Open Innovation from the Outside In

Incorporate outside ideas into your practice, knowledge-base, and skills

CAMFT's FALL 2014 SYMPOSIUM

Sunday, November 9, 2014
9:00 a.m. - 4:30 p.m. (6 CE hours)

Facing Fears: Exposure Therapy for Anxiety Disorders presented by Amy Jenks, PsyD and Ben Tucker, MS, BCBA

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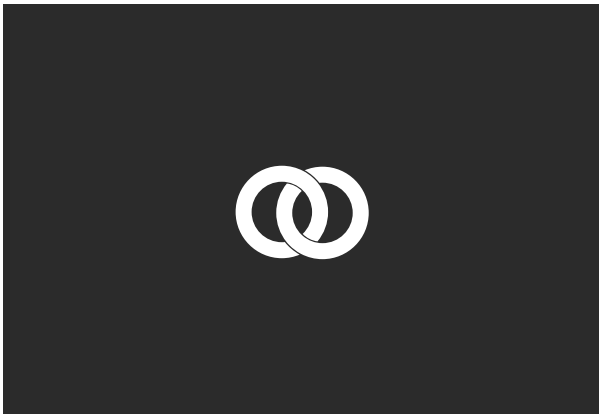


Exposure Therapy for Anxiety Disorders

Amy Jenks, Psy.D.
Ben Tucker, M.S., BCBA

WELCOME

- About today's training
  - For beginners to advanced clinicians
  - Interactive, experiential
  - Deliberate practice of skills
  - Practical
  - Designed to give you skills you can immediately put to use.
  - User friendly
  - Transdiagnostic training
    - Will focus less on PTSD and OCD
  - Let's be creative and have fun.

What is your experience level?

- How would you describe yourself?

A I am new to CBT. I have had minimal training or supervision.

B I've taken classes/trainings in CBT. I feel that I know the basics but I have a lot to learn.

C I have received quite a bit of training and supervision in CBT. I feel comfortable using CBT but I'm not yet an "expert.

D I have expertise in CBT. I have received a lot of training and supervision in CBT and I am well versed in treating a wide range of anxiety disorders. I routinely use exposure therapy. I describe myself as a "CBT Therapist"

E I am an expert in CBT and exposure therapy. I have used exposure with over 200 clients. Others seek consultation from me.

Why learn exposure therapy?

Exposure Therapies: Most Effective Treatments for Anxiety Disorders

Review:

- Anxiety disorders affect **28%** of the U.S. population over a lifetime.
- Exposure therapy (ET) is the **most effective** treatment available for anxiety disorders. **75%** of individuals experience a clinically significant reduction in symptoms.
- Only **12%** are trained in ET for anxiety disorders (28% trained in ET for PTSD)
- **Less than 30%** of individuals seeking treatment for an anxiety disorder receive ET. Only **10%** of individuals with OCD receive ET.

Barriers to Using Exposure: Assumptions about ET

- Assumptions about ET.
  - ET is "insensitive"
  - ET is counter-indicated for many clients.
  - ET is damaging to clients, it is "re-traumatizing"
  - ET is unethical.
  - ET has high drop-out, worsens symptoms.

What are your assumptions?

- For the vast majority of cases, these assumptions are inaccurate. However, these beliefs may remain even after receiving this information.
- Treat these beliefs as hypotheses and be willing to challenge them and gather counter-evidence from your own experience.

Other Barriers:

- Lack of training in graduate school
- Lack of access to training and supervision post licensure.
- Personal fears about doing exposure.
- Avoidance due to personal discomfort of asking a client to experience short-term discomfort.
- Difficulty with logistics and practical matters
- Co-morbid diagnoses

What have been your personal barriers to using ET in your practice?

