has written that “behavioural strategies offer the most powerful means to cognitive change in cognitive therapy” (Wells, 1997, p. 78)

BEs are central in the development of successful CBT for anxiety disorders: panic disorder and social phobia (Clark, 1997), obsessive compulsive disorder (Salkovskis, Forrester, Richards, & Morrison, 1999), post-traumatic stress disorder (Ehlers & Clark, 2000)

The importance of BEs in testing such beliefs can be gauged from research showing that BEs specifically targeted at safety seeking behaviours result in significantly greater changes than exposure alone (Salkovskis, Clark, Hackmann, Wells, & Gelder, 1999; Sloan & Telch, 2002).

Some studies show exposure alone is less effective than interventions that include dropping safety behaviours (e.g. Morgan and Raffle, 1999; Salkovskis et al 1999; Sloan and Telch, 2002).

Bennett-Levy (2003) looked at BEs and Automatic Thought Records finding that participants ratings of behaviour and belief change were that BEs were more powerful and compelling than ATRs. While the two techniques promoted equivalent levels of self-awareness, BEs were rated as producing significantly greater cognitive and behavioural change.

This is reflected in Teasdale and Barnard’s (1993) Interacting Cognitive Subsystems (ICS) model. It is a complex theory, and here the focus will be only on the most salient elements as they pertain to ATRs and BEs. In this regard, the central point proposed by Teasdale is that ATRs and BEs impact on the human information processing system at different levels. ICS recognizes two levels of meaning, a specific level and a more generic level, represented respectively by a propositional code and an implicational code. ATRs, which ask the client to examine the evidence in favour of and against negative automatic thoughts, are a classic example of propositionally based evidence collection. The second level of meaning is represented by implicational code at a more generic, holistic level i.e. schemas.

McMillan and Lee (2010) systematic review comparing BEs with exposure for anxiety disorders (obsessive compulsive disorder, panic, social anxiety and specific phobias). 14 studies (N=644) BE > exposure. Methodological limitations of the studies, particularly the use of brief exposure durations and the possibility of therapeutic-allegiance effects, prevent definitive conclusions, there was some evidence that behavioural experiments were more effective than exposure alone.

**Behavioural experiments vs. Exposure**

In anxiety, BEs and exposure may look very similar (e.g. both may involve taking an agoraphobic client to the supermarket).

But there are crucial differences:

- Theoretical framework and goals: habituation vs. testing beliefs
- Repeated prolonged exposure vs. targeted BEs
- Importance of safety behaviours in BEs
- BEs can be used equally effectively in many areas outside anxiety disorders (e.g. depression, psychosis, low self-esteem, eating disorders etc.)