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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

CBT FOR ANXIETY (CBT-A): WHAT CAN I DO WITH MY PATIENT INSTEAD OF GIVING THEM A PRN BENZODIAZEPINE

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UW Medicine
UW SCHOOL OF MEDICINE

Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

project ECHO

GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

None

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LEARNING OBJECTIVES

- Understand the CBT model of anxiety symptoms
- Describe how to give the "treatment pitch" to patients, and discuss the difference between treatment with exposure vs. anxiety management strategies
- Understand how to develop and work on an exposure hierarchy with patients
- Describe anxiety management strategies that use physical and cognitive approaches

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What you will learn…

What is anxiety?

Understanding stress, "normal" anxiety, fear, and anxiety disorders

How to deliver psychoeducation and "The Pitch"

Differentiating TREATING vs. MANAGING anxiety

Getting patients/clients to engage treatment

TREATING ANXIETY: Reducing it through *EXPOSURE*

Making the hierarchy, getting started

Imaginal and in vivo (real life) exposure → lifestyle of exposure

MANAGING ANXIETY: Learning to live better with it

Breathing and PMR

Other Physical Strategies

Cognitive restructuring

Other Thought Strategies

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New Trends: Modular Treatment

It's for *All* Anxiety Conditions…

Emerging recent trend toward more modular, flexible approaches to treatment

Provides a set of overarching principles and a set of evidence-based interventions ("modules")

- Separation anxiety
- Specific phobia
- Social phobia
- Panic/agoraphobia
- Generalized anxiety (GAD)
- Posttraumatic stress conditions (PTSD)/ Acute stress
- Obsessive compulsive conditions (OCD)

In Vivo

Imaginal

Use the best parts for you and your client

Relaxation

Cognitive Restructuring

TREATING

- Exposure to reduce anxiety

MANAGING

- Living with anxiety

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Case Example: TC

52 y/o Caucasian female; married; admin assistant; unable to work since pain began after head injury at work

Key complaints: “My scalp tingles and head hurts; I can’t workout anymore; Noise makes it worse, even going out to eat can be difficult.”

Average pain rating 7/10

Moderate anxiety symptoms intensified after pain onset (GAD-7=20).

Minimal depressive symptoms (PHQ-9=5)

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CBT-A : THE 4 STEPS

Step1:

- Explain the CBT model of anxiety

Step 2:

- Determine treatment goal: how is anxiety interfering most with your patient's life

Step 3:

- Give the treatment pitch: management vs. treatment

Step 4:

- Develop and work on an exposure hierarchy
- Anxiety management strategies as needed

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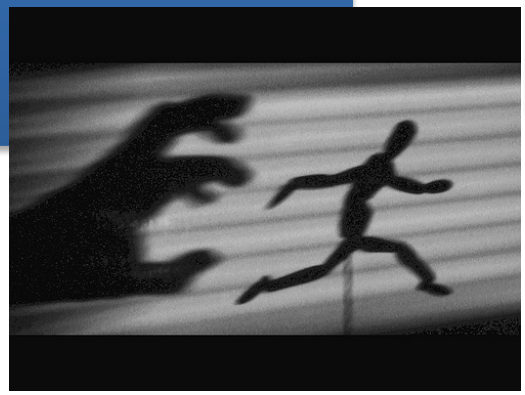
What is anxiety?

