



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

WHAT MAKES ANXIETY GO AWAY?

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GENERAL DISCLOSURES

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GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

- ✓ No conflicts of interest

PLANNER DISCLOSURES

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OBJECTIVES

1. Understand exposure therapy as an evidence-based, first-line treatment for anxiety
2. Discuss who can benefit from exposure therapy
3. Describe how to engage patients in exposure therapy

CASE EXAMPLE: RK

- 39yo Caucasian female, married, stay-at-home mom, have 2 young children
- Since June 2019: frequent awakenings at night, waking up feeling tremulous, palpitations, facial numbness, tingling sensations in her scalp, feet, and hands; denied nightmares
- No PMH; had extensive medical workup with no findings
- She is constantly scared that something may endanger her and her family
- RK is now afraid that if she is too sick, somebody else will need to take care of her kids
- GAD-7 = 14; AUDIT-C = 1

What is happening here?

**RK CASE: 39YO, F, NIGHTTIME AWAKENINGS,
TINGLING, TREMBLING, NUMBNESS, CONSTANT THOUGHTS**

A. Multiple Sclerosis

B. Alcohol Use Disorder

C. Panic Disorder

D. Generalized Anxiety Disorder with panic attacks

E. Other ideas?

EXPOSURE THERAPY

- A gradual and systematic process for patients to approach feared situations and triggers, *without trying to escape, or engage in safety behaviors*
- One of the key CBT components, well-studied, effective, but underused

EXPOSURE THERAPY IS AN EVIDENCE-BASED TREATMENT FOR ANXIETY

- Meta-analyses consistently support efficacy of exposure therapy for anxiety disorders (Carpenter et al., 2018; Deacon & Abramowitz, 2004; Hofmann & Smits, 2008; Olatunji et al., 2010)
- It works by creating new learning for the brain – lay down new memories to compete with old dangerous memories that patient has had (Craske et al., 2014)

EXPOSURE AND/OR MEDICATIONS?

- Medications (eg. SSRIs, TCAs, MAOIs, BZs) have beneficial effects on anxiety, but the effects do not typically match those of exposure therapy, especially for long term effects (Barlow et al., 2000; Merz et al 2019; Mitte et al., 2005)
- Mixed evidence show combined treatment is superior to monotherapy (Abramowitz et al., 2019)
- Benzodiazepines prn impede the acute and long-term effects of exposure therapy

