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History

Controversy over exactly *why* exposure therapy works so well for anxiety

Many possible mechanisms have been proposed:

- Counterconditioning
- Extinction
- Habituation
- Cognitive change
- Coping skills development

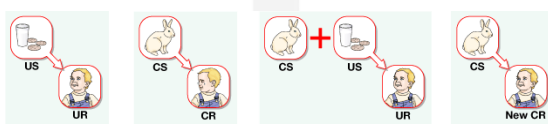
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Counterconditioning

Eliminating a classically conditioned response by repeatedly pairing the feared CS with an antagonistic US

Basis of Wolpe's systematic desensitization (SD)



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Counterconditioning

SD involves confronting the feared stimuli while inhibiting the fear response via a biologically incompatible behavior (relaxation)

Starts with confrontation of items lower on a fear hierarchy and gradually moves upward

However, neither reciprocal inhibition nor gradual exposure have been found to be necessary to treatment response

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Extinction

Occurs when the US no longer follows the CS over repeated trials

E.g., no loud noise to cause a fear response after seeing the white bunny

Operant extinction occurs in exposure, as there is no longer negative reinforcement (decrease in anxiety) via avoidance

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Habituation

Occurs when someone stays in the presence of the fear stimulus until it no longer causes anxiety or distress

E.g., hold the snake until you aren't scared or nervous any longer

This is the basis for flooding techniques

E.g., stay in the room full of snakes until you aren't scared or nervous any longer

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Cognitive Changes

Some hypothesize that, as exposures with one stimuli can cause decrease in similar stimuli, changes in cognitions may occur

Could also be seen as stimulus generalization

Cognitive models suggest that changes occur in maladaptive fear schemas or level of negative self-talk

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Coping Skills

Consistent with Bandura's self-efficacy theory, exposures often result in clients feeling more able to cope with fears

Knowing that you have coping skills in case you get anxious may increase self-efficacy and decrease threats and anxiety levels

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Which is It?

All have some empirical support, but none is the clear favorite

Reality may be a combination of multiple factors, or different ones for different clients

This plays an important role in how to plan and conduct exposures

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How to Do It?

Different programs and therapists approach exposures in different ways

Some do extensive preparation for the exposures (SD), some just let it happen (extinction / habituation)

Reviewed now are two programs – one for children and one for adults

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Coping Cat

Developed by Philip Kendall and colleagues, this is a program for anxious youth

First half focuses on skills training, second on skills practice

Rapport is first established, then learns to follow the four concepts of the FEAR plan (coping skills)

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Coping Cat - Skills

F – Feeling frightened?
Recognize physiological reactions to anxiety

E – Expecting bad things to happen?
Recognize and attend to self-talk

A - Actions and Attitudes that will help
Behavior / coping talk to use when anxious

R – Results and Rewards
Evaluating the effort and rewarding it accordingly

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Coping Cat - Skills

After this, child begins practicing FEAR plan in anxiety-provoking situations (i.e., exposures)

Develop a specific FEAR plan before each exposure, working from the bottom to the top of the fear hierarchy (gradual exposure)

But, not as easy as it sounds, many features of the exposure task

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Coping Cat - Exposures

Creating a hierarchy

- Therapist must accurately assess the feared situations using youth and parent report, as well as behavioral observations
- A dynamic process that continues throughout therapy
- Generate and then sort the *specific* situations that cause anxiety, from easy to medium to challenging

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Coping Cat - Exposures

Assessing subjective units of distress

- After generating the anxious situations, they are then rated using Subjective Units of Distress
- SUDs can be adjusted to the developmental level of the child: 0-5, 0-8, 0-10, 0-100
- Can also use feeling thermometers or personalized ratings to symbolize the SUDs
- Used to both order the hierarchy and assess distress during exposures

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Assignment!

Spend the next 10 minutes creating your own fear hierarchy!