Emotional fear response

Fear

Focused response to a known or definite threat

- Fight or flight resp
- Necessary for surv



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*

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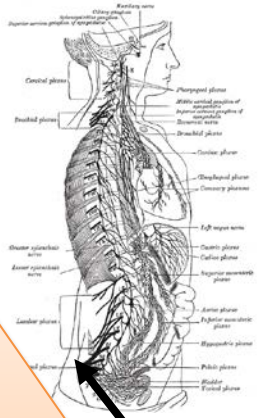
Basic CBT Model of Anxiety

Physical sensations

(physiological arousal)

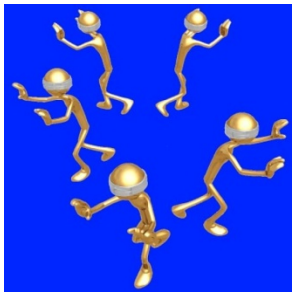


Anxiety

Thoughts

(perception of threat)

Behaviors



(avoidance, safety behaviors)

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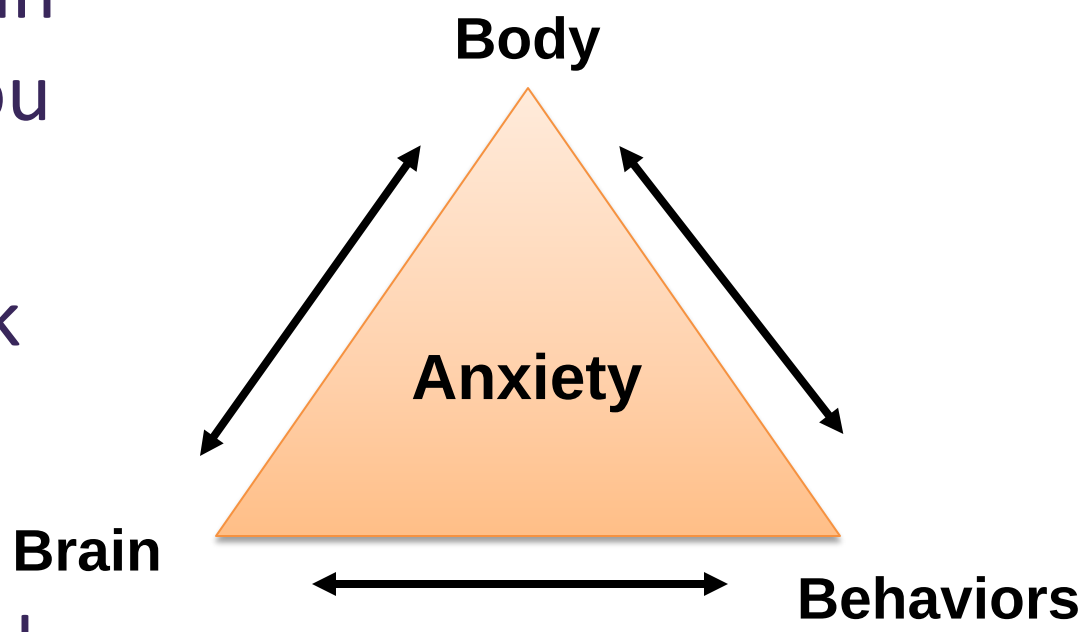
Explaining the 3 B's

- What do you feel in our body when you get anxious?
- What do you think when you get anxious?
- What do you do when you get anxious?