EXPOSURE THERAPY WORKS FOR DIFFERENT ANXIETY DISORDERS

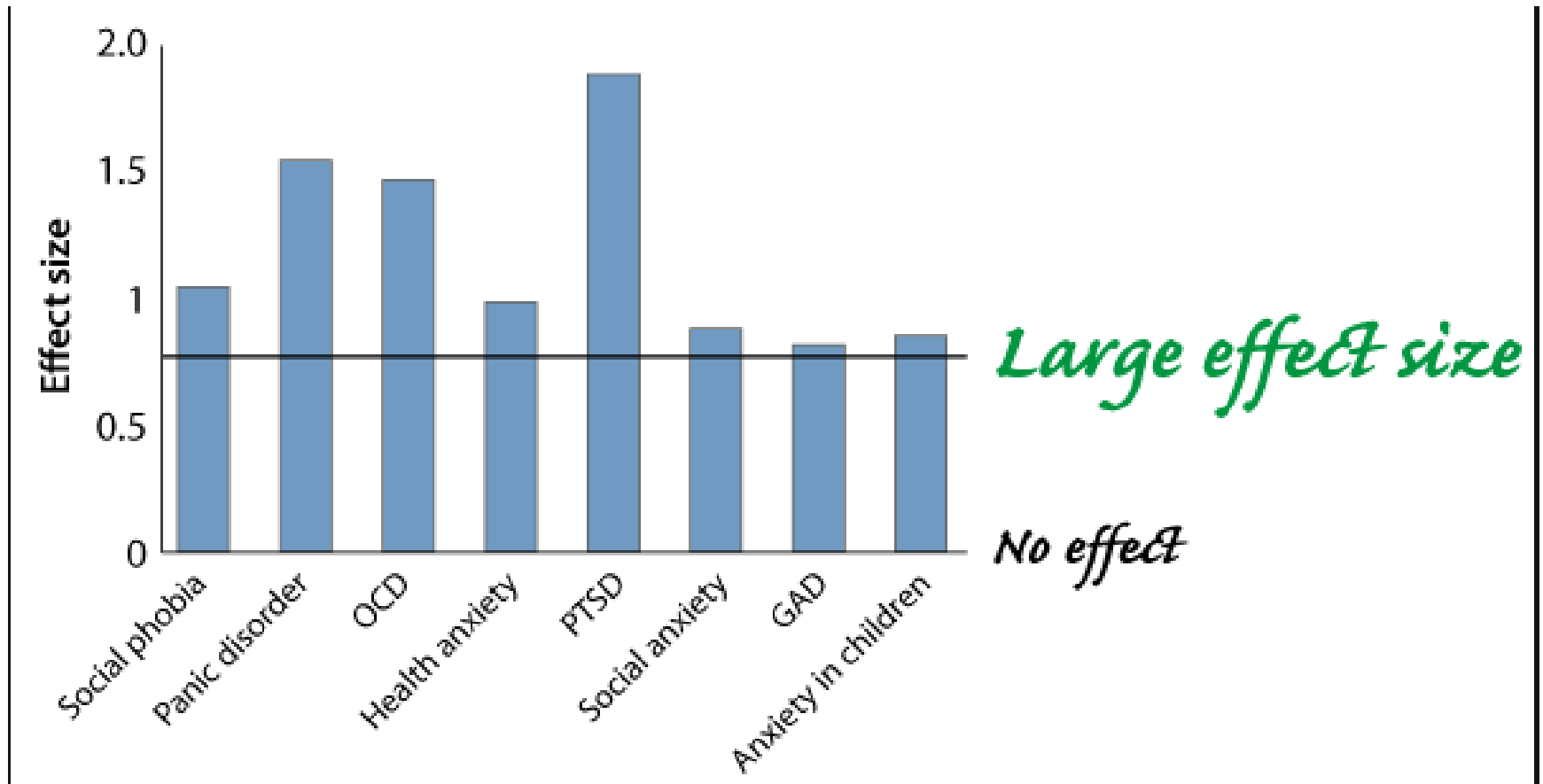


Fig 1. Mean ESs for exposure-based therapy of anxiety disorders. Adapted from "How Well Does Exposure Therapy Work?" by J. S. Abramowitz, B. J. Deacon, and S. P. H. Whiteside, *Exposure Therapy for Anxiety: Principles and Practice* (pp. 24), New York: The Guilford Press.

EXPOSURE LOOKS SIMILAR ACROSS ANXIETY CONDITIONS, BUT THE FEAR TRIGGER VARIES

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

RK CASE: 39YO, F, GAD + PANIC ATTACKS

If RK also has a PHQ-9 of 14 (same as GAD-7), would exposure be an appropriate option for her?

