

Culturally Responsive Exposure Practice Guide

Goals:

1. *Help the client learn how to effectively cope with and tolerate anxious distress.*
2. *Empower the client to approach anxiety provoking situations in a safe and values-consistent manner.*

Exposure is intended to help youth face feared situations that lead to **maladaptive** avoidance driven by anxiety or fear of specific people, objects, or places, internal sensations that are not objectively dangerous and are causing substantial impairment and distress. Exposure should always be driven by assessment of culture and context to inform case conceptualization and ensure that exposure is not used inappropriately (e.g., does not encourage social exposure or habituation in an environment where one is at high-risk for experiencing discrimination).

While the principles below that support a culturally responsive approach to exposure can be applied to any youth struggling with anxiety or OCD, they specifically focus on strategies for youth from marginalized and minoritized identities. For broader guidance on the application of exposure therapy principles to youth, please see www.bravepracticeforkids.com for free tip sheets on exposure delivery.

Guiding Principle #1: Exposure practices should be selected collaboratively and should align with youth goals and values. *A key challenge in identifying appropriate exposure practices and the pace with which to approach them is youth or caregiver reluctance to put themselves in seemingly difficult or scary situations. Co-developing the fear hierarchy with youth and families, guided by youth and family values, is critical to exposure success.*

- **Intended Impact:** *Help the client engage in safety learning related to their maladaptive anxiety and move the client toward their goals, all without exposing the client to unnecessary harm. This is particularly important when working with youth experiencing cultural and environmental stressors, as exposing them to those stressors could cause emotional or physical harm.*
- **Strategies:**
 - *It is the therapists' job to generate the items that will go on the hierarchy based on information from the assessment, then to work with the family to collaboratively decide which items are values consistent and culturally and contextually relevant.*
 - *Consider these guiding questions when co-developing a set of exposure practice exercises that might go on a fear hierarchy:*
 - *What is my client afraid of?*
 - *Is this fear leading to maladaptive avoidance?*
 - *If yes – consider it as a target for exposure!*
 - *If no – it is unlikely a target for exposure; stress associated with this fear likely best addressed with an augmentation strategy.*
 - *In some instances, it may not be clear - especially when youth have experienced traumatic situations that have led them to develop once adaptive avoidance behaviors that perhaps are no longer adaptive or helping them reach their goals. See the Case Conceptualization Section for support around determining whether a fear is appropriate for Ex-CBT.*
 - *What are the client and family goals related to the feared situation?*
 - *What might my client need to do or imagine to overcome this fear?*
 - *This set of questions can help you develop an initial, core set of potential exposure practices. Each potential exposure should then be further evaluated before placing it on a*

client's hierarchy. The following reflection questions can help you collaborate with the family to evaluate whether a proposed practice is suitable for a hierarchy:

- How would this exposure practice help the client work toward their goals?
- Are there any potential risks associated with this exposure practice (e.g., placing youth at risk of experiencing discrimination, community violence, or violation of cultural or religious practices)?
- Is there a risk the client would learn something we don't want them to through this exposure?
 - The goal is not to habituate to discrimination or to tolerate unjust treatment related to structural inequities. When there are experiences of identity stress, or environmental stressors (e.g., housing/food insecurity, ongoing trauma, familial conflict) associated with maladaptive avoidance, exposures should avoid testing the validity of one's fear (e.g., "I am worried this person will be racist"), but instead test the ability to tolerate strong emotions (e.g., testing the cognition of "I am worried this person will be racist and I will be not be able to cope with it or remain confident in my self-worth"). Remember that exposure can be combined with other advocacy and identity building techniques (See Case Conceptualization and Augmentation Strategies sections)
 - We want to increase clients' psychological flexibility and feelings of empowerment with strategies that can help them cope with distress, move towards their goals, and advocate for themselves.

Note. *It is important to remember that hierarchy development is rarely a linear process; these guiding questions can be used both in initial development of exposure practices and throughout treatment to refine and select targets for exposure practice.*

Guiding Principle #2: *We are asking clients to engage in anxiety provoking activities. Even the most culturally responsive and respectful exposure practices may still result in hesitancy from the client or caregiver.*

- Intended Impact: Use reflective and transparent processes to support engagement in values consistent exposures.
- Strategies:
 - Always keep in mind that the very notion of exposure involves asking youth to do something that feels scary and potentially even overwhelming.
 - We ultimately want to help youth build self-efficacy and learn they can do more than they initially thought, and that they do not need to rely on compulsions or other avoidance behaviors to feel safe.
 - Engage in collaborative decision making throughout exposure therapy, not just when developing the hierarchy.
 - At the beginning of therapy, give the child agency by having them choose between different options of exposure practices.
 - Once they have more practice you can engage the client in developing their own exposure practices.
 - Frame exposures as a way to gain mastery over their anxiety and learn to respond to anxiety in a way that is consistent with their goals and values. This can lead to feelings of empowerment and increase self-efficacy.
 - Support the clients and caregivers to engage in a values clarification exercise (see Augmentation Strategies section) and help determine what values are most important to them and how to align exposure practices with those values.

