TBES

Below are statements about exposure therapy for the treatment of anxiety disorders. Please indicate how strongly you agree or disagree with each statement. Circle your answer.

	Disagree Strongly	**Disagree**	**Unsure**	**Agree**	**Agree Strongly**
1. Most clients have difficulty tolerating the distress exposure therapy evokes.	0	1	2	3	4
2. Exposure therapy addresses the superficial symptoms of an anxiety disorder but does not target their root cause.	0	1	2	3	4
3. Exposure therapy works poorly for complex cases, such as when the client has multiple diagnoses.	0	1	2	3	4
4. Compared to other psychotherapies, exposure therapy leads to higher dropout rates.	0	1	2	3	4
5. Conducting exposure therapy sessions outside the office increases the risk of an unethical dual relationship with the client.	0	1	2	3	4
6. Exposure therapy is difficult to tailor to the needs of individual clients.	0	1	2	3	4
7. Compared to other psychotherapies, exposure therapy is associated with a less strong therapeutic relationship.	0	1	2	3	4
8. Asking the client to discuss traumatic memories in exposure therapy may retraumatize the client.	0	1	2	3	4
9. It is unethical for therapists to purposely evoke distress in their clients.	0	1	2	3	4
10. Clients are at risk of decompensating (i.e., losing mental and/or behavioral control) during highly anxiety-provoking exposure therapy sessions.	0	1	2	3	4
11. Conducting exposure therapy sessions outside the office endangers the client's confidentiality.	0	1	2	3	4
12. Arousal reduction strategies, such as relaxation or controlled breathing, are often necessary for clients to tolerate the distress exposure therapy evokes.	0	1	2	3	4

	Disagree Strongly	Disagree	Unsure	Agree	Agree Strongly
13. Compared to other psychotherapies, exposure therapy places clients at a greater risk of harm.	0	1	2	3	4
14. Most clients perceive exposure therapy to be unacceptably aversive.	0	1	2	3	4
15. Exposure therapy often causes clients' anxiety symptoms to worsen.	0	1	2	3	4
16. Asking the client to discuss traumatic memories in exposure therapy may vicariously traumatize the therapist.	0	1	2	3	4
17. Clients may experience physical harm caused by their own anxiety (e.g., loss of consciousness) during highly anxiety-provoking exposure therapy sessions.	0	1	2	3	4
18. Having clients conduct exposures in their imagination is sufficient; facing feared stimuli in the real world is rarely necessary.	0	1	2	3	4
19. Exposure therapy is inhumane.	0	1	2	3	4
20. Most clients refuse to participate in exposure therapy.	0	1	2	3	4
21. Compared to other psychotherapies, exposure therapy increases the risk that the therapist will be sued for malpractice.	0	1	2	3	4

Source: Deacon, B. J., Farrell, N., Kemp, J., Dixon, L., Sy, J., Zhang, A., & McGrath, P. (2013). Assessing therapist reservations about exposure therapy for anxiety: The Therapist Beliefs about Exposure Scale. *Journal of Anxiety Disorders, 27,* 772-780.