A. Yes

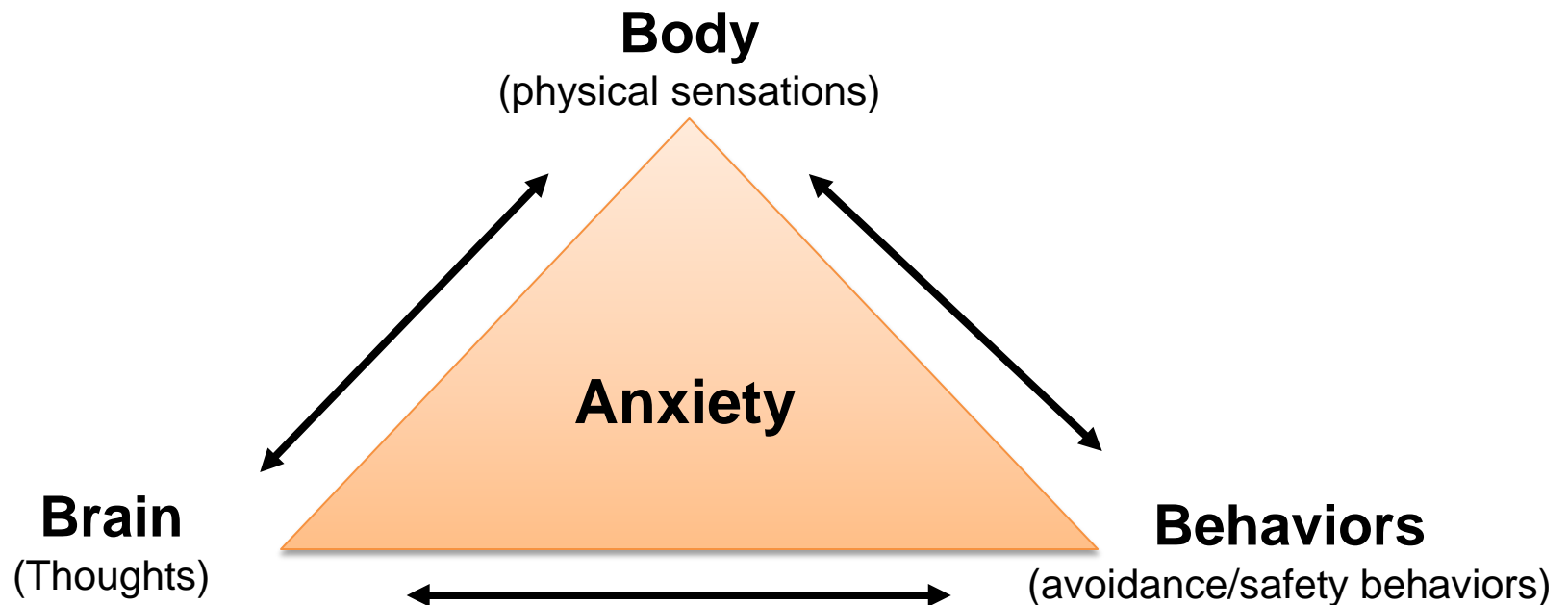
B. No

C. It depends

HOW TO ENGAGE PATIENTS IN EXPOSURE THERAPY

Step 1: Psychoeducation on CBT

- Use the CBT model to explain to patients their anxiety symptoms



HOW TO ENGAGE PATIENTS IN EXPOSURE THERAPY

Step 2: Determine patient's goals

- Elicit patient perspectives to determine treatment goals
 - How is anxiety interfering with their life?
 - What are they not able to do due to anxiety?
 - What motivates them to treat anxiety?
 - How will their life be different if their anxiety is treated?

HOW TO ENGAGE PATIENTS IN EXPOSURE THERAPY

Step 3: Give the pitch

- Introduce exposure therapy as an evidence-based treatment for anxiety
 - Explain what exposure therapy is, how it can reduce anxiety and help patients in their lives
 - Differentiate anxiety management strategies from exposure therapy as treatment

