Exposure-based Treatment for Anxiety Disorders, PTSD, and OCD

Jacqueline B. Persons, Ph.D.
Oakland Cognitive Behavior Therapy Center and
University of California at Berkeley

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Behavioral Health and Recovery Services
County of San Mateo Health System

Learning Objectives

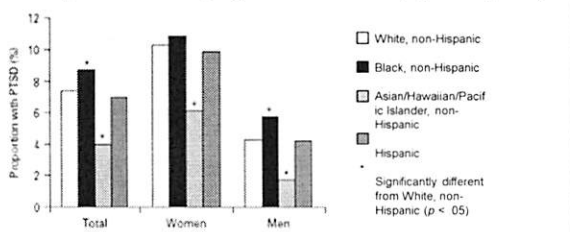
- Understand how exposure-based treatment works
- Identify the distorted beliefs that underpin your patient's fears
- Identify the safety behaviors the patient uses to stay safe
- Teach the patient how the safety behaviors strengthen the distorted beliefs
- Carry out a behavioral experiment to test the distorted beliefs

- Video of an exposure treatment in action, an in vivo exposure treatment of a specific phobia of snakes conducted by Lars-Goran Ost, Ph.D., is here:
- https://www.youtube.com/watch?v=zKTpecooiec&feature=youtu.be

Extensive data support the efficacy of exposure-based treatment for

- Anxiety disorders (specific phobia, panic, agoraphobia, social anxiety disorder, (GAD))
- PTSD
- OCD

Lifetime prevalence of post-traumatic stress disorder (PTSD) in non-institutionalized US residents, 2004-2005, by race/ethnicity (n=34,075).



Roberts et al. 2011

Why was the intervention effective? (the cognitive-behavioral conceptualization)

- The intervention was effective because the patient's fear was the result of an irrational/incorrect belief

AND

- The exposure treatment gave the patient powerful information that her belief was incorrect

Ways to Identify the Belief Underpinning the Fear

- Ask the patient to describe the feared situation in detail
- Ask what belief causes fear
- Ask the patient to imagine being in the feared situation; then ask for the patient's thoughts
- When patients cannot report what they are afraid of, possibilities to consider are:
  - Anxiety will last forever
  - I'll be so anxious I can't function

The Belief Must be Testable

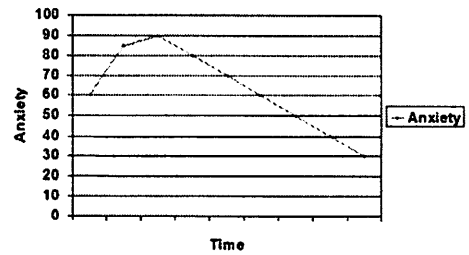
Examples of testable beliefs

- If I have a panic attack I will die
- If I touch that thing I will become ill within 48 hours
- If I don't respond within 10 minutes when my boss calls, I will get fired

Making Untestable Beliefs Testable

- Not testable
  - If I touch that thing I will get AIDS
  - If I talk to that person s/he will think I'm a loser
- Testable
  - If I touch that thing I might get AIDS and I can't tolerate not knowing; the uncertainty will make my fear go up to 100, and it will last forever, and I won't be able to cook dinner for my family
  - If I talk to that person they might not like me and I can't tolerate the possibility; .... (same as above)

Typical trajectory of anxiety during exposure



To provide an effective exposure, identify and eliminate the behaviors the patient uses to stay safe

- The most common one is AVOIDANCE
- Others include: Taking medication, taking another person along when leaving the house, never speaking to strangers, never speaking to men, touching door handles with Kleenex, washing after touching door handles. . .

To identify safety behaviors

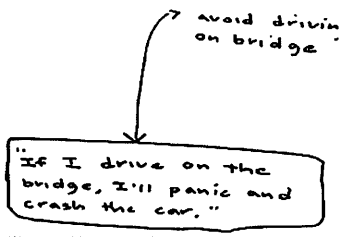
- Ask your patient, "Are there any behaviors or aids you use to feel safer when you encounter your feared situation?

Understanding Safety Behaviors

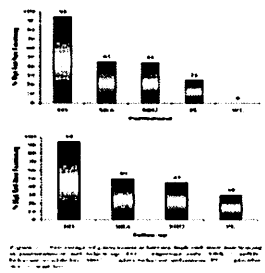
Avoidance and other safety behaviors are not part of the solution; they are part of the problem. They produce evidence that strengthens the beliefs that underpin the fear.

Teaching the patient how beliefs lead to avoidance and other safety behaviors

Teaching the patient how avoidance and other safety behaviors strengthen faulty beliefs



Exposure alone resulted in better functioning than safety-behavior availability, safety-behavior use, placebo, or waitlist for claustrophobia
(Powers et al., 2004)



Providing a rationale and structure for the exposure that allows the patient to enter the feared situation

- Child falling off horse
- Did you ever overcome a fear?
- Identify the belief driving the fear; ask the patient if it might be a belief, not a fact; ask if the patient might be willing to test the belief via a behavioral experiment
- It is fine to start with something relatively easy, but not too easy; if the patient does not experience any anxiety, s/he will not learn anything new

Part 1: Setting up a Behavioral Experiment _____

1. What thoughts or beliefs are you testing? Rate your degree of belief (0 – 100%) in each one.

2. Design an experiment to test the belief(s). What will you do?

3. What do you predict will happen? Rate the probability of each prediction (0 – 100%).

4. What behaviors would you normally use to prevent the worst from happening? How will you stop yourself from doing those things? What will you do instead?