- Should include a wide range of fears and/or situations that are distressing
- Use SUDs ratings to distinguish and order the hierarchy

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Coping Cat - Exposures

Imaginal exposure tasks
Often used in the beginning, or when the child has abstract worries / fears
Allows for practicing coping skills before confronting the real situation

In vivo exposure tasks
Often follow imaginal exposures, use a "live and in person" version of the feared situation

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Coping Cat - Exposures

Exposure occur both in and out of session

Requires cooperation of parents to facilitate successful homework exposures

Should be similar to what is being done in session, using a hierarchy and SUDs ratings

Internal and external rewards for successful exposure completion should be discussed beforehand

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Coping Cat - Exposures

Ideal exposures are prolonged, repeated, and prevent the use of distraction behaviors

SUDs decrease of *at least* 50%, with more being better

May require shaping up to the more difficult situations, in terms of both time and use of distractors

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Therapist Tasks

Realize long-term benefits outweigh short-term distress, and communicate this effectively to the family

Work collaboratively with the child and family to plan and execute the exposures

Maintain rapport during exposures by building upon pre-established rapport

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Therapist Tasks

Do not allow avoidance or distracter behaviors during the exposure

Modeling how to conduct appropriate exposures for the parents, so that they can perform them at home

Be flexible and creative when dealing with less than optimal exposures and resistance

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Prolonged Exposure

Developed by Edna Foa, PE is designed for treatment of individuals with PTSD

Four main components

1. Education about common reactions to trauma
2. Breathing retraining ("breathing in a calm way")
3. Repeated exposure to the trauma memories
4. Repeated *in vivo* exposure to avoided situations

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Prolonged Exposure

Two main PE procedures:

Imaginal exposure
Promotes processing of the highly emotional experience and recognition that the individual can cope with the distress associated with the memory

In vivo exposure
Reduces excessive fear and encourages the recognition that situations are not excessively dangerous and individual can cope with them

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Groundwork for PE

Conveying effectiveness and competence
Use past clinical examples as well as research data to show that the treatment works

Forming an effective therapeutic alliance
Praising client for entering therapy
Including client-specific examples when during psychoeducation
Taking a strong, nonjudgmental stance
Collaborative efforts to design exposures

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Groundwork for PE

Selling the rationale
Describe therapy procedures clearly
Reassure client that it is okay to be afraid during the exposures, but that she will get better
Using analogies to increase understanding
Accept she may have tried something before, but emphasize the different nature of PE

Tailor treatment to the individual

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Implementing Effective Exposures

Goal of exposures is to modify pathological fear structures

- Exposure must activate the fear
- Should include corrective information that will be incorporated into the fear structure

As with Coping Cat, introduction to exposures starts with construction of fear hierarchy

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Implementing Effective Exposures

During imaginal exposures, have clients keep eyes closed, use present tense, and describe full range of sensory experiences

Should be grounded in now, but reliving the past as well

Record or write out the exposure so that clients can repeatedly be exposed to it outside of session

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Implementing Effective Exposures

Early in vivo exposures should be easily completed to build confidence and motivation

Should be safe, in that the client is not in actual danger, but evoke anxiety or distress

Sometimes, however, the exposures don't work as planned...then you have to modify them to be more effective

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Troubleshooting Imaginal EXP

Underengagement happens when client doesn't feel emotionally connected
Revisit the exposure with detailed probing, prompting increased emotional connection

Overengagement happens when client doesn't feel safe during exposure, when reliving becomes reexperiencing
Have eyes open, use past tense, more speech during exposure

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Troubleshooting Imaginal EXP

If stuck on one part, direct client to move forward
Other ways to ground and support the client

Prolonged / multiple incident traumas
May need to start higher up on the hierarchy, in order to be able to process those truly disturbing incidents
This will allow for generalization of the response

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Obstacles to Exposure Therapy

Avoidance
Can often intensify several sessions in (the "feel worse before you feel better" time), as the assignments get more difficult
Review treatment rationale and any progress made so far in session

Anger
Can interfere with emotional processing
Validate the feeling, but have them focus on other emotions

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Obstacles to Exposure Therapy

Maintaining focus on PTSD

High comorbidity rates, especially with chronic PTSD, and life stressors

Keep focus on PTSD symptoms *unless* safety is at risk

Non-exposure ready clients

Limited support for exclusion of certain types of trauma survivors, but PE is still considered the "gold standard" treatment for PTSD

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Obstacles for the Therapist

I'm making my client *more* upset / anxious

It's difficult to see people in distress

Hearing the accounts of trauma can be emotionally draining for some people

May have to do exposures that *you* are not comfortable with

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