# Therapeuts' Beliefs about Exposure Therapy

**Živčić-Bećirević, Ivanka; Jakovčić, Ines; Birovljević, Gorana**

# Vjerovanja terapeuta o terapiji izlaganjem
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Ivanka Živčić-Bećirević[1], Ines Jakovčić[2], Gorana Birovljević[2]

[1] Filozofski fakultet Sveučilišta u Rijeci, Odsjek za psihologiju, Rijeka, Hrvatska, [2] Sveučilište u Rijeci, Sveučilišni savjetovališni centar, Rijeka, Hrvatska

[1]*University of Rijeka, Faculty of Letters, Department of Psychology, Rijeka,* [2]*University of Rijeka, University Council Centre, Rijeka, Croatia*

Brojna istraživanja potvrđuju učinkovitost tehnike izlaganja zbog čega se ta tehnika smatra prvim izborom u tretmanu većine anksioznih poremećaja. Unatoč tome u praksi se tehnika nedovoljno primjenjuje. Osim nesklonosti klijenata da se izlažu neugodi, tome pridonose i negativni stavovi terapeuta prema primjeni ove tehnike. Cilj je istraživanja ispitati stavove terapeuta prema terapiji izlaganjem, te razlike u vjerovanjima s obzirom na tip i razinu psihoterapijske edukacije, kao i na iskustvo u primjeni ove terapije. U istraživanju je sudjelovalo 226 terapeuta različitih psihoterapijskih usmjerenja i razina edukacije. Ispitanici su ispunili kratki *online* upitnik koji je sadržavao Ljestvicu vjerovanja terapeuta o izlaganju. Rezultati pokazuju da terapeuti bihevioralno-kognitivnog usmjerenja i oni koji u svom radu primjenjuju tehniku izlaganja imaju pozitivniji stav prema njezinoj primjeni u odnosu na terapeute drugih psihoterapijskih usmjerenja i one koji je u svom radu ne koriste. Među bihevioralno-kognitivnim terapeutima, akreditirani terapeuti, supervizori i supervizanti imaju pozitivniji stav od terapeuta na nižim stupnjevima edukacije. Može se zaključiti da znanje i pozitivna vjerovanja o terapiji izlaganjem potiču primjenu ove tehnike, a pozitivna iskustva u primjeni povratno podržavaju i jačaju pozitivna vjerovanja o njoj. Preporuča se da se u okviru edukacije iz bihevioralno-kognitivne terapije radi na prepoznavanju i mijenjanju potencijalnih disfunkcionalnih vjerovanja o terapiji izlaganjem.

*/ Numerous studies have confirmed the efficacy of exposure therapy, which is why this approach is considered the primary option in the treatment of most anxiety disorders. Despite this fact, in practice this approach is not used enough. Apart from the reluctance of clients to expose themselves to discomfort, therapists' negative attitudes to exposure therapy also contribute to this. The aim of this study is to examine therapists' attitudes toward exposure therapy and differences in beliefs according to type and level of psychotherapeutic education as well as experience with using this type of therapy. 226 therapists of various psychotherapeutic orientations and education levels participated in the study. The participants filled in a short online questionnaire which contained the Therapist Beliefs about Exposure Scale. The results show that behavioural-cognitive therapists and those who apply exposure therapy in their work have a more positive attitude toward its use in comparison with therapists of other psychotherapeutic orientations and those who do not use exposure therapy in their work. Among behavioural-cognitive therapists, accredited therapists, supervisors, and supervisees have a more positive attitude than therapists with lower levels of education. It may be concluded that knowledge and positive beliefs about exposure therapy encourage the application of this technique, while positive experiences of its application support and strengthen positive beliefs about it. It is suggested that within the training in behavioural cognitive therapy more effort should be invested into recognizing and altering potential dysfunctional beliefs about exposure therapy.*

**ADRESA ZA DOPISIVANJE / *CORRESPONDENCE*:**
Prof. dr. sc. Ivanka Živčić-Bećirević
Odsjek za psihologiju
Filozofski fakultet u Rijeci
Sveučilišna avenija 4
51 000 Rijeka, Hrvatska
E-pošta: izivcic@ffri.hr
ORCID: 0000-0002-8295-0223

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## UVOD

Bihevioralno-kognitivni tretmani koji uključuju izlaganje smatraju se najučinkovitijim psihoterapijskim pristupom u tretmanu anksioznih poremećaja, što je potvrđeno većim brojem meta-analiza (1–3). Brojna istraživanja potvrđuju da je terapija izlaganjem metoda izbora za tretman paničnog poremećaja s agorafobijom (4), specifične fobije (5), socijalne fobije (6), posttraumatskog stresnog poremećaja (7), opsesivno-kompulzivnog poremećaja (8) i anksioznosti u vezi sa zdravljem (9). Izlaganje zastrašujućem podražaju empirijski je dokazan princip za promjenu patološke anksioznosti (10,11) pa većina učinkovitih tretmana anksioznih poremećaja, kao i poremećaja vezanih uz stres uključuje neku vrstu izlaganja. Bihevioralno-kognitivni tretmani s naglaskom na izlaganju pokazuju se učinkovitima i u smanjenju komorbidnih stanja poput depresije (12).

Nekoliko je objašnjenja za terapijske promjene koje nastaju kao rezultat izlaganja. Model habituacije (13) navodi kako tijekom izlaganja dolazi do smanjenja straha zbog navikavanja na zastrašujući podražaj. Prema kognitivnom modelu izlaganje omogućuje promjenu disfunkcionalnih vjerovanja u vezi odgovornosti, razine prijetnje, potrebe za kontrolom i sigurnosti (14). Model emocionalnog procesuiranja (10) pretpostavlja da je smanjenje straha posljedica

## INTRODUCTION

Behavioural-cognitive treatments which include exposure are considered the most effective psychotherapeutic approach in the treatment of anxiety disorders, which numerous meta-analyses have confirmed (1-3). Numerous studies have confirmed that exposure therapy is used for the treatment of panic disorder with agoraphobia (4), specific phobia (5), social phobia (6), post-traumatic stress disorder (7), obsessive-compulsive disorder (8), and health-related anxiety (9). Exposure to a frightening stimulus is an empirically proven method of altering pathological anxiety (10,11), which is why most effective treatments of anxiety disorders, as well as stress-related disorders, include some form of exposure. Behavioural-cognitive treatments with an emphasis on exposure have also shown to be effective in the case of comorbid conditions such as depression (12).