*** Make it a conversation

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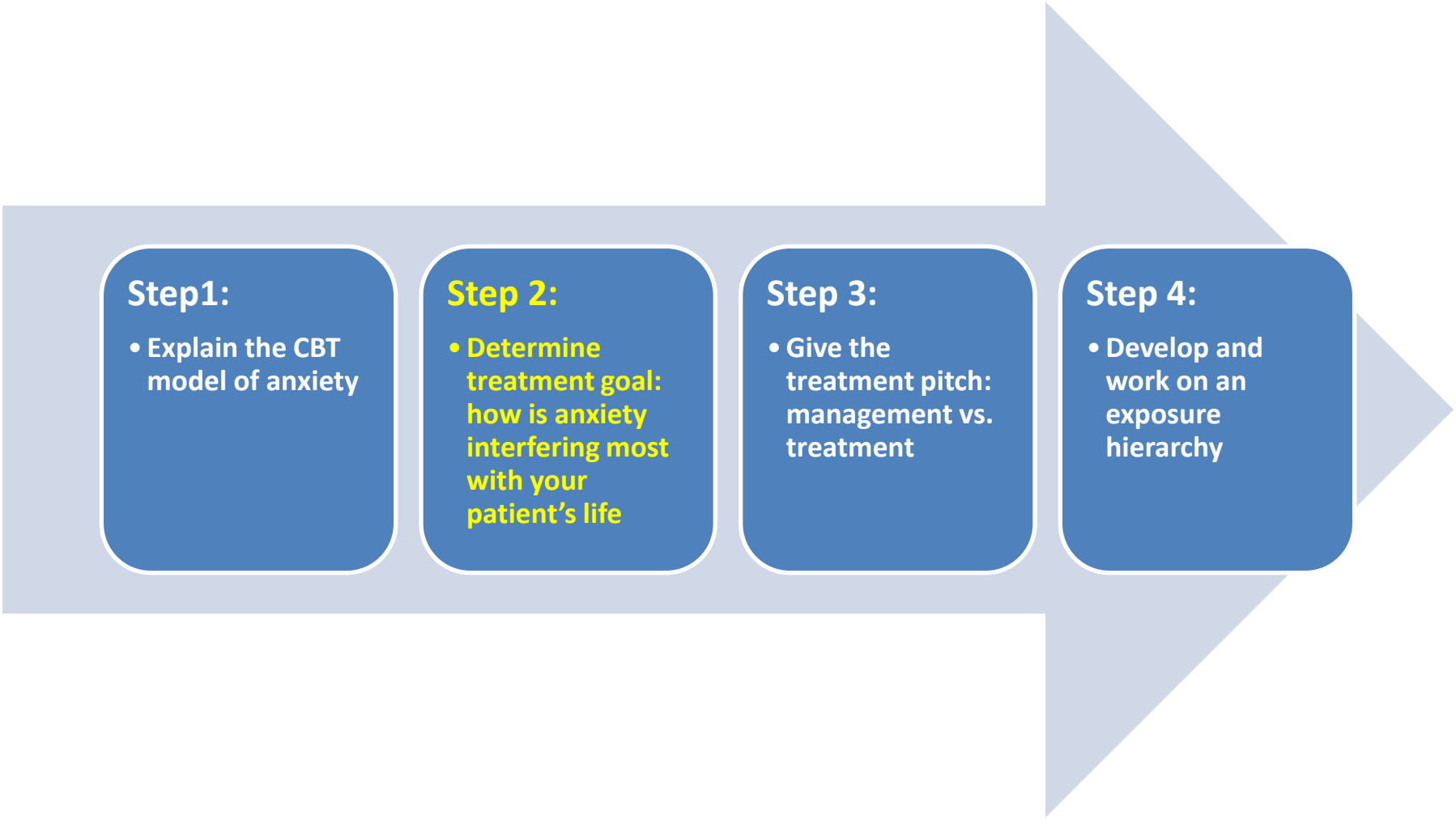
CBT-A: The 4 Steps



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When anxiety is harmful, find out…

When does anxiety happen?

- What situations?
- When during the day?
- What are they thinking/doing?

Discover cues!!

What does anxiety get in the way of?

- What can't they do because of anxiety?
- How does anxiety hold them back?
- What do they avoid?

Get patient's perspective

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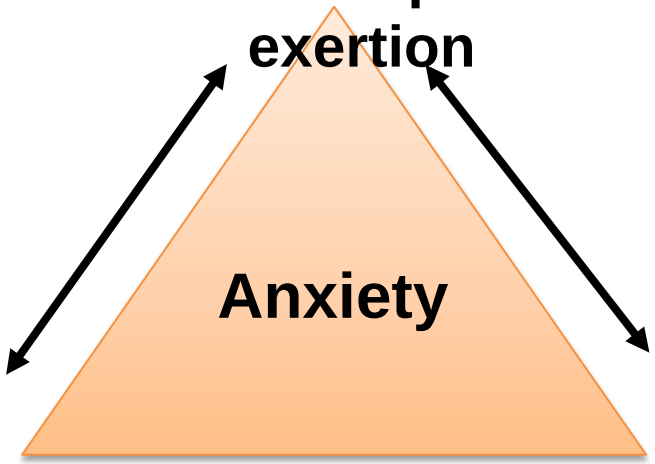
Role of Anxiety: TC Case Example



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What to do about harmful anxiety?