Transdiagnostic Approach to Anxiety Disorder Treatment

- 12 Anxiety Disorders, 25 subtypes and categories. OCD and PTSD now in their own category.
- Difficult to learn every protocol.
- Mechanisms similar across anxiety disorders.
- Co-morbidity is the rule
- Moving in direction of a trans-diagnostic approach. Focus on mechanisms vs. diagnosis.
- Can target multiple problems
- Practical, logical
- Leads to an individualized treatment plan based on mechanisms.

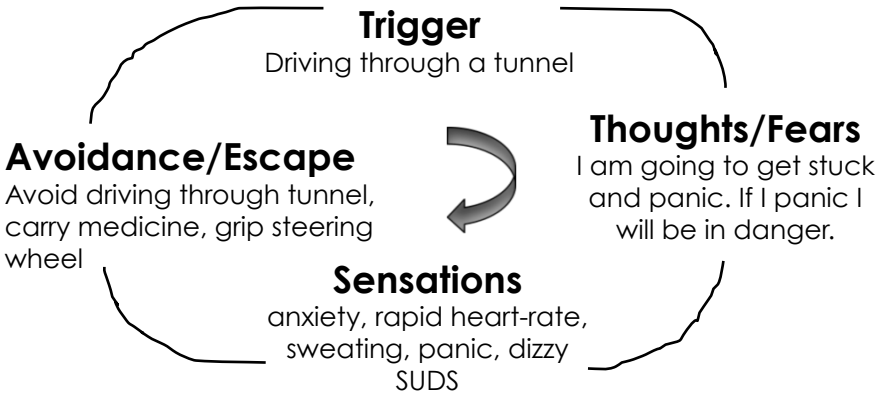
How do anxiety disorders develop?

- Combination of environment and genetics
- Classical conditioning (phobias).
  - Dog (CS) + Bite (US) = conditioned fear
- Observational learning, modeling (early childhood experiences)
- Reinforced responses (based on consequences)
- All anxiety disorders have a genetic component
- Heritability of Anxiety Disorders

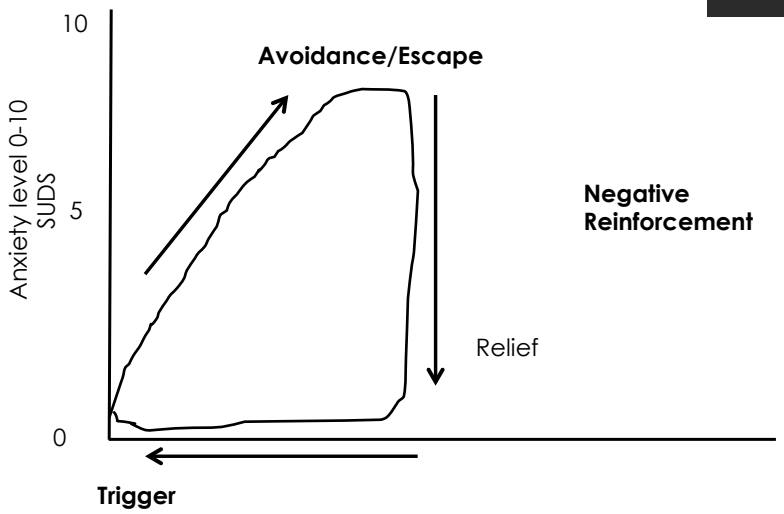
OCD 45-65% in childhood
OCD 27%-47% Adult onset

Social Phobia 51%
Phobias 46% to 59%
Panic Disorder 44%

Anxiety and Escape Cycle



Avoid/Escape Cycle of Anxiety



What mechanisms maintain anxiety disorders?

- Negative Reinforcement and Inhibitory Learning Model
- Avoidance and escape
  - **Safety behaviors**: behaviors that promote safety
  - **Safety signals**: signals that promote safety
  - **Behavioral Avoidance**- avoid situations
  - **Compulsions**: behaviors that reduces anxiety
  - **Cognitive avoidance**- thought suppression, thought control
  - **Emotional Avoidance**
  - **Interoceptive avoidance (somatic)**
- Relationship factors-
  - **Reassurance giving**- "Don't worry, you are fine."
  - **Family accommodation**- allowing avoidance

PRACTICE 1

INSTRUCTIONS:

Watch role-play and listen for mechanisms that maintain anxiety. Record on your list.

