

# TREATING ANXIETY DISORDERS: EXPOSURE-RESPONSE PREVENTION

DANIEL O'ROURKE, PH.D.

CHILD ANXIETY AND EATING DISORDER CENTER AT EBTC  
UNIVERSITY OF WASHINGTON DEPT. OF PSYCHOLOGY  
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# OVERVIEW

- What you need to know about anxiety
  - Why people get anxious, stay anxious, and how they get better
- Understand how exposure-response prevention treatment works
  - Learn some “next level” strategies for doing the treatment

# WHAT IS ANXIETY?

## Fear

Focused response to a known or definite threat

- Fight or flight response
- Necessary for survival



GENERALIZED  
OR  
OVER-LEARNED

## Anxiety

Fear response in the absence of clear danger

- Anticipation or possibility
- Universal experience / wide range of normal
- Can be useful/functional

Good!

Useful (acute):  
*activates us, gets us going*

Bad!

Harmful (chronic):  
*gets in the way*

# WHAT TO KNOW ABOUT ANXIETY DISORDERS

- They are common!
  - 10% prevalence in any year
  - 15-20% lifetime prevalence
  - For those with ED, around 50-70% will meet criteria for an anxiety disorder
- On average, it takes **7 years** from the first signs of an anxiety disorder to get treatment
- With the correct treatment most (60-80%) will get much better.

# THE ANXIETY DISORDERS

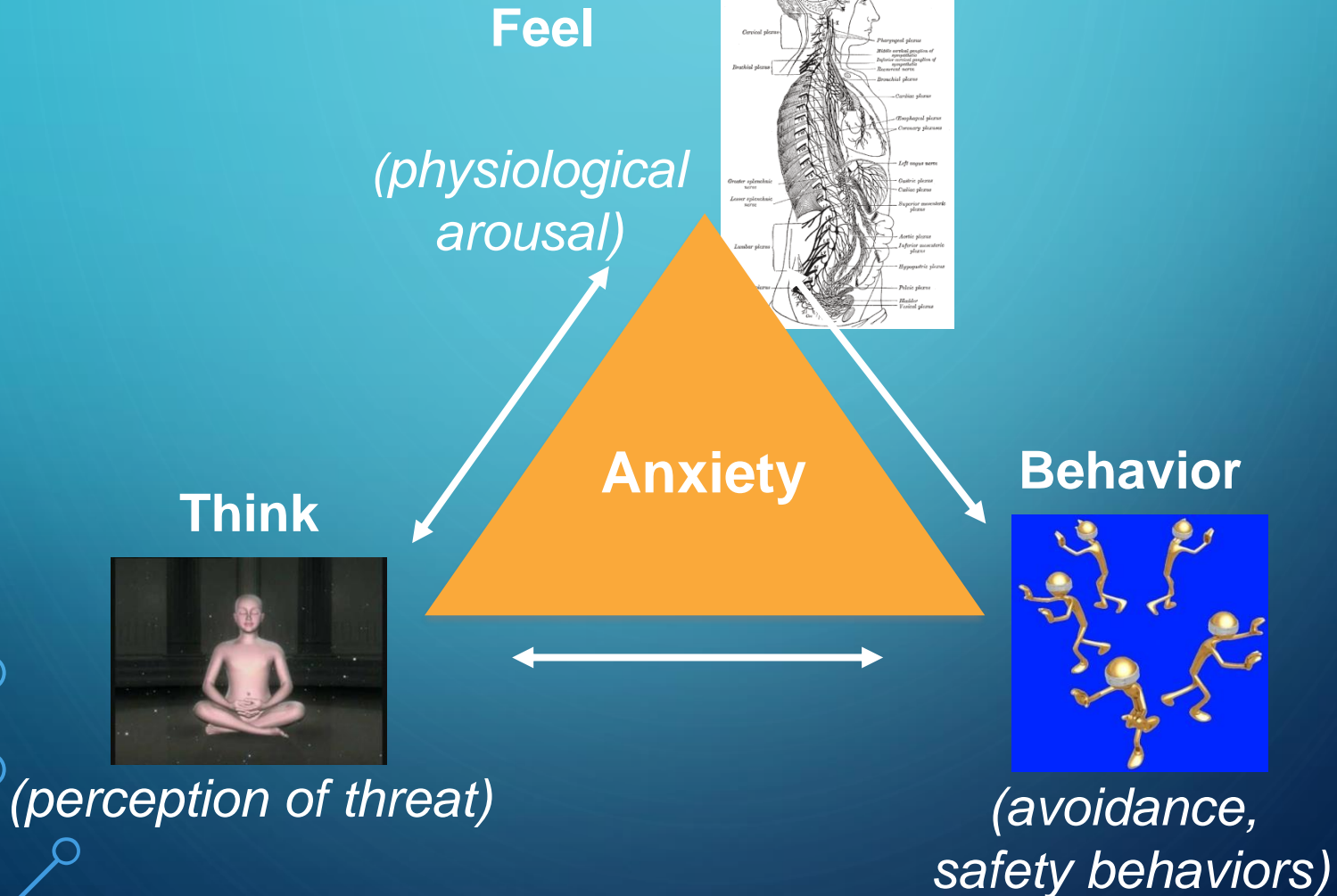
- Separation anxiety disorder
- Selective mutism
- Specific phobia
- Social Anxiety Disorder
- Panic disorder/agoraphobia
- Generalized anxiety disorder (GAD)
  