There are several explanations for therapeutic changes that occur as a result of exposure. According to the habituation model (13), during exposure there is a reduction of fear due to habituation to a frightening stimulus. According to the cognitive model, exposure allows for a change in dysfunctional beliefs regarding responsibility, threat levels, the need for control, and safety (14). According to the model of emotional processing (10), the reduction of fear is a

integracije korektivnih informacija u sadašnje pamćenje do kojeg dolazi tijekom izlaganja. Model suočavanja ističe značenje smanjenja i zamjene anksioznih misli adaptivnijim načinima razmišljanja. Povećanje percipirane samoefikasnosti za toleriranje zastrašujućih podražaja i reakcije straha dovodi do smanjene percepcije prijetnje što posljedično smanjuje anksioznost (15). Model inhibitornog učenja smatra da tijekom terapije izlaganjem ne dolazi do brisanja ranije uvjetovane reakcije straha, već je ona nadjačana sekundarnim inhibitornim učenjem (16). Istraživanja podržavaju ovaj model i potvrđuju da je aktivnost amigdale inhibirana kortikalnim utjecajima (17). Neispunjavanjem negativnih očekivanja o strahu razvija se tolerancija emocija straha, gađenja i nesigurnosti.

Bolji učinci izlaganja postižu se ako se pri tome od pojedinca traži da odustane od korištenja različitih sigurnosnih ponašanja, tj. ponašanja koja dovode do trenutnih olakšanja, ali dugoročno imaju glavnu ulogu u održavanju anksioznosti. Ipak, pokazuje se da plansko korištenje nekih sigurnosnih ponašanja u početku tretmana fobija i OKP-a te njihovo postupno smanjivanje tijekom tretmana ne ometa napredak u terapiji (18). Ponekad se čak pacijente potiče na suprotna ponašanja koja potiču anksioznost, čime se učinak izlaganja pojačava (npr. socijalnog fobičara potiče se da namjerno skreće pažnju na sebe, upada drugima u razgovor i sl.).

Terapija izlaganjem podrazumijeva povremeno izlaženje iz uobičajenih okvira provođenja terapijskog susreta. Ponekad je potrebno s klijentom otići u stvarne životne situacije (npr. u autobus ili tramvaj, u trgovački centar i sl.), a ponekad je potrebno u seansu uključiti podražaje koji izazivaju anksioznost (npr. donijeti pauka ili iglu, dovesti psa i sl.). Budući da je ponekad teško organizirati takve situacije (npr. kod straha od letenja), sve se češće koristi virtualno izlaganje koje pokazuje podjednaku učinkovitost (19).

consequence of the integration of corrective information in the current memory, which occurs during exposure. The coping model emphasises the significance of reduction and replacement of anxious thoughts with more adaptive thinking patterns. An increase in perceived self-efficacy in tolerating frightening stimuli and fearful reactions leads to decreased threat perception, which consequently reduces anxiety (15). According to the inhibitory learning model, during exposure therapy an earlier conditioned fearful reaction is not erased but overpowered by secondary inhibitory learning (16). Existing studies support this model and confirm that the activity of the amygdala is inhibited by cortical influences (17). A lack of fulfilment of negative expectations related to fear promotes tolerance of fear, disgust, and uncertainty.

Exposure has better effects if an individual is asked to stop using various safety behaviours, i.e. behaviours which lead to temporary relief but in the long term play an important role in maintaining anxiety. However, it has been shown that using certain safety behaviours at the beginning of treatment for phobias and OCD, followed by their gradual reduction during treatment, does not inhibit progress of the therapy (18). Patients are sometimes even encouraged to use behaviours which stimulate anxiety in order to increase the effect of exposure (e.g. a person with social phobia is encouraged to intentionally direct attention to themselves, interrupt other people's conversations, etc.).

Exposure therapy implies occasional departures from the conventional framework of conducting therapy. Sometimes it is necessary to take the patient into real life situations (e.g. take them to a bus or tram, a shopping centre, etc.) and at other times it is necessary to include stimuli which induce anxiety (e. g. bring a spider, a needle, a dog, etc.) in the therapy session. Since it is sometimes difficult to organize such situations (e.g. in case of fear of flying), virtual exposure is increasingly used and shows equal effectiveness (19).

Terapija izlaganjem pokazuje se učinkovitom i u tretmanu djece predškolske dobi, pri čemu se izlaganje provodi uz pomoć roditelja (20). Premda priručnici za tretman anksioznosti kod djece (npr. *Coping Cat* (21)) sadrže različite druge komponente (npr. kognitivno restrukturiranje, relaksacija), značajnija poboljšanja primjećuju se tek nakon uvođenja izlaganja (22).

Klinička iskustva upućuju na relativno visok postotak anksioznih pacijenata koji ne reagiraju na dobiveni tretman (34-36 %), kao i velik broj odustajanja od tretmana (16-20 %). Velik broj nereagiranja na tretman i povrata simptoma je u skladu s nedovoljnom dostupnosti učinkovitih tretmana u kliničkoj praksi, što se posebno odnosi na tretmane zasnovane na izlaganju. Usprkos povećanju korištenja usluga mentalnog zdravlja, uporaba psihoterapijskih tretmana je u posljednja dva desetljeća opala, dok se uporaba psihofarmaka povećala (23). U usporedbi s drugim terapijskim intervencijama, upravo je izlaganje među najmanje korištenim tehnikama među kliničarima (24).

Stavovi kliničara značajni su za prihvaćanje i učenje novih tehnika, kao i za njihovu primjenu u svakodnevnoj kliničkoj praksi (25). Čak i iskusni i vješti kliničari mogu izbjegavati preporučene intervencije zbog negativnih stavova i vjerovanja, ili pak etičkih dilema.

Istraživanja pokazuju da kliničari u prosjeku imaju umjereno negativna vjerovanja o terapiji izlaganjem, a čak i oni koji sami navode da je koriste nerijetko imaju o njoj negativna vjerovanja (26). Nužno izazivanje neugode kod pacijenata kroz terapiju izlaganjem kako bi se došlo do klinički značajnih promjena, može biti u kontradikciji s moralnim normama kliničara, primjerice da ne smiju štetiti pacijentu te da moraju ublažiti njegovu neugodu (27,28). Osim toga, terapeuti se boje da bi izlaganje moglo naštetiti klijentu i dovesti do kognitivne dekompenzacije (29), pojačanja simptoma (30) ili tjelesne štete (31). Neki terapeuti smatraju da je namjerno poticanje anksioznosti

Exposure therapy has also shown to be effective in the treatment of pre-school children, which is conducted with the help of parents (20). Although manuals for the treatment of anxiety in children (e.g. *Coping Cat* (21)) contain various other components (e.g. cognitive restructuring, relaxation), significant improvement is noticed only after introducing exposure (22). Clinical experience indicated a relatively high percentage of anxious patients who do not react to treatment (34-36%), as well as high treatment dropout rates (16-20%). The high percentage of patients who do not react to treatment and whose symptoms return is in accordance with inadequate accessibility of effective treatments in clinical practice, particularly in the case of treatments based on exposure. Despite the increase in the use of mental health services, the use of psychotherapeutic treatments has decreased in the past two decades, while the use of psychopharmaceuticals has increased (23). In comparison with other therapeutic interventions, exposure is among the least used techniques among clinicians (24).