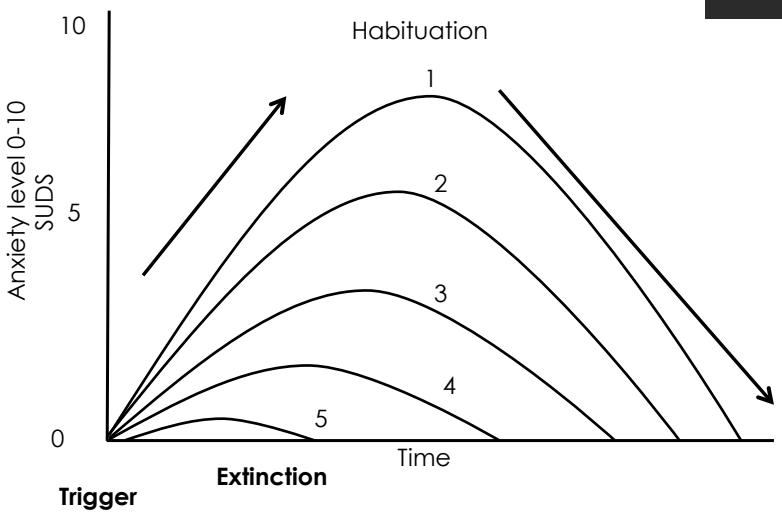
Exposure Therapy

- ET is an effective behavioral technique, not a theoretical orientation.
- Under the umbrella of CBT, but can be used within another theoretical framework.
- Basic ET is effective but important to adapt exposure to disorder
  - Response Prevention is important in OCD
  - Imaginal exposure used with PTSD
  - Interoceptive for Panic. Target worry in GAD.
- Cognitive Therapy and coping skills do not improve response but help facilitate exposure

Counter-indications

- When a client is unable to participate due to psychosis, very severe depression, drug and alcohol use/dependence, suicidal/homicidal.
- But depression can be secondary.
- Fearful of exposure therapy, may need "exposure to exposure"
  - Talking to someone who has been through it.
- Exercise professional judgment.
- Research shows that it is effective for all anxiety disorders.
- What is needed? Need buy-in, motivation, well understood rationale, willingness to experience short-term anxiety for long-term gain, commitment to practice outside of session, a "bigger picture" understanding of exposure.

Fear-Habituation Approach



Fear-Habituation Approach Model

- Created hierarchy based on anxiety level
- Start with exposure to items around 4-5
- Continue in exposure until SUDS are at least half
- Repeat same exposure until extinction
- Goal is habituation within session and across sessions
- Mechanism of change is habituation and extinction
- Potential for relapse and re-emergence of fear

New Directions in Exposure Therapy, Inhibitory Learning Model, Craske, 2014

- Habituation is not important
- Traditional exposure therapy can lead to return of fear
- Inhibitory Learning Model optimizes exposure
- Reduces relapse rate

New Directions in Exposure Therapy, Inhibitory Learning Model, Craske, 2014

- Habituation is not important
- Traditional exposure therapy leads to return of fear
- Inhibitory Learning Model optimizes exposure
- Promote affect labeling
- Promote engagement vs. avoidance, promote flexible responses vs. adhering to rules
- Overlearning important
- Goal is to provide experiences that disconfirm person's anxious expectations. Want to strengthen memory retrieval of new learning
- Increases response rate and reduces relapse rate

Inhibitory Learning Model

Fear NOT Erased

Public Speaking  Danger

Public Speaking  Safe

New association stronger than old association

Practice 2: Assessment and Treatment Planning

- Observe
- Practice
- See handout
- Exercise: Split into pairs. Role play a client with an anxiety disorder. Interview client and get information about triggers and avoidance behaviors.
- At end ask client to track their own triggers for homework. Give rationale.

