|---|-----------------------|
| <i>Spin in a swivel chair for 1 minute, then 1 minute break. Do this sequence 8 times.</i> | 7 |
| <i>-Shake head from side to side for 30 seconds, then 30 second break. Do this 15 times.</i> | 9 |
| <i>-While sitting, bend over and place head between legs for 30 seconds, then sit up quickly. Do this 15 times.</i> | 7 |
| <i>-Hyperventilate (shallow breathing at a rate of 100-120 breaths per minute) for 1 minute, then normal breathing for 1 minute. Do this 8 times.</i> | 5 |



Step Four: Starting exposure

Janet picks an item from the list in the "5-6" range on the SUDS. She begins by practicing hyperventilating for one minute, then one minute rest, alternating 8 times, which takes her about 15 minutes. She tracks her progress using the SUDS by rating her level of anxiety before, during and after the exposure. She follows the rules of exposure outlined in the section "The Exposure Formula," and repeats this daily for one week.



Step Five: Middle sessions of exposure

Once Janet feels like her level of anxiety for the hyperventilation exercise has come down to around a "3" during the exercise, she moves on to the next harder exercise on the hierarchy. She continues to practice these exposure exercises daily.

She continues to move up on the hierarchy until she becomes more used to the feeling of being lightheaded and dizzy, as well as more at peace with the possibility that she will have a panic attack when she feels dizzy. Since she also becomes worried when she experiences feelings of tightness in her throat, she decided to do some of these interoceptive exercises, as well.

Along with her interoceptive exposure exercises, she added **external cue exposure** exercises (see previous page) to places that she avoided because she was worried about having a panic attack.

Along with her exposure practice, Janet and her therapist worked on some of the thoughts that tend to "fuel" the anxiety once it is triggered. We will talk more about these thoughts in the **Cognitive Therapy Skills** module of the manual, in a section entitled "The Only Thing We Have to Fear Is...



Step Six: Ending exposure

Janet continues to practice the exposure for about 10 weeks, changing the exposure exercise about each week as she moves up the hierarchy. This, with a combination of external cue exposure and cognitive skills, improves her panic symptoms and makes her feel confident that she can manage a panic attack in the future.

Questions about Exposure

How long do I need to keep doing exposure?

During each practice, do the exposure until the anxiety comes *down by about half* from where it started. Remember to use the SUDS scale to help you rate your anxiety.

Stay in the exposure situation for the full amount that you planned. We usually start with one hour as a rule of thumb. If it is boring, good! Stay with it— it is better to be bored than anxious!

How do I know when to move on to the next exercise?

When your anxiety is consistently below about a “3” on the SUDS for a few days, it is a good time to move to the next item on your hierarchy.

What if it really *is* dangerous?

If something really is dangerous, we will never ask you to do it. Exposure only works when we are avoiding or protecting ourselves around something that is not dangerous, or not so dangerous it is worth avoiding.

Sometimes we are not sure if something is really dangerous, and it can be helpful to find out. Social situations are an example. We may think that trying to talk to people at a party is dangerous, because people may be critical of us. If we like the idea of going to the party but are afraid, perhaps it is best to get a sense of really how dangerous it is. We can do this using two different techniques:

1. **Cognitive skills:** looking at evidence to give us a sense of how dangerous it is. We’ll be talking about this more in the next section of the manual.
2. **Behavioral experiments:** let’s try it out and get evidence first hand about whether or not it is dangerous. Ask yourself what the real consequences are of having something bad happen.

How do I know if I am done with exposure?

Each person must decide when they want to stop doing exposure and move to using exposure principles in the course of daily life (see “The Freedom of Choice”). However, there are some points that may help you make this decision.

1. If you are still avoiding things related to the trigger in your daily life, it is best to continue to do the exposure.
2. It is best to really *dominate* the trigger you are working on before deciding to stop exposure. This means that you may even ramp up the exposure to ridiculous proportions. For example, if you are afraid of dogs, you might spend a weekend dog sitting for a friend; you could pet, rub, and play with the dog. A social phobic might volunteer to be the MC for a company event. Once someone becomes comfortable with something that difficult, it is easier to feel OK being exposure to the things we normally see in our daily lives. **Structured, daily exposure practice often takes weeks or months to complete, depending on the type of problem.** It is best to work with a mental health professional or exposure therapy workbook to determine how long to continue to do exposure therapy.
3. There will always be times when we feel challenged by anxiety and may have the urge to avoid. In this sense, we are never “done” with exposure; it becomes a way to address anxiety over the long term in our daily lives.