- Fear and anxiety that youth experience during exposures can override their understanding of why they are putting themselves through the challenge of exposure practice. Continuously coach youth to think about their goals and how doing each exposure could help them work toward reaching them.
- Ensure transparency in communication – be sure to explain each step of the process to the client using guided discovery (i.e., using strategic questions and reflections to elicit information from the client to help them come to their own conclusions about the benefit of graduated exposure), ensuring they understand the reasoning behind each part of the practice.
 - Repeat the rationale for exposure practice and how it relates to *their* treatment goals, as often as necessary.
 - If youth do not understand why you are asking them to do something hard or scary, it is unlikely they will be willing to do it!
- Check in often - elicit youth feelings and reactions at each step. Validate them and remind them that exposure is meant to be hard work and that by putting in the work, they will be able to see the results and lessen the control that anxiety or OCD has on their lives.
- Be liberal with praise - remind youth often about their accomplishments and encourage them not to give up. Make sure each step youth take toward facing their fears is acknowledged as the major progress that it is, even if it is not full completion of the planned exposure practice!
- Engage in continuous self-reflection. Exposures can also be challenging for clinicians; it is normal and natural to notice increases in your own anxiety in an exposure session. Check your own levels of anxiety and engage in coping strategies that work for you, including discussing your experience with your supervisor.
 - Ask yourself: “What am I feeling in my body, what thoughts and feelings am I having, what do I need to take care of myself?”

Guiding Principle #3: Most, if not all, exposure practices carry some natural inherent risk (as all life does). Have a plan for how you will support the client if some aspect of a feared outcome occurs. As much as we might hope otherwise, we can never guarantee a positive outcome of an exposure practice, especially practices that involve testing principles of uncertainty (as many exposures do!). When appropriate, we want to help clients learn that their feared outcome will not occur.

Intended Impact: Help the client learn that they can tolerate their emotions and manage a situation that feels like a “bad outcome” to reach their goals, especially for clients whose feared outcomes have occurred in the past and may occur again (e.g., experiences of discrimination).

Note. Importantly you would never put a client in a situation to intentionally have them experience or tolerate physical or emotional harm.

Strategies:

- Help prepare youth for how they may tolerate a scary/stressful outcome by co-creating with them a written plan for how they would manage the situation if the feared outcome does occur (See the Augmentation Section for skills related to supporting physical and emotional safety). This is particularly important for youth who experience social identity-related or environmental stressors that lead to maladaptive avoidance. Many youth have fears that develop from prior experiences and represent possible outcomes that might realistically occur.
 - Use structured problem-solving strategies to identify a clearly delineated action plan for what the youth will do to manage an unwanted occurrence, affirming or coping thoughts they can use to support coping (e.g., “I tried really hard and cannot control the actions of others”) and how they can engage trusted adults to provide support to them if needed (see “Supporting Emotional Safety and Supporting Physical Safety” in the Augmentation Strategies section for more information).

- While engaging in exposures that may be particularly challenging, it also can be beneficial to coach strengths-based activities as well to ensure that the youth is continuing to receive positive feedback about their strengths independent of their anxiety or OCD (see “Connecting to Strengths” in the Augmentation Strategies section).
- While some natural risk is inevitable, we still must strive to ensure that overall risk to benefit ratio is in favor of client safety. We do not want the client to be harmed or re-traumatized. For example, if a client is experiencing identity-related discrimination, an exposure in which they practice hearing discriminatory comments to tolerate their associated emotional distress **would not be appropriate**. It has both an inappropriate learning goal (learning to tolerate discrimination) and carries unnecessary risk of traumatization. You might, however, set up a practice in which they engage with an instructor who has made discriminatory comments in the past to practice advocating for themselves (with the clinician or other support person).

Exposure therapy is an extremely powerful tool that must be wielded with care and great precision. It is also only one tool and often benefits from being combined with other treatment strategies to optimally support youth. Careful case conceptualization to identify when to use exposure and when to augment or sequence exposure with other treatment strategies is critical to successful treatment outcomes (see Case Conceptualization and Augmentation sections for additional guidance).

