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Anxiety Treatment – Best Practices

Objectives:

1. Participants will gain a good understanding of the evidence based treatment model associated with the treatment of anxiety disorders
2. Participants will obtain an understanding related to the use of adjunct treatment measures with an evidence-based practice for the treatment of anxiety.
3. Participants will be aware of the difficulties associated with implementing evidence-based practices for anxiety treatment in a variety of non-specialized settings, particularly in those that serve underserved populations. However, participants will also be made aware of how to provide historically difficult to implement, evidence based practices, with few resources or in settings not traditionally well suited to evidence based practices.

Fear or Anxiety?

- It is difficult to completely distinguish between fear and anxiety
- Historically, the distinction has centered on whether the source of danger is obvious
 - Obvious danger leads to fear
 - Less obvious danger leads to anxiety

“Imagine trying to learn calculus right now”



“You can’t tell if you burnt your toast or if the curtains are on fire based on how loud the alarm sounds”



Nature vs. Nurture?

- *Genetics and brain physiology*
- Temperament
- Parenting style
- Environmental factors such as traumatic events

Parenting/Care-giving/Supportive Adult or Peer Behaviors That Contribute to Anxiety

- *Parental over-control*
- *Overprotection*
- Modeling of anxious behaviors
- Encouragement or tolerance of anxious behavior
- Rejection or criticism

Flexibility is Strength



Warning Signs

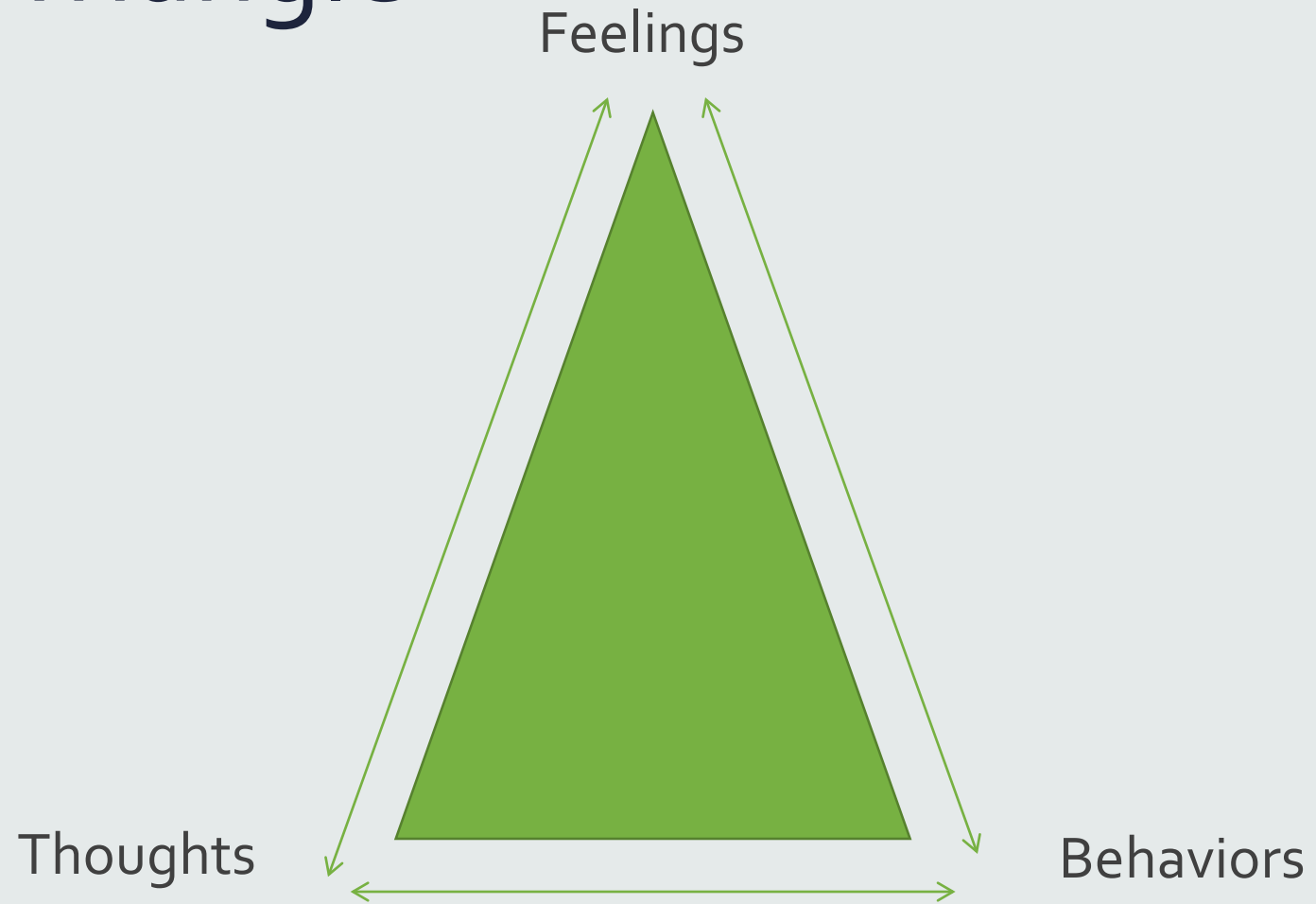
- Fears and concerns are unreasonable, out of proportion with the event
- Individual becomes overwhelmed and may regress in response to suggestions for change
- ***Reassurance is not enough***
- Symptoms generalize to increasingly more situations
- Symptoms interfere with growth and productivity
- Themes are out of sync with developmental stage
- Sleep problems