TREAT

- Anxiety can be reduced if the fear is not actually as dangerous as it seems (brain as an oversensitive alarm going off too soon) through ***exposure***

and/or

MANAGE

- Anxiety can be tolerated and managed with ***coping skills*** if:

1. the fear is actually dangerous or
2. the client is not ready to face the fear head-on

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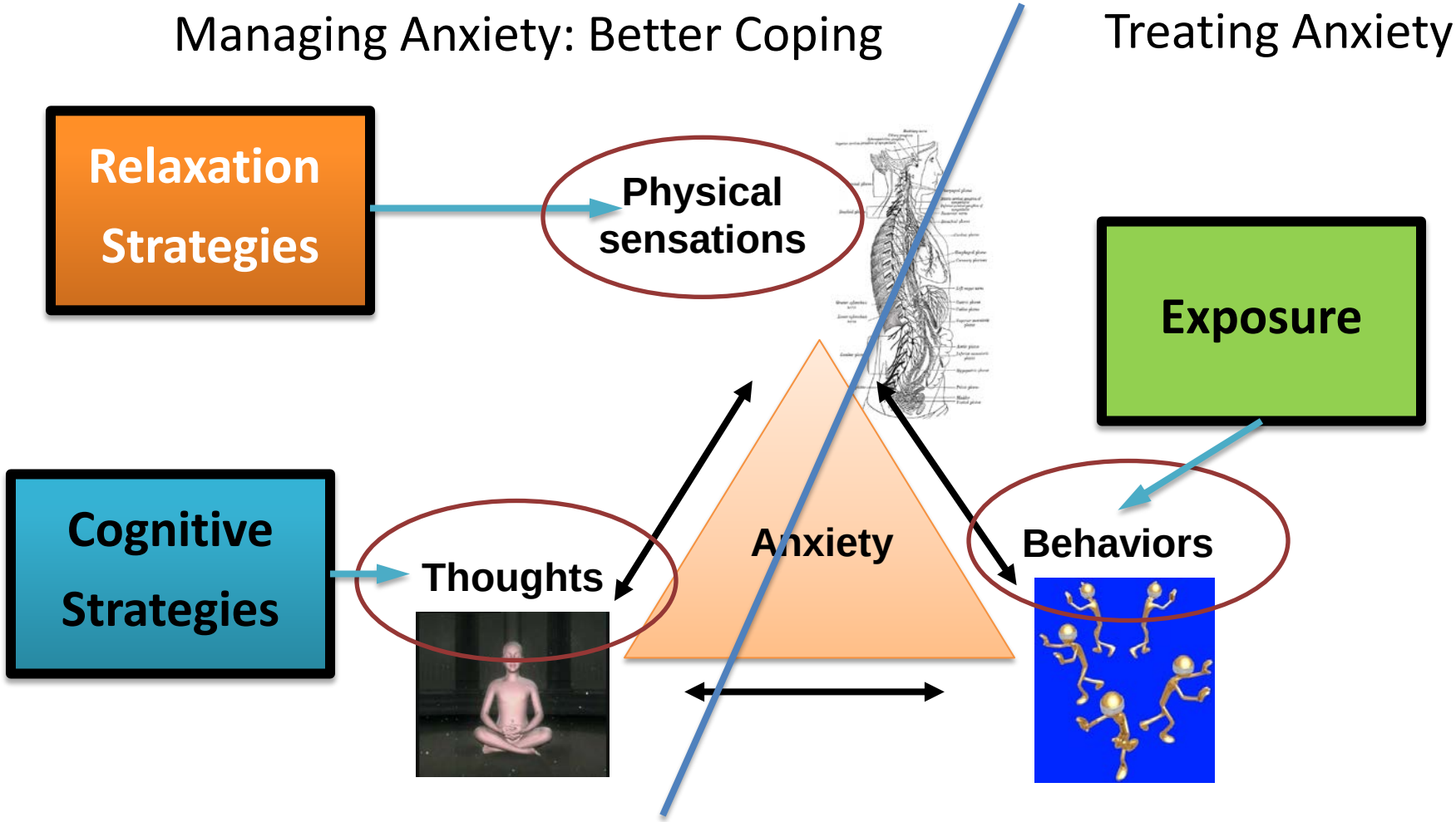
Targeting Body, Brain, & Behavior



