

CHANGING THE ANXIOUS MIND — RAPIDLY ¹

UNC School of Social Work
October 16, 2015

Reid Wilson, PhD
Chapel Hill, NC

Reid Wilson, Ph.D.

Anxiety Disorders Treatment Center
421 Bennett Orchard Trail
Chapel Hill, NC 27516
[919] 942-0700

rrw@med.unc.edu
www.anxieties.com
www.PlayingWithAnxiety.com

Video clips courtesy of *Psychotherapy.net*
Strategic Treatment of Anxiety Disorders
(6 video set) ³

Shorter treatments ⁴

- 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 ⁵

- 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 ⁶

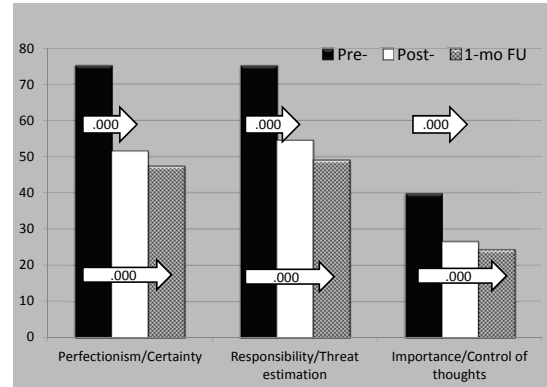
- 5 tx sessions + 2 booster sessions over 3 months (6.5 contact hours) = 12 weekly sessions + 2 booster sessions (Clark, Salkovskis, Hackmann, Wells, Ludgate, & Gelder, 1999)
- 2-day individual tx (10 subjects), 9 contact hours. 90-100% reached non-clinical levels (Deacon & Abramowitz, 2006)
- 5-session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

Sudden gain (Nonlinear patterns of change)

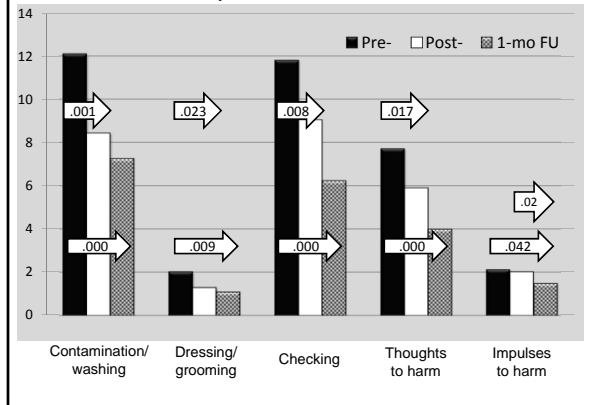
7

- **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)