Example Exposure Hierarchies for Youth with Anxiety or OCD Related to Identity or Environmental Stressors

Example 1: Jade is a 10-year-old child seeking treatment for social anxiety, who fears embarrassment, standing out as different, and rejection from peers and adults. She identifies as a Black cis-gender female. She lives in a predominantly affluent, White area and is one of only a handful of Black students in her school. Jade also reports a history of experiencing race-based microaggressions at school related to her appearance and school performance.

What is the client afraid of?	Jade fears standing out, being made fun of and not being able to tolerate or cope, being rejected by peers.
Is this fear leading to maladaptive avoidance?	While some avoidance seems appropriate and helpful (e.g., avoiding peers who have teased her in the past), other avoidance seems overgeneralized and functionally impairing (e.g., avoiding raising her hand in class, avoiding asking questions of any adults, avoiding expressing herself in a preferred ways both regarding her clothes and communication style due to fears of rejection).
What are the client and family goals related to the fear?	Jade and her family want Jade to be able to fully express her personality without fear and want her to be able to fully engage in her academic and extracurricular pursuits.
What might my client need to do or imagine to overcome this fear?	Jade would benefit from learning to tolerate mild feelings of discomfort to strengthen her ability to remain in social situations that currently are challenging. Jade also will benefit from learning that she can receive positive social feedback when dressing and presenting herself in an identity consistent way and that she can socially engage successfully in class and other activities. Jade also might benefit from learning strategies to advocate for herself in situations where racist comments or actions are made.

Hierarchy development should be done in collaboration with Jade and her parents to ensure that the specific hierarchy items align with their broader goals and values.

An initial list of **potential** hierarchy items for Jade might include (note: these are sample items based on assessment with Jade and would be revised after collaborating with the client and caregiver):

- Raise her hand to answer a question in class
- Wear an outfit that represents her self-expression to school for one day
- Asking a security officer for directions to a bathroom or public transportation location
- Wear her natural hair for one day (given this is her preference)
- Engage in a small group activity with peers who have not made racist comments to her in the past
- Engage in conversation with a child who has made racist comments to her, given they are in the same friend group **Potential risks associated with this item discussed in the table below*
- Call out micro-aggressive comments
- Share with a trusted adult that she has experienced micro-aggressions from peers

As you proceed to the next set of guiding questions, it is helpful to consider contextual aspects of the youth's environment that may impact anxiety ratings related to core fears of embarrassment

and rejection (e.g., the fact that her school is predominantly White). For example, you may ask: *“Is there anything about your identity or background that could make this exposure especially hard? Is there anything about this situation that feels particularly challenging? Is there anything that I can do to support you in going through this?”*

How would a given exposure practice help the client work toward their goals?	The following exposures could help Jade achieve her goals to tolerate anxiety, gain confidence, and advocate for herself: <ul style="list-style-type: none"> • Wear her natural hair for one day • Raise her hand to answer a question in class • Wear an outfit that represents her self-expression to school for one day • Call out micro-aggressive comments • Share with a trusted adult that she has experienced micro-aggressions from peers
Is there anything we do <i>not</i> want the client to learn in the process?	We would not want to intentionally set up practices where the goal would be for Jade to confirm that someone will or will not act in a racist or harmful way, or to learn to tolerate racist comments.
Are there any potential risks associated with a given exposure practice?	The following exposures may carry risk and should only be placed on a hierarchy after discussing with Jade and her family if this is a particular goal for them and after considering benefits and potential harms: <ul style="list-style-type: none"> • Engage in conversation with child who has made racist comments to her.

When conducting exposures with Jade, we should anticipate that she will be quite fearful of certain exposures that carry uncertainty or involve others (e.g., being unable to predict how others will react to her natural hair). In these instances, it is helpful to continuously review the rationale for exposure and elicit Jade’s motivations for taking steps toward being able to express herself in her preferred way.

Jade is also a prime candidate for developing a coping/advocacy plan to prepare for unpredictable outcomes within exposure practice.

- Development of a coping/advocacy plan in this situation might involve preparing Jade for how she would handle wearing her natural hair and subsequently experiencing a microaggression (e.g., a peer asks to touch her hair)
 - Who are trusted peers/adults the client can go to if microaggression occurs?
 - How can we prepare trusted adults (or plan ourselves) to advocate on behalf of Jade to the teacher or school counselor or principal to address microaggressions in class?
 - What are assertive statements Jade can practice to advocate for herself? (e.g., *“I don’t like when people touch my hair, please stop.”*)
 - What are affirming thoughts Jade can remind herself of? (e.g., *“My hair is beautiful, and I am wearing it the way that I want.”*)
 - Support the client to engage with community groups that support her identity development and emotional safety.