The attitudes of clinicians are significant for the acceptance and learning of new techniques, as well as their application in everyday clinical practice (25). Even experienced and skilful clinicians sometimes avoid recommended interventions due to negative attitudes and beliefs or ethical dilemmas. Studies have shown that, on average, clinicians have moderately negative beliefs about exposure therapy, and even those who claim they use it often have negative beliefs about it (26). Necessary induction of anxiety in patients through exposure therapy with the aim of achieving clinically significant changes can be in contradiction with the moral norms of clinicians, for example those that proscribe that they must never cause harm to the patient and must decrease their discomfort (27,28). Moreover, therapists fear that exposure could harm the client and lead to cognitive decompensation (29), increase of symptoms (30), or bodily harm (31). Some therapists believe that intentional provocation of anxiety during exposure therapy

tijekom terapije izlaganjem u osnovi neetično (28), averzivno i neprihvatljivo za pacijente (32) te da povećava odustajanje od tretmana (33). S druge strane, istraživanja ne nalaze razlike u odustajanju od terapije izlaganjem od odustajanja od drugih bihevioralno-kognitivnih tretmana (34). Dio terapeuta brine o tome da bi izlaganje moglo i njima samima naštetiti vikarijskom traumatizacijom (32) ili sudskim tužbama pacijenata. Kao dodatni izvori subjektivnih prepreka u primjeni terapije izlaganjem navodi se i nelagoda ili anksiozna osjetljivost terapeuta tijekom izlaganja (35).

Negativna vjerovanja kliničara prepreka su u kompetentnoj primjeni terapije izlaganjem (27,32), usprkos tome što istraživanja potvrđuju da je ona učinkovita, sigurna, izdržljiva i nosi minimalne rizike kad se ispravno primjenjuje. Negativna očekivanja potiču terapeute koji se odluče na njezinu primjenu na pretjerani i nepotrebni oprez, kao što je izbor zadataka koji izazivaju manju anksioznost, prerano prekidanje izlaganja, toleriranje čestog korištenja sigurnosnih ponašanja i strategija za smanjenje anksioznosti, te izbjegavanje izlaganja klijenata najjače zastrašujućoj situaciji (26), što značajno smanjuje učinkovitost tretmana. Premda pacijenti izvještavaju o ekstremno rijetkim negativnim posljedicama interoceptivnog izlaganja (36), terapeuti nerijetko pretpostavljaju da produženo i intenzivno interoceptivno izlaganje paničnih pacijenata dovodi do dekompenzacije, gubitka svijesti, pojačanja simptoma i konačno odustajanja od tretmana zbog čega su skloni oprezu u primjeni ove tehnike i često koriste ograničeno interoceptivno izlaganje, uz korištenje kontroliranog disanja kao sigurnosnog ponašanja.

Prisutnost komorbidnog depresivnog poremećaja također se često smatra preprekom za uspješnu primjenu terapije izlaganjem (37). Premda se prisutnost komorbidnog psihotičnog poremećaja ranije smatrala glavnim kriterijem isključivanja za primjenu terapijskih

is inherently unethical (28), aversive and unacceptable for the patient (32), and that it increases treatment dropout (33). On the other hand, studies have found no differences in treatment dropout between exposure therapy and other behavioural-cognitive treatments (34). Some therapists believe that exposure could harm themselves through vicarious traumatisation (32) or the patients' legal actions. Additional sources of subjective obstacles for the use of exposure therapy include discomfort or anxiety sensibility of the therapist during exposure (35).

Clinicians' negative beliefs are an obstacle in competent application of exposure therapy (27,32) despite the fact that studies have shown that it is effective, safe, durable, and carries minimum risk when used correctly. Negative expectations encourage excessive and unnecessary caution in therapists who decide to use it, which means they choose a less anxiety provoking items for the exposure task, avoid exposing clients to the most frightening situations, tolerate frequent use of safety behaviours and strategies for anxiety reduction, and prematurely interrupt the exposure (26), which significantly reduces the effectiveness of treatment. Although patients report on extremely rare negative consequences of interoceptive exposure (36), therapists often assume that prolonged and intense interoceptive exposure of panick patients leads to decompensation, loss of consciousness, increase of symptoms, and finally treatment dropout, which is why they are likely to exercise caution in the application of this technique and often use limited interoceptive exposure with the use of controlled breathing as a safety behaviour.

The presence of a comorbid depressive disorder is often considered an obstacle for a successful application of exposure therapy (37). Although the presence of a comorbid psychotic disorder was earlier considered the main criterium of exclusion for the application of therapeutic interventions based on exposure, recent studies

intervencija zasnovanih na izlaganju, novije studije izvještavaju o učinkovitosti primjene izlaganja u tretmanu anksioznosti i kod pacijenata s psihozom (37).

Budući da negativna vjerovanja obeshrabruju terapeute u korištenju tehnike izlaganjem, pacijenti nerijetko ostaju zakinuti za učinkovit i brz tretman. Istražujući upotrebu terapije izlaganjem među terapeutima u Njemačkoj Böhm i sur. (38) došli su do zapanjujućih rezultata. Premda su gotovi svi terapeuti zahtijevali od osiguravajućeg društva pokriće za korištenje izlaganja u radu s pacijentima s opsesivno-kompulzivnim poremećajem, preko 80 % pacijenata je izvijestilo da tijekom tretmana nije korišten niti jedan oblik izlaganja. Isto tako, unatoč dokazima da učinkoviti tretmani za post-traumatski poremećaj uključuju produženo izlaganje, istraživanja ukazuju da samo 6-13 % veterana koji traže pomoć zbog PTSP-a dobivaju empirijski dokazane tretmane (39), najčešće zbog strahova terapeuta i pacijenata o mogućnosti toleriranja terapije izlaganjem. Kvalitativnom analizom intervjua s veteranima koji su sudjelovali u osam seansi izlaganja autori su utvrdili da, usprkos početnom pogoršanju simptoma, većina veterana navodi da je to bilo pozitivno i korisno iskustvo. Premda su neki htjeli ranije prekinuti tretman, većina navodi da je izlaganje značajno doprinijelo poboljšanju. Becker i sur. (29) nalaze da 83 % privatnih terapeuta nikad ne koristi izlaganje u imaginaciji, premda je to ključna komponenta produženog izlaganja u tretmanu osoba s PTSP-om. Zanimljivo je da, premda kliničari koji rade s pacijentima oboljelim od PTSP-a vjeruju da je terapija izlaganjem učinkovitija od suportivne psihoterapije, istovremeno izvještavaju da više vremena primjenjuju suportivnu psihoterapiju ili psihoedukaciju (40).

Najčešći razlozi za nedovoljno korištenje terapije izlaganjem u radu s djecom su produženo trajanje seanse, nedostatak treninga terapeuta, te zabrinutost u vezi reakcije roditelja (41).

report on the effectiveness of using exposure in the treatment of anxiety even in psychotic patients (37).

