Three Essential Pieces for Solving the Anxiety Puzzle

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Agenda

- Cognitive-behavioral theory: A quick review
- Where’s the beef? A summary of the literature
- My cherry pie: 3 essential ingredients
- Bonuses:
  - A quick note on:
    1) Combining CBT w/ medications
    2) “Third Wave” therapies
In Brief, CBT:

- Is based on a model of the emotional disorders which emphasizes the integration of thoughts, feelings, and behaviors.
- Utilizes the bi-directional relationship between thoughts, feelings, and behaviors to help patients decrease negative affective states and attain a better quality of life.
The CBT Triangle

Feelings of anxiety

A

T

Role play!

B
Escape, avoid or cope

C
“This is threatening!”
Principles of CBT

- Brief and time-limited
Principles of CBT

0 Focus is on the “here and now”
Principles of CBT

- Relies on "active collaboration" b/w the patient & therapist ("collaborative empiricism")
Principles of CBT

- Sessions are structured
- Treatment is skills-based
- Therapists are directive
- Homework is a key element
- Relapse prevention is built into the treatment
- The end goal is to have the patient become his/her own “therapist”
Where’s the Beef? A Summary of the Literature

- CBT “works” for the anxiety disorders!!!
- A Guide to Treatments That Work (Nathan & Gorman, 2007)
- Effective Treatments for PTSD: Practice Guidelines from the ISTSS, 2nd Edition (Foa, Keane, Friedman, & Cohen, 2008)
Generalized Anxiety Disorder

- “The most successful psychosocial treatments combine relaxation exercises and cognitive behavior therapy in an effort to bring the worry process under the patient’s control.”

- Treatments integrating emotion regulation & mindfulness components also show effectiveness
“Cognitive behavioral therapy involving exposure and ritual prevention methods, which reduce or eliminate the obsessions and...rituals of this disorder, is the (other) first-line treatment for OCD.”
Panic Disorder

- “Cognitive behavioral treatments that focused on education about the nature of anxiety and panic, and provided some form of exposure and coping skills acquisition have proven efficacious.” (in PD)

- “Situational in vivo exposure substantially reduced symptoms.” (in PDA)
Social Anxiety Disorder

- “Exposure-based procedures and… cognitive behavioral treatments most effectively reduced or eliminated the symptoms of social phobia.”
- “Social skills training and relaxation techniques have also been used with some success.”
Specific Phobias

- “Exposure-based procedures, especially in vivo exposure, reduce or eliminate most or all components of specific phobic disorders”
- “No pharmacological intervention has been shown to be effective for specific phobias”
Posttraumatic Stress Disorder

- “Evidence from many well controlled trials with a variety of trauma survivors indicates that exposure is efficacious.”
- Cognitive processing of traumatic event shown to be important component of treatment
Intent-to-treat Sample: the Lines of Best Fit, Mathematical Functions, and Explained Variances for the Mean *Total PSS Scores* for Prolonged Exposure and Cognitive-processing Therapy.

Total CAPS Scores in CPT, PE and MA-CPT and MA-PE Conditions: Treatment Completers

Percentage of Participants No Longer Meeting DSM-IV-TR Criteria for PTSD After Treatment

My Cherry Pie: 3 Essential Ingredients in CBT for Anxiety

- Exposure to anxiety-provoking triggers while blocking/eliminating “safety behaviors”
- Enhance anxiety management skills
- Restructure faulty and/or maladaptive cognitive processes
Strategy 1a: Exposure to Anxiety-provoking Triggers

- **Goal:** diminish or extinguish anxiety associated with patient’s trigger stimuli
- **How:** via systematic, hierarchical, and prolonged exposure to anxiety provoking stimuli *without employing any anxiety-reduction methods*
- **Why:** a decrease in anxiety leads to decreased urges to escape/avoid, development of more adaptive behavioral responses, and restructures faulty beliefs.
Exposure: Three Main Types

- In vivo
- Interoceptive
- Imaginal
Exposure: How Do You Do It?

- Provide subjects with a rationale
- Develop a “SUDS” scale
  - May also utilize Avoidance Scale
- Create a hierarchy
Exposure Should Always Be:

- Graded
- Gradual
- Prolonged
- Structured
- Repeated
- Assigned for homework
Strategy 1b: Block or Eliminate “Safety Behaviors”

- SBs: “actions that may fall short of outright avoidance but still perpetuate the anxiety reaction”
- Goal: design interventions that help the patient understand these behaviors are maladaptive
- How: via safety behavior experiments, self-monitoring, psychoeducation, etc.
Strategy 2: Enhance Anxiety Management Skills*

- Provide psychoeducation on the role of anxiety
- Identify current anxiety triggers
- Assess current coping strategies
- Teach somatic/relaxation skills
  - Progressive muscle relaxation
  - Passive muscle relaxation
  - Diaphragmatic breathing
- Transport to increasingly difficult situations
- Enhance with imagery, mindfulness, etc.
Strategy 3: Restructure Faulty Cognitive Processes

- Provide psychoeducation
  - Information about the disorder!
  - Provide rationale for the maintenance of the symptoms
  - Develop an idiosyncratic model
  - Provide rationale for treatment interventions
  - Discuss relapse prevention
Strategy 3: Restructure Faulty Cognitive Processes

