

# Mastering the Anxiety Game

WS 10

Brief Therapy Conference

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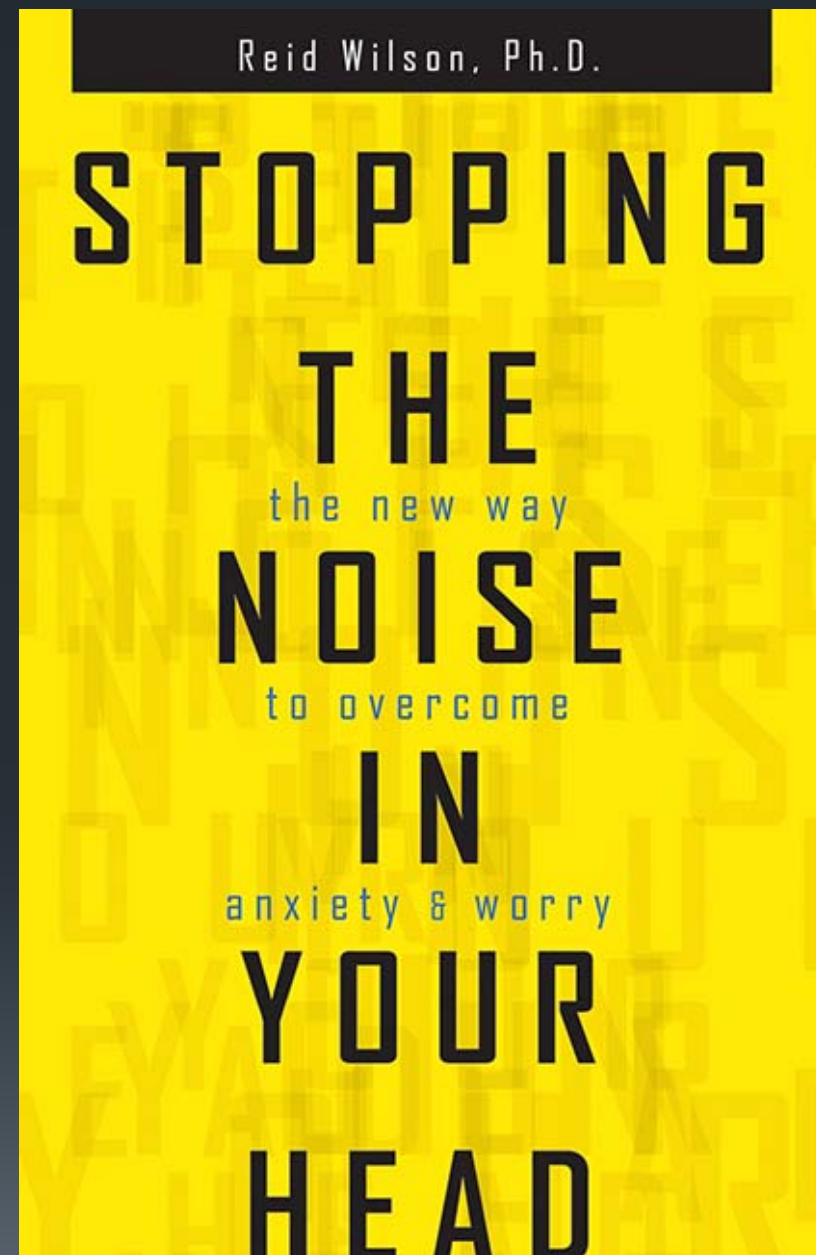
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[www.anxieties.com](http://www.anxieties.com)  
[www.PlayingWithAnxiety.com](http://www.PlayingWithAnxiety.com)  
[www.NoiseInYourHead.com](http://www.NoiseInYourHead.com)

Video clips courtesy of *Psychotherapy.net*  
Strategic Treatment of Anxiety Disorders



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*HCI Books*



# Shorter treatments

- 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

- 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

- **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)

## ■ OCD

### NORWAY – 1<sup>st</sup> study

- Intensive 4-day group tx — 5 therapists & 5 patients
- 35 patients—23 “severe” to “extreme”
- 6 mo. follow-up: 27 (77%) classified as recovered

### 2<sup>nd</sup> study

- 22 adolescents with OCD
- 4-day treatment delivered to 2–3 patients & parents
- Then 3 weeks of self-administrated ERP
- 91% (n=20) were responders at post-treatment; 77% (n=17) at 6-month follow-up.
- 73% (n=16) in remission at post- & 68% (n=15) at 6-months.