Since negative beliefs discourage therapists from using exposure therapy, patients are often deprived of effective and quick treatment. In their research of the use of exposure therapy among therapists in Germany, Böhm et al. (38) have found astonishing results. Although almost all therapists required an insurance cover from an insurance agency for the use of exposure in their work with patients with obsessive-compulsive disorder, over 80% of patients reported that not a single form of exposure was used during treatment. Also, despite evidence that effective treatment for post-traumatic stress disorder include prolonged exposure, studies have shown that only 6-13% of veterans seeking help for PTSD receive empirically proven treatments (39), most often due to the fears of therapists and patients regarding the possibility of tolerating exposure therapy. Qualitative analysis of interviews with veterans who participated in eight exposure sessions showed that, despite initial worsening of symptoms, most veterans claimed that it was a positive and useful experience. Although some of them wanted to stop the treatment prematurely, most claimed that exposure significantly contributed to their improvement. Becker et al. (29) found that 83% of private therapists never use exposure in imagination, even though this is a key component of prolonged exposure in the treatment of people with PTSD. It is interesting that clinicians who work with patients with PTSD believe that exposure therapy is more effective than supportive therapy, but also report that they spend more time on the use of supportive therapy or psychoeducation (40).

The most common reasons for insufficient use of exposure therapy with children are prolonged session duration, lack of therapist training, and concerns related to parent reac-

Primjena terapije izlaganjem u radu s djecom podrazumijeva poštivanje posebnih etičkih principa (42) s obzirom na osjetljivost populacije, činjenicu da se ne javljaju samostalno na tretman, kao i mogućnost da ne razumiju racionalu tretmana. Osim toga, primjena terapije izlaganja u radu s djecom u pravilu podrazumijeva rad s cijelom obitelji, a ponajprije roditeljima.

Negativna vjerovanja o terapiji izlaganjem mogu biti posebno izražena kod terapeuta početnika te interferirati s izvođenjem uspješnog tretmana. Tako su Farrell i sur. (43) utvrdili da su terapeuti početnici s negativnim vjerovanjima kreirali manje ambiciozne hijerarhije za izlaganje, birali zadatke koji potiču manju anksioznost, te na različite načine nastojali umanjiti anksioznost klijenata tijekom izlaganja što je sve moglo nepovoljno utjecati na terapijske ishode. Osim toga, negativna su vjerovanja bila povezana s izraženijom anksioznosti i kod samih terapeuta, kako za vrijeme pripreme, tako i tijekom samog izlaganja.

Cilj je ovog istraživanja ispitati vjerovanja terapeuta različitih terapijskih usmjerenja i različite razine terapijske edukacije o terapiji izlaganjem. Pretpostavlja se da će terapeuti s više iskustva u primjeni terapije izlaganjem i oni s više znanja imati o njoj pozitivnija vjerovanja.

tion (41). Use of exposure therapy the work with children assumes a respect for special ethical principles (42) with regard to population sensitivity, the fact that they do not come to treatment on their own, as well as the possibility that they do not understand the reasons for treatment. Moreover, the use of exposure therapy with children usually involves work with the entire family, primarily the parents.

Negative beliefs about exposure therapy can be especially pronounced in novice therapists and may interfere with conducting successful treatment. Farrell et al. (43) have found that beginner therapists with negative beliefs created less ambitious exposure hierarchies, selected tasks which provoke less anxiety, and attempted to decrease client anxiety in various ways during exposure, all of which had a negative effect on the results of therapy. Furthermore, negative beliefs were connected with more pronounced anxiety in the therapists themselves, both during preparation and exposure itself.

The aim of this study is to examine beliefs about exposure therapy about therapists from various therapeutic orientations and of different level of education. It is assumed that therapists with more experience with the use of exposure therapy and those with more knowledge about it will have more positive beliefs.

# METODA

## Sudionici

U istraživanju je sudjelovalo 226 stručnjaka (86,6 % žena) u dobi od 24 do 60 godina (M=35,24; SD=8.32) koji se bave psihoterapijskim radom ili su uključeni u edukaciju u okviru jedne od psihoterapijskih škola. Od toga ih 49,8 % ima manje od 3 godine staža u radu s klijentima. Uzorak čine dominantno psiholozi (78,5 %), nakon čega slijede psihijatri i specijalizanti psihijatrije (13,4 %), a preostalih 8 %

# METHOD

## Participants

The study included 226 experts (86.6% women) aged from 24 to 60 (M=35.24; SD=8.32) engaged in psychotherapeutic work or involved in education within the framework of one of the psychotherapeutic schools. 49.8% of the participants had less than three years of experience in working with clients. The sample consisted mostly of psychologists (78.5%), followed by psychiatrists and psychiatry specialist trainees

su liječnici drugih specijalnosti. U svom terapijskom radu 86.9 % ispitanika koristi bihevioralno-kognitivnu terapiju, dok su drugi psihoterapijski pravci manje zastupljeni (geštalt terapija 3,2 %, kibernetika 2,7 %, transakcijska analiza 1,8 %, EMDR 1,4 %, a svi ostali manje od 1 % ispitanika), zbog čega su grupirani u zajedničku kategoriju „ostalih pravaca". Nešto više od polovine ispitanika (njih 52,9 %) navodi da u svom terapijskom radu primjenjuje terapiju izlaganjem. U ukupnom uzorku (61,1 %) sudionika uključeno je u niže stupnjeve psihoterapijske edukacije, 27,4 % pohađa završni stupanj edukacije, dok su ostali (11,5 %) akreditirani terapeuti i edukatori/supervizori.

## Mjerni instrument

Primijenjena je *Ljestvica vjerovanja terapeuta o izlaganju - SVTI* (*Therapist beliefs about exposure scale – TBES* (26)) koja je za potrebe ovog istraživanja prevedena na hrvatski jezik. U izradi prijevoda sudjelovala su 3 psihoterapeuta. Deacon i sur. konstruirali su ovu ljestvicu s ciljem procjene terapeutovih ograda u primjeni terapije izlaganjem, kao što je očekivanje da terapija izlaganjem može biti štetna za pacijenta, da je pacijent neće moći tolerirati, odnosno da je postupak neetičan (26). Ljestvica se sastoji od 21 čestice, a za svaku od njih ispitanici procjenjuju stupanj slaganja na ljestvici od 0 (uopće se ne slažem) do 4 (u potpunosti se slažem). Ukupni rezultat dobiva se zbrajanjem rezultata na pojedinim česticama pri čemu veći rezultat upućuje na negativnija vjerovanja terapeuta. Na ispitanom uzorku utvrđen je visok koeficijent unutrašnje pouzdanosti (*Cronbach Alpha*) koji iznosi .91.

## Postupak

Istraživanje je uglavnom provedeno putem interneta, a ispunjavanje *online* upitnika trajalo je oko 10 minuta. Poziv za sudjelovanje u istraživanju objavljen je na internetskim stranicama

(13.4%), with the remaining 8% being physicians of other specialties. 86.9% of participants said they used behavioural-cognitive therapy in their work, while other psychotherapeutic schools were less represented (gestalt therapy 3.2%, cybernetics 2.7%, transaction analysis 1.8%, EMDR 1.4%, with the remaining ones being represented by less than 1% of the participants), due to which they were grouped under a common category of "other schools". A little over a half of the participants (52.9%) stated that they used exposure therapy in their work. In the total sample, 61.1% of participants was included in lower levels of psychotherapeutic education, with 27.4% attending the final level of education and the remaining 11.5% being accredited therapists and educators/supervisors.

