

The Art of Questioning: Skillfully Building Motivation toward Exposure Therapy

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Disclosure

➤ *We have nothing to disclose*



Psycho-education of Exposure Therapy

- Research continually supports Exposure Therapy as an effective treatment for Anxiety Disorders.
- Exposure & Response Prevention (ERP) is the evidence-based treatment for OCD.
- Exposures must occur until the sufferer habituates (typically a prolonged period of time: ~ 90mins) and need to be repeated continually until the initial feared stimulus no longer evokes a fear response.
- Symptoms reduce via exposure therapy as the person suffering habituates to the feared stimulus.
 - Over time, the patient no longer experiences fear or discomfort when exposed to the initial feared stimulus.



Stages of Change Model (cont)

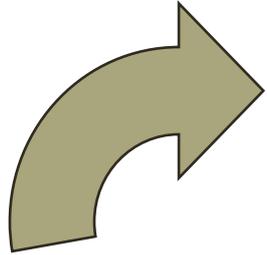
- For any behavior, a person will fall within a certain Stage of Change.
- It is imperative that clinicians understand what stage a patient is in, so that therapeutic goal is directed toward moving them to the next stage.
- Example applied to Alcohol Addiction.



VICIOUS ANXIETY AVOIDANCE-REINFORCEMENT CYCLE

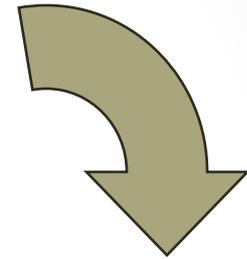
Feared Trigger

negative thoughts, situations, sensations



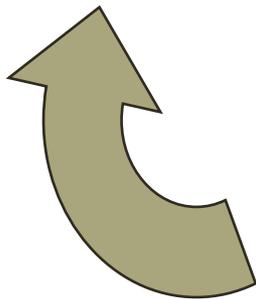
RELIEF

distress subsides temporarily



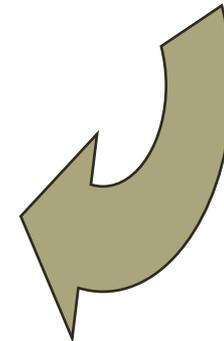
ANXIETY

distress, fear, shame, disgust



Avoidance

distraction, reassurances, escape



Psycho-Education of Exposure Therapy

- Exposure vs. Avoidance
 - Exposure= Symptom Reduction
 - Avoidance= Symptom Maintenance



Functional Triangle

THOUGHTS

(Obsessions/Images)

BEHAVIOR

(Acting out/Avoidances/studying)

FEELINGS

(Fear/Anger/Excitement/Joy)

Functional Triangle

- You **cannot** control your thoughts
- You **cannot** control your feelings.
- You **can** control your behaviors.
- *As you change your behaviors, your thoughts and feelings will also change!*



Functional Triangle

- When you change your behavior, it becomes much easier to pay less attention to the negative thoughts.
- Acknowledge Negative Thought and let it pass!
 - Leaf Metaphor
 - You will begin to “catch” your negative thoughts and choose to ignore them.
- Then, you can substitute healthier thoughts.