Practice 3: Set the stage: Educate and Give Rationale

- Observe
- Exercise: Practice giving rationale of exposure to your "client"
- See handout for ideas

Practice 4: Create a hierarchy

- Observe
- Exercise: Work with your client to develop a list of exposures
- See handout

Hierarchy Example

Make eye contact with someone from the group 4

Talk to a club member about the club 5

Talk about your own interests with someone from the club 6

Talk to your therapist about favorite films 6

Got to meeting where you watch a movie and leave 7

Go to a meeting where you watch a movie and stay to talk 8

Go go a discussion group where you talk about your own film interests 8

Go to a discussion group and start a new discussion topic 9

Go to a discussion group sweaty 10

How to build a hierarchy:

- Build hierarchies collaboratively. Make them personally relevant.
- Include a variety of situations from difficulty level 4 to 10.
- Focus on eliminating safety signals and safety behaviors.
- Be creative!

Doing exposure:

- Set up learning experience to violate client's expectations.
- Not necessary to reduce fear in one session (however, this will probably happen).
- Focus on eliminating safety behaviors and any subtle avoidance.
- Teach client:
  1. Fear is unlikely to occur
     target: overestimation of fear occurring
  2. If fear occurs, they can cope.
     target: underestimation of ability to cope

Doing exposure:

- Help client be a scientist
- Don't follow a hierarchy
- Vary the context of the exposure
- Habituation is unimportant
- Criteria for finishing: expectancy violation
- Before: What is your expectation? How likely is it to happen?
- After: Spend time reviewing what happened
  - Did your prediction come true? Why did it not come true?
- No cognitive interventions before
- Occasionally exposure client to feared outcome

SUDS

10 No way! I refuse to do it. Most anxious I have ever felt.

9 Extremely difficult. Very, very anxious.

8 Really, really difficult. I probably won't do it.

7 Very difficult. I can do it if I try really hard.

6 Pretty hard but I can do it with effort.

5 Challenging but manageable

4 Starting to get tough. I can do this with some anxiety.

3 Some anxiety. Not too much of a problem.

2 A little anxiety. Pretty easy.

1 Easy. Not a problem to do.

Practice 5: Doing Exposure

- Observe
- Group Exposure

Use Values and MI:

- Incorporate values into plan. Enhance motivation.
- Questions:
- If you didn't have this fear how would you be spending your time? What would you be doing that you aren't doing now?
- Pretend that your life continues on as it is until age 90. Pretend you are 90 years old now. What do you wish that you did more of? What do you wish that you did less of in your life?
- MI
  - What are the pros of cons of staying the same and changing?

Questions

How to continue learning

- Follow several manuals
- Receive consultation
- Join a consultation group
- Attend trainings through ABCT, International OCD Foundation.
- Join Northern California CBT Network
- Join the Association for Behavioral and Cognitive Therapies
- Attend CBT conferences, participate in intensive trainings

Resources

Books for Clinicians

- Treatments that Work Series
- Advances in Psychotherapy-Evidence-Based Practice Series

Transdiagnostic Treatment for Anxiety Disorders

- The Clinicians Guide to Exposure Therapy for Anxiety Spectrum Disorders by Timothy Sisemore, Ph.D.
- The Transdiagnostic Road Map to Case Formulation and Treatment Planning: Practice Guidance for Clinical Decision Making, Rochelle Frank, PhD and Joanne Davidson, PhD

Workbooks for Clients

- Workbooks

Anxiety and Avoidance, A Universal Treatment for Anxiety, Panic and Fear by Michael Tompkins, PhD

- Treatments that Work Series
  - Mastery of Your Anxiety and Panic
  - Mastering Your Fears and Phobias