My exposure questions

Write down questions you have about exposure here and be sure to ask the group leader before you finish all the group sessions.

1. _____ ?
2. _____ ?
3. _____ ?

Exposure for Obsessive-Compulsive Disorder



Obsessive-Compulsive Disorder (OCD) is a chronic and often debilitating condition that affects thousands of people in the United States each year. OCD is characterized by **obsessions** (anxiety provoking, often intrusive thoughts) and **compulsions** (behaviors that aim to neutralize anxiety). These compulsions are also called **rituals**; they are “safety behaviors” that make the person feel less anxiety in the moment but serve to strengthen the anxiety in the long run.

When most people think about OCD they think about anxiety around contamination that may make someone want to wash their hands over and over. OCD has many forms, however; unfortunately we can't go into them in detail here.

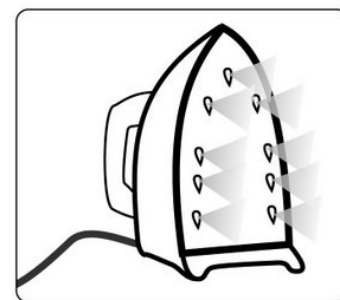
Cognitive-Behavioral Therapy for OCD is called **Exposure and Response Prevention (ERP)**. You now know all about exposure; the “response prevention” part involves resisting the **compulsions**— we “prevent” or “block” our impulse to give in and do the ritual. In this way, we really stand up to the OCD and don't do what it tells us to do.



ERP looks a lot like other types of exposure, in that we purposefully expose ourselves to the anxiety-provoking trigger in order to show the brain that it is not really dangerous. But with OCD it is even more important **not to add any safety behaviors** (rituals), because these rituals are ultimately what keep the anxiety fire fueled and burning over the long run.

For example, Jeremy tends to check things— irons, locks, stoves, the garage door— because he feels anxious about the possibility that he has left something unlocked, plugged in, turned on, etc. He will check locks over and over, and never feels reassured that the locks are bolted, regardless of how many times he checks. He doubts himself constantly.

ERP for Jeremy involves **purposely creating doubt** that he locked something (exposure) and **resisting the urge to check** (response prevention). He works to see the OCD as something separate from himself: “It's not me, it's the OCD telling me to do that.” He practices ERP for 60 minutes a day and works to eliminate all OCD rituals in his daily life.



OCD is not rational!

Another thing that makes OCD different from other anxiety disorders is that the person that the anxiety producing trigger is not rational and doesn't make sense. Jeremy may try to reassure himself that the doors are locked and even see that they are locked, but his brain continues to signal that anxiety alarm.

For this reason, **it does not help to try to rationalize with the OCD**. In fact, when we try this the anxiety actually gets worse. Why? Because we are trying to reassure ourselves to get rid of the anxiety. What does this sound like? Yes, it is a **safety behavior**— it tells the brain “In order to be sure that I locked the doors I must continue to reassure myself that it is true.” This is a great way to “fuel” our anxiety!



I have OCD and want help; what should I do?

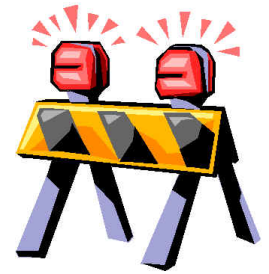
If you are planning to do exposure for OCD, it is best to work with a mental health professional who is trained to administer Exposure and Response Prevention. Here at the UM Anxiety Disorders Clinic we have treatment groups and individual therapists that are well-trained in delivering ERP for OCD. Ask us about how to get involved in ERP.

There are also some self-help books and internet resources about OCD that are helpful; these are listed in the section “Appendix II: Cognitive-Behavioral Therapy Resources for Anxiety.”

Take home point:

Obsessive-Compulsive Disorder is slightly different than other anxiety disorders. OCD treatment involves Exposure and Response Prevention (ERP), which is similar to other types of exposure, with some modifications. If you have OCD and want to begin ERP, it is best to receive guidance from a mental health professional who is trained in ERP.

Barriers in Exposure Treatment



Some people find exposure treatment to be difficult. There are some barriers along the way that make it hard to follow through with treatment. It is important to understand these possible barriers and find ways to work around them. If we do not, exposure therapy is not likely to help. Here are some of the common problems people have with exposure treatment once they get started.

