

**CBT Rapid-Gain
Model in Anxiety
Disorder
Treatment**

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Disclosures

Trade books with the following publishers

- Harper
- Bantam
- HCI Books
- Pathway Systems

DVDs

- Psychotherapy.net

Educational objectives

1. guide a client in logically dismantling the common dysfunctional frame of reference of an anxiety disorder or OCD.
2. apply 1 technique for constructing with a client a new, internally-consistent paradoxical frame of reference.
3. teach 2 skills to clients that will allow them to activate that new frame of reference moment-by-moment while approaching and engaging in threatening situations.

**Strategic Treatment of Anxiety Disorders
Therapist Tasks**

- Get rapport (and get it again)
- Get placebo
- Collaborative curiosity
- Persuade them to adopt paradoxical frame of reference
- Collaborative paradoxical strategies
- Frame-up the action
- Behavioral experiments

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Pull them away, step-by-step, from their frame of reference (FofR)

- dismantle their logical system
- box it all up into one entity
 - “It’s irrelevant”
 - “It’s white noise”
 - “That’s the Disorder talking”

Get them to disconnect, to detach, to put distance between them & old FofR

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It's NOT that. It's THIS!

"Keep coming this way; keep coming this way"

Continually check that they are still with you

- "What do you think?"
- "Does that make sense to you?"

Build a compelling new logical system

- Don't just explain it; install it!
- Install it NOW, at the beginning of treatment
- Install it deeply enough that it holds over time

But do all this with finesse

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Segment 1

7 min

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

- "In my mind..."
 - "What does that tell you?"
- "Naïve question: so why don't you just not wash, since you know it's in your mind?"



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Flesh out & get rapport with their struggle

Be curious & respectful

- "Tell me how it's hard to resist"

Any attempts to change? Any tricks? Any control in some arenas?

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Segment 2

3.5 min

Personify & externalize Disorder. When they are all better, they will have separated from Disorder. Why don't we start treatment from that position?

- "What's your OCD tell you is going to happen?"
- She immediately follows suit: "The main thing OCD tells me is..."

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If they have made any gains, use them to challenge their "disordered" logic

Move away from a continuum & toward a black or white, either/or scenario

Continue with naïve curiosity

- "If you believe it is about contamination, then why would relaxation help?"



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It's "great news" if they have used any therapeutic strategy to dissociate from the content. This means we don't have to add anything from outside of them. We simply have to embellish a resource within them.

Embellish, reinforce actions that manifest belief that content is irrelevant.

- Here she uses relaxation



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You have a perspective

The problem is that the closer you get to the threat, the further away that perspective drifts

[And that will be our goal: to find a way to maintain that perspective while facing threat.]

The work is moment-by-moment.

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Segment 3 1 min

Every step of the way, check in if they have alliance with you about the principles

- “Am I saying this correctly for you? Do you want to fix something I am saying?”

Step-by-step, we dismantle the “disordered” protocol & build the therapeutic protocol

➤

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Build a logical system that explains how Disorder wins

- It takes a natural part of all of us & uses it against us
- And then, it looks for what each of us is personally vulnerable to

Seek agreement with that principle

[Again] Personify Disorder as our challenger who is pretty damn smart!

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Segment 4 3.5 min

[Again] You must dissociate from the content. That is Disorder’s territory. You can’t win within that territory.

- “You & I want to figure out how to step out of the territory of contamination”
- “We want to get into the territory that makes you vulnerable to the Disorder” [*intolerance of uncertainty*]

➤

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We want to go one level up in abstraction.

“...step out of...”

“I wash my hands to get rid of contamination”

“...then step into...”

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

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Segment 5 4.5 min

[I noticed that I lost rapport... so I immediately stopped]

Don’t explain... install!

I reflectively listen to what I want to emphasize. I control the conversation & dominate our direction.

- “So you’re saying, ‘What I do is too time-consuming & mind-consuming.’ What would you rather be doing?”

➤

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Build a competing agenda. Reflective listening:

- “So you’re saying, ‘I value some things greatly, & I am not living into them like I would like to’”

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Segment 6 4 min

Inquire: how you think a person gets better?
Embellish anything they say that has validity.

Plant seeds about doing a behavioral experiment

1. “You have to be motivated, because they call this ‘work’... what you & I are about to do.”
2. (later) “We’re going to go do that in a few minutes...”
3. “But I don’t want to do anything until you & I together understand what we’re doing.”

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Segment 7 8 min

DISSOCIATION & ABSORPTION

We are not removing the obsessive voice. We are bringing up a parallel voice.

You need to dissociate from the obsessive voice & absorb yourself in the messages of the therapeutic voice.

>>
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Generate a simple protocol

- You absolutely know how to tolerate uncertainty
- You simply cannot tolerate uncertainty about this topic
- That’s our job: to strengthen your skill of tolerating uncertainty

[Verify that they understand]

>>
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You also have to tolerate anxiety

- “You have been in a treatment where you provoke the distress & then calm yourself down. For a little bit, we’re going to throw that out.”

>>
23

[Again] We are going to externalize & personify the Disorder

Instead of trying to calm down, ask for more anxiety

Just during tx
↓

Therapeutic stance: “I am in a relationship with the Disorder. I’m going to stay in a relationship with the Disorder. But I’m going to redefine the nature of the relationship.”

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Quiz them:**For Disorder to win, what do you need to do?**

- “Do what it says”

And for you to win?

- “Ignore it?”

Let’s go one step further than to ignore it

- “Do the opposite?”

Yes. But only in the early stages of the work.

When you are all done, you will do just that: ignore it. >

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Normalize obsessions: everybody has them

You don’t need to get rid of them



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6 min in

Be willing to not know. This is generic experience of uncertainty, not a content-specific one. We go get content to generate generic uncertainty & distress.

- “The opposite of knowing that my hands are clean is...?”
 - “Know that they’re dirty?”
- Let’s change that to, “not know whether they are clean.” [uncertainty]

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Segment 8

5.5 min

[Again, I stopped to see if she was tracking me?]

This is not just exposure

It’s an attitude change

- “I am not asking you to feel contaminated. I’m asking you to want to feel contaminated, & then feel contaminated. I am asking you to actually go get it, on purpose.”



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EXTERNALIZE – DISSOCIATE

“Why... change your attitude about getting contaminated? What happens to OCD when you start saying, ‘I’m looking for opportunities to feel a sense of contamination?’”

- “It’s not feeding it” [meaning “then my stance would not feed the OCD”]



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“What’s going to happen to OCD if you then say, ‘This is exactly what I want right now; I don’t like this, but I want it?’”

- “Maybe it makes the OCD uncomfortable”

“...How would you like that, theoretically, to turn the tables on OCD?”

- “That would be awesome!”



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Segment 9 3 min

Habituation requires

- Frequency
- Intensity
- duration

We are not doing that. We are just using that as a logic, to rationalize our strategy.

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Segment 10 1.5 min

Ownership

- Put your game face on

Dissociation & Absorption

- Focus on your outcome picture
- I want my family back, etc. So, I don't like it, but I want it!

Take the hit

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Segment 11 3.5 min

DISSOCIATION & 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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Segment 12 4 min

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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Segment 13 4.5 min

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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- 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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Segment 14 6 min

Play the game

Score points

***Act as though* the more points you score, the stronger you get**

The tally counter

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Free Self-Help Site

 **Anxieties.com**

Free E-Newsletter