- Posttraumatic stress disorder (PTSD)/ Acute stress disorder (ASD)
- Obsessive compulsive disorder (OCD)
- Tics/Tourette's Disorder
- Hair pulling/skin picking

The background is a solid teal color with a subtle gradient. In the four corners, there are decorative white line-art elements resembling circuit traces or neural pathways. These lines connect to small white circles, creating a sense of connectivity and technology.

# WHAT ANXIETY EXPERTS KNOW

COGNITIVE BEHAVIORAL UNDERSTANDING OF ANXIETY

# BASIC CBT MODEL OF ANXIETY





# EXAMPLE: JULIA

**FEEL:** Nervous, afraid, lonely



**THINK:** If I invite a friend over I will be responsible for all the talking and I may be awkward. If it's awkward it will mean I am boring and no one will ever want to be my friend.

**BEHAVIOR:** Never invite friends to hang out or not accept invitations



# ELEMENTS OF CBT FOR ANXIETY

**Relaxation  
Strategies;  
Attending to  
Body**

**FEEL**  
(physiological arousal)



**THINK**  
(perception of threat)

**BEHAVIOR**  
(avoidance, safety behaviors)

# ELEMENTS OF CBT FOR ANXIETY

FEEL  
(physiological arousal)

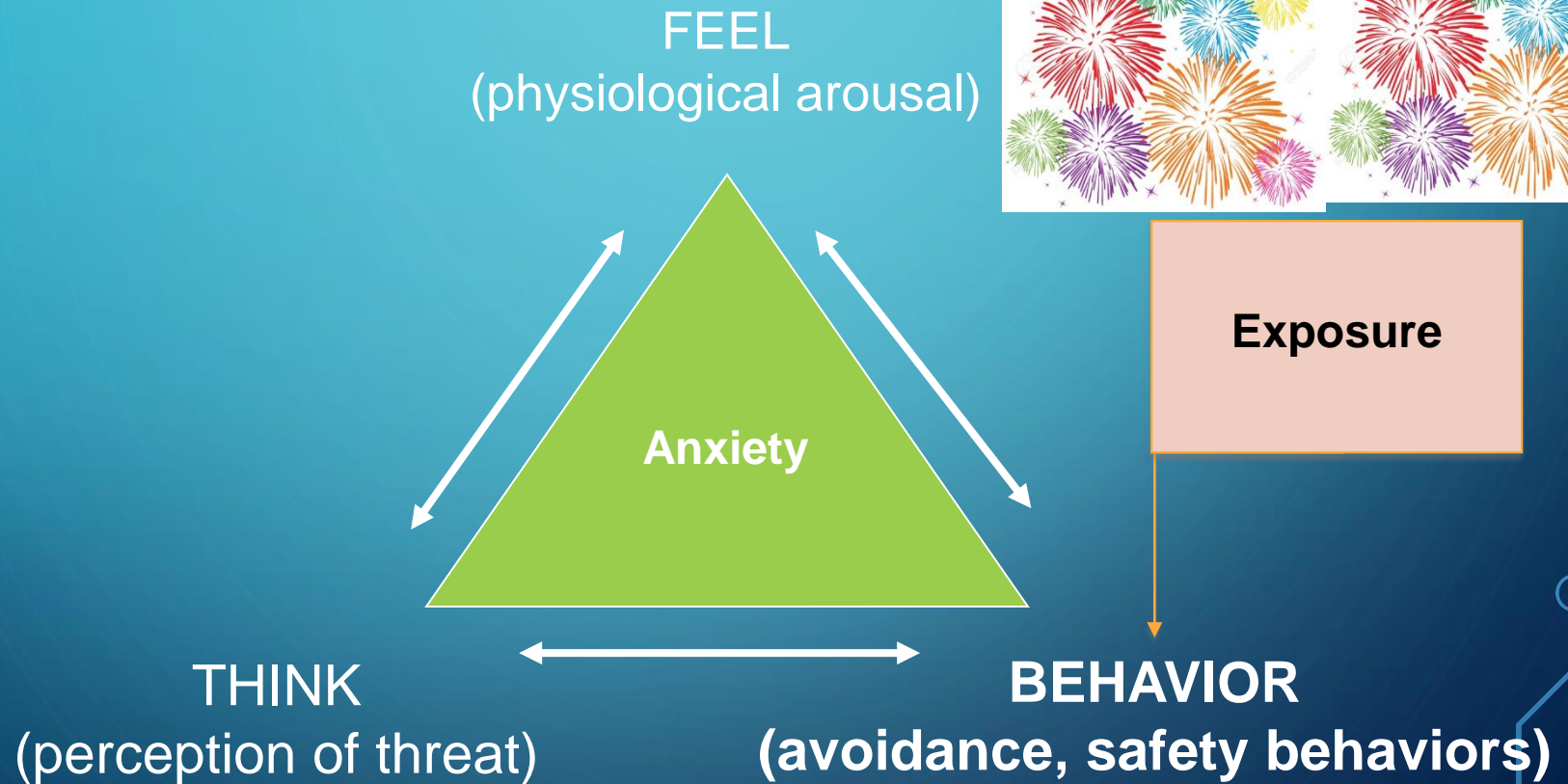
**Cognitive  
Strategies**



THINK  
(perception of threat)

BEHAVIOR  
(avoidance, safety behaviors)

# ELEMENTS OF CBT FOR ANXIETY



Disorder	Exposure Therapy	Cognitive Therapy	Caveats/Notes