## Measurement tools

The Therapist beliefs about exposure scale (TBES) (26) was used and was translated into Croatian for the purposes of this research. Three psychotherapists worked on the translation. Deacon et al. constructed the scale with the aim of assessing therapist reservations regarding the use of exposure therapy, such as the expectation that exposure therapy can be harmful to the patients, that the patient will not be able to tolerate it, or that the procedure was unethical (26). The scale consists of 21 items, for each of which the participants estimate to what degree they agree with them, from 0 (Completely disagree) to 4 (Completely agree). The total score is obtained by summing up the results from all items, with a higher score indicating negative therapists' beliefs. The tested sample showed a high internal consistency (Cronbach alpha .91).

## Procedure

The research was mainly conducted via the internet, and filling in the online questionnaire took approximately 10 minutes. The invitation

pojedinih psihoterapijskih škola te je proslijeđen putem e-pošte terapeutima i polaznicima različitih psihoterapijskih edukacija. Manji dio sudionika ispunio je papirnatu verziju upitnika. Provjereno je i potvrđeno je da nema značajnih razlika u rezultatima ispitanika s obzirom na način ispunjavanja upitnika.

## REZULTATI

Prosječni relativni rezultat na Ljestvici vjerovanja terapeuta o terapiji izlaganjem na ukupnom uzorku iznosi 1,49, pri čemu se raspon rezultata kreće od ,14 do 3,62. Kako bi se utvrdilo postoje li razlike u vjerovanjima o terapiji izlaganjem između terapeuta različitih psihoterapijskih usmjerenja (bihevioralno-kognitivnog i drugih psihoterapijskih pravaca), te ovisno o tome primjenjuju li tehniku izlaganja u svojem radu ili ne, izračunati su t-testovi za nezavisne uzorke. Utvrđen je značajan efekt terapijskog usmjerenja. Bihevioralno-kognitivni terapeuti imaju pozitivniji stav prema terapiji izlaganjem od terapeuta drugih usmjerenja. Utvrđen je i snažan efekt primjene tehnike. Terapeuti koji u svojem radu primjenjuju terapiju izlaganjem imaju značajno pozitivniji stav prema njoj u odnosu na one koji je ne primjenjuju (tablica 1).

Kako bi se provjerio učinak razine psihoterapijske edukacije na stavove prema terapiji izlaganjem provedena je jednosmjerna analiza varijance (ANOVA). S obzirom da se istraživanju odazvao vrlo mali broj terapeuta drugih tera-

to participate in the research was published on the internet sites of psychotherapeutic schools and forwarded to therapists and trainees of various psychotherapeutic educations via e-mail. A smaller section of participants filled in a printed version of the questionnaire. It was tested and confirmed that there were no significant differences in the results regarding the form of the questionnaire.

## RESULTS

The mean relative results on the Therapist beliefs about exposure scale of the total sample was 1.49, with the results ranging from .14 to 3.62. In order to establish whether there were differences in beliefs about exposure therapy between therapists of various psychotherapeutic schools (behavioural-cognitive and other psychotherapeutic schools) and depending on whether or not they use exposure therapy in their work, t-tests for independent samples were calculated. It was shown that the effect of therapeutic schools was significant. Behavioural-cognitive therapists have a more positive attitude to exposure therapy than therapists of other schools. Furthermore, a significant effect of the use of this technique was also found. Therapists who use exposure therapy in their work have a significantly more positive attitude toward it than those who do not use it (table 1).

In order to assess the effect of the level of psychotherapeutic education on the attitudes toward exposure therapy, a one-way analysis

**TABLICA 1.** Vjerovanja terapeuta o terapiji izlaganjem ovisno o psihoterapijskom usmjerenju i primjeni tehnike
**TABLE 1.** Therapist beliefs about exposure therapy depending on the psychotherapeutic school and use of the technique

| | | N | M | SD | raspon / range | t | Cohen d |
|---|---|---|---|---|---|---|---|
| Psihoterapijsko usmjerenje / Psychotherapeutic school | bihevioralno-kognitivno / behavioural-cognitive | 186 | 1.43 | .66 | .14 – 3.14 | 3.43** | 0.70 |
| | druga usmjerenja / other schools | 28 | 1.89 | .62 | .33 – 3.62 | | |
| Primjena tehnike izlaganjem / Use of exposure therapy | da / yes | 113 | 1.19 | .56 | .14 – 2.67 | 7.70*** | 1.06 |
| | ne / no | 103 | 1.81 | .61 | .33 – 3.62 | | |

** p < .01*** p < .001 / ** p < .01*** p < .001

**TABLICA 2.** Razlike u vjerovanjima bihevioralno-kognitivnih terapeuta o terapiji izlaganjem s obzirom na razinu edukacije
**TABLE 2.** Difference in the beliefs of behavioural-cognitive therapists about exposure therapy regarding to the level of education

| | 1 - niži stupnjevi edukacije (N=118) / 1 – lower levels of education (N=118) | | 2 - završni stupanj edukacije (N=54) / 2 – final level of education (N=54) | | 3 - akreditirani terapeuti (N=14) / 3 – accredited therapists (N=14) | | ANOVA | | |
|---|---|---|---|---|---|---|---|---|---|
| | M | SD | M | SD | M | SD | $F_{(2, 183)}$ | $\eta^2$ | Post-hoc (LSD) |
| SVTI | 1.69 | .64 | 1.06 | .42 | .74 | .29 | 34.53*** | .27 | 1>2,3 |

SVTI – rezultat na Ljestvici vjerovanja terapeuta o terapiji izlaganjem*** p < .001 / SVTI – score on the Therapist Beliefs about Exposure Scale*** p < .001

pijskih usmjerenja, analiza je provedena samo na uzorku bihevioralno-kognitivnih terapeuta koji su podijeljeni u tri skupine: 1. akreditirani terapeuti i supervizori, 2. terapeuti na završnom stupnju edukacije (supervizanti) i 3. terapeuti uključeni u niže stupnjeve edukacije. Rezultati upućuju na statistički značajnu razliku između pojedinih skupina. *Post-hoc* analizom (LSD test) utvrđeno je da terapeuti uključeni u niže stupnjeve edukacije imaju izraženija negativna vjerovanja od terapeuta u završnom stupnju edukacije i akreditiranih terapeuta.