1. **“I don’t have enough time to do this much exposure homework.”** It is true that exposure takes a commitment of time and energy to work well. If we had evidence that exposure would work in less time, we would recommend to shorten the exposures! But, as we mentioned earlier, repetitive, prolonged exposure practice is essential to success. One question you may ask yourself is “How much time does the anxiety take from me each day? Each month? Each year?” It could be that a commitment of time now could save you a lot of time in the future.
2. **“These exposure exercises do not fit my lifestyle well.”** An important aspects of exposure work is finding ways to make exposure exercises *convenient*. Design them in ways that will increase the chances of doing them. This includes finding ways to *remind* you to do the homework. Plan times to do the homework when you will not be bothered and have all of the resources necessary to do it. For example, if someone were doing exposure to driving at night, they would need to plan to do the exposure at times when they are sure they can get the car.
3. **“I feel terrible when I am doing the exposure; I don’t want to experience this.”** As we mentioned before, for exposure to work we actually need to feel the anxiety during the practice session. When the anxiety gets worse it is a good sign that exposure is working! We just need to stick it out to the end of the exposure. If you are hoping not to feel any anxiety during the exposure, it may not be the right treatment for you.
4. **“Sometimes I do ‘safety behaviors’ and I don’t even know I am doing them.”** This is something that comes up often in exposure treatment. As treatment progresses, our goal is to learn more and more how we may be “fueling” the anxiety fire with safety behaviors. The more we are aware of them, the sooner we can extinguish these behaviors. A therapist can be invaluable in identifying potential “covert” safety behaviors and rituals.
5. **“I hate having this anxiety and I don’t want to have to keep doing this!”** Especially once treatment has gained some momentum, people often feel discouraged that they will need to continue to fight the anxiety over the long term. We definitely can resonate with this complaint and would like the anxiety to go away forever! However, we know that giving in to impulses to protect, avoid, and otherwise stay comfortable can make the anxiety even worse and keep us from achieving our goals. Accepting that the anxiety exists is necessary before we can do something to manage it.
6. **“This exposure isn’t working.”** Before making a judgment about whether or not the exposure is working, be sure to review “The Exposure Formula” to be sure you are following all of the rules. Exposure does not work if we just do it “halfway.” It is important to follow these guidelines in order to see improvement!

Take home point:

It is important to understand possible barriers to exposure treatment and find ways to work around them.

Exercise:

Think about and write down possible barriers to completing exposure therapy for one of your most impairing anxiety triggers, using the information above as a guide.

1. _____
2. _____
3. _____
4. _____
5. _____

The Freedom of Choice: Exposure in Daily Life



Have you ever felt like anxiety is making choices for you? In many ways, exposure practice is about choices; the ability to choose what to do based on our goals and life aims, instead of what is safest or least anxiety provoking.

In the course of daily life we have many choices, and some of the hardest occur when we have to decide whether or not to “listen” to the anxiety alarm that tries to keep us safe. We now know that making choices based on the anxiety can serve to make the anxiety stronger. It makes sense to have a way to counter this when the anxiety comes up during the day, using exposure techniques.

Once we have overcome a fear using exposure, we may find that we do not experience any anxiety at all around that certain trigger. This is good!

It is also possible that we may have times in which we *do* feel some anxiety around a trigger that we think we’ve conquered. We **use the techniques below** to address anxiety when it seems to come back. When we experience a trigger, we are going to welcome it with the anxiety, and commit to fighting the impulse to avoid or try to protect ourselves.

Step One: “That’s just my anxiety; I know it is not dangerous.”

Step Two: “All right, anxiety, go ahead and stay around, I am going to go about my business.”

Step Three: “Fine, it’s true that this plane is going to crash (or whatever the fear is). I can’t control that.”



Why would I start feeling anxiety again?

There are many reasons that someone might begin to feel anxiety once again after using exposure successfully.

One reason is **stress**; we can’t predict when stressful things will happen, and often stress leads to anxiety.

Another reason is that we may not have experienced that trigger for a while, so our brains become less “bored” with it. Remember that becoming “bored” with a trigger is important in reducing the anxiety.

The first step involves recognizing that the anxiety is separate from us, the brain trying to convince us to do something that will hurt us in the long run.

Step two is an attempt to further accept the anxiety at that moment and resist the urge to avoid or protect ourselves.

In the third step we “ramp up” the approach by doing a “mini” exposure to the content of the fear.