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Exposure

Ask: ***What does the brain need to learn to not fear a stimulus that isn't truly dangerous??***

- Exposure is the process of systematically approaching feared situations and triggers
- Approaching these triggers *without trying to escape or engage in safety behaviors* leads to a reduction in anxiety over time
- Usually requires multiple exposures to the same trigger for anxiety to decrease over time
- The amount of time it takes for anxiety to decrease can vary widely across clients

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Safety behaviors:
Feel good now, but hurt later

Anxious people often engage in a range of behaviors to make themselves feel safer when they cannot avoid anxious situations

These behaviors are attempts to *neutralize* feelings of anxiety

Although these behaviors can facilitate functioning, they also prevent recovery

Examples:

- Reassurance seeking
- Behavioral rituals
- Safety cues/objects
- Over-preparation

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What to do about harmful anxiety?
TC Case Example

TREAT: ANXIETY ABOUT PAIN

- Anxiety can be reduced if the fear is not actually as dangerous as it seems (brain as an oversensitive alarm going off too soon) through ***exposure to physical activity***

and/or

MANAGE

- Anxiety can be tolerated and managed with ***coping skills*** if:

1. the fear is actually dangerous or
2. the client is not ready to face the fear head-on

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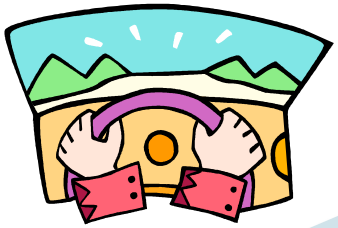
Exposure: How It's Done

- The patient should always be involved in making decisions about what exposure to do
- The patient should never be surprised with an exposure; he/she is always in the "driver's seat" when moving up the hierarchy



Exposure can be done live (in vivo) or in imagination (imaginal)

Structured using a hierarchy, or an ordered list of triggers, ranging from easiest to hardest

Exposure progresses from easier items to more difficult ones as the client is ready

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Fear Hierarchy: TC Case Example

My Exposure Hierarchy: Rate situations that would cause you some stress or anxiety from 0 (would cause no anxiety) to 10 (maximum anxiety). List items that might help you eventually reach a goal that is important to you. Remember to be as specific as possible when describing your situation so that it is something you could reasonably do and repeat many times.

0	Staying put on the sofa
1	Standing up from the sofa
2	Standing up and moving head side to side
3	Standing up and moving my head side to side, and then walking to the kitchen
4	Walking into the kitchen and unloading the dishwasher
5	Doing several chores back to back, e.g. unloading the dishwasher, picking up toys and putting laundry away
6	Walking continuously for 20 minutes, interspersed with 2 one-minute jogs
7	Jogging continuously for 10 minutes
8	Jogging continuously for 20 minutes
9	Jogging continuously for 10 minutes, interspersed with 2 one-minute sprints
10	Running hard for 10 minutes

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Exposure: The Therapist's Role

What do you do?

