The Mindful Way Through Anxiety: An Evidence-Based Approach to Treating Generalized Anxiety and Comorbid Disorders

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Therapists and clients
Outline

- Context
- Conceptual model
- Overview of primary clinical methods
- Discussion
GAD is Prevalent...

- 3% current, 5.7% lifetime prevalence in community sample\(^1\)

- Particularly in primary care\(^3\)
  - Most common *anxiety disorder*
  - Second most common *mental health disorder* in primary care\(^2\)

\(^1\)Kessler et al. (2005); \(^2\)Wittchen et al. (2012)
Impacts work productivity and quality of life
  - Roughly comparable to MDD\textsuperscript{1}

Increase risk of developing MDD\textsuperscript{2}

Increases risk of suicidal ideation/attempts over and above known risk factors
  - (including comorbid MDD)\textsuperscript{3}

Median health care costs of patient with GAD 64% greater than those without the disorder\textsuperscript{4}

\textsuperscript{1}Bruce et al (2001), \textsuperscript{2}Cougle et al (2009)
\textsuperscript{3}Kessler et al (1999); \textsuperscript{4}Olfson et al (2007)
And Difficult to Treat

- Medication is most common mode of treatment
  - 30–60% of patients fail to achieve symptom remission
  - May produce adverse effects
  - Less cost effective than psychotherapy

- CBT is effective
  - Impact on post-treatment high end state functioning less remarkable with rates ranging 26–62%
Why Isn’t CBT for GAD More Effective?

- CBT typically targets distress and avoidance of feared stimulus
- In GAD feared stimulus is unclear
- Proposed solution – target function rather than content of worry
  - Function = experiential avoidance\(^1\)\(^-\)\(^2\)

\(^1\) Hayes et al (1996); \(^2\) Borkovec (2004)
Conceptual Model of Anxiety and Associated Disorders

Problematic Relationship with Internal Experiences

Experiential Avoidance

Behavioral Avoidance/Constriction
Problematic Relationship with Internal Experiences

- Restricted or impaired awareness

- Critical, reactive, negative stance towards thoughts and emotions

- Fusion
  - Painful private content is seen as indicator of truth

Experiential Avoidance

- From this perspective, internal experiences are viewed as threatening/dangerous
  - Motivates efforts to avoid\(^1\)

- Many problematic behaviors serve an experientially avoidant function\(^2\)
  - Alcohol use, overeating, dissociation

- Worry as experiential avoidance
  - Cognitive avoidance of somatic arousal\(^3\)
  - Distraction from more emotional topics\(^4\)

\(^1\)Lee et al., 2010; \(^2\)Hayes et al., 1996; \(^3\)Borkovec et al., 2004; \(^4\)Borkovec & Roemer, 1995
Experiential Avoidance

- Increases distress and feeds into problematic relationship with internal experiences
  - Paradoxical effects of thought and emotion suppression

- Motivates behavioral avoidance
Behavioral Avoidance/ Constriction

- Behavior is motivated by efforts to avoid distress rather than efforts to engage in meaningful activities
  - Less likely to engage in valued behaviors

- May appear to be active/busy
  - Worry, anxiety and avoidance efforts prevent true engagement

¹Michelson et al., 2010
Problematic Relationship with Internal Experiences

Experiential Avoidance

Behavioral Avoidance/Constriction
Important Treatment Goals

Cultivate an expanded awareness and a compassionate decentered stance toward internal experiences

Increase acceptance of/willingness to have internal experiences

Encourage mindful engagement in personally meaningful behaviors
Clinical Methods Drawn from ABBTs

- Overarching term for a class of related therapies that integrate strategies aimed at cultivating acceptance and mindfulness with CBT methods.

- Specific ABBTs we drew from include:
  - Acceptance and Commitment Therapy (ACT; Hayes et al., 1999)
  - Dialectical Behavior Therapy (DBT; Linehan, 1993)
  - Mindfulness-based Cognitive Therapy (MBCT; Segal et al., 2002)
Core Methods in Acceptance-Based Behavior Therapy
Cultivate and expanded awareness and a compassionate decentered stance toward internal experiences

Increase acceptance of/willingness to have internal experiences

Encourage mindful engagement in personally meaningful behaviors
ABBT Methods for Addressing Goals 1 & 2

- Therapeutic relationship
- Psychoeducation
- Mindfulness practices/ defusion exercises
Therapeutic Relationship

- Model the treatment
  - Mindfully engaged in session
  - Validate and normalize pain and struggle
  - Allow and accept the presence of painful emotions and thoughts
Psychoeducation

Function of fear
- Engaging in a full life means approaching some “threats”

Function of worry
- Costs and benefits of imagining threats
  - Takes one out of the present moment
  - Continuously poised for low probability, uncontrollable threats

Function of emotions
- Clear vs. muddy emotions

Consequences of rigid control efforts
How Do We Clarify Muddy Emotions and Notice Control Efforts?

Mindfulness
Mindfulness Skills

- Develop a spacious awareness of present moment
- Develop a curious, nonjudgmental observant stance
- Notice the transient nature of internal experiences
- Beginner’s mind
Mindfulness Methods

- Self-Monitoring
- Formal
- Informal
Exploring Mindfulness Practice

- What did you notice?
  - Listen for judgment – “good” or “bad” practice
  - Emphasize process of awareness

- Validate humanness of all experiences
  - Cultivate self-compassion

- Connect observations to presenting problems/goals of treatment
Goals of ABBT

Cultivate and *expanded* awareness and a *compassionate decentered* stance toward internal experiences

Increase acceptance of/willingness to have internal experiences

Encourage mindful engagement in personally meaningful behaviors
ABBT Methods Used to Promote Values Articulation and Action

- Emotional processing/writing exercises
  - Explore impact of avoidance and articulate values in 3 domains
    - Relationships (partner, family, friends)
    - Work, education, training, household management
    - Self-nourishment and community activities

- Psychoeducation

- Self-monitoring

- Engagement in action
Defining Values

- Personal principles that define our chosen “way of being in the world”

- Have potential to guide our action/choices we make

- Differ from Goals
  - Present—rather than future-focused
  - Cannot be completed or fully achieved
  - Are dependent on our actions; not external, uncontrollable factors

- Not narrowly/inflexibly defined by one particular action
Goals (e.g., I want to find a girlfriend)

The desire to control another
- I want to her to be more responsive

The desire to control one’s internal state
- I want to feel confident

The desire to control the future
- I want to keep my children safe

The wish to be more than human
- I want to complete all my projects perfectly

The belief that valued actions should not elicit painful emotions
Client is encouraged to make an ongoing commitment to engage in valued actions and to use skills when difficult/painful responses arise

- Bring mindful stance to internal experience
- Identify whether muddy emotions are present
- Use mindfulness skills to address restricted awareness, self-critical responses, and fusion
- Use mindfulness skills to enhance acceptance of the reality of the situation; to recognize the limits and costs of control efforts
Termination/ Relapse Prevention

- Overview of model and strategies
- Identify particularly useful strategies
- Establish ways of reminding self of concepts and strategies
  - Use of binder and handouts
  - Suggestions for maintaining mindfulness practice
- Setbacks and struggles are expected