Exposure: Awareness, Tolerance, & Acceptance of Mind & Body

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Presentation Outline

- Strategies to achieve awareness, tolerance, and acceptance of symptoms
- Strategies for hierarchy development so that clients tolerate distress and progress in treatment
- Strategies for designing imaginal exposures
- Strategies for treating anxiety disorders complicated by comorbidity
- Questions and general discussion

Mindfulness and Exposure Therapy: Treatment Modalities for Anxiety Disorders

- Mindfulness has received much recent attention in the literature for the treatment of the anxiety disorders.

- Exposure therapy has been the longstanding treatment of choice for the anxiety disorders.

Mindfulness

- Awareness of the present moment that is intentional and non judging
- Mindful meditation encourages clients to:
  - Intentionally make a choice about where to focus attention
  - Selectively deploy attention broadly or narrowly
  - To never shut anything out of awareness

Exposure Therapy

- Treatment goal:
  - To activate maladaptive emotions and beliefs
  - To habituate to and process excessive emotion
  - To accept uncertainty about feared consequences

Exposure Therapy Is Most Effective When It Incorporates Mindfulness Strategies

- There is a hierarchy attentional focus that can be applied to exposure therapy
- Selectively deploying attention can be used to facilitate:
  - Coping with and tolerating distress
  - Awareness of symptoms
  - Acceptance of symptoms & feared consequences

Distress Tolerance

- Coping
  - Distress is at its highest
  - Attention is focused on aspects of the environment
    - I'm in my living room
  - Attention is focused on non-symptom internal information
    - I'm walking
  - This is exposure since anxious thoughts and symptoms are still within awareness and peripheral attention
  - This also prevents obsessions and distress from escalating since attentional focus is on the present

Important Note

- I am not recommending avoidance of thoughts or feelings
- I am recommending:
  - Intentionally make a choice about where to focus attention
  - Selectively deploy attention broadly or narrowly
  - To never shut anything out of awareness

Awareness

- Awareness
  - Distress is manageable
  - Attention is focused on symptoms and feared stimuli
    - My heart is racing and I'm afraid I will panic
    - I'm afraid I will lose control and hurt my baby
  - This is a more direct exposure
  - This improves awareness and distress tolerance since focus remains on the present

Acceptance

- Acceptance
  - There is greater tolerance of symptoms and the possibility of feared consequences
  - Attention is focused on imaginal exposure to current and long-term fears
    - I'm walking with my baby and risking that I lose control and throw her
    - I am risking losing everyone I know and love
    - I am risking shame, guilt, rejection, and lifelong isolation
    - I am risking that I might panic or continue to obsess uncontrollably

Acceptance Needs to Occur at All Levels

- Exposure must identify and process current and long-term obsessions and emotions
  - Core obsession and emotions—lifelong rejection and shame at imperfection—are the driving forces behind disparate situation-specific obsessions
  - Core obsession and emotions may be apparent at the outset
  - If not apparent, exposure to situation-specific obsessions accesses, identifies, and gradually processes core obsessions

Acceptance Needs to Occur at All Levels

- Anxiety is not always the core emotion
  - For example, shame can drive anxiety and avoidance
  - Shame therefore is crucial to process
- Insight must be improved
  - An important treatment goal is awareness that all current obsessions are overwhelming for one reason: For example, Shame and fear of lifelong rejection
  - This awareness improves treatment compliance and distress tolerance since disparate situation-specific obsessions are recognized as coming from the same source

Designing the Hierarchy

- The hierarchy should be dynamic (not static) on two dimensions:

1. First Dimension
   - Attention is placed on a manageable trigger
   - Graduated exposures are engaged in
   - Already completed exposures are maintained

Designing the Hierarchy

2. Second Dimension

- Attention shifts to maximize distress tolerance, awareness, and acceptance:

♦Acceptance	Hardest	Imaginal exposure to core and long-term fears
♦Awareness	Moderate	Attend to obsessions and physiological symptoms
♦Coping	Easiest	Attend to the present environment and non-symptom feelings

Constructing Imaginal Exposures

- Describe the current and long-term fears
  - I'm walking with my baby and risking that I lose control and throw her
  - I am risking losing everyone I know and love
  - I am risking shame, guilt, rejection, and lifelong isolation
  - I am risking that I might panic or continue to obsess uncontrollably
- Accept intellectually that my feared consequence could happen and is out of my control
  - The first step is to accept this intellectually
  - Exposures should always tell the truth

Constructing Imaginal Exposures

- Intellectual acceptance relates directly to acceptance of the entire treatment goal
- Describe why one would accept this truth
  - My rituals don't perfectly prevent my fear, even if I ritualize more and function less
  - My loved ones and I suffer greatly as a result of my OCD
- *In vivo* and imaginal exposures are acceptance of these possibilities through action
- Freedom from OCD occurs through acceptance

Managing Comorbidity

- Triggered obsessions frequently trigger comorbid emotions
  - Ex: Anxiety and shame about harming my baby can trigger depression
- Triggered comorbid emotions can deflect attention from the obsessions and core emotions
  - Ex: Now I'm ruminating about how I'm a bad mother
- Triggered comorbid emotions can interfere with exposure

Managing Comorbidity

- Redirect attention to the experience and tolerance of the obsession and core emotion
  - Ex: I feel such shame at the thought of harming my baby
- Provide strategies to process the comorbid emotion. This is very important at this point since the comorbid emotions are activated
  - Ex: I am so tempted to ruminate about how I'm a bad mother, but I know that not avoiding my baby makes me the mother I want to be

Managing Comorbidity: Examples

- I am such a bad mother. It's hopeless.
  - I am tempted to get stuck feeling depressed and hopeless. Not avoiding my baby and not avoiding my intense shame will help me become more tolerant of imperfection. This is the mother I want to be.
- I am so enraged at having OCD. I can't even hold my own baby. Why me?
  - My rage takes me out of the reality of the present. The truth is that I'm horribly anxious and ashamed. I accept my anxiety and shame because I know that accepting these feelings is the only way to change them.

Thank you!

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