- Encourage the client to engage in the exposure
- Assist the client in maintaining focus on the trigger
- Assess internal reactions (anxiety ratings) periodically to determine whether the exposure is working (try to get a 50% reduction during the exposure)
- Point out avoidance and helping the client refocus on the trigger
- Provide encouragement and validation during exposure and praise/reinforcement afterward
- Don't distract the client! (sometimes we avoid bad feelings too…)

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Exposure Homework: TC Case Example

WEEK 1

Day	Activity	Anxiety before starting	Anxiety during activity	Anxiety upon completion
Mon	unloading dishwasher	4	6	3
Tue	unloading dishwasher	4	6	3
Wed	unloading dishwasher	3	4	2
Thur	unloading dishwasher	3	4	1
Fri	unloading dishwasher	3	3	1

WEEK 2

Day	Activity	Anxiety before starting	Anxiety during activity	Anxiety upon completion
Mon	Doing several chores back to back	5	7	5
Tue	Doing several chores back to back	5	6	4
Wed	Doing several chores back to back	4	5	2
Thur	Doing several chores back to back	2	3	2
Fri	Doing several chores back to back	2	3	2

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Exposure: What anxiety condition is it?

Process of exposure is similar across the anxiety conditions - ***what varies is the fear trigger***

Condition	Trigger
Separation anxiety	separation from caregiver (children)
Specific phobia	feared object / situation
Social phobia	social / performance situations
Panic / agoraphobia	physical sensations of panic / avoided activities and situations
GAD	worry scenarios / images and worry triggers
PTSD	trauma memories and triggers
OCD	obsessions and obsessive thoughts themselves

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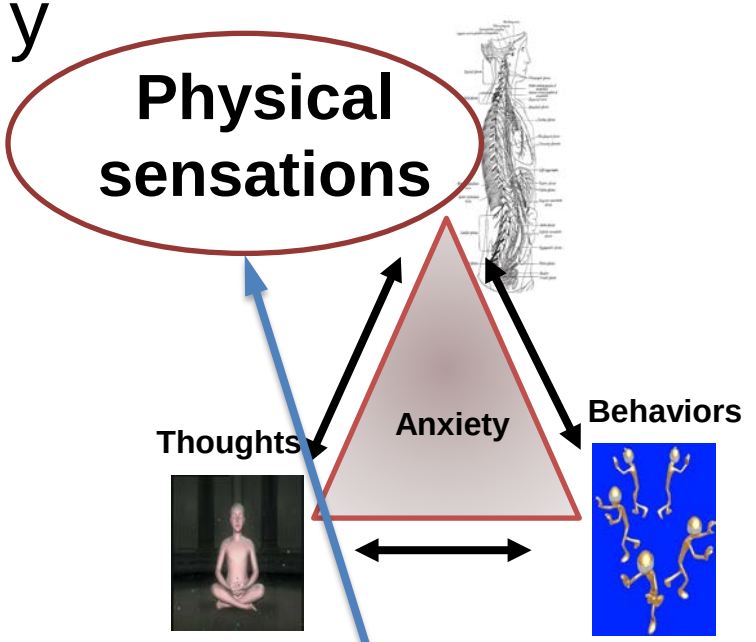
Managing Anxiety: Body



What is it?	What happens?	What helps?
Anxiety	• Fear response invoked with no real danger • AVOIDANCE	• Exposure • COPING SKILLS

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Relaxation

Psychoeducation

- Relaxation skills target physiological reactivity associated with anxiety and worry
- Two main skills are
  - Diaphragmatic breathing – targets acute panic / anxiety reactions
  - Progressive muscle relaxation – targets chronic muscle tension associated with ongoing anxiety / worry
- Important to be realistic about how effective these skills are in reducing anxiety
- Skills are taught and applied similarly across the anxiety conditions

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Relaxation

Tips for the Therapist

- Consider using with children and adolescents regardless of condition
- Consider using with adults regardless of condition when physiological symptoms are prominent and/or interfere with treatment
- Coach patients / clients not to use relaxation skills during exposure exercises

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Diaphragmatic Breathing

Target symptoms

- Increased heart rate
- Rapid or shallow breathing
- Lightheadedness/dizziness
- “Butterflies” in the stomach

How to practice

- Take slow, controlled breaths into the diaphragm
- Inhale and exhale about the same length (3 sec)
- Can take a lot of practice to feel natural
- Practice when not stressed first!