<b>Post-Traumatic Stress Disorder</b>	<b>Works</b> - Prolonged Exposure	<b>Works</b> - Cognitive Processing Therapy	Exposure is the active ingredient. - Add CT to ERP doesn't help - Add ERP to CT enhances treatment
<b>Obsessive Compulsive Disorder</b>	<b>Works</b> - Exposure Response Prevention - Massive amount of support	<b>Unclear</b> - Some studies show it's effective - But they all include "behavioral experiments" which are basically ERP	Exposure therapy seems to be the active ingredient
<b>Generalized Anxiety Disorder</b>	<b>Unclear</b> - Some support, studies often focus on <u>imaginal</u> exposures	<b>Unclear</b> - Some support, seems best when exposure is also included	Combined CT + ERP probably best - Relaxation also helps  It could be that GAD is just difficult to treat due to its nature
<b>Panic Disorder</b>	<b>Works</b> - <u>Interoceptive</u> exposure - Teaches that physical sensations are safe	<b>Unclear</b> - May help (when used with exposure) when patients also depressed	Exposure is the key mechanism - CT may have its use to facilitate learning through exposures
<b>Social Anxiety</b>	<b>Works</b> - Directly challenges fears in social situations	<b>Works</b> - Challenge cognitions that maintain the social anxiety	Both CT and ERP work better than relaxation
<b>Phobias</b>	<b>Works</b> - Considered the treatment of choice	<b>Unclear</b> - Some support, but mixed results	Exposure is the active ingredient. - Adding CT to exposure doesn't give any extra benefit



Creating  
New  
Learning!!