# “I don't think you have it right”

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- Mary's heart
- Laura's snake phobia — one session
  - No need to learn about specific snakes
  - You're going to have a startle response
- Michael needed to accept that first 10 to 15 seconds after he hyperventilates

# Sudden gain (Nonlinear patterns of change)

10

- **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)

# The 4 Problems

CHANGE  
THESE!

11

- Attentional bias to perceived threat
- Need for certainty & control
- Need for comfort
- Minimize coping ability



# Their Strategies

- Rely on crutches
- Vigilance
- Resist & avoid



CHANGE  
THESE!

# Poor strategy

It's all defense!

Don't teach a protocol —  
EMBED it

# Mary

15

10 years

Claustrophobia + Panic

— flying, tunnels, elevators, parking  
garages

# Opening moves

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



# Chunk it up

17

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

Clip 1

3 min

Clip 2

1½ min

# Humor begins detachment

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

Clip 3

1 min

Establish their goals

Educate on habituation



# Listen for/address beliefs

- “How do you get better?”
- (you won’t hear this) She believes it is “in subconscious”



# Normalize fearful response

- “That makes perfectly good sense to me”



“What symptoms... *concern*  
*you?*”

Challenge distortions (of  
course)



## 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...”

# Step back



# Change their frame of reference



“This is serious!”



“This is a mental game”



- Step away from the content –  
Make the content irrelevant
- Step back from the moment &  
label it

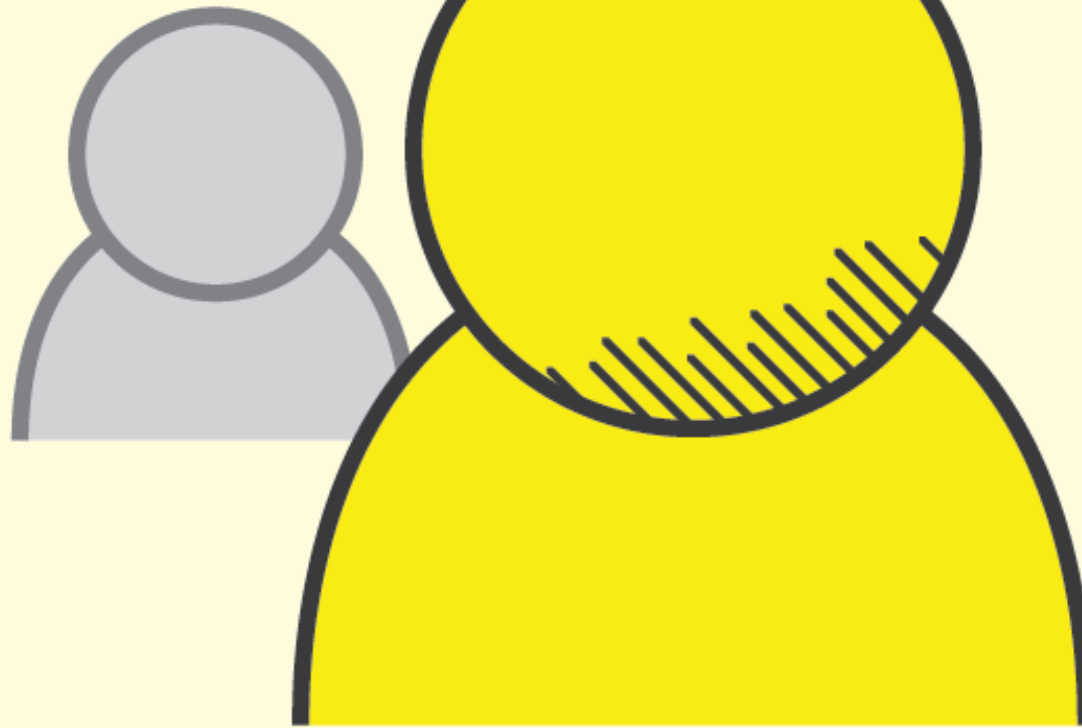
- 1<sup>st</sup> response is always Signal.
- Have to be willing to be suddenly afraid & then get past it.
- “Is it danger? No, it’s the leaves.”
- NOTHING comes before stepping back