Anxiety Disorders

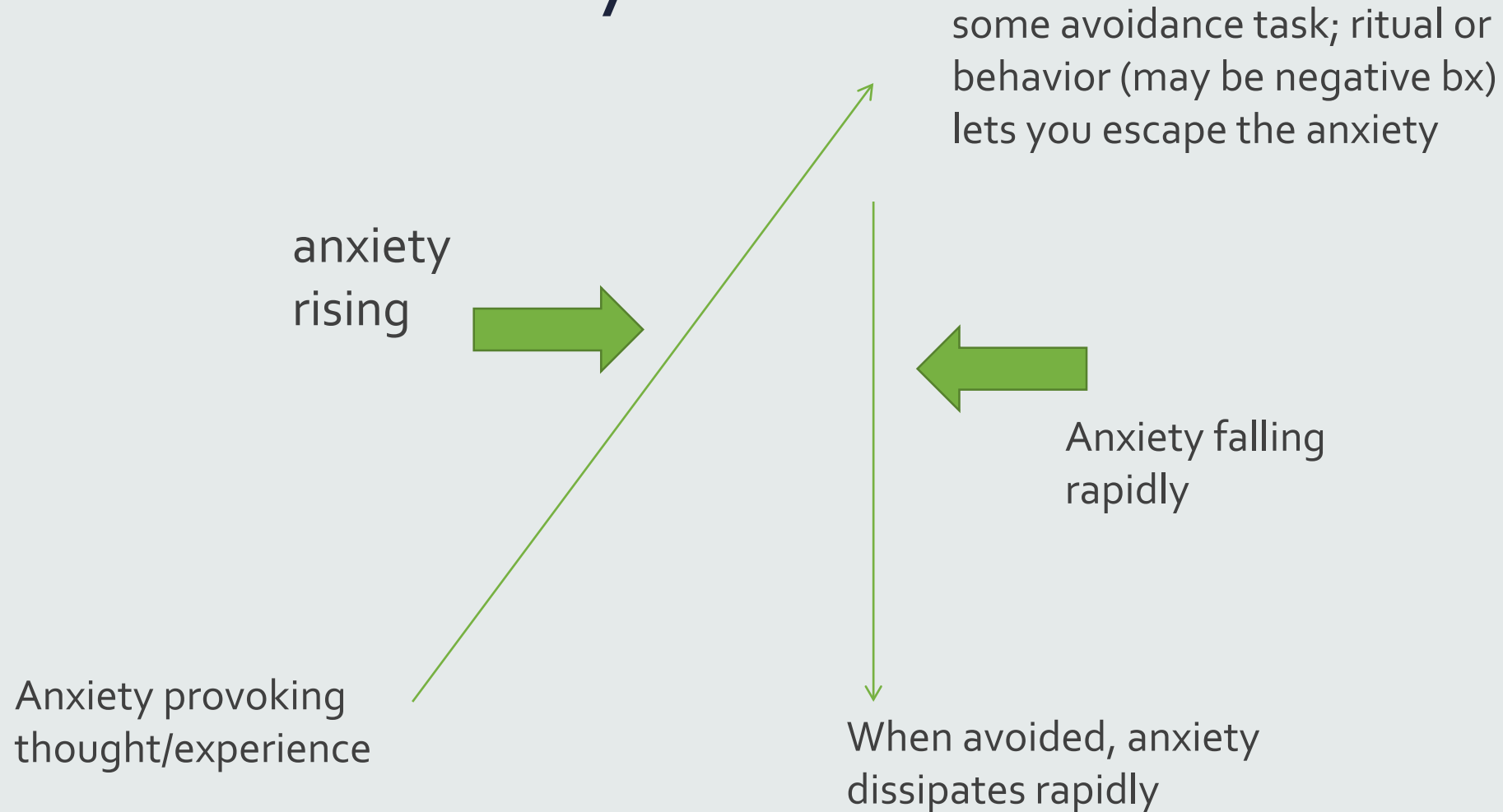
- Generalized anxiety disorder
- Specific Phobias
- Social anxiety (Social Phobia)
- Separation anxiety
- Panic attack/disorder & Agoraphobia
- Selective mutism