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Other Physical Strategies

- Progressive muscle relaxation
- Yoga
- Meditation
- Massage
- Exercise
- Good sleep habits
- Good nutrition
- Attending to physical illness
- Avoiding substances

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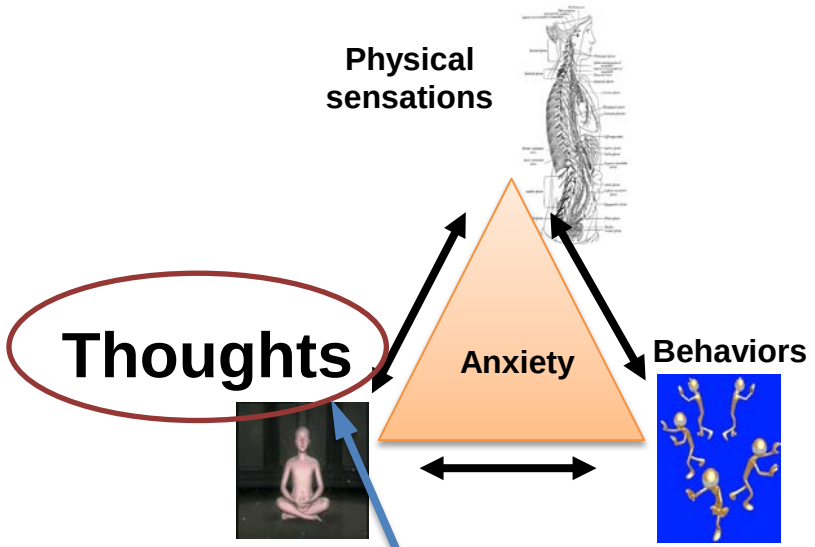
Managing Anxiety: Thoughts



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Cognitive Restructuring

What is it?

- Process of identifying, evaluating, and changing unhelpful or maladaptive thoughts
- Goal is to generate more balanced, accurate coping thoughts that are less anxiety provoking but still believable to the client

Why do it?

- Clients can rehearse these coping thoughts before anxious situations to decrease anticipatory anxiety, as well as during anxious situations to decrease in-the-moment anxiety
- With repeated practice, clients generally start to think in a more balanced way more automatically and with less intentional effort
- *** This is NOT just thinking positively!

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Cognitive Distortions in Anxiety

General

- Overestimating the likelihood of negative outcomes → **"jumping to conclusions"**
- Catastrophizing → **"worst case"**

Condition specific

- Social phobia → **mind reading**
- OCD → **thought action fusion**

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Cognitive Restructuring Strategies

Overestimating likelihood of negative outcomes

- Identify all other possible outcomes to help determine the "real odds" of the feared outcome

Catastrophizing

- Generate a list of ways to cope with the worst case scenario

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Other Thought Coping Skills

- Mindfulness
- Problem solving scattered thinking / forgetfulness
- Addressing habits of poor / impulsive decisions
- Thought stopping worried / anxious thoughts