# Step Back — Anxiety's Rules

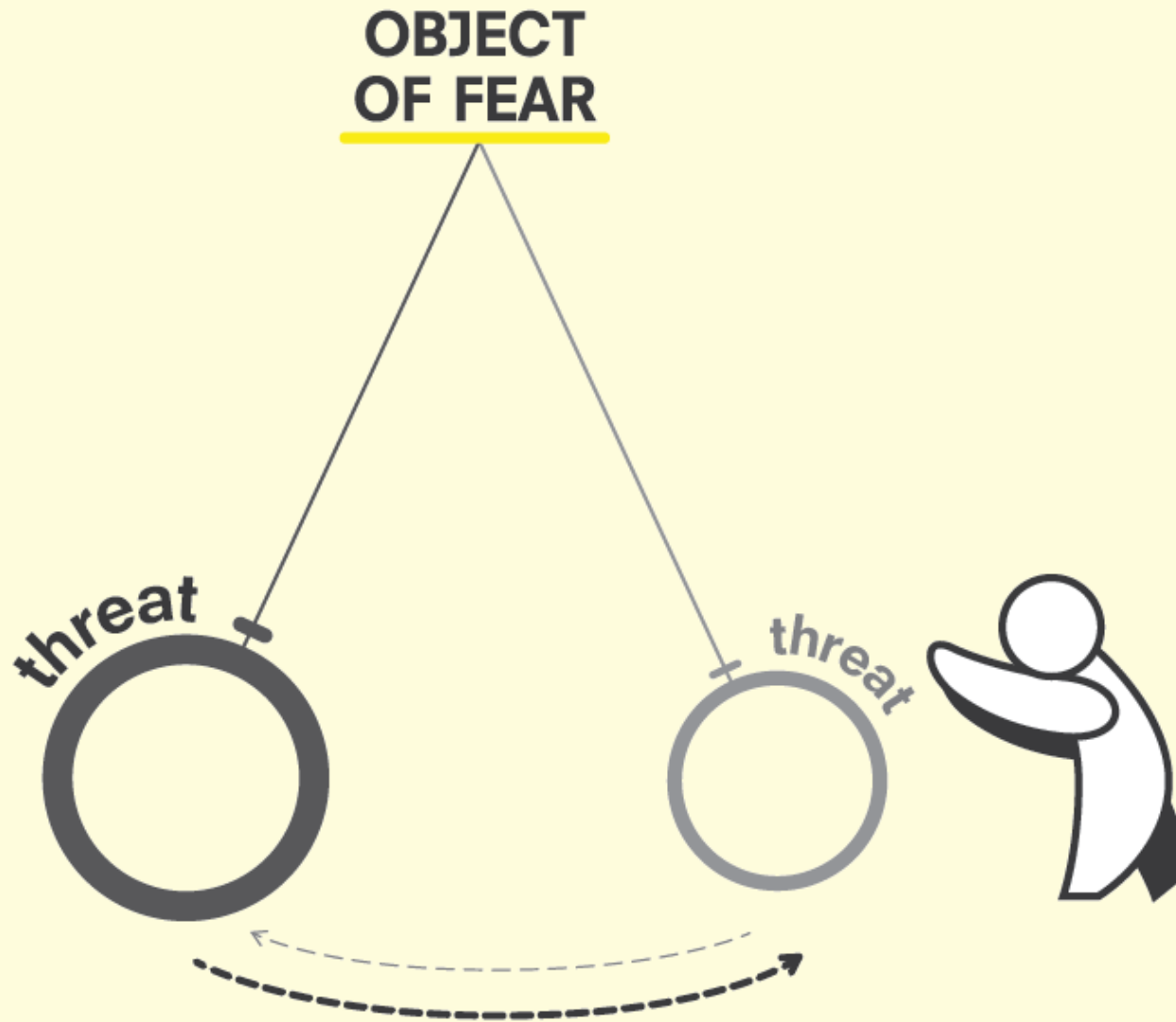
28

1. Be careful or you might cause a horrible problem OR  
Be worried that you've already caused one
2. If a fearful thought pops up, take it seriously
3. Feel absolutely certain
4. Use your anxiety as a gauge: if you feel uncomfortable,  
then there is still Danger
5. Always act defensively
  - Back away/avoid
  - Give up territory
  - Worry/dread future
  - Do rituals/compulsions

“I wash my hands to get rid of contamination.”

