



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

EXPOSURE THERAPY IN 10 MINUTES OR LESS

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GENERAL DISCLOSURES

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

GENERAL DISCLOSURES

UW PACC is also supported by Coordinated Care
of Washington

SPEAKER DISCLOSURES

- ✓ No conflicts of interest

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose:

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OBJECTIVES

1. Describe a brief assessment approach to build motivation and willingness to engage with exposure therapy
2. Describe a quick pitch for exposure therapy, including treatment rationale
3. Recognize control strategies (or safety behaviors) used by the patient in order to support patients in exposure therapy

CASE: 25 YO WOMAN WITH ANXIETY

- **HPI:**
 - Longstanding history of anxiety starting in childhood
 - Most bothersome/impairing is anxiety eating outside the home
 - Describes fear that she will get anxious, nauseas, and sick with eating outside home, then be “trapped” feeling ill.
 - Has been in BHIP for about a year. Has slowly been able to make progress on this goal, now eating at end of her work shift.
- **PPH:**
 - Previous diagnoses of panic disorder and “anxiety,” no past treatment aside from one year in BHIP
- **Medical history:**
 - No significant medical history
- **Medications:**
 - OCP, Tums, Dramamine, no psychiatric medications

NEXT STEP?

- a) Discuss starting an SSRI
- b) Discuss starting an as needed medication for anxiety
- c) Discuss change in therapeutic approach
- d) Other

FRAMEWORK FOR ANXIETY

- Relatively safe stimuli are misperceived as dangerous, leading to unnecessary anxiety and unwanted avoidance or escape behaviors that perpetuate the problem

EXPOSURE THERAPY

- The process of helping a patient approach and engage with anxiety-provoking stimuli that objectively pose no more than everyday risk without the use of anxiety-reduction “coping” skills

CONTROL STRATEGIES ARE THE PROBLEM, NOT THE SOLUTION

- Control strategies- strategies used in attempt to control, suppress, and eliminate anxiety
- Costs of control strategies
 - Often makes anxiety more dominant, intrusive, uncontrollable
 - Prevents opportunities for new learning/ self-correction
 - Creates new secondary problems

CONTROL STRATEGIES ARE THE PROBLEM, NOT THE SOLUTION

The Unwelcome Party Guest:

<https://www.youtube.com/watch?v=VYht-guymF4>

BRIEF ASSESSMENT APPROACH FOR ANXIETY

- 4 key focusing questions:
 - What are you seeking?
 - What have you tried?
 - How has it worked?
 - What has it cost you?

BRIEF ASSESSMENT APPROACH FOR ANXIETY

- Understanding a meaningful life for this patient:
 - What kind of life would you choose if you could choose?
 - If I could wave a magic wand and your anxiety were gone tomorrow, what would you start doing more of?

APPLICATION TO OUR CASE

- What are you seeking?
 - Reduce anxiety eating outside home
- What have you tried?
 - Avoid eating at certain times (only when able to get home easily)
 - Avoid eating at restaurants or new places
 - Avoid eating too far from home
 - Avoid going out after eating (so can't get sick outside home)
 - Carry tums/medication
 - Bring leftovers so I know it's safe
 - Telling myself "just get over it."
- How has it worked?
 - Anxiety (or the way that she responds to it) continues to be a major issue
- What has it cost you?
 - Restricts life
 - Social consequences
 - Affects energy at work
- Understanding a meaningful life for this patient:
 - Increased connection major theme

PITCH FOR EXPOSURE THERAPY

- Most important point to convey:
 - avoidance behaviors, though temporarily anxiety relieving, can increase distress and maintain fear/anxiety in the long run

PITCH FOR EXPOSURE THERAPY

1. Normalize/validate
2. Recap brief assessment
3. Introduce exposure
4. Check in with the patient

DOWNSIDERS OF FEAR REDUCTION

- Can strengthen patient's negative beliefs about anxiety and fear as problems that cannot be tolerated and therefore require fixing
- May use exposure as a means of controlling anxiety
- If fear increases later, patients may see this as a relapse or sign of worsening and quit
- Purpose is to learn that any risks associated with feared stimuli are acceptably low and that uncertainty is also safe/manageable

GOALS OF EXPOSURE

- Learn that feared stimuli are generally safe
- Foster the idea that despite its unpleasantness, the experience of fear/anxiety is harmless, universal, and tolerable

PITCH FOR EXPOSURE THERAPY COMPONENTS

- Avoidance has costs in our lives and prevents new learning
- Avoidance doesn't work in the long term
- Focus of exposure therapy is to decrease avoidance and increase approach behaviors
- Goal is new learning

SAMPLE PITCH FOR EXPOSURE THERAPY

“In addition to interfering with our lives, avoidance also prevents us from learning that bad outcomes don’t always occur or aren’t as bad as we first thought.

So even though avoidance can sometimes provide temporary relief from anxiety, in the long run it can actually make anxiety worse, which can then lead to even more avoidance.

For this reason, the focus of the treatment I’m proposing is to decrease avoidance by approaching or confronting situations and sensations that you avoid. This technique is called exposure therapy.

The main goal of exposure is to learn something new. We want you to learn two important things: first that (the feared situation) is generally safe; and second, that you can tolerate the anxiety and panicky feelings that you get when you’re in that situation.”

CONTROL STRATEGIES TO LOOK OUT FOR

- Distraction
- Opting out
- Thinking strategies
- Substances and other strategies

EXPOSURE FOR US

- Asking people to do something uncomfortable can feel odd/provoke anxiety
- Anxious patient in the room can make us feel anxious → similarly can be caught by trying to control our own anxiety

PITFALLS

- Do NOT avoid discussion of exposure
- Do NOT frame exposure as a way to “fix” anxiety
- Be on the look out for safety behaviors; do NOT encourage control strategies during exposure

RETURN TO OUR CASE

- Patient came in contact with her experience that control strategies were not working to decrease anxiety and were causing more problems. Gained motivation to try alternative approach.
- Created fear hierarchy and completed exposures of varying difficulty
- Learned eating outside home is generally safe and she could tolerate anxiety that arose in this context
- Eliminated control strategies- such as having medications for nausea nearby
- Increased willingness to eat outside home, at work; increased social connectedness, enjoyment of food

REFERENCES AND RESOURCES

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