

CHANGING THE ANXIOUS MIND — RAPIDLY

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Anxiety & Depression Conference
April 9, 2015
Miami

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Disclosures

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Trade books with the following publishers

- Harper
- Bantam
- HCI Books
- Pathway Systems

DVDs

- Psychotherapy.net

Video clips courtesy of

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- Psychotherapy.net
 - Series: Strategic Treatment of the Anxiety Disorders
- Milton H. Erickson Foundation

Shorter treatments

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- support a stepped care approach
- skilled CBT therapists can see more clients
- may entice more people into care
- reduce attrition rates

Efficacy of briefer treatments

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- PTSD
 - 8 90-120-min. sessions over 4-6 weeks = 10-15 weekly or twice-weekly 90-min. sessions (Simon et al., 2008)
- OCD
 - 2 meta-analyses – psychosocial treatments – longer tx may not improve on shorter tx (Abramowitz, 1996; Rosa-Alcázar et al., 2008)

▪ **Panic disorder** 7

- 5 tx sessions + 2 booster sessions over 3 months (6.5 contact hours) = 12 weekly sessions + 2 booster sessions (Clark, Salkovskis, Hackmann, Wells, Ludgate, & Gelder, 1999)
- 2-day individual tx (10 subjects), 9 contact hours. 90-100% reached non-clinical levels (Deacon & Abramowitz, 2006)
- 5-session panic disorder intervention (series of studies – Otto et al., 2012)

Sudden gain 8

- **SAD** – 15 of 67 subjects (22.4%). (Bohn, Aderka, Schreiber, Stangier, Hofmann, 2013)
- **Transdiagnostic CBT** group – 17 of 98 subjects (17.3%) (Norton, Klenck, & Barrera, 2010)
- **panic disorder** – 10 of 43 subjects (43%) (Clerkin, Teachman, & Smith-Janik, 2008)

GAD client

Detachment through reappraisal

- ✓ “Maybe it’s this and not that”

Paradoxical intention

- ✓ Seek out clumsy, awkward, unsure, insecure

Provocative frame of reference

- ✓ An understanding of the problem in such a way as to approach it

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Step back

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Want it

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Step forward

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Be cunning

OCD WASHER

- 200-300 hand-washings per day
- 12 years

Look for any signs that they can dissociate from the content. Work that.

- “In my mind...”
- “Naïve question: so why don’t you just not wash, since you know it’s in your mind?”

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DETACHMENT & OWNERSHIP

- Challenging the difference between what Disorder tells her to be afraid of & what she’s actually afraid of. She is just plain scared. Perfect.
- Therefore, we can [but don’t have to] go to the highest item on Disorder’s list. And why not? It’s a meaningless hierarchy.
- She picks the dirtiest spot on the floor to touch. Ownership in the protocol!

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Ownership by linking with outcome picture

- She can’t get behind “I want this”
- But totally gets behind “I want the outcome”

[Again] The work is always moment-by-moment

[Again] “It is totally understandable that you want to resist, but...”

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You bring the frequency

Make the Disorder bring intensity & duration

Give all the work to the Disorder

- “What we are doing is changing your mindset. It doesn’t matter whether your uncertainty is strong or your anxiety is strong. It matters that you ask for OCD to make it strong.”

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FRAME UP THE ACTION

- Your mind is going into alarm, as though there is chaos
- You are now one of the First Responders
- First Responders are trained to go into action on cue

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Hebb's Law: neurons that fire together, wire together

Self-messages that motivate or command

Short & sweet

- "I'm doing this for my family"

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Opening moves

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- Get rapport
- Nature of problem
- Coping behaviors/safety behaviors
- Avoidances

Chunk it up

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- Be explicit regarding symptoms – then package them & move them up into theme = easier
- Here:
 - restriction & suffocation fears

Humor begins dissociation

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- "...lock me up in a small place"
- "...I have the combination here somewhere..."

Establish their goals

Educate on habituation

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Listen for/address beliefs

24

- "How do you get better?"
- (you won't hear this) She believes it is "in subconscious"

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Normalize fearful response

- "That makes perfectly good sense to me"

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"What symptoms... *concern you?*"

Challenge distortions (of course)

27

The shoulder shrug

- "I think you are making an error in logic"

The hand wave

- "You are adding a problem. Anything we can do to remove the problem..."