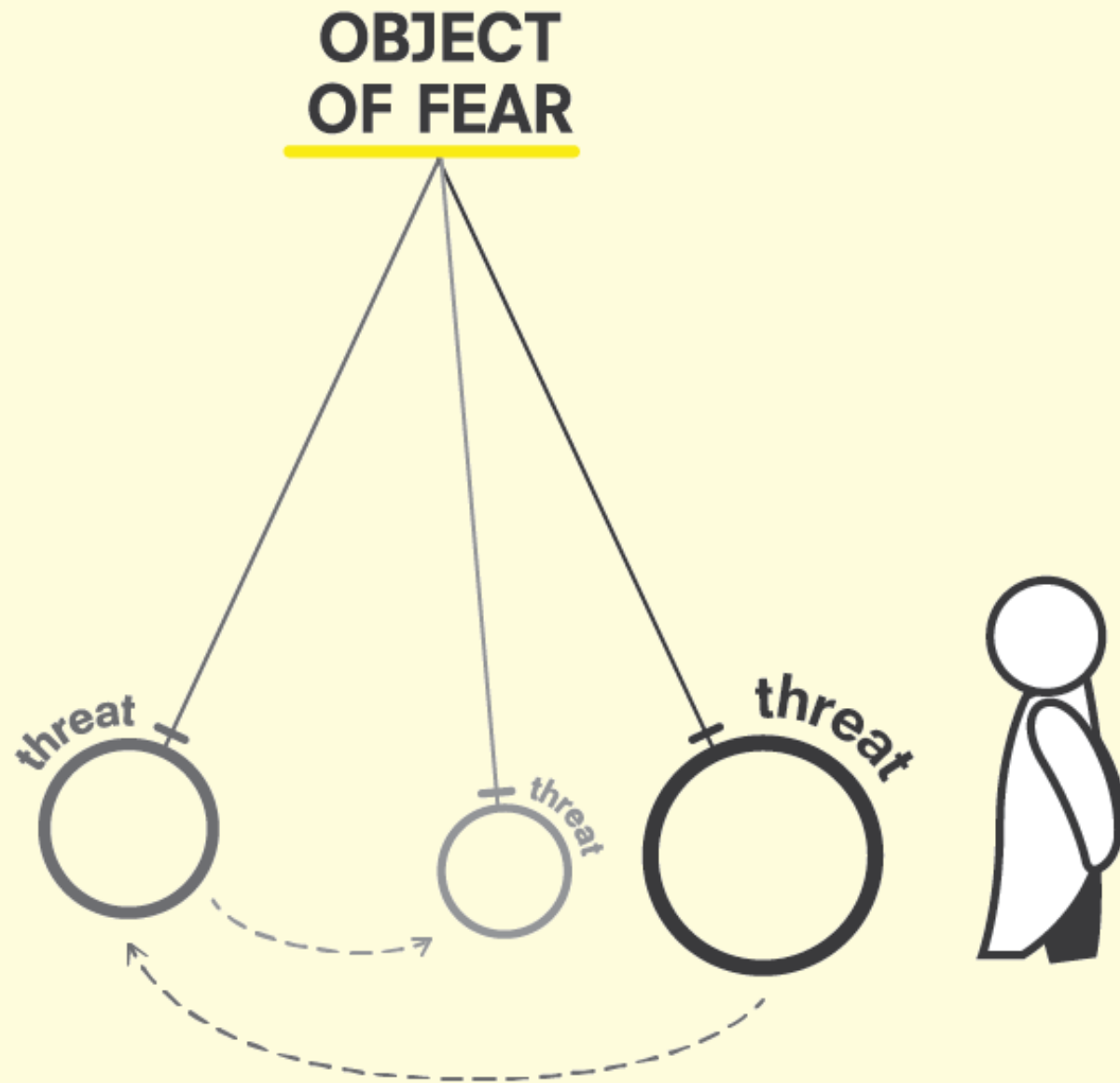


“I do a repetitive behavior to get rid of my doubt about something that seems risky or dangerous.”



- more symptoms
- more fear
- stronger urge to avoid







# Establish contract

33

- “Focus on tolerating (the feeling of) 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”



# “NOT removing symptoms”

34

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

Clip 5

3 min

Want it

I don't  
**want** this!



**threat**



I gotta get  
**rid** of this!