## EXPOSURE AND ANXIETY

Exposure is the essential means of facilitating new learning

- When feared situations are **approached *without escape or safety behaviors***, anxiety reduces over time
- Usually requires multiple exposures to the same cues for anxiety to decrease
- New learning creates new networks for safety and strength/coping/resilience where once there was only danger / weakness / catastrophe.

# EXPOSURE AND ANXIETY

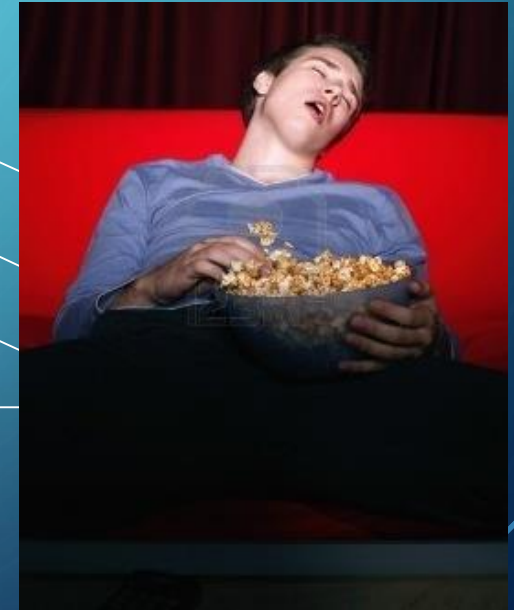
- Think back to something you used to be scared of. What did you do to overcome it?

# IT GETS EASIER OVER TIME - HABITUATION

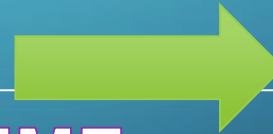
WATCH A SCARY  
MOVIE ONCE



WATCH A SCARY  
MOVIE 1,000 TIMES



TIME





# IT'S AN EXTINCTION PROCESS





# EXPOSURE HOW TO

- Step one:
  - **Understand the fear**
    - Why is speaking in public anxiety-provoking? E.g. Embarrassment, making mistakes, everyone will realize you don't know what you're talking about...

# EXPOSURE HOW TO

- **Step two:**
  - **Create your hierarchy**
    - List different possible exposures that target the fear
    - 1-10 scales, low-medium-high etc
  - **Identify safety behaviors**
    - Not looking people in the eye, carrying Xanax with you, washing hands, telling yourself everyone makes mistakes etc...limitless.

# EXPOSURE HOW TO

## Mild Anxiety

- Watching YouTube videos about turbulence
- Playing a plane video game and crashing the plane
- Watching planes take off and thinking "that plane could crash right now"