“Bring it on!”

When addressing anxiety in the course of daily life, our attitude is the key. Try some of the following “self-statements” to help keep on track:

“Anxiety is uncomfortable, not dangerous.”

“Bring it on!”

“I won’t let anxiety make decisions for me anymore.”

“I want more anxiety– I hope it gets worse!”

“I can take it!”

“I hope that happens. If it does, it gives me a chance to fight this anxiety and learn to cope with hardships.”

“If bad things happen, I will find a way to cope.”

Remember to stay aggressive; the anxiety is waiting for us to become defensive and when we do this, it tries to take over. Staying aggressive with anxiety in our daily lives helps to keep the anxiety from coming back in full force.

Take home point:

Either during or after a course of exposure therapy, it is important to have ways to handle anxiety triggers in your daily life and use them over the long term. We should expect to have anxiety come up at times and be ready to use skills when it does.

Exercise

Design your own step-by-step plan to address anxiety in your daily life, using the example above:

Step One: _____

Step Two: _____

Step Three: _____

Exposure and Desensitization

Summary



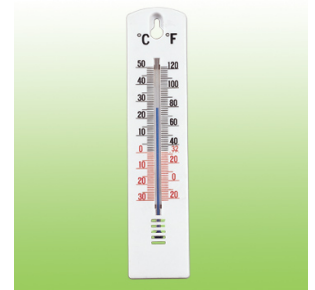
In this part of the group manual we learned that **exposure and desensitization** is just one set of skills used in CBT. It works best when we know what triggers our anxiety and we are currently **avoiding** those triggers or using **safety behaviors** when we have to experience the trigger. The goal of exposure is to gradually expose oneself to whatever it is that is being avoided, which helps one to meet his or her life goals and reduce the anxiety.

We also learned ways to decide whether or not exposure is right for us by understanding the ways that anxiety impacts our lives, and we learned about the principle of **desensitization**: through experience and over time we can make our brain less sensitive to certain anxiety triggers.

In the “Getting Started” section we learned to begin exposure by creating a **fear hierarchy** and using the **SUDS scale** (anxiety scale of 0-10) to rate the difficulty of each possible exposure exercise.

In the section “The Exposure Formula” we learned that exposure practice involves **repetitive, prolonged exposures to the anxiety itself, with no “safety behaviors.”**

We then offered tips to maximize the effectiveness of the exposure, and ways to “track” the exposure progress using the **Subjective Units of Distress Scale (SUDS)** — we rate the anxiety on a scale of 0-10 or 0-100.



We then learned how a course of exposure looks in the sections titled “Exposure Examples.” We looked at examples of addressing Panic Disorder using **Internal Cue Exposure** and exposure to anxiety triggers in our environment (**External Cue Exposure**).

We then discussed ways to use exposure to treat Obsessive-Compulsive Disorder using a variation of exposure treatment, **Exposure and Response Prevention (ERP)**.

We learned about some common **barriers to exposure treatment** and discussed why it is important to understand these possible barriers to find ways to work around them.

In the section “The Freedom of Choice: Exposure in Daily Life” we discussed the importance of learning to use **exposure techniques when anxiety presents itself in the course of daily life**. This helps one manage anxiety over the long term. We learned that we should expect to have anxiety come up at times and be ready to use skills when it does.



Moving on...

The exposure skills we covered in this section can be used to help us wage our fight against the “anxiety enemy.” Other skills, including **cognitive** (thinking) and **relaxation** skills are often used *with exposure* to gain more ground on the anxiety. In the next two sections of this manual we will learn about these other skills, which can be used either *alone*, or *with the exposure* skills.

Fear Hierarchy Form

List your anxiety trigger below and the list possible exposure exercises that might elicit anxiety. Use the **SUDS** scale to rate how difficult it would be to experience the trigger.