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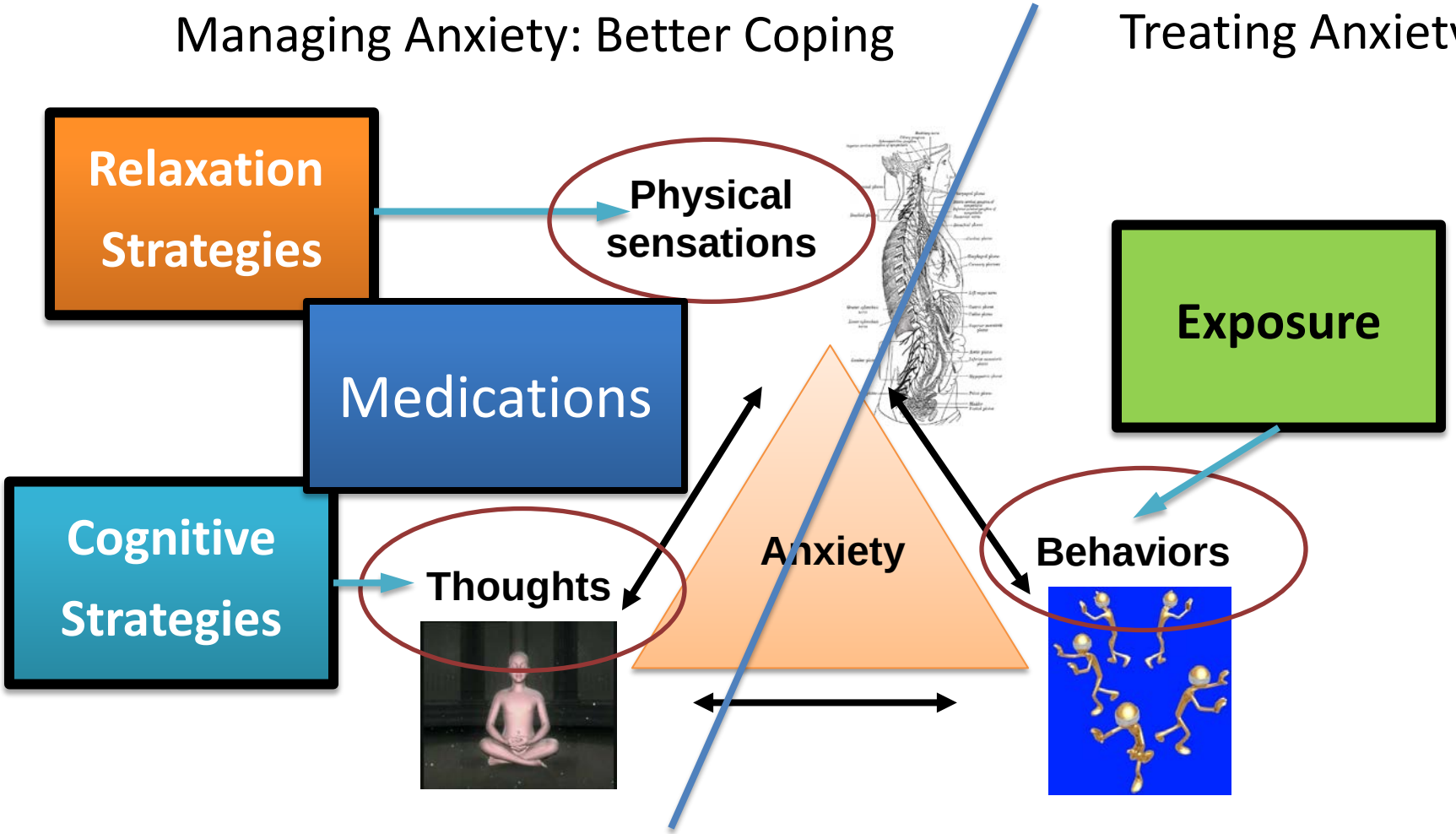
Where Do Medications Fit In?



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Videotape Demonstrations

Developing a fear ladder and setting up exposure	• https://youtu.be/En-iBgb0ndY
Diaphragmatic breathing	• https://youtu.be/kgTL5G1iblo?t=7s • https://youtu.be/U2ewAGRjZ7g?t=34s
Examining the evidence	• https://youtu.be/a0YyC1iS8Rc
Devil's advocate	• https://youtu.be/kPzuSFUnYVc

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