EXPOSURE V.S. ANXIETY MANAGEMENT

Managing Anxiety: Better Coping

Treating Anxiety

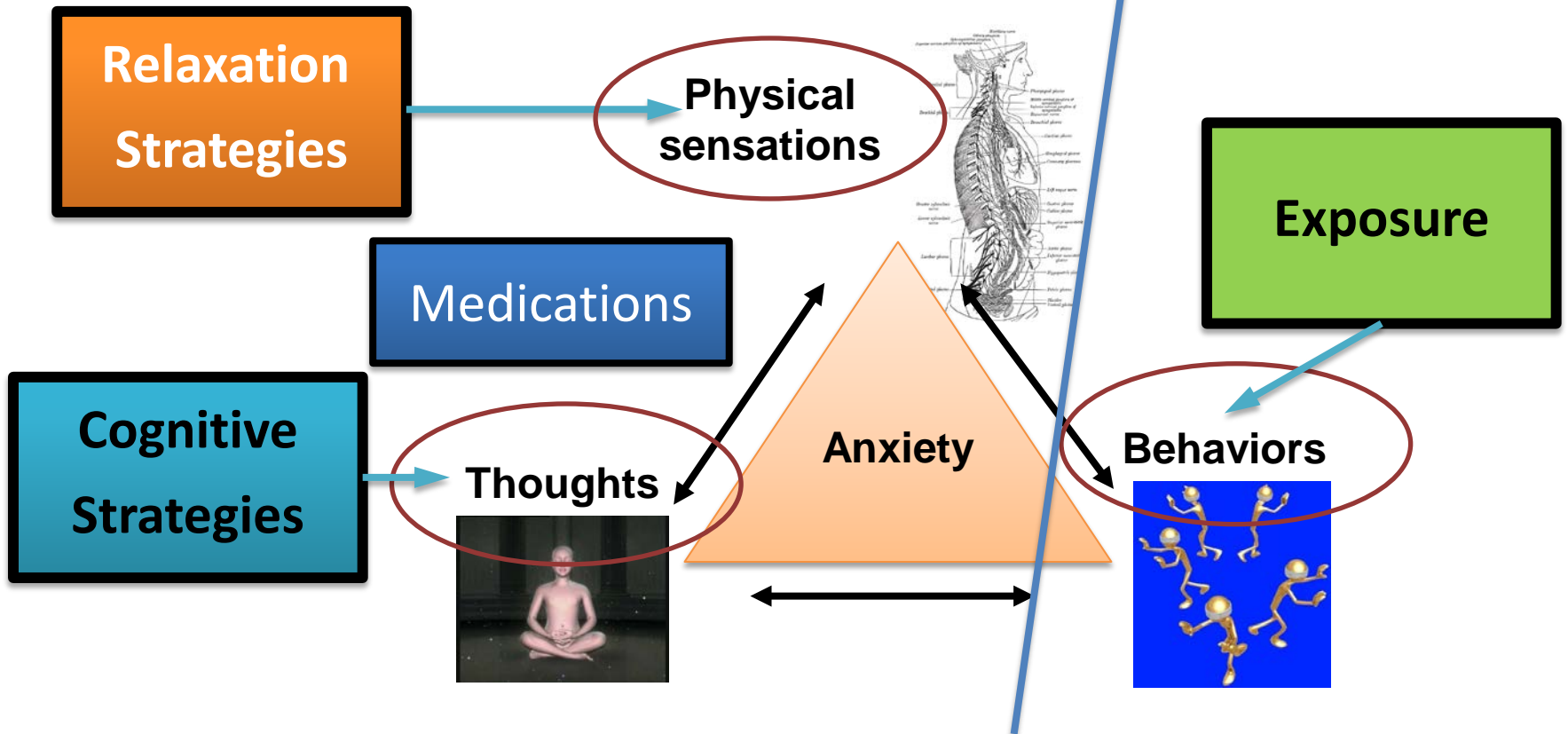


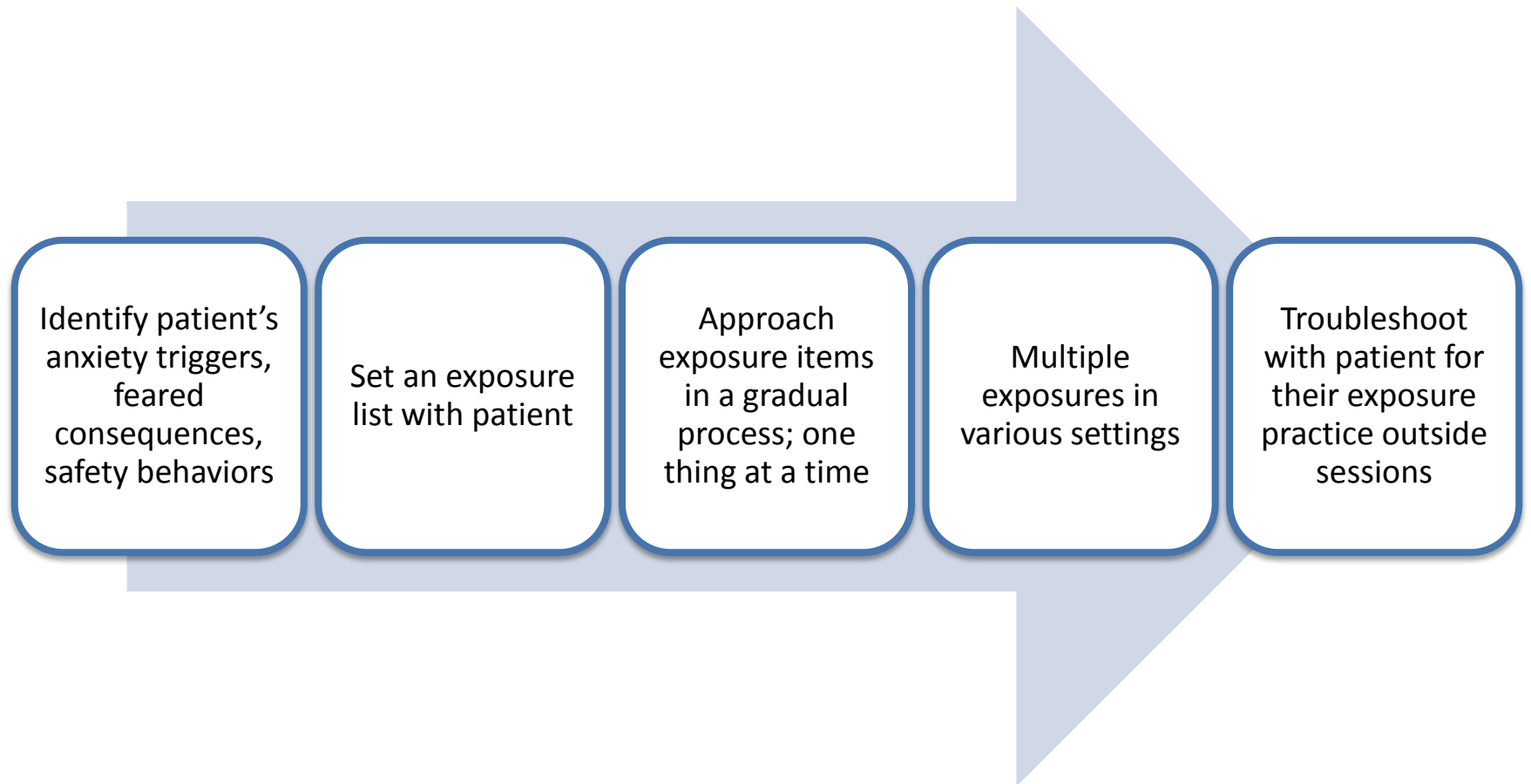
Figure used with permission of Dr. Kari Stephens

HOW TO ENGAGE PATIENTS IN EXPOSURE THERAPY

Step 4: Implementation

- Options depending on your settings and roles
 - (1) You plan the exposure list and do exposure with patient; *OR*
 - (2) You connect patient to behavioral health providers in integrated care settings; *OR*
 - (3) You assist patient to find community resources for exposure therapy

IF YOU PLAN FOR EXPOSURE THERAPY



IF YOU ASSIST PATIENTS TO FIND COMMUNITY RESOURCES FOR EXPOSURE

When patient establish care with new behavioral health provider for exposure, they can...

- Let therapist know they have anxiety and they would like to have exposure therapy
- Ask therapist what theoretical orientation that they primarily practice (CBT, ACT, psychodynamic) and whether they have training and experience in exposure therapy
- Make a phone call before their first session to consult with new therapist about these questions

PITFALLS TO AVOID

1. Not connecting patient to evidence-based treatment for anxiety when symptoms are not improving despite patient is in therapy for years
2. Prescribe short-acting benzodiazepines for use as needed
3. Forget to reinforce to patient that doing exposure is also helpful
4. Let patient just walk away when they start doing exposure and their symptoms get worse

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