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Establish contract

- "Focus on tolerating suffocation & feeling trapped"
- "First, we have to be on same page"
- "How could that be useful to you?"
- from "I can't tolerate this" to "I can handle this"

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"NOT removing symptoms"

- "Had trauma in past – predicting trauma in future"
- Introduction to interceptive exposure
 - "We'll only do what makes sense to you"

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Rating List

Interceptive Exposure

- — Breathing thru cocktail straw
- — Breathing thru cocktail straw while wearing nose plug
- — Standing inside storage box - top opened
- — Standing inside storage box - top closed
- — Scarf tight around neck
- — Wearing 2 tight sweaters
- — Breathing thru painter's mask
- — Breathing thru painter's mask – wearing nose plug
- — Wearing pillowcase over head

- — Wearing pillowcase over head - taped closed around neck 31
- — One hand bound to arm of chair
- — Both hands bound to arms of chair
- — Hands bound by side
- — Legs bound to chair
- — Zipped up in sleeping bag
- — In a sleeping bag head-first
- — Wearing a nose plug

- 1st interoceptive exposure (IE) 32
- Use exposure to reappraise
- Interpretation — not experience — brings distress
 - Using IE to immediately challenge belief

- “Let's see if we can understand” 33
- “Are you telling me you can undo it just like that?” [snap finger]
 - Time 2: “How did you do that?” [from 8 sec. to 30 sec.]
 - “Also, *I kept in mind* that I was in control of it”

- 34
- Keep clarifying moment-by-moment goals
- “I can handle being uncomfortable & scared”
- Link misinterpretations together
- “This is like your heart...”

- “What point of view are you adopting?” 35
- Changed her perspective within 30 minutes!
 - Manifest within self-talk
 - “Some fears I have are unfounded”
 - “I can handle more than I think I can at *this moment*”

- Introduction of “I want this” 36
- Two voices
 - *Not* getting rid of being scared
 - Changing interpretation & adding point of view – in the moment
 - How does body respond to message of “I don't want this?”

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- scarf
 - “50” is fine, because she has already incorporated interpretation!

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“Voluntarily choose the experience”

- Convert involuntary to voluntary

“Treatment is aggressive”

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Plant seeds of future provocative work

- “...a box, a sleeping bag, a pillowcase, some packing tape...”
- “So that... you can say, ‘been there, done that’”

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Debrief homework practice

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“Give yourself (helpful) messages”

- Reminders of new interpretation
 - “There is enough air in here”
- Commands
 - “Don’t leave -- Stick it out”
- Motivational messages

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The possibility of conscious-unconscious integration

- After she describes trauma driving in Chicago (not shown), has one other traumatic memory

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Ask them to generate a list of principles from their experiences with you

Always look for opportunities to move to higher level of abstraction

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1. Face your fears in small ways that you have control over. Gradually do these things longer & then do the harder things.
 2. Talk yourself through it in a really strong, commanding voice
 3. Talk to your primitive brain. Let it overreact, & then say, "I like your expression, but you don't have to juice me up so much next time. I'm fine. Save that for real situations."

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This is not habituation —

This is change through single set of experiences, plus insight related to them

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- Challenge their safety behavior**
- "What's the intention of the practice?"
 - Safety behaviors are manifestation of belief that "I can't handle it otherwise"

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Sit Back

- Let them decide what they are willing to do

What voice responds best to threat?

Chart 1: Practice Creating Symptoms

Type of symptoms	Task	Instructions	Possible symptoms
Detached Feelings	Stare at spot	Pick a spot on an empty wall & stare at it without moving your eyes.	Detachment from self, seeing spots, visual distortions
	Stare at light	Stare at a light for 30 seconds, then look at a blank wall.	
	Stare in mirror	Look at your face in the mirror. Choose one spot, such as the bridge of your nose, & remain gazing there, without moving your eyes.	

Changing the Anxious Mind - Rapidly

Type of symptoms	Task	Instructions	Possible symptoms
Heart Symptoms	Step-ups	Take one step up onto a stair, & immediately step down. Do this repeatedly at a fast rate (enough to get your heart racing). 1-2 minutes.	Heart racing, sweating
	Any brisk exercise	Walk up & down stairs, or use an aerobic exercise machine. 1-2 minutes.	

Type of symptoms	Task	Instructions	Possible symptoms
Breathing Symptoms	Breath holding	Take a deep breath & hold it. 30 seconds.	Shortness of breath, heart racing
	Breathe through straw	Breathe through thin straw for one minute. Then 2 minutes. Don't allow air through your nose. (slightly pinch your nostrils together if needed.)	Breathing difficulties, choking feelings

Type of symptoms	Task	Instructions	Possible symptoms
Dizziness	Roll head	Drop your chin down to your chest & roll your head to the right. When you get to your shoulder, move your head across to your left shoulder (don't roll toward your back), & continue rolling down to your chest. 1 minute.	Seeing spots, dizziness
	Shake head	Lower your head slightly & shake it from side to side for 30 seconds	
	Walk in circles	Walk around in a small circle, about 3 feet in diameter (do this near a wall, chair or couch in case your need to catch your balance) 1 minute	Seeing spots, dizziness, faintness

Type of symptoms	Task	Instructions	Possible symptoms
Dizziness	Spin standing up	Stand & turn around quickly (do this near a wall, chair or couch in case you need to catch your balance) 1 minute	Seeing spots, dizziness, faintness
	Spin in chair	Spin yourself in a swivel chair. Have someone else spin you. Stand. Walk around. 1 minute	
	Hyper-ventilate	Breathe deep & fast. Exhale with a lot of force. 1 minute	