## Medium Anxiety

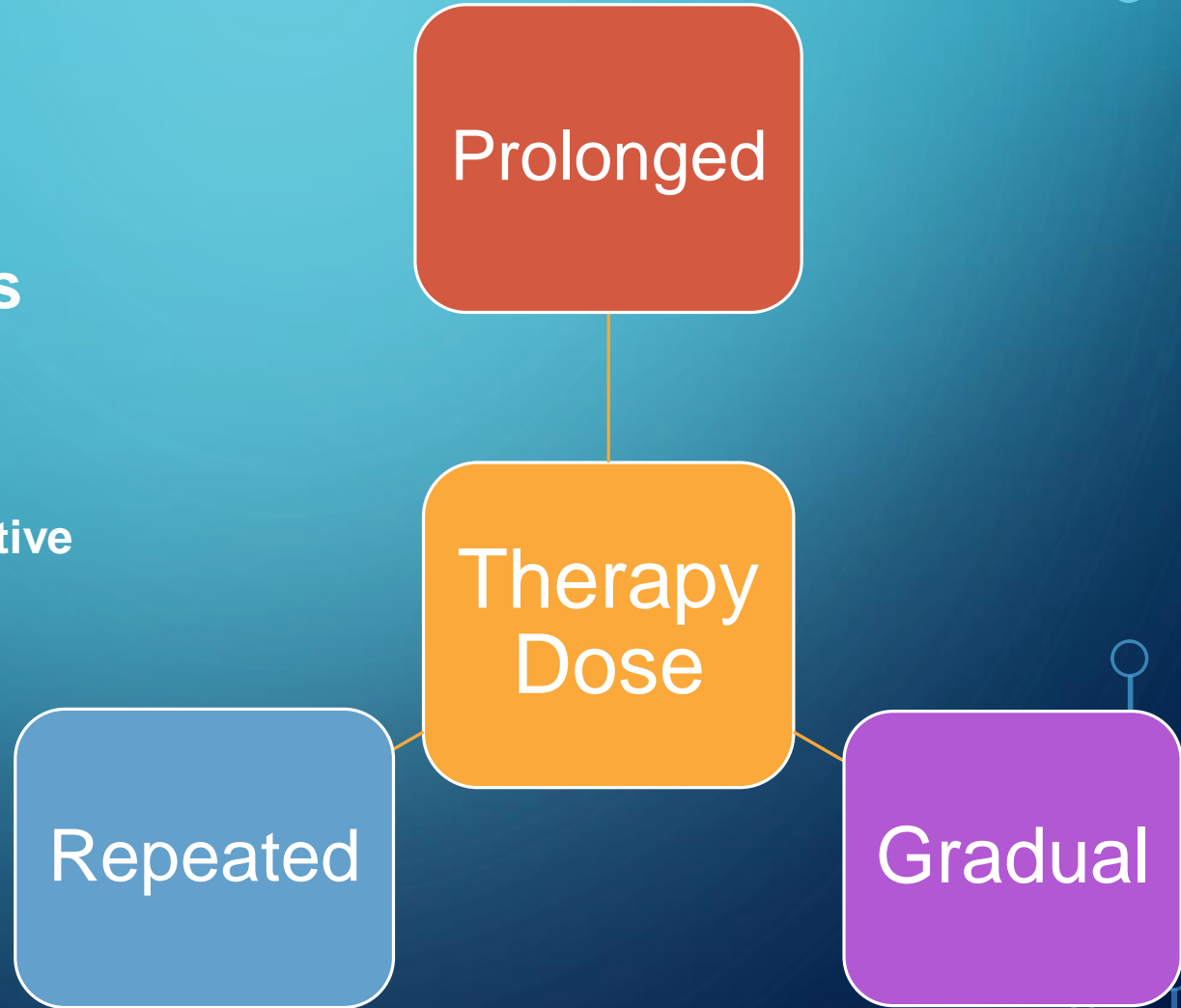
- Going on a flight simulator
- Reading an imagined script about a plane crashing
- Reading about plane crashes

## High Anxiety

- Flying in any planes
- Watching a video of a plane crash while flying
- Thinking about the plane crashing while in a plane
- Willing there to be turbulence

# EXPOSURE HOW TO

- Step three:
  - **Exposures**
    - In vivo
    - Imaginal
    - Interoceptive





# GRADUAL EXPOSURES

- Work your way up the hierarchy
  - It's a collaborative process
- Some labs are doing away with hierarchies and for phobias the research is showing that progress is quicker if you jump up and down



# PROLONGED EXPOSURES

- If exposure sessions aren't long enough they don't generate learning
  - Leave the spider on your hand for minutes, not seconds!
- You don't learn how to play guitar by doing 1 minute every day. Need longer periods of time.
  - Aim for 30 minutes of your 60 minute session to be exposure
  - Some recent evidence that we can treat phobias and OCD in very short time periods (1 day for phobias, 2 weeks for OCD).