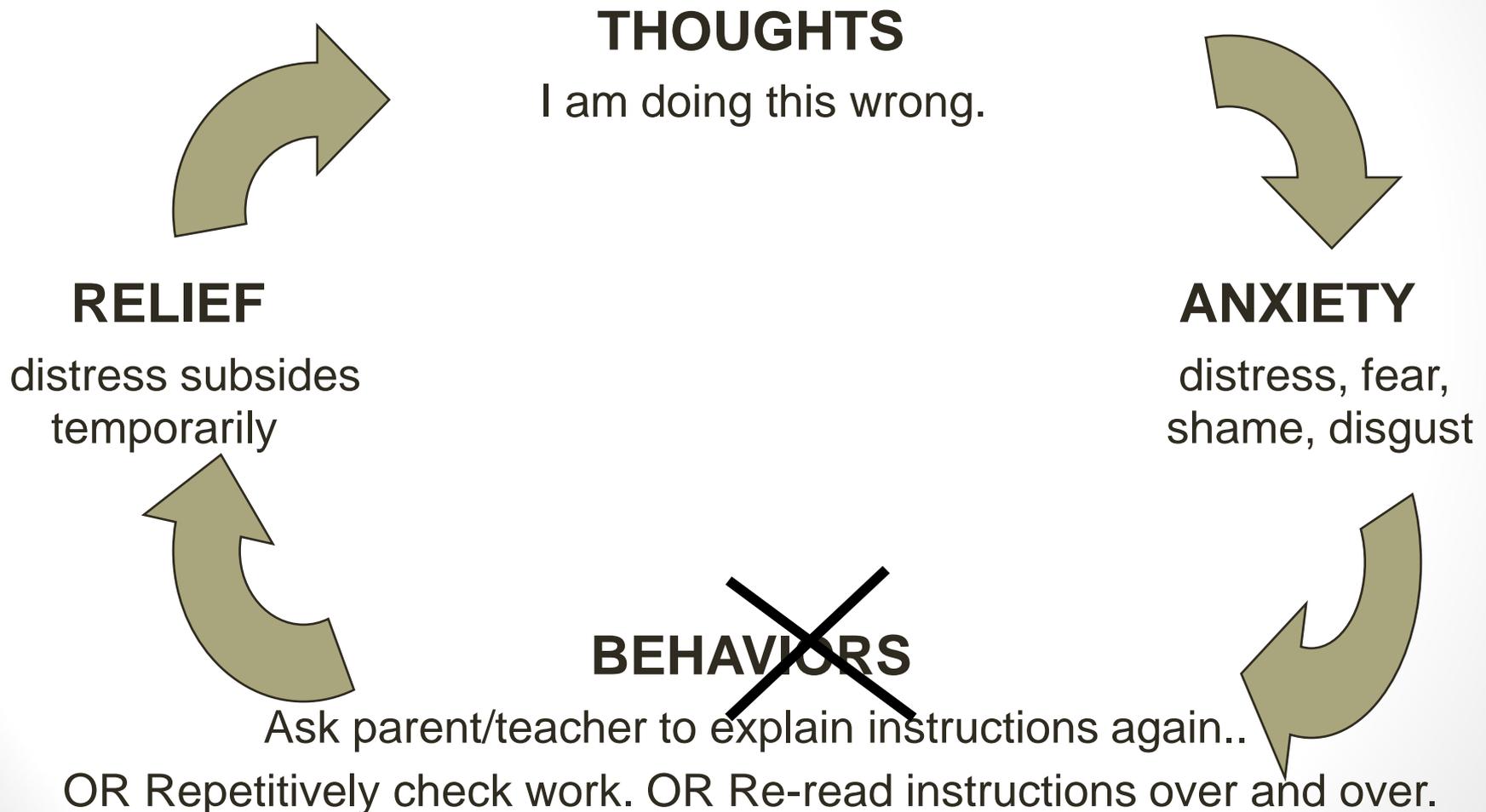


Exposure vs. Response Prevention

- Exposure → Fears, Discomforts, Unwanted Sensations
 - We ask the person to concentrate or pay attention to these unwanted sensations or thoughts
- Response Prevention → Escape Behaviors, Avoidances, Rituals
 - Next, we prevent them from responding in their typical manner