- Include Self-monitoring & Self-Report Assessments
  - Self-monitoring:
    - Allows patients to take an active role in treatment
    - Increases awareness
    - Establishes baselines
    - Decreases maladaptive behaviors
  - Self-report assessments
    - Allows for objective, structured measurement of symptoms
    - Normalizes symptoms
    - Allows comparisons to be made with established norms
Strategy 3: Restructure Faulty Cognitive Processes

- Engage in Formal Cognitive Restructuring
- Train patients to:
  - Think flexibly
  - Be a "scientist" with their symptoms
    - Consider their thoughts and beliefs as hypotheses rather than facts
    - Pay attention to all available information
    - Revise hypotheses according to incoming information
Cognitive Restructuring

Is not simply telling patients to think positively!
Cognitive Restructuring: Basics

- Identify distortions
- Examine evidence for and against belief
- Conduct experiments to test belief
- Encourage thinking in “shades of gray”
- Conduct a survey
- Define negative terms and substitute less emotionally loaded words
- Re-attribution theory
- Conduct a “cost-benefit” analysis of maintaining belief
Common Distortion in Patients w/ Anxiety: “Catastrophizing”

- See potential (social) consequences as catastrophic and/or intolerable
- Challenge by:
  - Imaging the worst
  - Critically evaluating it
    - How bad is it? Would you be able to cope anyway?
    - Is it a horror or a hassle?
    - Have you experienced something like that before?
Common Distortion in Patients w/ Anxiety: “Overestimating”

- Thinking an improbable event is likely to happen in the near future
- Challenge by:
  - Evaluate evidence for and against
    - How many times have I had that thought?
    - How many times has _____ happened?
    - How many times has _____ not happened?
    - How likely is it to happen the next time I think of it?
  - Generate alternatives
Combining CBT & Medications

Proponents ("it seems logical...")
✓ Adding medication to CBT will enhance the outcome by reducing the patient’s anxiety, thereby promoting his or her ability to tolerate longer exposure(s) to feared situations
✓ Evidence suggests that longer exposure is more effective
Combining CBT & Medications

Opponents:

- The reduction of anxiety caused by medication will block the fear activation that is a necessary condition for cognitive changes that mediate treatment success.
- There now appears to be a negative indication in combining CBT and medications in patients with panic disorder.
A Closer Look at the Literature

- Number of RCTs comparing CBT to medications or examining the combination of these approaches for treating anxiety disorders?
- 26!!!
FOA, FRANKLIN, & MOSER (2002) CONDUCTED A
COMPREHENSIVE LITERATURE SEARCH OF
PUBLISHED RANDOMIZED TRIALS COMPARING
TREATMENT WITH CBT OR MEDICATIONS

REVIEWED IN DETAIL 10 STUDIES MEETING THEIR
INCLUSION CRITERIA (E.G., ESTABLISHED
DIAGNOSIS, AT LEAST 2 TREATMENT GROUPS,
ADEQUATE METHODOLOGY, ETC.)
For OCD, SAD, and GAD: at post-treatment and follow-up, there was no demonstrable advantage or disadvantage of combined treatment over CBT alone.

In the few studies that allowed for such a direct comparison, there appears to be some advantage of combined treatment over medications alone, suggesting that a course of CBT should be considered for patients receiving medications alone – especially partial responders.
In contrast to results for OCD, SAD, and GAD, combined treatment for PD seems to provide an advantage over CBT alone at post-treatment.

However, adding medications to CBT in PD appears to be associated with a greater relapse rate after treatment discontinuation.
Conclusions

- “The hope that combined treatments will be a panacea for patients with anxiety disorders has not been fulfilled”
- On the other hand, the worry that combining treatments will negatively impact treatment has not been realized (except maybe for PD)
Acceptance and Mindfulness-Based Behavior Therapies (The “Third Wave”)

- Acceptance and mindfulness-based therapies
  - To name a few:
    - Acceptance and Commitment Therapy (ACT)
    - Mindfulness-based Cognitive Therapy (MBCT)
    - Dialectical Behavior Therapy (DBT)
    - Behavioral Activation (BA)
Acceptance and Mindfulness-Based Behavior Therapies

- Focuses on strategies for changing the process & function of cognitions rather than the content
  - Ex: cognitive diffusion vs cognitive restructuring
- Targets experiential avoidance and encourages experiential acceptance
  - Ex: mindfulness increases present-focus, and decreases over-engagement (e.g., rumination) and under-engagement (e.g., avoidance)
- Focuses on value-directed goals and improvement in quality, meaningfulness of life
Although well-controlled studies on acceptance and mindfulness-based interventions for anxiety disorders are limited, they are gaining empirical support (Block, 2002; Forman et al., 2007; Hayes et al. 2006; Roemer & Orsillo, 2008; Twohig et al., 2007)

It is unclear if these interventions have an additive effect on outcome when included in enriched CBT approaches for anxiety, although the research look promising!
“TBL”

- CBT “works” for anxiety disorders!
- CBT capitalizes on a “bi-directional” relationship between thoughts, feelings, and behaviors
- Include 3 main ingredients and the treatment should go well!
3 Essential Ingredients in CBT for Anxiety

- Exposure to anxiety-provoking triggers while blocking/eliminating "safety behaviors"
- Enhance anxiety management skills
- Restructure faulty and/or maladaptive cognitive processes
Questions???

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