## RASPRAVA

Psihološki tretmani zasnovani na izlaganju sustavno pokazuju superiornu učinkovitost u usporedbi s drugim terapijskim intervencijama, što izlaganje čini ključnom komponentom bihevioralno-kognitivnih tretmana anksioznosti (11,44). Unatoč empirijskim dokazima o njezinoj efikasnosti, često se navode podaci o podzastupljenosti terapije izlaganjem u kliničkoj praksi. Osim nesklonosti samih pacijenata koji u pravilu izbjegavaju neugodne situacije, tome uvelike pridonose i negativni stavovi i predviđanja terapeuta. Ovim se istraživanjem željelo ispitati kakva vjerovanja o terapiji izlaganjem imaju hrvatski terapeuti različitih psihoterapijskih usmjerenja, te različitih iskustava i razine edukacije. Suprotno očekivanjima temeljenima na rezultatima drugih istraživanja ovdje dobiveni rezultati upućuju da ispitani terapeuti u pro-

of variance (ANOVA) was conducted. Since a very small number of therapists of other therapeutic schools responded to the research, the analysis was conducted only on the sample of behavioural-cognitive therapists divided into three groups: 1. accredited therapists and supervisors, 2. therapists attending the final level of education (supervisees), and 3. therapists involved in lower levels of education. The results indicate a statistically significant difference between individual groups. A post-hoc analysis (LSD test) showed that therapists involved in lower levels of education had more pronounced negative beliefs than therapists in the final level of education and accredited therapists.

## DISCUSSION

Psychological treatments based on exposure continually show superior effectiveness in comparison with other therapeutic interventions, which makes exposure a key component of behavioural-cognitive treatments for anxiety (11,44). Despite empirical evidence of its effectiveness, data about underrepresentation of exposure therapy in clinical practice are often cited. Apart from the reluctance of the patients themselves, who usually avoid unpleasant situations, therapists' negative attitudes and predictions significantly contribute to this. The aim of this research was to examine the attitudes about exposure therapy among Croatian therapists of various psychotherapeutic schools and with different experience and levels of education. Despite expectations based on the results

sjeku nemaju izražen negativan stav prema terapiji izlaganjem (prosječna procjena 1,49 na ljestvici od 0 do 4). Moguće je da su se pozivu na sudjelovanje u ispitivanju odazvali oni terapeuti koji imaju pozitivniji stav prema ovoj terapiji, dok su se oni s izraženijim negativnim stavom i odbili izjašnjavati o njoj. Sličan prosječni rezultat dobivaju i autori ljestvice na većem uzorku psihoterapeuta različitih usmjerenja (26). Sadržajnom analizom odgovora uočava se da su terapeuti najviše zabrinuti o pacijentovom podnošenju neugode koju izlaganje izaziva (prosječna procjena na toj čestici iznosi 2.59). Osim toga smatraju da je tijekom izlaganja neophodno koristiti neku strategiju za smanjenje napetosti kao što su relaksacija ili kontrolirano disanje (prosječna procjena na toj čestici iznosi 3.22). Ovi su rezultati u skladu s iskustvima tijekom edukacije prema kojima su neiskusni terapeuti, vjerojatno zbog svojih negativnih vjerovanja, skloni poticanju i podržavanju pacijenata u korištenju različitih sigurnosnih ponašanja (u prvom redu relaksacijskih postupaka), kao i preranom prekidanju izlaganja.

Rezultati pokazuju da bihevioralno-kognitivni terapeuti imaju u prosjeku značajno pozitivnija vjerovanja o terapiji izlaganjem od terapeuta drugih psihoterapijskih usmjerenja. Utvrđeno je da samo 23,1 % bihevioralno-kognitivnih terapeuta ima donekle negativna vjerovanja (prosječna procjena po čestici veća od 2), pri čemu su svi na početnom stupnju edukacije, dok je među drugim terapeutima takvih desetak posto više (32,1 %). Ohrabrujuće je što terapeuti drugih usmjerenja nemaju u prosjeku izražena negativna vjerovanja prema terapiji izlaganjem (prosječna procjena od 1,89 na ljestvici od 0 do 4), što upućuje da nemaju izražene sumnje u učinkovitost terapije izlaganjem ili strahove u vezi mogućih negativnih posljedica njezine primjene pa se može pretpostaviti da će bolje prepoznati kada je terapija izlaganjem korisna za određenog pacijenta.

of other studies, the obtained results show that the therapists who participated in this study do not have, on average, a pronounced negative attitude to exposure therapy (with an average score of 1.49 on a scale from 0 to 4). It is possible that therapists with more positive attitudes to this type of therapy responded to the invitation to participate in this research, while those with more negative attitudes refused to express their opinions about it. A similar mean result was obtained by the authors of the scale on a larger sample of psychotherapists of various schools (26). Content analysis of answers shows that therapists were mostly concerned about the patient's experience of discomfort produced by exposure (with the average score for this item being 2.59). Also, they believe that it is necessary to use strategies for the reduction of tension during exposure, such as relaxation or controlled breathing (with the average score for this item being 3.22). These results are in accordance with experiences during education, according to which inexperienced therapists, probably due to their negative beliefs, are more prone to encourage and support the patient in using various safety behaviours (primarily relaxation techniques), as well as premature interruption of exposure.

The results show that behavioural-cognitive therapists have, on average, significantly more positive beliefs about exposure therapy than therapists from other psychotherapeutic schools. It was found that only 23.1% of behavioural-cognitive therapists have somewhat negative beliefs (average score per item greater than 2), all of whom were on the beginning level of education. Among therapists there are ten percent more of them with somewhat negative beliefs (32.1%). It is encouraging that therapists of other schools do not have, on average, pronounced negative beliefs about exposure therapy (average score of 1.89 on a scale from 0 to 4), which indicates that they do not have pronounced doubts in the effectiveness of exposure therapy or fears about possible negative

Premda je u ispitanom uzorku gotovo polovica mlađih terapeuta s iskustvom kraćim od 3 godine i utvrđena je značajna negativna povezanost izraženosti negativnih vjerovanja s radnim iskustvom terapeuta (r=.30), posebno nas je zanimalo postoji li razlika u vjerovanjima između onih terapeuta koji u svojoj kliničkoj praksi primjenjuju terapiju izlaganjem i onih koji ju ne primjenjuju. Dobiveni rezultati upućuju na značajan efekt iskustva u primjeni terapije izlaganjem na stavove prema njoj. Terapeuti koji je koriste u svojem radu imaju o njoj i značajno pozitivnija vjerovanja od onih koji je ne koriste. Moguće je da su pozitivna iskustva u primjeni izlaganja umanjila početne strahove i nesigurnost terapeuta, što je u skladu s nalazima Eftekharija i suradnika (45) da iskustva uspjeha potkrepljuju namjeru za daljnje korištenje ove tehnike. Značajan efekt pozitivnog iskustva u primjeni nalaze i Hundt i suradnici (39) koji su utvrdili da bihevioralno-kognitivni terapeuti mlađe dobi i s manje iskustva, ali koji češće provode tretman pacijenata s PTSP-jem češće biraju empirijski dokazane tretmane kao što je terapija izlaganjem. Autori zaključuju da bolje poznavanje protokola i veće povjerenje terapeuta u vlastite kompetencije povećava njegovu spremnost da preporuči i primijeni terapiju izlaganjem.