Type of Symptom	Task	Suggested time	Actual time	Intensity of sensation			Fear level		
				Low	Med	High	Low	Med	High
Detached Feelings	Stare at a spot	2 minutes							
	Stare at a light	30 seconds +							
	Stare in the mirror	1 minute							
Heart Symptoms	Step-ups	1-2 minutes							
	Brisk exercise	1-2 minutes							
Breathing Symptoms	Hold breath	30 seconds							
	Straw breathing	1 minute							
Dizziness	Roll head	1 minute							
	Shake head	30 seconds							
	Head between knees	30 seconds							
	Walk in circles	1 minute							
	Spin standing up	1 minute							
	Spin in chair	1 minute							
	Hyperventilate	1 minute							

Date	Task	Time	Fearful and/or Supportive Thoughts	Intensity of sensation *			Fear level		
				Low	Med	High	Low	Med	High

Interoceptive Exposure in Office or at Home 55

- Do practice 5-8 times in a row
- Do it several times a day
- Therapist might have to leave room during practice to provoke distress

Adding Interoceptive Exposure to In-vivo Exposure 56

- Hyperventilate while sitting in car
- Run in place in closet
- Walk briskly in mall
- Drink coffee at party
- Wear tight scarf at work

OCD Repeater

- 10 years old – NYC trip
- Then “Am I dying? Do I have cancer? Tumor?”
- Now is worst it’s been
- Creeping into work: being late
 - Closing car door
 - Walking in & out of room
 - Going to sleep
 - Changing clothes

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- “Let me make sure I understand...”
- What’s the biggest fear?
- Me: “So I gotta get rid of it”
- Me: “But then you can’t do what you love”

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- Resource: focused at work – pride
 - Me: “Good news”
- End Picture – Motivation
 - Me: “I want my mind back... my day back”
 - “Don’t want to feel like I’m going to go crazy constantly”
 - “...just be happy & excited”

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“I’m going to take you in a different direction”

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Detachment
Elevate competing emotion

- Quiz him: “How would you practice tonight?”
 - “...bring on uncertainty”
 - “It’s good I had that thought”
 - “I eat doubt for breakfast”

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- “Neurons that fire together...”
- “Oh, no, there it is” (automatic) becomes cue

“Okay, time to practice.”

↓


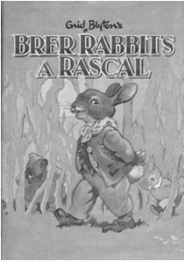
“OCD, please make me more freaked out...”

↓

Then turn attention elsewhere

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Clarifying: “It’s OCD’s job, not yours”
[This is not Exposure]



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Making the messages his own

- “What’s next?”
- “Let ‘em come – Give me your threats”
- “I don’t care... I’m not playing this game”
- “You wanna go? Give it to me – Let’s go”
- He’s mindful
 - starting activity that might trigger thought

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- Self talk: “I can handle this”
- “...as long as I keep that mentality, & as long as I don’t back away”
- “Biggest thing: I’m challenging it... that mentality, with the phrases”

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- “...not sitting on couch, doing exposure... acting scared the whole time”
- “You become the aggressor”
- “I can’t hear you”
- If one slips through, “That’s a good one. Give me more. What’s next? Let’s go.”

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- "...it's become almost habitual"
- "...when I put something on, that obsession stays with me if I don't fix it."

Me: No! It's...

- "...I have the fear that obsession is going to stay with me'
- "...you don't know... Because you always undo it"

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- RISK! "If I don't fix this right now...
 - then it's going to bother me all day/ruin my day...
 - I may want to redo it later, & I won't want to come back home"
- Quiz him: "what risk do you have to take in order to take back this territory?"
- Me: "Oh, well..."

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- "Where are you vulnerable?
 - 'There is something I want... that I might not get... if I don't do a ritual.'
 - 2 more hours of sleep
 - When leave house: not feel preoccupied or have urge to come back
 - You HAVE to take that on
 - "When you are better, you will have taken that on"

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(Shoulder shrug)

- When you wish to have a good day, then it dominates you, therefore...
- Instructions
 - give OCD job of making you miserable

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Moment-by-moment

- "I'm not waiting... not doing 2 practices a week – it's an ongoing strategy"
- "I'm constantly involved"
- "When I do it, I see myself improving"
- "It's something I'm constantly working on"
- "I have some tools that let me constantly do it... This is an active role"

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Guidelines

1. You have to try something to know if you can get a result from it
2. I'm okay having uncertainty/anxiety in my life. It's okay for things to bother me.
3. Keep moving, no matter what. Don't let this take up any more of your time.
4. "Bring it on." "Game time." "Come out & play." Make some of these phrases your own.

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