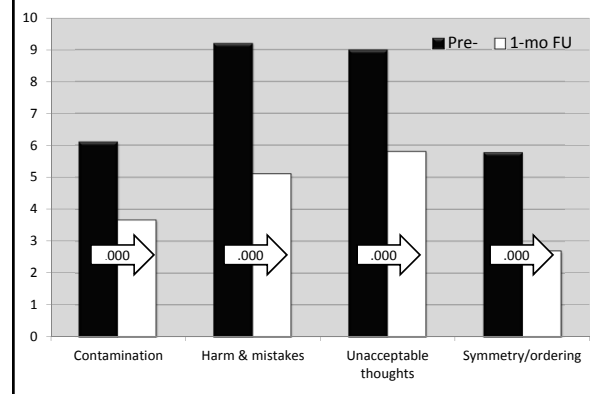
Obsessive Beliefs Questionnaire



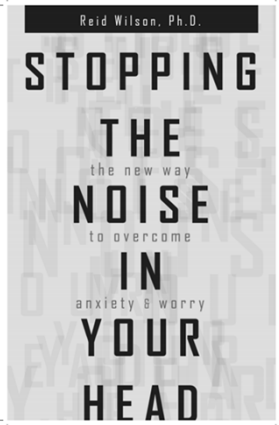
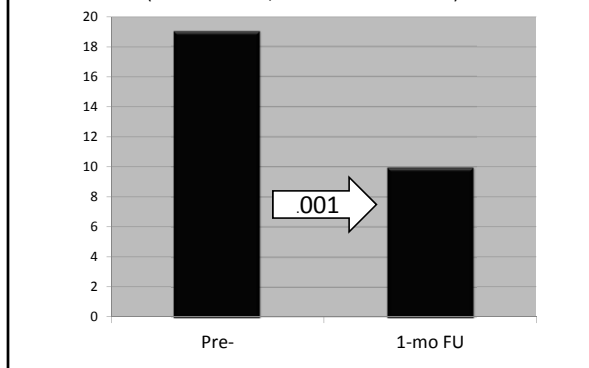
PADUA inventory - shows degree/severity of OCD sub-types



DOCS - another measure of degree/severity of OCD sub-types



Beck Depression Inventory II (20 = moderate; 13 & below = minimal)



12

13

Step back

14

Want it

15

Step forward

16

Be cunning

17

Opening moves

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

56 min, 17 clips

18

Chunk it up

- 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

19

Humor begins detachment


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

Clip 3 1 min

20

Establish their goals


Educate on habituation



21

Listen for/address beliefs


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



22

Normalize fearful response


- "That makes perfectly good sense to me"



23

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

Challenge distortions (of course)



24

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..."

Clip 4 5 min

Establish contract 25

- “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” 26

- “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


Rating List 27
Interoceptive 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 28
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



1st interoceptive exposure (IE) 29


Use exposure to reappraise

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

Clip 6 6 min

“Let’s see if we can understand” 30

- “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 31

- “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?” 32

- 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” 33

- 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

34

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

Clip 9 ½ min

“Voluntarily choose the experience” 35

- Convert involuntary to voluntary

“Treatment is aggressive”

Clip 10 2 min

Plant seeds of future provocative work 36

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

Clip 11 1½ min

37

Debrief homework practice

Clip 12 6½ min

38

“Give yourself (helpful) messages”

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

Clip 13 2½ min

39

The possibility of conscious-unconscious integration


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

Clip 14 3½ min

40

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

Always look for opportunities to move to higher level of abstraction



41


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.”

Clip 15 1½ min

42

This is not habituation —

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



43

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

44

Sit Back

- Let them decide what they are willing to do

What voice responds best to threat?

Clip 17 5½ 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 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	

Interoceptive Exposure in Office or at Home

50

- 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

51

- 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

52

11 clips
40 min

- “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”

53

Clip 1

6 min

- 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”

54

Clip 2

4:50 min

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

55 Clip 3 2:45 min

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”

56

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

“Okay, time to practice.”

↓

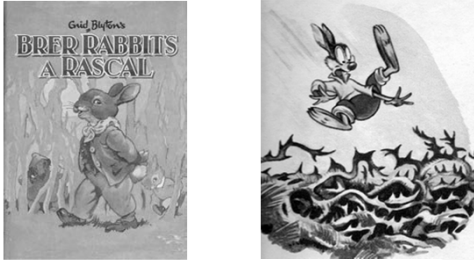
“OCD, please make me more freaked out...”

↓

Then turn attention elsewhere

57 Clip 4 4 min

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



58 Clip 5 2 min

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

59 Clip 6 5 min

- 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”

60

Changing the Anxious Mind—Rapidly

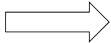
- “...not sitting on couch, doing exposure... acting scared the whole time”
- “You become the aggressor”
- “‘I can’t hear you’ ”
- “If one slips through, ‘That’s a good one. Give me more. What’s next? Let’s go.’ ”

61 Clip 7 3 min


- “...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”

62 

- 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...”

63 

- “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”

(Shoulder shrug)

64 Clip 8 7 min

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

65 Clip 9 1:30 min

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”

66 Clip 10 1:30 min

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.

67

Clip 11

3:40 min