Analiza učinaka razine edukacije na vjerovanja o terapiji izlaganjem samo u skupini bihevioralno-kognitivnih terapeuta pokazuje da supervizanti i akreditirani terapeuti imaju pozitivnija vjerovanja od onih na nižim razinama edukacije. Pri tome svi akreditirani terapeuti koriste terapiju izlaganjem, gotovo svi supervizanti (92,7 %), ali samo 37,5 % onih koji su na nižem stupnju edukacije. Ovi su podatci ohrabrujući s obzirom na brojne nalaze o rijetkom korištenju izlaganja čak i među bihevioralno-kognitivnim terapeutima (46). Premda se navodi da je to najčešće zanemarena terapijska strategija u rutinskoj kliničkoj praksi (47), čini se da je

consequences of its application, which means that it is possible to assume that they will be able to recognize situations when exposure therapy is beneficial for the patient.

Although younger therapists with less than three years of experience make up almost half of the sample of participants and although a significantly negative correlation between pronounced negative beliefs and therapist work experience was found (r=.30), it was of particular interest to discover whether there was any difference in beliefs between therapists who use exposure therapy in their clinical practice and those who do not. The obtained results indicate a significant effect of experience with using exposure therapy on attitudes toward it. Therapists who use it in their work also have significantly more positive beliefs about it than those who do not use it. It is possible that positive experiences with using exposure reduced initial therapist fears and insecurities, which is in accordance with the findings of Eftekhari et al. (45), who found that experiences of success encourage further use of this technique. A significant effect of positive experience of application was also found by Hundt et al. (39), who ascertained that behavioural-cognitive therapists who are younger and have less experience but frequently treat patients with PTSD are more likely to choose empirically proven treatments such as exposure therapy. The authors conclude that greater knowledge of protocol and more confidence in the therapist's own competences increase their readiness to recommend and use exposure therapy.

Analysis of the effect of the education level on the beliefs about exposure therapy in the group of only behavioural-cognitive therapists shows that supervisees and accredited therapists have more positive beliefs than those on lower levels of education. All of the accredited therapists use exposure therapy, as do almost all supervisees (92.7%), but only 37.5% of those on lower levels of education. This data is encouraging with regard to numerous findings about infrequent use

većina ispitanih educiranih terapeuta koristi, premda ne raspolažemo podatcima na temelju kojih možemo tvrditi da to čine redovito kada za to postoji indikacija.

Dobiveni rezultati o značajnom učinku znanja o terapiji izlaganjem u skladu su s očekivanjima i mogu se objasniti u okviru kognitivnog modela. Terapeuti koji imaju više znanja o učinkovitosti i o načinu primjene terapije izlaganjem imaju pozitivnija vjerovanja o njoj. Oni predviđaju da može biti korisna za pacijente s anksioznim problemima, što će ih vjerojatnije ohrabriti za njezino korištenje, a nova pozitivna iskustva u primjeni dodatno će ojačati pozitivna vjerovanja i očekivanja, te potkrijepiti daljnju primjenu.

Suprotno njima, terapeuti s nedovoljno znanja i iskustva imaju negativnija predviđanja o mogućim posljedicama, zbog čega su manje skloni korištenju terapije izlaganjem u radu s pacijentima. Izbjegavanjem njezine primjene nisu potaknuti na učenje o samoj tehnici i ne dovode se u prigodu za stjecanje pozitivnih iskustava. Time se dodatno podržavaju negativna vjerovanja te se onemogućuje njihova eventualna promjena. U prilog tome idu i rezultati Whiteside i sur. (48) koji su istraživali primjenu terapije izlaganjem i drugih terapijskih tehnika u radu s anksioznom djecom. Autori nalaze da je terapija izlaganjem bila rijetko korištena u kliničkom radu terapeuta, iako ih je većina izjavila da su BKT orijentacije i da koriste BKT tehnike u svom radu. Ipak, utvrđeno je da terapeuti s više terapijske edukacije i oni s pozitivnijim stavovima češće koriste izlaganje, što upućuje na potrebu za dodatnom edukacijom, kao i korekcijom nefunkcionalnih vjerovanja terapeuta.

Nekoliko je istraživanja pokazalo korisnost specifične edukacije o primjeni terapije izlaganjem. Farrell i sur. (49) nalaze da „pojačani" trening koji uključuje promjenu stavova temeljenu na socijalno-kognitivnoj teoriji daje bolje

of exposure, even among behavioural-cognitive therapists (46). Although it is said to be the most frequently neglected therapeutic strategy in routine clinical practice (47), it seems that it is used by most educated therapists who participated in the research, although we do not have data that would allow us to claim that they do so regularly when there is indication for it.

The obtained results regarding the significant effect of knowledge about exposure therapy are in accordance with expectations and can be explained in the framework of the cognitive model. Therapists who have more knowledge about the effectiveness and use of exposure therapy have more positive beliefs about it. They assume that it can be useful for patients with anxiety issues, which probably encourages them to use it, while new positive experiences of its application additionally strengthen their positive beliefs and expectations and support its further use.

On the other hand, therapists with insufficient knowledge and experience have more negative predictions about possible consequences, which is why they are less likely to use exposure therapy in their work with patients. By avoiding its use, they are not encouraged to learn about the technique itself and do not put themselves in situations in which they can obtain positive experiences. This further supports negative beliefs and prevents the possibility for their change. This is supported by the results found by Whiteside et al. (48), who investigared the use of exposure therapy and other therapeutic techniques in the work with anxious children. The authors found the therapists rarely used exposure therapy in their clinical work, although most of them declared themselves as behavioural-cognitive therapists. However, it was found that therapists with more education in therapy and those with more positive attitudes use exposure more frequently, which indicates the need for additional education, as well as correction of non-functional therapist beliefs.

rezultate od standardnog treninga u bihevioralno-kognitivnoj terapiji. Terapeuti koji su bili uključeni u pojačani trening su nakon njega bili značajno manje zabrinuti zbog izlaganja i više su ga koristili u radu s pacijentima.

Primjena intenzivnog interaktivnog treninga s ciljem usvajanja adekvatnih vjerovanja i namjera kliničara za primjenu terapije izlaganjem pokazuje pozitivne učinke na percepciju značenja primjene ove tehnike za pomaganje pacijentima u prevladavanju simptoma, na procjenu korisnosti za pacijente te na procjenu samoefikasnosti u primjeni tehnike (50). Sudjelovanje u navedenom treningu smanjilo je zabrinutost terapeuta da bi izlaganje moglo izazvati neugodu kod pacijenta, kao i predviđanja mogućih negativnih ishoda.

Premda nema jasnih smjernica za specifičan trening terapeuta sa ciljem povećanja korištenja terapije izlaganjem, Farrell i sur. (43) predlažu da se u procesu promjene negativnih stavova koriste tehnike temeljene na nalazima istraživanja iz područja socijalne i kognitivne psihologije, a u prvom redu spoznaje iz dvoprocesnog modela u zaključivanju, potreba za spoznajom i afektom te inokulacija stava. Harned i sur. (35) smatraju da bi dodavanje motivacijskih strategija moglo značajno povećati učinkovitost uobičajenih treninga za prevladavanje subjektivnih prepreka terapeuta.

