**Appendix 1**

**Duration Questionnaire**

*Adapted from Stewart et al. (2016)*

On average, for clients you are treating for primary anxiety and/or OCD

(Click on the line to indicate your response as a percentage)

|  |  |
| --- | --- |
|  | 0-100% |
| What percentage of time in sessions do you spend doing cognitive restructuring?  |  |
| What percentage of time in sessions do you spend doing breathing, grounding, and/or relaxation exercises? |  |
| With what percentage of cases do you typically use exposure (as defined above)? |  |
| For those with whom you use exposure, what percentage of time in session would you spend doing exposure tasks? |  |
| For those with whom you use exposure, in what percentage of sessions do you assign exposure tasks for homework?  |  |
| In what percentage of cases is it the client’s wish not to engage in exposure treatment?  |  |

**Appendix 2**

**Exposure Therapy Education Questionnaire**

*Adapted from Sars and van Minnen (2015)*

The following questions focus on the *content* of the exposure education that you received. Considering all of your education in exposure therapy, to what extent did your training

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | None at all | A little | A moderate amount | A lot | A great deal |
| 1. Emphasise *diagnostic and case formulation skills* to indicate exposure treatment for adult anxiety disorders and/or OCD?
 |  |  |  |  |  |
| 1. Emphasise *empirical knowledge* about the treatment of adult anxiety disordersand/or OCD with exposure?
 |  |  |  |  |  |
| 1. Emphasise *theoretical underpinnings* of exposure therapy (how it is thought to work/mechanisms of change)?
 |  |  |  |  |  |
| 1. Emphasise *treatment protocols* for exposure therapy with adults?
 |  |  |  |  |  |
| 1. Emphasise *practical exposure skills* for the treatment of adult anxiety disorders and/or OCD?
 |  |  |  |  |  |
| 1. Address *your emotions or concerns* about use of exposure therapy to treat anxiety disorders and/or OCD in adults?
 |  |  |  |  |  |
| 1. Require you to have a *personal experience* of exposure therapy i.e. try exposure techniques in a personally anxiety provoking situation)?
 |  |  |  |  |  |

**Appendix 3**

**Theory of Exposure Questionnaire (TEQ)**

Below are questions about the theories and application of exposure therapy. For each question below, please choose one statement-option that *best fits* your understanding and use of exposure therapy

1. What is your current understanding of how exposure therapy reduces clients’ anxiety?
2. Exposure deepens learning gained from cognitive work
3. Exposure reduces the automatic physiological response to a feared stimulus
4. Exposure develops an alternative pathway in the brain between the feared stimulus and the absence of the feared response
5. Other. Please specify
6. What is your understanding of the role of arousal during exposure?
7. Increased arousal during an exposure task enhances development of new beliefs because of the difference between expectation and reality
8. After an initial increase, the reduction in arousal during an exposure task shows the client that anxiety diminishes naturally over time and gives them a sense of self-efficacy, control and coping in the feared situation
9. After an initial increase, the reduction in arousal during an exposure task indicates that the biological link between the feared stimulus and the automatic fear reaction is broken
10. Other. Please specify ­­­­­­­­­­­­­­­­­
11. What is your understanding of the main purpose of exposure tasks?
12. To lower arousal
13. To test beliefs, elicit new information and deepen learning
14. To disprove client’s current fearful beliefs
15. Other. Please specify ­­­­­­­­­­­­­­­­­­­­­­­­­­­­
16. What is your understanding about when to end exposure tasks?
17. When distress (Subjective Units of Distress) reduces to a low to moderate level compared with initial anxiety
18. When the client’s feared situation has been disconfirmed
19. After a predetermined duration or number of repetitions, as prescribed by a manual
20. Other. Please specify ­­­­­­­­­­­­­­­­­­­­­­­­­­­
21. What is your understanding of the application of cognitive restructuring in an exposure therapy session?
22. Never use it
23. Use it before and during exposure tasks
24. Only use it after exposure tasks
25. Use it before and during exposure tasks
26. Other. Please specify
27. What is your understanding of the purpose of cognitive restructuring in an exposure therapy session?
28. To consolidate learning
29. To help the client cope with the exposure task
30. To encourage learning, cope with exposure, and consolidate learning
31. Other. Please specify
32. What is your understanding of the application of grounding, slow breathing or other relaxation techniques in exposure therapy?
33. Only use them if the client refuses to engage in an exposure task or is over-breathing
34. Use them before and during exposure tasks
35. Use them with all or most clients before, during and/or after exposure tasks
36. Other. Please specify
37. What is your understanding of the impact of grounding, slow breathing or other relaxation techniques in exposure therapy?
38. They interfere with the discrepancy between the feared outcome and reality
39. They impart a sense of control, make exposure more tolerable for the client, or ensure their safety
40. They augment the automatic reduction of physiological arousal that occurs as a natural consequence of the exposure itself
41. They inhibit new learning
42. Other. Please specify
43. What is your understanding of how to manage safety behaviours in exposure therapy?
44. Eliminate them systematically as part of the exposure hierarchy
45. Discourage them
46. Allow them
47. Discourage or allow them based on how the client appears to be coping on the day or with treatment in general.
48. Other. Please specify.
49. Please read the following statement and indicate the choice that most closely matches your opinion: When clients with anxiety/OCD benefit from exposure, it is because
	1. They have learned skills to actively reduce or cope with anxiety
	2. They have evidence that feared consequences are unlikely to occur
	3. They have learned to fully experience the feeling of anxiety until it naturally diminishes
	4. They have learned to fully experience the feeling of anxiety, but not necessarily until it naturally diminishes
	5. Other reasons clients might benefit from exposure. Please specify ­­­
50. Which theoretical model of exposure therapy best fits your understanding of how the treatment works?
	1. Cognitive model
	2. Coping model
	3. Habituation model
	4. Inhibitory learning model
	5. I don’t know
	6. Other­­­­­. Please specify.