

Internal Sensations Exposure

Write down the exposure tasks from the previous exercise that have a similarity rating over 35. List these in order of SUDS rating, starting with the lowest. Record the physical sensations you experience, and remember the following points:



- ◇ **Repetition.** It is important to repeat each task until your SUDS rating has decreased to less than 30. This might be later on the same day, or schedule it for the next day. If you do need to repeat it, try to use the same level of intensity to experience the sensations as fully as before.
- ◇ **Acknowledge your achievements.** You might want to do something that you find positive and rewarding in recognition of this.
- ◇ **Use your resources.** Talk to a friend about how you are going, and work through any unhelpful thoughts you might have. You may also wish to talk to a doctor or mental health professional
- ◇ **Exposure extension.** When you have a SUDS rating of less than 30 on a particular task you can extend it to further develop your coping. For example, you might try increasing the duration of the task by 30-60 seconds, or performing seated tasks whilst standing up, or performing the tasks in unfamiliar places

| | SUDS 0-100 | Similarity 0-100 | Intensity 0-100 | Physical Sensations |
|-------|---------------|---------------------|--------------------|---------------------|
| Task: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |

| | | | | |
|-------|-------|-------|-------|-------|
| Task: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |

| | | | | |
|-------|-------|-------|-------|-------|
| Task: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |

| | | | | |
|-------|-------|-------|-------|-------|
| Task: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |
| Date: | _____ | _____ | _____ | _____ |