

Interoceptive Exposure: Guided Exercises for Therapists

Interoceptive exposure is an evidence-based practice in which therapists guide clients to intentionally and progressively experience physical sensations associated with anxiety in a safe environment. The ultimate goal is to foster a client's tolerance for discomfort and increase their readiness for broader exposure work. Before doing these exercises, please make sure there are no medical contraindications to engaging in them.

1 Acceptance or Willingness

Before embarking on interoceptive exposure, therapists should revisit the cornerstone principle of acceptance. Clients should grasp that acceptance, sometimes referred to as willingness, means embracing discomfort for a potentially transformative outcome. If clients demonstrate hesitancy, validating their feelings and engaging in constructive dialogue to clarify misunderstandings and strengthen the therapeutic alliance is imperative.

2 Introducing Interoceptive Exposure

When transitioning into interoceptive exposure, cover the following points with the client:

- **Explanation of interoceptive exposure:** clearly define interoceptive exposure and highlight how it contrasts with other therapy components.
- **Setting expectations:** outline the process, emphasizing the client's agency in determining the pace and their right to halt the exercises as needed.
- **Safety and trust:** reiterate the therapist's role in creating a safe environment during exposure exercises.
- **Framing as an experiment:** for hesitant clients, frame the exercises as exploratory, allowing for discovery without pressure.
- **Client autonomy:** stress that the decision to proceed with interoceptive exposure rests entirely with the client, and their choices will be respected.

3 Guided Exercises

● Increased Heart Rate

- Start with the least distressing symptom.
- Guide the client to practice running in place, doing knee highs for gradually increasing durations.
- Encourage clients to practice these exercises to model that it is manageable and not necessarily scary.
- Remind clients they are in control and can end the activity anytime if they are concerned about their immediate health.

● Dizziness and Disorientation

- Instruct the client to stand in place and turn in a circle with eyes open for one minute.
- Ensure a clear space to avoid obstacles, as slight swaying may occur.

- Consider doing the exercise together with the client to provide reassurance and guidance.
- Encourage the client to describe the level of distress and the sensations experienced, and guide them in using their skills to regulate themselves.

● **Shortness of Breath**

- Address the distressing sensation of hyperventilation and the feeling of being unable to take a full breath.
- Guide the client through 30 seconds of deep breathing, inducing hyperventilation.
- Emphasize the importance of not bailing out as long as the client feels safe.
- Reassure the client that the exercise is unlikely to trigger a panic attack and that they can manage the sensations without becoming overwhelmed.

④ **Debriefing and Practice**

Dedicate time post-exercise to discuss experiences with the client and aid their relaxation. Advocate for clients to rehearse these exercises independently, documenting their observations. Suggest daily practice of three specific techniques to cement consistency and growth.

Adapting to the unique needs and preferences of each client is fundamental. Tailor the exercises to facilitate a cooperative, client-centered approach.

Key Points

- Interoceptive exposure is a structured method for increasing a client's tolerance for anxiety-associated physical sensations.
- Prioritizing client autonomy, safety, and trust is paramount for ensuring effective therapy sessions.
- Adapting and tailoring exercises to individual client needs enhances the collaborative nature of therapy and optimizes outcomes.