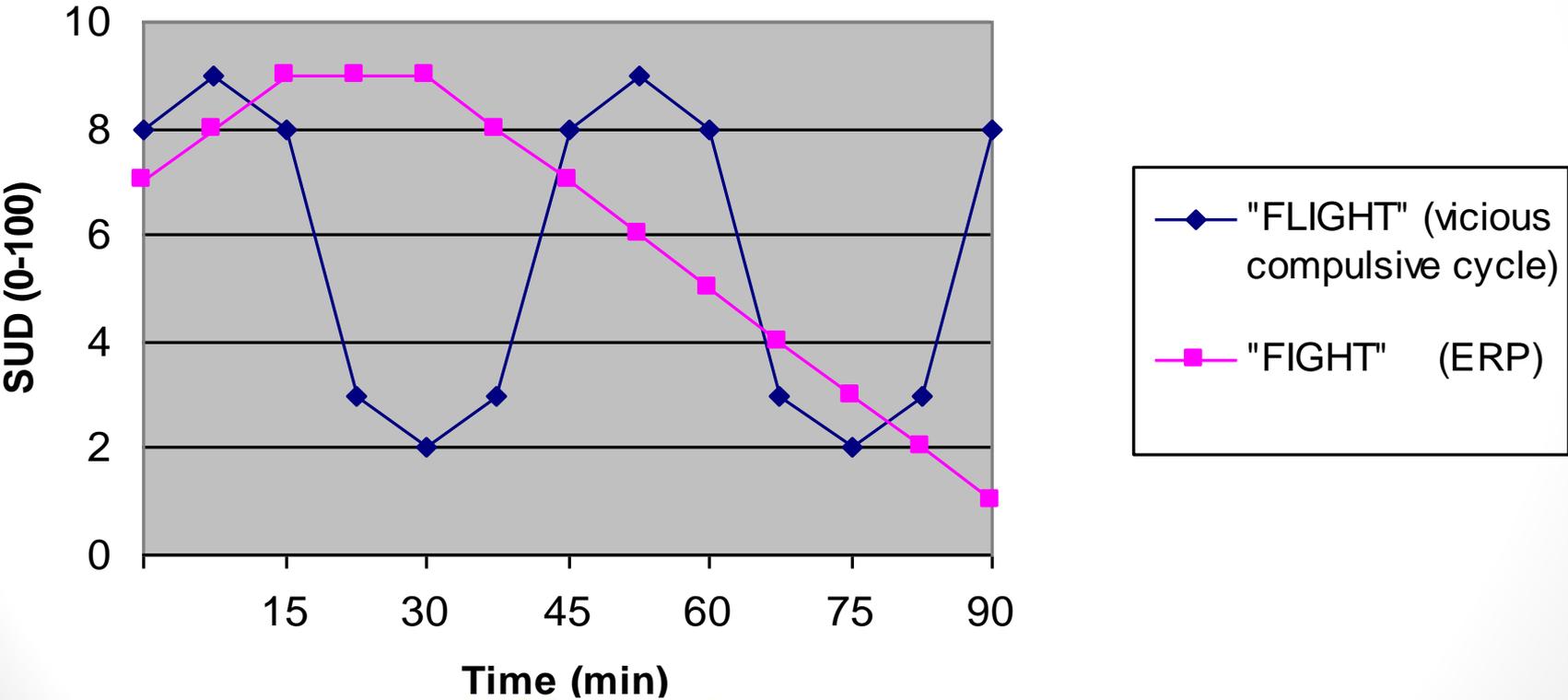


Breaking the Vicious Anxiety Cycle Through Exposures



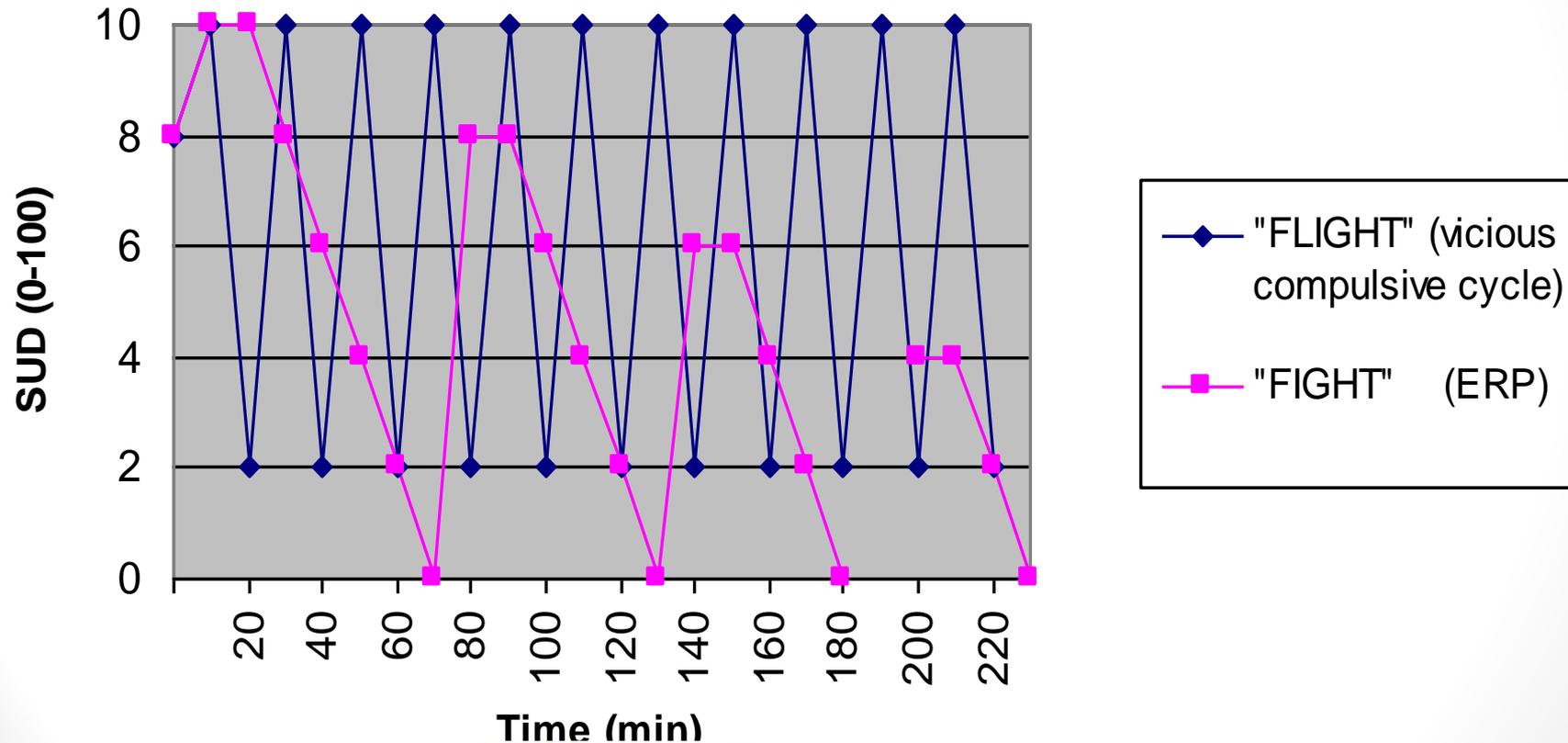
Effectiveness of Exposure Therapy

"Fight or Flight" Response



Effectiveness of Exposure Therapy- Process of Habituation

"Fight or Flight" Response



Difficulties of Exposure Therapy

- Natural survival instinct to avoid harm and danger.
- Over appraisals of threat and harm.
- High drop out rates due to patient resistance to face fears for prolonged periods of time.
- Avoidance behaviors provide immediate relief.
 - Although relief is temporary and feeds vicious cycle of anxiety over time, it is effective in the moment.



Difficulties of Exposure Therapy (cont)

- Requires active participation:
 - Mental escapes = avoidance: render exposure ineffective.
 - Must willingly attend to discomfort during exposure.
- Even when a sufferer wants to get better and understands the process, many still waiver in their decision to engage in treatment.



Building Motivation to do Hard Work

- Patient now has an understanding of HOW and WHY Exposure Response Preventions works.
- Next, he/she must next determine that it is WORTH WHILE to follow-through with the hard work of treatment.



Building Motivation to do Hard Work

Acknowledge Patient's Hesitancy to Engage in Treatment

- Allows patient to have control over aspects of therapeutic process.
- Patients may want help, and yet may not be ready to engage in exposure interventions.
 - This strategy allows the therapist to meet the patient where they are at when they begin therapy, and continually move the therapeutic process forward.



Building Motivation to do Hard Work

- Anticipate the reasons why your patient may not want to engage in Exposure Response Prevention (ERP)
- Symptom Maintenance vs. Symptom Reduction
 - Pros/Cons: Symptom reduction via exposure
 - C= Difficult to face fears
 - Pros/Cons: Symptom maintenance via avoidance of exposures