Exposure is also unlikely to be the only strategy that will be helpful for Jade. In addition to exposures, Jade likely would benefit from racial socialization, ensuring emotional safety and advocacy strategies (see Augmentation Strategies section) to build self-efficacy and positive identity development.

Example 2: Ari is a 13-year-old with OCD who identifies as a cisgender male and a Modern Orthodox Jew. He experiences distressing obsessions and associated compulsions related to fears of violating Jewish Kashrut law by mixing meat with dairy products. Ari engages in excessive handwashing and cleaning of surfaces, as well as repeated checking and reassurance seeking from parents to ensure that he has not accidentally violated religious dietary practices.

What is the client afraid of?	Ari fears being labeled as a “bad Jew” or a bad person. He is afraid of losing the approval of people he cares deeply about, like his parents and other members of his community. He also has fears that he cannot tolerate the distress associated with his concerns that he may have made a mistake.
Is this fear leading to maladaptive avoidance?	While some avoidance seems appropriate (e.g., ensuring that Ari uses the appropriate plates and silverware to eat meals prepared with meat versus dairy), other avoidance appears excessive compared to other family members practices (e.g., repeated wiping of surfaces, excessive checking and reassurance seeking, repeated handwashing).
What are the client and family goals related to the fear?	Ari expresses that he is not motivated to make changes because he wants to ensure he is a good person who does not break the rules. Ari’s parents are distressed by his excessive rituals and want him to be able to relax more around mealtimes and reduce time related to his compulsions.
What might my client need to do or imagine to overcome this fear?	Ari would benefit from learning what a healthy relationship with Kashrut law looks like and learn that he does not need to rely on his rituals to live a life consistent with Jewish law and practices.

Depending on the therapist’s familiarity with Kashrut law, hierarchy development might best be done in consultation with a trusted rabbi or other trusted member of the Jewish faith who can provide guidance on the Kashrut laws followed by the Modern Orthodox community. It also will be important to consult closely with Ari’s parents about what practices they follow in their home to collaboratively develop a set of guidelines around dietary practices to help differentiate these practices from those that are driven by Ari’s OCD (see more information about “Strategies to Differentiate Religious Practices from Obsessions” in the Augmentation Strategies section).

An initial list of **potential** hierarchy items for Ari might include items such as (note: these are sample items based on assessment with Ari and would be revised after collaborating with the client and caregiver):

- Touch dairy (without eating it), wash hands once, then eat meat
- Gradually increase amount of time between touching cheese and handwashing
- Reducing the amount of soap and/or time taken
- Gradually reduce the number of handwashing sessions from 20-15 (and then 15-10, etc.) after touching cheese or meat
- Sitting next to a cellophane wrapped piece of meat at the dinner table while eating a dairy meal
- Sitting next to a sealed piece of cheese at the dinner table while eating a meal with meat

How would a given exposure practice help the client work toward their goals?	<p>The following exposures could help Ari move toward his family's goals of learning that he can live a life consistent with his Jewish values without his compulsive behaviors getting in the way.</p> <ul style="list-style-type: none"> • Touch dairy (without eating it), wash hands once, then eat meat • Reduce the number of handwashing sessions from 20-15 after touching cheese or meat • Gradually increase amount of time between touching cheese and handwashing • Reducing the amount of soap and/or time taken
Is there anything we do <i>not</i> want the client to learn in the process?	We would not want to set up practices with a goal of Ari learning that he can mix milk with meat without consequences. This would represent a violation of cultural practices and stand in contrast to both his and his parent's goals.
Are there any potential risks associated with a given exposure practice?	<p>The following exposures may carry risk and should only be placed on a hierarchy after discussing with Ari and his family (and potentially a trusted rabbi or other religious figure) if this is a particular goal for them:</p> <ul style="list-style-type: none"> • Sitting next to a cellophane wrapped piece of meat at the dinner table while eating a dairy meal

When conducting exposures with Ari, we should anticipate that he may express limited motivation as he is quite attached to his rituals as his way of demonstrating that he is a "good Jew." It will be important to continuously communicate to Ari what the rabbi and his parents have shared about what it means to be a good Jew and how this stands in contrast to how his OCD is driving his behaviors. Emphasize that you want to ensure that exposure practice do not interfere with his ability to live his life in a way that is consistent with his Jewish values (see "Values Exercises" in the Augmentation Strategies section).

- Sample language: *"I know that washing your hands before the meal and saying a blessing is important in Judaism. We want to make sure that you are able to follow the Kashrut laws that your rabbi explained to me. At the same time, it seems like your handwashing 20 or more times before a meal is getting in the way for you and may not be consistent with the practices others in your family and religious community are following."*

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