Case Formulation and Treatment Planning for Anxiety Disorders

AVOIDANCE **Safety Behaviors:** **Behaviors that reduce anxiety** Avoid eye contact, don't drive alone, over-prepare, arrive late, etc	
Safety Signals **Cues in the environment that signal safety** Carrying pills, carrying a cell phone, staying home, certain people, carrying certain objects	
Behavioral Avoidance Avoiding situation or object, avoiding people, avoiding driving, avoiding eating, avoid eye contact, procrastinate, avoid exercise	
Compulsions (OCD) Behavior that temporarily relives anxiety/discomfort. Washing/cleaning, checking, counting, re-doing, perfectionistic, touching/movement, magical behavior. Mental compulsions.	
Cognitive Avoidance -Thought Suppression -Thought Control -Worry	
Somatic Avoidance Avoidance of triggering somatic sensations in the body. Avoid feeling out of breath, avoid situations where nausea could occur	

Emotional Avoidance Distraction from feelings	
Family Accommodation Re-assurance Seeking Re-assurance Giving	
COGNITIVE FACTORS **Cognitive Misappraisals** Overestimation of probability of bad things happening. Underestimation of ability to cope	

Trigger: What was the situation?	**Fear** I fear or worry that_____. **What is the worst possible outcome?**	**Safety Behavior, Safety Signals, Compulsions and Avoidance** **Pay attention to even subtle avoidance**	**SUDS**

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Practice 3: Setting the Stage

Goal:
-Prepare client to engage in exposure therapy.
-Use client's information to educate them about anxiety and exposure.
-Build a strong working alliance

Helpful to:
-Use metaphors
-Normalize and humanize experience
-Express validation and empathy
-Keep it conversational.

Educate client about anxiety:
First, let's talk about anxiety. What do you know about anxiety? Most people think that it is bad to experience anxiety. Actually, anxiety is important to our survival. Think back to the "caveman days". We were all running around with a bunch of dangerous wild animals. There were some people who didn't have much anxiety and they were the one's who tried to pet Saber Tooth Tigers. These people were more likely to be killed and did not reproduce as much. On the other hand, there were people who had higher anxiety and these were the people who ran from tigers and looked out for danger. These people developed a system called "Fight or Flight." This system automatically sends signals throughout the body to prepare it to escape and stay safe. People who have an anxiety disorder have a "Fight or Flight" system that sends out false alarms in relatively safe situations. Exposure therapy isn't meant to turn your alarm clock off, it is meant to fine-tune it and make sure it goes off at the right times- when there is truly danger."

Discuss avoidance and escape:
What do you do when you encounter your fear?
Here's the thing- avoidance and escape works when you are anxious! It can make you feel immediately feel better. Have you ever noticed that people continue to do what makes them feel better in the moment even if it is bad for them in the long run? This is the trick that is being played on you. Have you ever had to do a fire-drill? What would happen if you worked in a building where the fire alarm system was broken and you responded as if it were a real fire every time. If you escaped what information would you be missing? Every time you use avoidance or escape you are missing out on an opportunity to see that the situation is most likely safe. If you react to the fire alarm as if it is real you will always believe that the situation is truly dangerous. By avoiding the situation you are proving to yourself that your fears are very likely to come true. You are also proving to yourself that your anxious feeling would go on forever if you didn't escape. This is why in exposure therapy I will be asking you to face your fears without avoidance or escape. By doing this repeatedly you will be teaching

yourself that your fears are unlikely to come true, you can handle it, and that fear naturally subsides with time."

Explain exposure therapy:
If someone were afraid of swimming how would you help them face their fear? How will they feel? What feelings will they need to willingly experience?

Ideas:
Use a drawing
Use example from your own life
Use metaphor

What do you fear?_____

Avoidance/Safety Behavior/Safety Signals/Compulsions?

_____

_____

Reasons why I am willing to face my fear_____

Exposure Hierarchy for _____

Exposures and Response Prevention Plan	SUDS Before 0-10	Now

What do you fear?_____

Avoidance/Safety Behavior/Safety Signals/Compulsions?

_____

_____

Reasons why I am willing to face my fear_____

Exposure Hierarchy for _____

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_____

_____

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