

Mission Possible:

Motivating Resistant Patients Toward Exposure Therapy for Anxiety

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Disclosure

We have nothing to disclose.



Effectiveness 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.



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.



Stages of Change Model

- Developed by Prochaska and DiClemente as a Transtheoretical Model for Change.
- This model is designed to give health practitioners an understanding of:
 - How individuals become motivated to change.
 - How such individuals can attain new, healthier behaviors (e.g., smoking cessation, exercising regularly, eating healthily).



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.



Application to Exposure Therapy

- Clinicians can utilize this model to help individuals make the decision to change.
- Model is collaborative.
- 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 model allows the therapist to meet the patient where they are at when they begin therapy, and continually move the therapeutic process forward.



Overview - The Five Stages of Change

Consider your patient's ability to actively engage in treatment:

- Pre-Contemplation
- Contemplation
- Preparation
- Action
 - Therapists assume patients to enter treatment at this stage.
- Maintenance



Overview - Five Stages of Change (cont)

- Motivating a patient to operate in the “Action Stage” is pointless if patient is not ready.
- Frustrating for all parties involved.
- Allows patient to externalize problems and blame others.



“Cycle” of Change

- Patients will vacillate between stages of change.
- Prochaska, DiClemente and Norcross have re-conceptualized the “Stages” of Change as a “cycle”.
- A patient may be engaged in “Action” and may fall back to contemplation.
- Similarly, a patient may present in the “maintenance” stage for one behavior, and pre-contemplation stage for another behavior related to the disorder.
 - Example



Pre-Contemplation

- **Patient is not aware that behavior is a problem.**
- Examples:
 - Alcoholism Metaphor
 - Anxiety Patient



Contemplation

- **Patient sees unhealthy behavior as problem, yet is not ready to take immediate action. Conducting constant cost/benefit analysis of change.**
- “Ambivalent”
- Examples:
 - Alcoholism Metaphor
 - Anxiety Patient



Preparation

- **Patient is committed to change, and plans to take action in immediate future (within one month). Creating plan for change.**
- **Examples:**
 - Alcoholism Metaphor
 - Anxiety Patient



Action

- **Behavioral change is observable.**
- Healthy behaviors occur frequently and deliberately.
- Only one of five stages.
- Examples:
 - Alcoholism Metaphor
 - Anxiety Patient



Maintenance

- **Relapse prevention. Engaged in same behaviors as Action Stage, yet not necessarily as deliberately or frequently.**
- Examples:
 - Alcoholism Metaphor
 - Anxiety Patient



Putting Theory into Action: Pre-Contemplation

- **Goal: Get Patient to View Behavior as a Problem**
- **In session:**
 - Raise awareness and establish rapport - Create and share (appropriate) personal story and ask patient if s/he can relate.
 - For patients who won't complete work or are "hard to reach": "What are you capable of doing right now?" OR "What makes coming to therapy worth it for you?"
 - If patient responds by saying "Nothing", then you can discuss family's bottom lines. Start with: "I know your family really values your well-being, and there is nothing they won't do to help the entire family get healthy."
 - When patient volunteers information that seems to hit on the struggle with which the patient is resistant to approach, use this to build evidence that targeted behavior is a problem.
 - Example: Tie in patient's desire to work to earn money as evidence that s/he needs to consider keeping a balanced sleep/wake schedule, leaving their home, and completing daily chores, which are responsibilities essential to enter the work force.



Putting Theory into Action: Pre-Contemplation (cont)

- **Suggestions for Creative Homework in Pre-Contemplation:**
- **Paper Bag Discovery**
 - Patient cuts out pictures & words from magazines, use stickers & markers, etc to find and label characteristics about themselves.
 - Include BOTH characteristics that they wish to reveal to others and characteristics that they wish to keep private.
 - Paste and/or draw “public” characteristics on the outside of the bag.
 - Paste and/or draw “private” characteristics on the inside of the bag.
 - Benefits: 1) Allows for self-exploration, 2) Increases self-awareness, 3) Identifies parts of self that patient is proud of, 4) Provides less intimidating method of acknowledging fears.



Putting Theory into Action: Contemplation

- **Goal: Patient Determines that Changing is Worth the Effort**
- **In session:**
 - Use of imagery, which will allow patients to see themselves in situations where behavior is not taking place and they are succeeding. Get them to visualize and then verbalize. “What would it look like to be a good husband, teacher, etc?” [Answer] “Oh! I already see that you are demonstrating some of those things. How will we know when you’ve reached this goal?”
 - Offer your own positive predictions: “I see you trying hard to pay attention to your reassurance-seeking and to argue less, and really gaining an excellent understanding of what you need to do to beat your anxiety by (the start of school, the end of your disability leave, etc).”