Anxiety trigger _____ (for example, "fear of heights")

| <u>Exposure exercise</u> | <u>SUDS rating (0-10)</u> |
|--------------------------|---------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
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Subjective Units of Distress Scale (SUDS)

0= no anxiety at all; completely calm
3= some anxiety, but manageable
5= getting tough; wouldn't want to have it all the time
7-8= severe anxiety that interferes with daily life
10 = worst anxiety you've ever felt

Exposure Tracking Form

Exposure task: _____

Amount of time each day and how often: _____

Safety behaviors or rituals to eliminate: _____

Other guidelines: _____

Subjective Units of Distress Scale (SUDS)

- 0= no anxiety at all; completely calm
- 3= some anxiety, but manageable
- 5= getting tough; wouldn't want to have it all the time
- 7-8= severe anxiety that interferes with daily life
- 10 = worst anxiety you've ever felt

| Day/Date | Length of time | | *SUDS (0-10) | | | Comments |
|----------|----------------|------|--------------|--------|-----|----------|
| | Start | Stop | Beginning | Middle | End | |
| | | | | | | |
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Exposure Tracking Example

Exposure task: *Performing my presentation for friends*

| Day/Date | Length of time | | SUDS (0-100) | | | Comments |
|----------|----------------|----------|--------------|--------|-----|------------------------------|
| | Start | Stop | Beginning | Middle | End | |
| 4/15 | 10:15 am | 11:15 am | 5 | 8 | 4 | |
| 4/16 | 2:00 pm | 3:00 pm | 3 | 8 | 3 | |
| 4/17 | 5:30 pm | 6:30 pm | 1 | 9 | 4 | <i>Lost train of thought</i> |
| 4/18 | 5:30 pm | 6:30 pm | 1 | 5 | 2 | |
| 4/19 | 10:00 am | 11:00 am | 0 | 4 | 1 | |
| 4/20 | 6:00 pm | 7:00 pm | 0 | 3 | 1 | |
| 4/21 | 10:15 am | 11:15 am | 0 | 2 | 5 | |

Exposure Tracking Form: Hourly Exposure

Exposure task: _____

Amount of time for each exposure: _____

Safety behaviors or rituals to eliminate: _____

Other guidelines: _____

Subjective Units of Distress Scale (SUDS)

- 0= no anxiety at all; completely calm
- 3= some anxiety, but manageable
- 5= getting tough; wouldn't want to have it all the time
- 7-8= severe anxiety that interferes with daily life
- 10 = worst anxiety you've ever felt

Record one SUDS (0-10) level in each box.

| Date: | | | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|--|--|--|
| 8:00 am | | | | | | | | | | | | |
| 9:00 am | | | | | | | | | | | | |
| 10:00 am | | | | | | | | | | | | |
| 11:00 am | | | | | | | | | | | | |
| 12:00 pm | | | | | | | | | | | | |
| 1:00 pm | | | | | | | | | | | | |
| 2:00 pm | | | | | | | | | | | | |
| 3:00 pm | | | | | | | | | | | | |
| 4:00 pm | | | | | | | | | | | | |
| 5:00 pm | | | | | | | | | | | | |
| 6:00 pm | | | | | | | | | | | | |
| 7:00 pm | | | | | | | | | | | | |
| 8:00 pm | | | | | | | | | | | | |
| 9:00 pm | | | | | | | | | | | | |
| 10:00 pm | | | | | | | | | | | | |

Exposure Tracking Example



| Exposure task: Touching rag that had contact with door handle | | | | | | | |
|---|------|------|------|------|------|------|------|
| SUDS (0-10) | | | | | | | |
| Day/Date | 4/15 | 4/16 | 4/17 | 4/18 | 4/19 | 4/20 | 4/21 |
| 8:00 am | 8 | 8 | 7 | 5 | 3 | 4 | 3 |
| 9:00 am | 8 | 6 | 5 | 4 | 2 | 3 | 2 |
| 10:00 am | 8 | 5 | 4 | 4 | 3 | 3 | .5 |
| 11:00 am | 7 | 5 | 4 | 4 | 1 | 2 | 0 |
| 12:00 pm | 7 | 5 | 3 | 3 | .5 | 2 | 0 |
| 1:00 pm | 6 | 4 | 4 | 3 | 1 | 1 | 0 |
| 2:00 pm | 4 | 5 | 3 | 4 | 1 | 1 | 0 |
| 3:00 pm | 4 | 3 | 2 | 2 | .5 | 2 | 0 |
| 4:00 pm | 4 | 3 | 1 | 1 | 0 | 5 | 0 |
| 5:00 pm | 5 | 4 | 1 | 1 | 0 | 0 | 1 |
| 6:00 pm | 3 | 7 | 1 | 1 | 2 | 0 | 0 |
| 7:00 pm | 3 | 6 | 2 | .5 | 0 | 0 | 0 |
| 8:00 pm | 3 | 5 | 1 | 1 | 0 | 0 | 0 |

Notes

Notes