Provedeno istraživanje ima i određena ograničenja. Ponajprije, provedeno je na prigodnom uzorku terapeuta u kojem dominiraju oni bihevioralno-kognitivne orijentacije, dok su terapeuti ostalih psihoterapijskih usmjerenja zastupljeni u znatno manjoj mjeri zbog slabijeg odaziva na sudjelovanje u istraživanju, što svakako otežava generalizaciju rezultata. Nadalje, u ispitivanje nisu uključene mjere nekih crta ličnosti terapeuta za koje se pretpostavlja da bi mogle biti povezane s primjenom terapije izlaganjem. Primjerice, Meyer i sur. (51) nalaze da vjerojatnost izbjegavanja korištenja

Several studies have shown the advantages of education about the use of exposure therapy. Farrell et al. (49) found that enhanced training which includes a change of attitudes based on social-cognitive theory provides better results than standard training for behavioural-cognitive therapy. Therapists who were involved in enhanced training were significantly less concerned about exposure afterwards and used it more often in their work with patients.

The use of intensive interactive training with the aim of adopting adequate beliefs and intentions for the application of exposure therapy shows positive effects on the perception of the significance of using this technique for helping patients overcome symptoms, the assessment of its usefulness for patients, and the assessment of self-efficacy in the application of the technique (50). Participation in this training reduced the therapists' concerns that exposure could provoke discomfort in the patient, as well as predictions of possible negative outcomes.

Although there are no clear guidelines for specific therapist training with the aim of increasing the use of exposure therapy, Farrell et al. (43) suggest that techniques based on findings of studies from the field of social and cognitive psychology should be used in the process of altering negative attitudes, primarily the findings from a dual processing in reasoning, the need for cognition, and attitude inoculation. Harned et al. (35) believe that adding motivational strategies could significantly increase the effectiveness of usual training methods for overcoming therapists' subjective obstacles.

This research also had certain limitations. First of all, it was conducted on a convenience sample of therapists dominated by those of behavioural-cognitive orientation, while therapists of other psychotherapeutic schools were much less represented due to a poor response to research participation, which certainly makes result generalization difficult. Furthermore, the research did not include measurements of certain

terapije izlaganjem ovisi o nekim kakteristikama pacijenta i terapeuta. Utvrdili su da terapiju izlaganjem češće izbjegavaju terapeuti s jače izraženom anksioznom osjetljivosti i oni s negativnim vjerovanjima o primjeni te terapije. Veća je vjerojatnost da terapiju izlaganjem neće koristiti s pacijentima koji su emocionalno osjetljiviji, koji sami pokazuju nespremnost za sudjelovanje u izlaganju te oni koji imaju komorbidne psihotične smetnje. Buduća bi se istraživanja mogla usmjeriti na ispitivanje nekih karakteristika terapeuta (npr. anksioznost kao crta ličnosti, anksiozna osjetljivost i sl.) što bi moglo pomoći u izboru kandidata za uključivanje u specifične psihoterapijske edukacije, kao i u izradu edukativnih programa.

Unatoč navedenim nedostatcima dobiveni su rezultati u skladu s očekivanjima i s nalazima ostalih autora te imaju korisne praktične implikacije. Značajan učinak razine edukacije i iskustva u primjeni na vjerovanja o terapiji izlaganjem upućuje na potrebu bolje informiranosti svih terapeuta o značaju i učinkovitosti ove terapije. Više autora ističe kako je edukacija terapeuta za kompetentnu primjenu terapije izlaganjem zdravstveni prioritet (52,53), jer bi se na taj način povećala dostupnost efikasnog tretmana pacijentima s anksioznim poremećajima. Negativni stavovi i nedostatak znanja terapeuta smatraju se primarnom preprekom za širu primjenu terapije izlaganjem (54). Poseban je problem što su takva negativna vjerovanja dosta stabilna i opstaju unatoč tome što nisu potkrijepljena nalazima istraživanja (55), te unatoč tome da čak i sami pacijenti često preferiraju ovaj oblik tretmana.

Američko psihologijsko udruženje ističe tri bitna izvora za donošenje odluke o izboru tretmana u kliničkoj praksi zasnovanoj na dokazima („*evidence-based practice*“), a to su poznavanje tretmana koji su dokazano učinkoviti, stručnost kliničara za njihovu primjenu, te prefe-

personality traits of therapists which could be correlated with the use of exposure therapy. For example, Meyer et al. (51) found that the probability of avoiding exposure therapy depends on certain characteristics of the patient and the therapist. They established that exposure therapy was more frequently avoided by therapists with more pronounced anxiety sensitivity and those with negative beliefs about the application of exposure therapy. It is more likely that they will not use exposure therapy with those patients who are emotionally more sensitive, those who show reluctance towards participating in exposure, and those who have comorbid psychotic disturbances. Future studies could focus on exploring certain therapist characteristics (e.g. anxiety as a personality trait, anxiety sensitivity, etc.), which could help in selection of candidates for specific psychotherapy training, as well as the creation of education programs. Despite these shortcomings, the obtained results were in accordance with expectations and the findings of other authors, and have useful practical implications. A significant effect of the level of education and experience with the use of exposure therapy on the beliefs about it indicate the need for greater awareness of all therapists about the significance and effectiveness of this form of therapy. Several authors point out that therapist education for competent application of exposure therapy is a health priority (52,53) because it could increase the availability of effective treatment for patients with anxiety disorders. Negative attitudes and lack of therapist knowledge are considered to be the primary obstacles in a wider use of exposure therapy (54). It is especially problematic that such negative beliefs are fairly stable and persist despite not being supported by research findings (55) and despite the fact that patients themselves often prefer this type of treatment.

The American Psychological Association emphasises three important sources for decision-making in the choice of treatment in evidence-based practice knowledge of evidence-based treatment with evidence of effectiveness, therapist

rencije i vrijednosti klijenata (56,57). Zbog toga je u okviru edukacije iz bihevioralno-kognitivne terapije nužno provjeravati i ispravljati moguća iskrivljena vjerovanja o primjeni terapije izlaganjem koja mogu biti prepreka u odluci o njezinom korištenju, u motiviranju pacijenata na aktivnu suradnju, kao i u njezinoj pravilnoj primjeni. Koliko nam je poznato, navedena ljestvica prvi je puta primijenjena s terapeutima u Hrvatskoj, te je pokazala visoku pouzdanost. Nadamo se da će biti dobro polazište za provjeru eventualnih pogrešnih vjerovanja terapeuta čije korigiranje može dugoročno dovesti do povećanja upotrebe ove učinkovite terapije.

expertise in its application, and client preferences and values (56,57). Therefore, as part of education in behavioural-cognitive therapy, it is important to evaluate and correct possible distorted beliefs about the application of exposure therapy which could be an obstacle to its implementation and competent delivery, as well as to motivating patients for active participation. According to our knowledge, this scale was used for the first time with therapists in Croatia and has shown a high level of reliability. We hope that it will serve as a good basis for the evaluation of misguided therapist beliefs, the correction of which may in the long term lead to the increase in the use of this effective therapy.

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