 - C= Will only provide temporary relief
 - C= Impacts self-esteem and identification of self as “sick”
 - C= Often frustrates family members, friends, colleagues, etc.
 - C= Imposes limits on patient
 - C= New symptoms may occur and become distressing
 - C= Patient may feel trapped, as if there is only one way to feel better



Building Motivation to do Hard Work

- Engage Patient in Discussion of Long term vs. Short term benefits
 - Temporary vs. Lasting Relief
 - Quality of Life
 - Personal goals & hobbies



Building Motivation to do Hard Work

- Cognitive Shift to Build Motivation for Change
 - Assessing negative consequences of anxiety suffering
 - Reframing negative exposure experiences to positive purpose living



Socratic Questioning to Promote Change

- Wonderful Tool to Use to Motivate Patients to Engage in the Hard Work of treatment
 - Ask Questions in Ways that Promotes Change.
 - Fosters collaborative environment.
 - By answering questions, patient takes ownership of response.
 - Although you guide the process, patient is less likely to feel s/he is being “told” what to do.
 - Strive to Look at Reason Why Patient is Engaged in Unhealthy Behavior.
 - Interest in *process* of reaching goals, not merely the goal alone.
 - Allows recognition of challenges that may occur.
 - Allows patient to commit to overcoming challenges.



Socratic Questioning Objectives

- Must roll with resistance.
- Play Devil's Advocate.
 - Challenges patient to look at situations from different perspectives.
- Continue to ask questions until patient makes a statement that supports your objective.



Types of Socratic Questioning

“Conceptual Clarification”

- Ask questions as though you need to be illuminated.
- Goals:
 - Get patient to think more deeply about what exactly s/he believes.
 - Prove/disprove concept behind patient’s argument.
- Useful when:
 - Patient is ambivalent.
 - Patient is unclear of his/her goals.
 - Therapist may be confused about true goal.