- Obsessive-Compulsive and Related Disorders
- Post-traumatic stress disorder

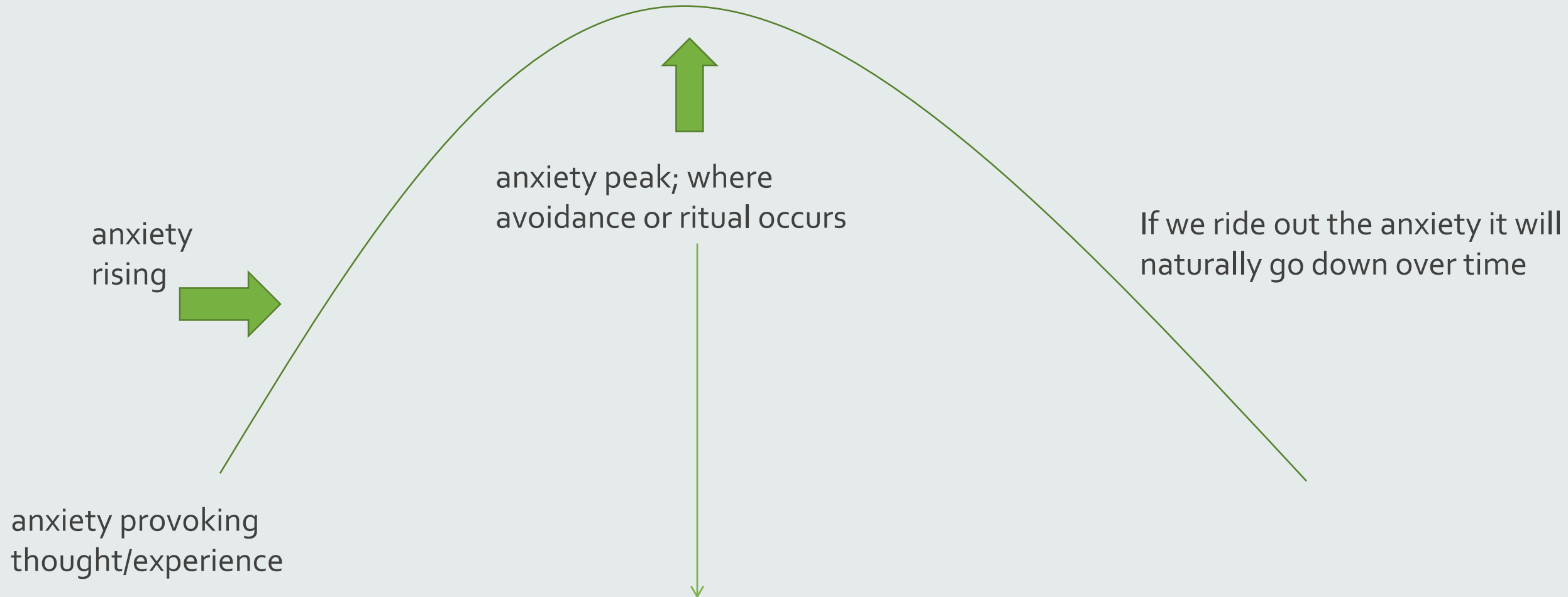
CBT Triangle



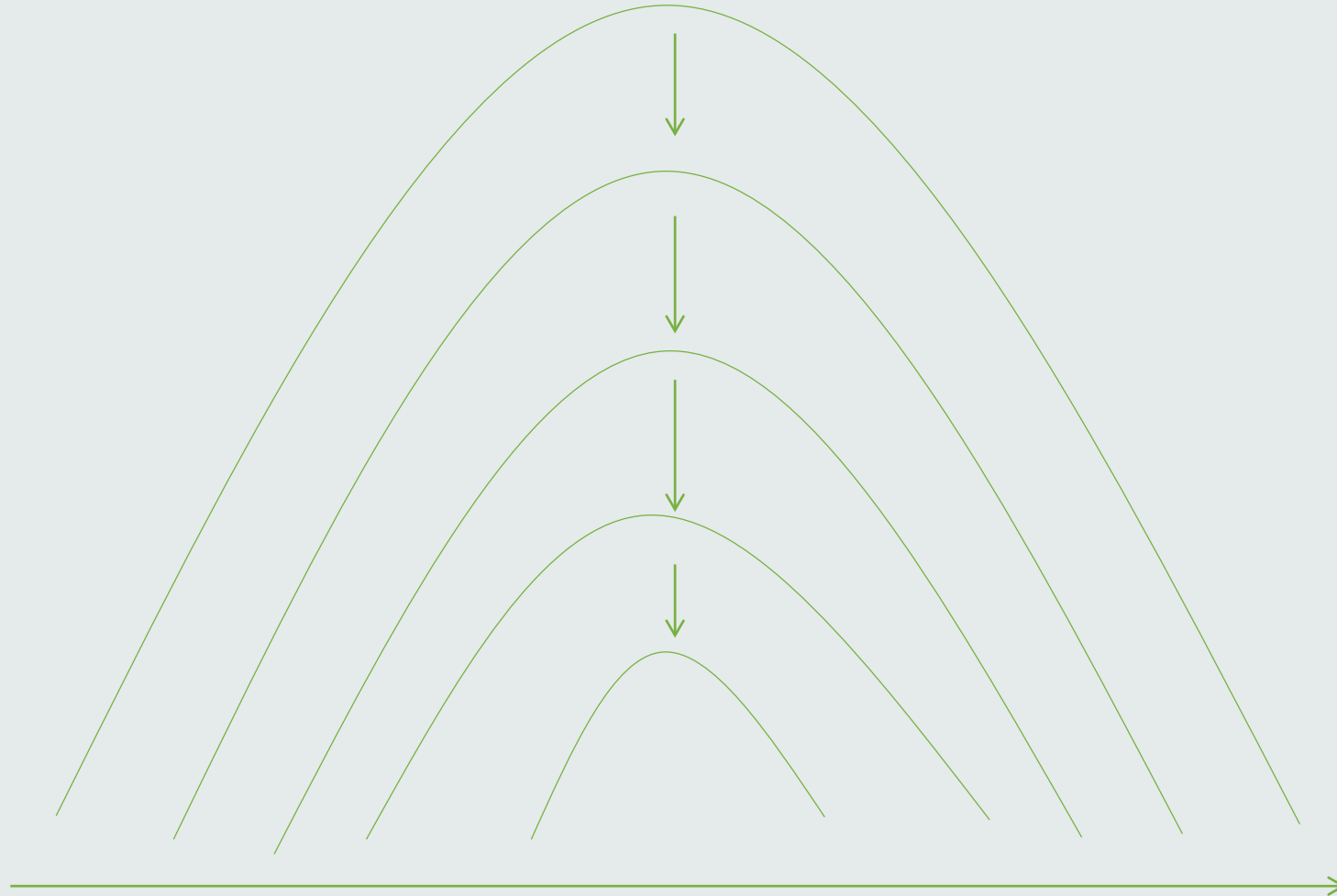
How Anxiety Works



How Exposure/Response Prevention Works



Anxiety Dissipates Over Time With the Use of Exposure/Response Prevention



Additional Strategies to Reduce Worry

- Worry time, if it includes problem solving
- Talk about anxiety
- ***Tolerating uncertainty: maybe yes, maybe no***
- Visualizing
- Activity scheduling