**I want this.**

**DETACH**

- Want this very moment... what's going on right now.
- You only have 2 choices

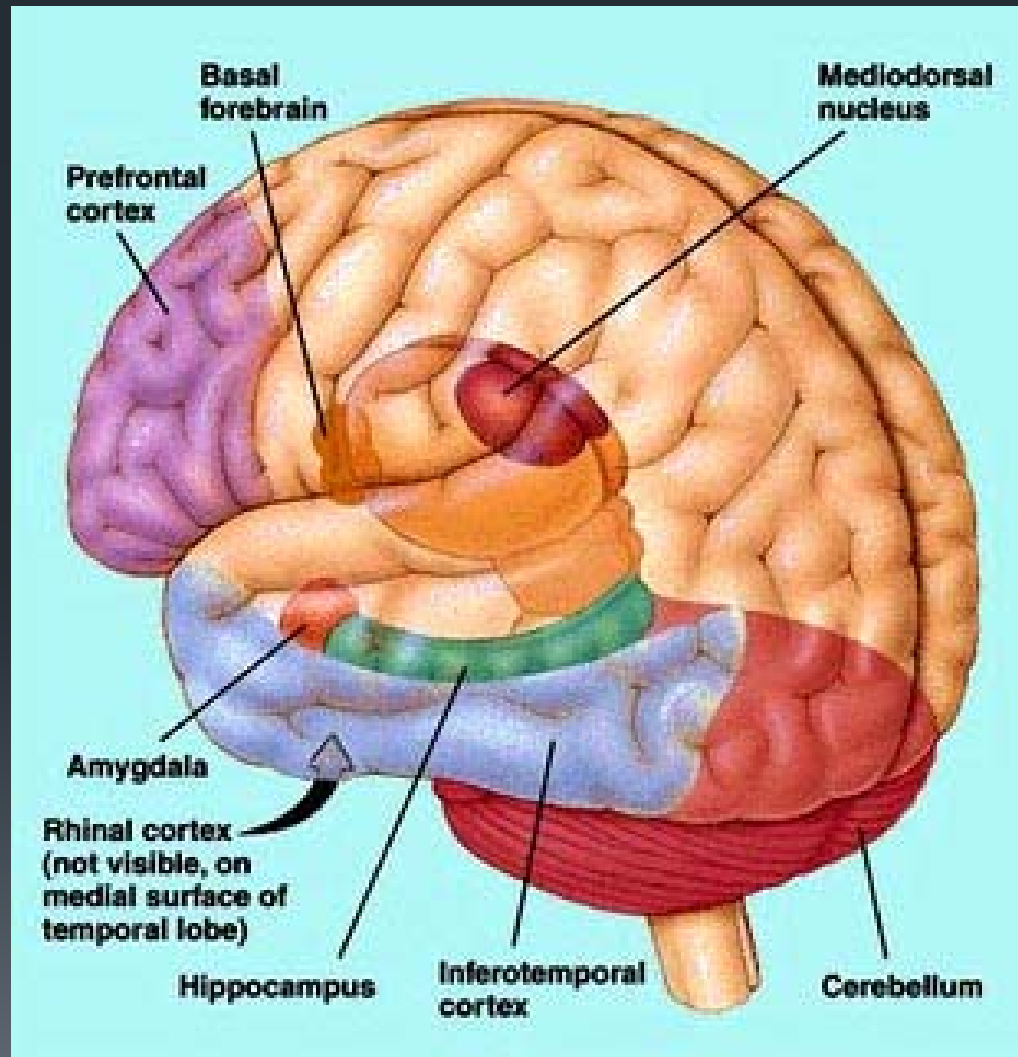
# Honest Stance toward symptoms/worry/uncertainty...

Purposely, voluntarily, choose...

- ✓ “I want it”
- ✓ “If it lasts, I want it to last”
- ✓ “If it’s strong, I want it to be strong”

# The amygdala

40



“I want this”



# Giving Your Amygdala a Chance to Learn

41

**Notice** threatening thought, image or impulse



**Want that!**



**Notice** that you feel scare



**Want that!**



**Hang out** while feeling uncertain & frightened



...because I  
want that...

**Desired  
Outcome**

Welcoming your current  
experience is a  
**PERFECT** response  
to your current experience



The message  
“fine this is happening”  
is a message that  
you have to earn

Interoceptive Exposure  
in service of  
Reappraisal/Belief Change

# Rating List for Mary

47

- \_\_\_ \_\_\_ 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
- 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





# 1<sup>st</sup> interoceptive exposure (IE) in service of reappraisal

- Interpretation — not experience — brings distress
- Using IE to immediately challenge belief

Clip 6

6 min

# “Let's see if we can understand”

50

- “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”



# Keep clarifying moment-by-moment goals

51

- “I can handle being uncomfortable & scared”

## Link misinterpretations together

- “This is like your heart...”