# REPEATED EXPOSURES

- If you just do the exposure once you will probably not learn anything
  - Think back to learning math. It took many repetitions to learn concepts.
- Make sure you are having clients do each exposure multiple times outside of sessions

# NEXT LEVEL EXPOSURE THERAPY: INHIBITORY LEARNING

- Habituation model of learning has problems
- Craske, M. G., Treanor, M., Conway, C., Zbozinek, T., & Vervliet, B. (2014). Maximizing Exposure Therapy: An Inhibitory Learning Approach. *Behavior Research Therapy, 58*, 10-23.  
doi:10.1016/j.brat.2014.04.006.

# NEXT LEVEL EXPOSURE THERAPY: INHIBITORY LEARNING

- 1. People's fear can spontaneously show up again.

# NEXT LEVEL EXPOSURE THERAPY: INHIBITORY LEARNING

- 2. The fear can show up in different settings than treatment. If exposure was only done in an office, then the fear can show up again in other settings.

# NEXT LEVEL EXPOSURE THERAPY: INHIBITORY LEARNING

- 3. The fear can show up very quickly again if a person has a bad experience with that fear (e.g. a moth attacks them).

# NEXT LEVEL EXPOSURE THERAPY: INHIBITORY LEARNING

- 4. The fear can reappear if a person experiences stressful situations.



# NEXT LEVEL EXPOSURE THERAPY: INHIBITORY LEARNING

- This is why the **Inhibitory Learning Model** was developed
- Learning doesn't extinguish neural pathways (as habituation model suggests)
  - It results in *two* pathways
    - The old pathway where the fear exists
    - The new pathway where the safe learning exists

# IMPLICATIONS OF INHIBITORY LEARNING

- You need to strengthen the new learning pathway
- Here's how:

## Expectancy violation

- Must maximally violate a person's expectations
  - This means NO relaxation strategies and NO cognitive restructuring before or during exposures
  - For example, with a social anxiety exposure don't just do a presentation but make some mistakes during it too!

# IMPLICATIONS OF INHIBITORY LEARNING

- You need to strengthen the new learning pathway
- Here's how:

## **Remove Safety**

- Get rid of safety cues, safety behavior, neutralizing behavior etc

# IMPLICATIONS OF INHIBITORY LEARNING

- You need to strengthen the new learning pathway
- Here's how:

## **Different contexts**

- Don't just do exposures in the therapy office
  - You need to do exposures in different contexts and preferably combine multiple fears together

# IMPLICATIONS OF INHIBITORY LEARNING

- You need to strengthen the new learning pathway
- Here's how:

## **Occasional Reintroduction of Fear**

- Show cues of the feared consequence actually occurring
  - This helps with relapse prevention because it maximizes expectancy violation

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# MYTHS OF EXPOSURE THERAPY

# 1. EXPOSURE THERAPY RUINS RAPPOR

- Several studies show that there is no difference in therapist client rapport between exposure therapy and other treatments.
  - In fact, qualitative evidence shows that patients believe exposure therapy is the most helpful aspect of treatment
- Number one predictor of rapport is early clinical improvement
  - For anxiety, ERP is best method to achieve this



## 2. PATIENTS DROP OUT MORE

- No they don't.
  - Multiple research comparisons show there is no difference between exposure therapy and other therapies.

# 3. PATIENTS CAN'T TOLERATE IT

- Yes they can.
  - More than 100 studies exist showing that patients benefit from exposure therapy for every anxiety disorder and across a range of severities.
- If I'm being blunt, patients can't tolerate suffering any longer, so do the #1 evidence-based treatment!

# 4. EXPOSURE THERAPY CAUSES PTSD

- There's no research showing this.
  - Using any treatment other than exposure therapy means a person is more likely to continue experiencing symptoms.
  - This applies to PTSD treatment too.

# EXPOSURE THERAPY MYTHS

- Unfortunately at this time, the myths prevail and this makes dissemination difficult.
  - Many therapists either do less intensive exposure therapy, including various safety behaviors like relaxation or cognitive reassurance, or they don't do it at all.
  - This applies even for people very well trained in the strategies.

# THANK YOU!

- Thank you for listening!
- If you're interested, please visit my blog where I post about ERP
  - [www.knowinganxiety.com](http://www.knowinganxiety.com)

[dorourke@ebtseattle.com](mailto:dorourke@ebtseattle.com)