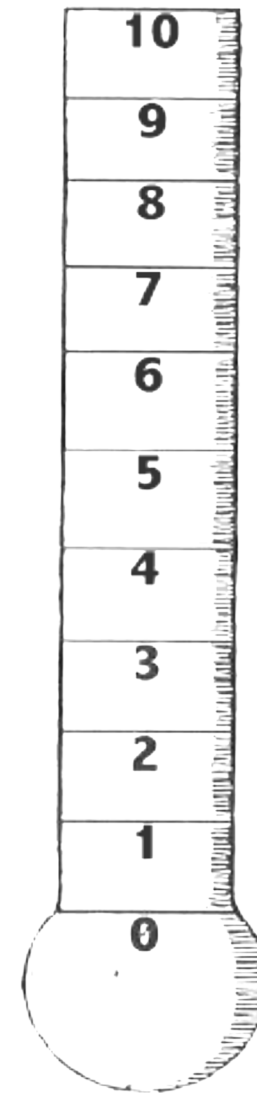


Hierarchy Building

Goal

Use of SUDS

1 – 10



- 10. Out of Control!
- 9. Can't handle it
- 8. Really hard
- 7. Pretty hard
- 6. Getting harder
- 5. Not great
- 4. Starting to bug me
- 3. I'm just a little uneasy
- 2. Hardly a twinge
- 1. Doesn't bother me
- 0. No problem at all!

Exposures

- Shouldn't be too high
- Must lead to habituation
- Must stay in them until SUDS come down; if they escape you may have grown or supported anxiety
- May be supported with behavioral planning
- Variable

Response Prevention

- Prevent undoing
- Active ignoring

Behavioral Planning

- Time out as a calm down, not punishment
- Token like economies; fee for behavior models

Additional Help-Aids/Adjunct Treatments

- Acceptance Based Work
 - Good worry = problem solving
 - Accept uncertainty rather than “get rid of it”
- Relaxation
 - Breathing
 - Muscles
- Sleep Hygiene

Homework and Booster Work

- Carbon copy sheet
- Booster folder

Contraindications and Treatment Failure

- Low intellectual ability/developmental delay if alone in treatment
- Unwillingness to participate if alone in treatment
- Inability to habituate*
- Constant undoing
- So severe not functioning
- No participation
- Undoing through not completing homework

Innovations for a CMHC/alternative setting

- Overcoming population difficulties
- Behavioral planning
- Heavy emphasis on acceptance components of treatment
- Increase the typical minimal allowance of accommodation and avoidance
- Allow for bending the rules
- Use what you've got!
- Be ok with the tantrums/crises

Client Example 1

- 17 year old client with a phobia of elevators
- General anxiety as well
- Little outside support but self motivation due to living in high rise dorm
- Family history of anxiety and mother presents with Axis II disorder
- Behavior = refusal to ride elevators due to fear of becoming trapped and the elevator will fall. Recently fear had spread to escalators.

Client 1; sample hierarchy

<u>Exposure Goal/Item</u>	<u>SUDS</u>
• Watching someone go down on the elevator and then come back	4-6
• Watch them go down on the elevator and not come back for varying/longer amounts of time (SUDS vary with person)	4-7
• Add thought that the elevators safety features don't work, to the above exposures	4-8
• Step onto and immediately off the elevator, with another person	5
• Keep one foot on and one foot off the elevator with another person	7
• Let the door shut, but do not ride the elevator, with another person	7
• Let the door shut (do not ride) by myself	8
• Ride one floor with another person	9
• Ride multiple floors with another person	9
• Ride 1 floor by myself	10
• Ride multiple floors by myself	10
• Add negative thoughts about safety features or the elevator falling to all of the above exposures	8-10

Exposure Worksheet

Client: (elevator phobia)
Date: 6/12/12 – 1pm (1hour)

Exposure: watch someone go down/up the elevator and come immediately back

<u>Trial</u>	<u>SUDS start</u>	<u>SUDS end</u>	<u>Duration to habituation</u>
1.	5	5	could hear me at bottom
2.	5	2	distracted herself
3.	7	6	stomach hurts
4.	7	2	deep breathing
5.	4	4	consistent/push through

Exposure: watch someone go down/up the elevator and not come back up immediately (i.e. wait 10 second to return – stretch time until can wait a consistently long amount of time with no anxiety)

<u>Trial</u>	<u>SUDS start</u>	<u>SUDS end</u>	<u>Duration to habituation</u>
1. 15 sec	4	4	it's ok, too quick
2. 1 min	4	5	still ok
3. 1 min 30 sec	4	7	think something happened
4. “	4	7	stomach hurting
5. “	4	6	stomach hurt, less stg wrong thoughts

Exposure: combine above with the thought that the elevator's safety features don't work

<u>Trial</u>	<u>SUDS start</u>	<u>SUDS end</u>	<u>Duration to habituation</u>
1. 1 min 30 sec	8	5	think it will break
2. “	8	4	think it will fall if breaks
3. “	7	4	breaks will go out and it will fall
4. “	7	4	“

Exposure: step onto the elevator with another person (don't let door shut and don't ride it); acknowledge that it will make sounds because you are holding the door open. Move towards being inside with someone else with the door shut, but not moving.