Clip 7

5 min

# “What point of view are you adopting?”

- 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”

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- 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?”

Clip 8

3½ min

- Parallel points of view
- We elevate one

*We need to do it,  
& they need to do it*

# Step forward

“Only do what you want to do”

“And if you want to get stronger,  
you have to want to do the hard  
stuff”

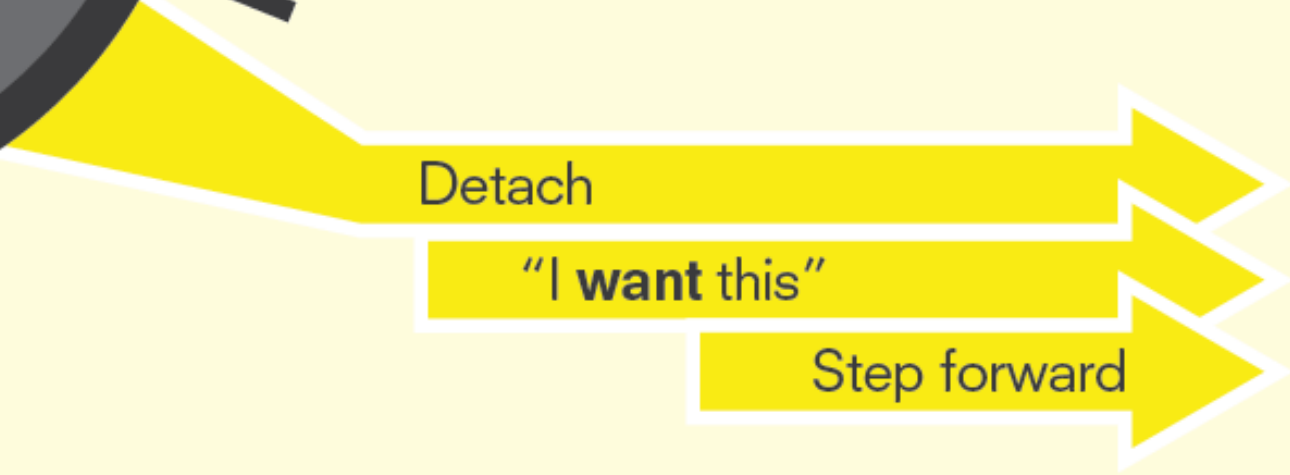


I can't do this!

Detach

"I want this"

Step forward



Be sure everything is OK  
Get comfortable  
Treat fearful thoughts seriously  
Stay safe  
Feel confident before acting



Seek out doubt  
Provoke your discomfort  
Treat fearful thoughts absurdly  
Aggress into new territory  
Scare yourself

**Protect & Defend**

**Courageously  
Step Forward  
& Risk**

**DETACH**

- scarf

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

“Voluntarily choose the experience”

- Convert involuntary to voluntary

“Treatment is aggressive”

Clip 10

2 min

# Plant seeds of future provocative work

61

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

Clip 11

1½ min

# Debrief homework practice as behavioral experiment

Clip 12

6½ min

“Unfortunately...”

“Drat”

“I thought about it quite a bit...”

Self-talk: “It’s not going to collapse...”

“It won’t be pleasant...”

Detachment & Absorption!

“I went to the darkest place I could find...”

“I tried to make it as unpleasant as I could”

# The possibility of conscious-unconscious integration

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

Clip 14

3½ min



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

Always look for opportunities to move to higher level of abstraction



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.”

This is not habituation —

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



# Challenge their safety behavior

- “What’s the intention of the practice?”
- Safety behaviors are manifestation of belief that “I can’t handle it otherwise”

Clip 16

3 min

## 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.	

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 you 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	

## Chart 2: Practice Creating Symptoms

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							

NOT ON HANDOUT



# Interoceptive Exposure in Office or at Home

- 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

77

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

- 6 FREE brief episodes teaching principles
- FREE download of all 50 charts, tables and figures from *Stopping the Noise in Your Head*

## The Observer

The part of us that can detach from our worried, self-critical, or hopeless judgments in order to simply notice what we are thinking and feeling.

## Observing the Signs of Resistance

Practice stepping back to notice these tendencies

- stalling or procrastinating
- becoming numb or feeling flat
- retreating to a safer place
- over-preparing
- continually researching
- continually seeking advice
- checking repeatedly
- seeking the "right answer"
- detailed thinking-through of all possible options
- worrying!



FIGURE 3: STEP BACK TO GAIN PERSPECTIVE

*Thank you*

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