5. What problems might interfere with carrying out the experiment? How will you deal with them?

Adapted from form developed by Oxford Cognitive Therapy Centre

Part 2: Reviewing the Results of the Behavioral Experiment _____

1. What happened? Review your predictions and report on whether they were accurate.

2. Write down each of your original beliefs and how much you believed each one before you did the experiment. Then write how much you believe each one after the experiment. (before/after)

3. What do the results mean about your original beliefs and assumptions? Do you want to modify them? How? Did you learn any new beliefs as a result of the experiment? What are they?

4. What have you learned about your safety behaviors? Do you want to begin to stop doing them?

5. What is the main thing you learned from doing this experiment?

Adapted from form developed by Oxford Cognitive Therapy Centre

Part 2: Reviewing the Results of the Behavioral Experiment 10.14.14

1. What happened? Review your predictions and report on whether they were accurate.

I felt scared & freaked out at 1st. Then when I got going it was ok. Predictions were not accurate. I did complete the Prologue. Writing was good.

2. Write down each of your original beliefs and how much you believed each one before you did the experiment. Then write how much you believe each one after the experiment. (before/after)

Only a deep, endlessly patient approach leads to good work. 90-100 → 30-40

I must read a lot to do good work. 90 → 40

3. What do the results mean about your original beliefs and assumptions? Do you want to modify them? How? Did you learn any new beliefs as a result of the experiment? What are they?

The deep endlessly patient approach might actually keep me from getting work done.

4. What have you learned about your safety behaviors? Do you want to begin to stop doing them?

Safety behaviors are: delaying starting, not setting a concrete goal for a block of work time. I will schedule work time & set goals.

5. What is the main thing you learned from doing this experiment?

I can do good writing without reading endlessly beforehand.

Adapted from form developed by Oxford Cognitive Therapy Centre

Part 1: Setting up a Behavioral Experiment 10.7.14

1. What thoughts or beliefs are you testing? Rate your degree of belief (0 – 100%) in each one.

1. Only a deep, comprehensive, endlessly-patient approach leads to good work. 90-100
2. I must read deeply, a lot in order to do good work. 90

2. Design an experiment to test the belief(s). What will you do?

I'll write 1 hour.
Then 1 hour targetted research
Then 1 hour deep research.
Then a few min. of revisions.

3. What do you predict will happen? Rate the probability of each prediction (0 – 100%).

I will not complete the Prologne. 75
Writing will be good. 30

4. What behaviors would you normally use to prevent the worst from happening? How will you stop yourself from doing those things? What will you do instead?

Too much time reading
Plan: go to cafe to write w/ no books.

5. What problems might interfere with carrying out the experiment? How will you deal with them?

I'll avoid.
Plan: schedule time in calendar

Adapted from form developed by Oxford Cognitive Therapy Centre

When doing exposure treatment, keep in mind that . . .

- New learning is fragile. Discuss and review with the patient what was learned in the experiment.
- New learning is context-specific. Practice new learning in multiple contexts (locations, types of snakes/dogs whatever, with different individuals, etc.).
- Fear elimination is not necessarily the goal; "toleration" of fear is usually a better goal.
- Exposure does not erase old beliefs. It creates new ones. Old distorted beliefs can re-emerge.

To Practice What you Learned Today

Consider devising and conducting a behavioral experiment to test one of your own distorted beliefs.

- "If I work on my slides before cleaning up miscellaneous small tasks and e-mails, I won't be able to concentrate and get anything done."

Thank you!

- Jackie Persons
- persons@oaklandcbt.com

Exposure Therapy

Recommended Readings

Abramowitz, J. S. (2006). *Obsessive-compulsive disorder*. Cambridge, MA: Hogrefe & Huber.

Bennett-Levy, J., Butler, G., Fennell, M., Hackmann, A., Mueller, M., & Westbrook, D. (Eds.). (2004). *Oxford guide to behavioural experiments in cognitive therapy*. Oxford: Oxford University Press.

Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., & Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behaviour Reseach and Therapy, 58*, 10-23. This article and an interview with Dr. Craske about how to use the article clinically are posted at: http://sscpweb.org/SciPrac

Foa, E. B., Hembree, E., & Rothbaum, B. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences (Therapist Guide) (Treatments That Work)*. New York: Oxford University Press.

Foa, E. B., & Rothbaum, B. O. (1998). *Treating the trauma of rape*. New York: Guilford Press.

Foa, E. B., & Wilson, R. (1991). *Stop obsessing! How to overcome your obsessions and compulsions*. New York, NY: Bantam.

Grayson, J. (2003). *Freedom from obsessive-compulsive disorder: A personalized recovery program for living with uncertainty*. New York: Berkley Books.

Also: see the *Treatments That Work* series published by Oxford University Press. The series includes workbooks for patient and therapist to address all or nearly all of the anxiety disorders using exposure and other evidence-based methods.