<u>Trial</u>	<u>SUDS start</u>	<u>SUDS end</u>	<u>Duration to habituation</u>
1.	8	7	5:09 – chest hurts
2.			
3.	* refuse more trials at this time		
4.			
5.			

How to Prevent Panic

Pre Plan: Do things that make me relax, do things that are stressless. Make sure body is calm.

- reading
- writing
- listening to music
- thought challenging

At the time of Panic

- Release emotions
- Ignore surroundings and focus on body
- regulating breathing-deep breathing
- aware of heartbeat
- muscle relaxation
- thought challenge
- distractions
- accepting anxiety
- pat yourself on the back!**

What is the chance of that happening?

Maybe, maybe not

Client 2

- 15 year old with social anxiety about making mistakes or being silly in front of others
- Rapid habituation and designed own exposures
- Work completed with no outside support
- No additional anxiety concerns; client pride/identity in being different or unusual was compromised by social complaints

Case 2; sample hierarchy

<u>Exposure task/item</u>	<u>SUDS</u>
• Call store and ask their hours	3
• Make my own appointments	3
• Go into a crowd	5
• Pick up an application	5
• Ask a person for something	5
• Say hi to someone in the hall	5
• Go to clinician offices and ask for something	6
• Return an item to the store	8
• Listen to people laugh at me	8
• Buy something embarrassing at store (tampons)	9
• Ask someone to leave me alone	10
• Do something dumb while other people watch	10

Client 3

- 8 year old
- Diagnosed with Tourette's and OCD (with scrupulosity); family is Catholic
- Much more severe presentation with a great deal of thought based and internal rituals plus self harming/flagellation (for being bad or unforgivable), sensory issues and the need for, but no ability to pay for, an inpatient treatment protocol
- Some ability to do exposure work
- Psychologically minded parents ; father has similar presentation (i.e. witnessed tapping the backs of school chairs at a school meeting, after being told they had been freshly painted and shouldn't be touched)

Client 3; sample hierarchy

<u>Exposure item</u>	<u>SUDS</u>
• Cross in the wrong order	1
• Cross upside down or in the wrong spot – not over your chest	1
• Cross while saying or thinking the word “hell”	7
• Say prayer wrong – leave out at least one word (prayer = Jesus, Mary and Saints please forgive me)	2/3
• Start prayer but don’t finish	9
• Say correct prayer then say “don’t forgive me”	10
• Say correct prayer then imagine they say no	10
• When ask parents “do you forgive me if I do something wrong,” they say “no”	8
• Someone asks you if you will forgive them if they do something wrong and you say no	10
• Say “ I am unforgivable”	5
• Say “good people don’t forgive me”	10
• Eat without saying a prayer	10

Resources

- “Worried No More – Help and Hope for Anxious Children” and “Treatment of OCD in Children and Adolescents” - Aureen Pinto Wagner
- “When Children Refuse School” - Kearney & Albano
- “Helping Your Child Overcome Separation Anxiety or School Refusal” - Eisen & Engler
- “Cognitive-Behavioral Therapy for Social Phobia in Adolescents” - Albano & DiBartolo
- “Tic Disorders, Trichotillomania, and other repetitive behavior disorders” – Woods
- “If your Adolescent has an Anxiety Disorder” - Edna Foa
- “Loving Someone with OCD” – Landsman
- Anything by Tamar Chansky or Rapee or Leahy

Additional Resources

- www.ADAA.org
- www.ocfoundation.org
- “The When, Why, and How of Worry Exposure” Colin van der Heiden and Erick ten Broeke. *Cognitive and Behavioral Practice* (16) 2009. 386-393.
- http://global.oup.com/us/companion.websites/fdscontent/uscompanion/us/pdf/treatments/Mng_Social_Anxiety_wrkshts.pdf
- <http://psychology.tools/Anxiety.html>
- <http://tfcbt.musc.edu/>

Questions??

