Unwanted Mental Intrusions in Anxiety Disorders: A Modified Cognitive-Behavioral Approach

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Unwanted Intrusive Thoughts

Repetitive thoughts, images or impulses that are unacceptable and/or unwanted. They interrupt an ongoing activity, are attributed to an internal origin, and are difficult to control.

- Rachman (1981)
Clinical Examples of Intrusions

• *Obsessional intrusion* - repugnant aggressive, sexual, religious thoughts, mental contamination

• *Worry intrusion* - unintended occurrence of anticipatory thought related to threat of current concern

• *Trauma-related intrusion* - sudden reminder of past traumatic experience
Characteristics of Unwanted Intrusive Thoughts

• A distinct identifiable cognitive event
• Unwanted, unintended, & recurrent
• Interrupts the flow of thought
• Interferes in task performance
• Associated with negative affect
• Difficult to control
Unwanted Intrusions: A Nuanced Phenomena

- Strong connection to normality
- Occurrence “trumps” content
- Contextually bound cognitions
- Excessive, irrational, ego-dystonic
- Impervious to effortful control
Normal Intrusions:
The Good, the Bad and the Ugly

• 67% of thoughts deal with everyday life concerns (the good)

• 18% of thoughts may be unacceptable and uncomfortable (the bad)

• 13% of thoughts were rated as “out of character” or downright shocking (the ugly)

Challenge for Standard CBT & ERP

• Context-driven nature of intrusions

• Misdirected focus on intrusion content rather than process

• High distress intolerance

• Poor homework compliance
Treating Intrusions: Three Facets

- Context (triggers)
- Metacognition (appraisals)
- Mental Control
UIT Context
Assessment and Treatment
“Send in the next three patients.”

Triggers & Context:

Internal/external origins, spontaneous & unintended
Assessing UITs

• Retrospective self-report questionnaires
• Daily self-monitoring
• “Symptom” provocation
• Imaginal & role play simulation
• Electronic cueing (?)
Treatment: *Normalization*

- Refocus psychoeducation (appraisal not content)
- Select a “normal” intrusion
- “toxify” a nonrecurrent, negative thought
- Select the problematic UIT
- Develop “de-toxification” plan
UIT Appraisal

Treatment Considerations
Metacognition & Intrusions

*Metacognitive knowledge* refers to the beliefs and theories people have about their thinking, whereas *metacognitive experiences* are the context-specific appraisals and feelings individuals have of their mental status.

- Wells (2009) *Metacognitive Theory for Anxiety and Depression*
Faulty Appraisals & Intrusions

- Overestimated Threat
- Intolerance of Uncertainty
- Inflated Responsibility
- Overimportance of Thoughts
- Need for Mental Control
- Emotional Reasoning
Cognitive Restructuring of Appraisal Beliefs

• Focus on real-life intrusion experiences (appraisals gone wrong)
• Identify faulty evaluative process and underlying belief
• Use evidence gathering and consequences to challenge belief
• Generate alternative “benign” evaluation
• Obtain experiential evidence of “catastrophic” vs. “benign” interpretation
SPEED BUMP
By Dave Coverly

GLENN DISCOVERS THAT WEARING A CHASTITY BELT ON HIS HEAD DOES, IN FACT, KEEP OUT THE IMPURE THOUGHTS.

The Futility of Effortful Mental Control
Pathological Mental Control - Clinical Illustration

- Thinking About Breathing
- Mental Control Effort
- Appraisals of Control Failure

Intrusions increase; inability to distract; heightened anxiety
Mental Control Strategies

- Cognitive distraction or thought replacement
- Rationalization and self-reassurance
- Self-criticism or punishment
- Reassurance seeking from others
- Thought stopping
- Behavioral distraction
- Attentive thinking, analyzing the thought
- Cognitive restructuring
- Do nothing
Relinquishing Control

• Demonstrate futility of control (“white bear”)
• Introduce overt & covert response prevention
• Practice intentional mental exposure (“thought satiation”)
• Capitalize on spontaneous intrusions (situational exposure)
• Distance; nonjudgmental acceptance
Summary

• Strange thoughts are normal, safe
• Meaning modulates emotion
• Effortful control is counterproductive
• Observe, accept, distract
Disclosures

*Cognitive Therapy of Anxiety Disorders* (Guilford)

*The Anxiety and Worry Workbook* (Guilford)

*Overcoming Obsessive Thoughts* (New Harbinger)

*Cognitive-Behavioral Therapy for OCD* (Guilford)

*Intrusive Thoughts in Clinical Disorders* (Guilford)