Putting Theory into Action: Contemplation (cont)

- **Suggestions for Creative Homework in Contemplation:**
- **Family/Community Interview**
 - Patient interviews a family member.
 - Topic of interview can vary based on therapist preference. Examples: Current job, being a parent, being different in some way, being teased, or making a social blunder.
 - Patient will ask family member to discuss how they navigated obstacles.
 - Patient must determine which skills family member utilized that s/he would like to practice. Patient provides this decision to family members and therapist.
 - Benefits: 1) Creates support network within family, 2) Unites family and therapy goals, 3) Generates opportunity for patient to gain different perspective of family member, 4) May promote modeling of appropriate behaviors within family, 5) Skills to practice pull patient into mindset that change is possible and worthwhile.



Putting Theory into Action: Preparation

- **Goal: Patient Creates Environment Necessary for Success**
- **In session:**
 - Help patient to recognize that hard work is necessary for success. “Anything worth having is worth working hard for.”
 - Draw attention to others who have made similar commitments. Choose known friends, family members, personal heroes or celebrities who may have also struggled in that area, and muse about that person aloud to your patient who is resistant/struggling. “Wow! I’m thinking of what you mentioned about Graham dating someone he met through the internet. He had to go out with a couple of women before he met someone he clicked with easily. And you told me he seems really happy.”
 - Look for local or world events that promote the particular commitment that the patient is making, so s/he feel supported by a greater community (e.g., prevalence of online dating).



Putting Theory into Action: Preparation (cont)

- **Suggestions for Creative Homework in Preparation:**
- **Hero Project**
 - Begin with statement, “Excellence exists. Perfection does not.”
 - Patient chooses a personal hero or someone they admire (e.g., Olympic athlete).
 - Patient must research a setback experienced by the hero and how the hero overcame this setback.
 - Benefits: 1) Normalizes mistakes, 2) Debunks the notion of perfection, 3) Allows therapist to use hero as metaphor during motivational interviewing, 4) Patient must acknowledge utility of skills, such as persistence and effort.



Putting Theory into Action: Action

- **Goal: Patient Engages in Behaviors that Support Success**
- **In Session:**
 - Help patient create reasonable expectations.
 - Start small.
 - Include the patient. “What is a reasonable number of times to wash your hands during the day?” [Answer] “Let’s compromise. If you think anytime you have a contaminant is reasonable, and I think fewer times would allow you to live better, let’s try to limit hand-washing out to only after eating or bowel movements.” (You can have patient put post-it notes on faucet as a reminder.)
 - Praise for positive steps toward desired behavior. For example, if a patient has washed a lot, and yet was able to postpone or not wash after a particularly difficult unintended exposure, “I am sure it took more courage than you knew you had to hold off on washing that time. I know that memory will help keep you on track as you take on this assignment again.”



Putting Theory into Action: Action (cont)

- **Suggestions for Creative Homework in Action:**
- **Reflection of Triumphs**
 - Therapist defines triumph. Give example of a person overcoming a struggle, not simply reaching an accomplishment.
 - Ask patient to complete a sentence per day: “I was a risk-taker today when...”
 - Patient will then be able to list a series of triumphs.
 - Patient can be asked to share details about a triumph with therapist or with supportive and encouraging family and friends.
 - You can also choose one triumph for patient to elaborate upon as a writing assignment.
 - Praise hard work, persistence, effort required to overcome setback.
 - Acknowledge that patient had a *choice* to give up or to pursue goal.
 - Benefits: 1) Emphasizes overcoming a setback, not merely reaching accomplishments, 2) Makes mistakes a reality, 3) Gives hope to patient that s/he can learn from mistakes, 4) Concrete vision of triumphs allows patient to focus on positive, redefined possibilities, 5) Therapist gains patient-driven references of proud moments, which can be used throughout therapy to create more mastery experiences.



Putting Theory into Action: Maintenance

- **Goal: Maintain Success**
- **In Session:**
 - Normalize setbacks and return of some problem behaviors sporadically. Reframe them as “learning opportunities”.
 - Anticipate difficult moments and work with patient to brainstorm solutions *in advance*.
 - Prep patient: “It took me a long time to understand this, so I know from personal experience that it might require a lot more explanation or time to understand the concept.”
 - Build in self-monitoring as a regular activity. Challenge patient to find new items to monitor.
 - Build in accountability for maintenance of goals that have been reached.



Putting Theory into Action: Maintenance (cont)

- **Suggestions for Creative Homework in Maintenance:**
- **Future Map**
 - Patient creates picture or writes paragraph about where they would like to be in “x” number of years.
 - Patient determines which tangible, concrete steps must be made to reach that goal.
 - Patient must determine which character traits they must develop to reach that goal.
 - Patient can use language of the metaphor. Ask patient to consider which “roadblocks” they may face, when to choose an “alternate route”, when to “slow down”, “yield” to others, etc.
 - Benefits: 1) Allows patient to create proximal and distal goals, 2) Normalizes setbacks, 3) Provides tool for therapist to pull patient to next Stage of Change as they vacillate through the cycle.



Socratic Questioning to Promote Change

- Wonderful Tool to Use to Move Patient through Stages of Change
 - 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

“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

“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 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

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Q&A