Types of “Conceptual Clarification” Questions

- Why do you say that?
- What exactly does it mean?
- What is your main point?
- How does _____ relate to _____?
- Could you put that another way?
- Is your basic point _____ or _____?
- Let me see if I understand you; do you mean _____ or _____?
- How does this relate to what we have been talking about?
- Can you give me an example?
- Can you explain this further?
- Would you say more about that?
- Can you rephrase that please?



Types of Socratic Questioning

“Challenging Assumptions”

- Ask questions as though you or others you know have often considered a perspective.
- Goals:
 - Force patient to think about the presuppositions and unquestioned beliefs, which s/he is basing the argument.
 - Point out dichotomous thinking flaws.
- Useful when:
 - Patient is stuck in black and white thinking.
 - Patient is unable to gain understanding of full picture.
 - Patient is generally focused on details rather than gestalt in approach to life.



Types of “Challenging Assumptions” Questions

- What are you assuming?
- What else could we assume?
- What could we assume instead?
- You seem to be assuming _____. Do I understand you correctly?
- All of your reasoning depends on the idea that _____. Why have you based your reasoning on _____ instead of _____?
- How do you justify taking that assumption for granted?
- Is that always the case? Why would someone make that assumption?
- What would happen if _____?
- Please explain why/how _____?
- How can y



Types of Socratic Questioning

“Questioning Viewpoints & Perspectives”

- Ask questions as though you need to understand all facets of the problem/situation.
- Goals:
 - Illuminate flaws of the particular position patient’s perspective is based on.
 - Show patient that there are other, equally valid, viewpoints and possibilities.
- Useful when:
 - Patient may not have thought through their statement.
 - Patient may not have awareness of reason for behavior.



Types of “Questioning Viewpoints & Perspectives” Questions

- What alternative ways of looking at this are there?
- Why have you chosen this perspective rather than that perspective?
- Does it seem reasonable to look at it from another viewpoint?
- Could anyone else see this another way?
- Why is this better than _____?
- What would _____ say about it?
- What are the strengths and weaknesses of _____?



Types of Socratic Questioning

“Probing Rationale & Evidence”

- Ask questions as though you may have evidence contrary to patient’s opinion OR as though collaboratively you need to prove patient’s point of view, and in doing so must answer these questions.
- Goals:
 - Dig into patient’s reasoning rather than assuming it is a given.
 - Encourage patient to thoroughly determine supportive evidence for his/her beliefs.
- Useful when:
 - Patient intellectualizes as a coping mechanism.
 - Patient has overly practical, concrete approach to problems & solutions.



Types of “Probing Rationale & Evidence” Questions

- How do you know?
- Show me _____?
- Why do you think that is true?
- Can you explain your reasons?
- Are those reasons adequate?
- Do you have any supporting evidence for that?
- Is there reason to doubt that evidence?
- Who is in a position to know if that is the case?
- What evidence is there to support what you are saying?
- How could we go about finding out whether that is true?
- Are these reasons good enough?
- Would it stand up in court?



Types of Socratic Questioning

“Probing Implications & Consequences”

- Ask questions as though you care for patient, others involved, etc, and need better understanding of the implications of his/her behavior.
- Goals:
 - Forecast negative implications for patient’s unhealthy behavior.
 - Point out alternative, desirable behaviors.
- Useful when:
 - Patient may not have evaluated outcome of his/her decision.
 - Patient reacts impulsively.



Types of “Probing Implications & Consequences” Questions

- Then what would happen?
- What are the consequences of that assumption?
- What are you implying by that?
- When you say _____, are you implying _____?
- If that happened, what else would also happen as a result? Why?
- What effect would that have?
- Would that necessarily happen or only probably happen?
- What are the implications of _____?
- What is the best, possible outcome? Why?
- What would happen if _____?



Types of Socratic Questioning

“Questions About the Question”

- Ask questions that indicate it is important for patient and therapist to be on the same page, and truly comprehend what transpires during therapy session.
- Goals:
 - Bounce ball back into patient’s court to show irrationality of his/her beliefs.
 - Turn patient’s argument against him/herself to illustrate discrepancy in thought process.
- Useful when:
 - Patient wants therapist to solve every issue “magically”.
 - Patient asks loaded question.
 - Therapist needs to establish unification with patient.



Types of “Questions About the Question” Questions

- What was the point of asking that question?
- How can we find out?
- Can we break this question down?
- Is this question clear? Do we understand it?
- Is this the same issue as _____?
- How would _____ put the issue?
- What does this question mean?
- Why is this question important?
- To answer this question, what questions would we have to answer first?
- Why do you think I asked this question?
- Why did you ask that question?



Thank You for Attending

The Art of Questioning

*Skillfully Building Motivation toward
Exposure Therapy*

Q&A

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