The Mindful Way Through Anxiety: An Evidence-Based Approach to Treating Generalized Anxiety and Comorbid Disorders

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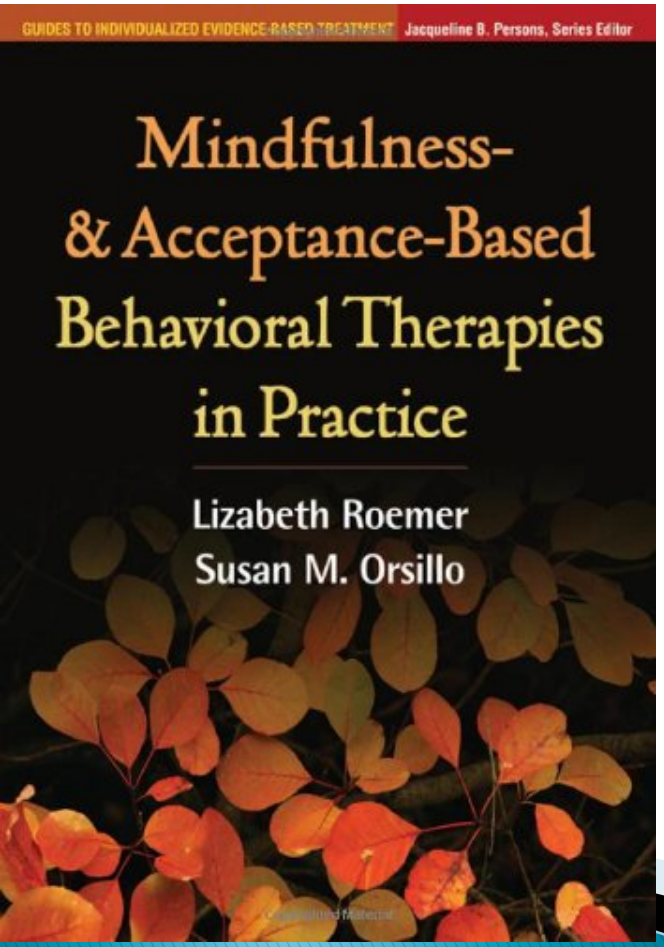

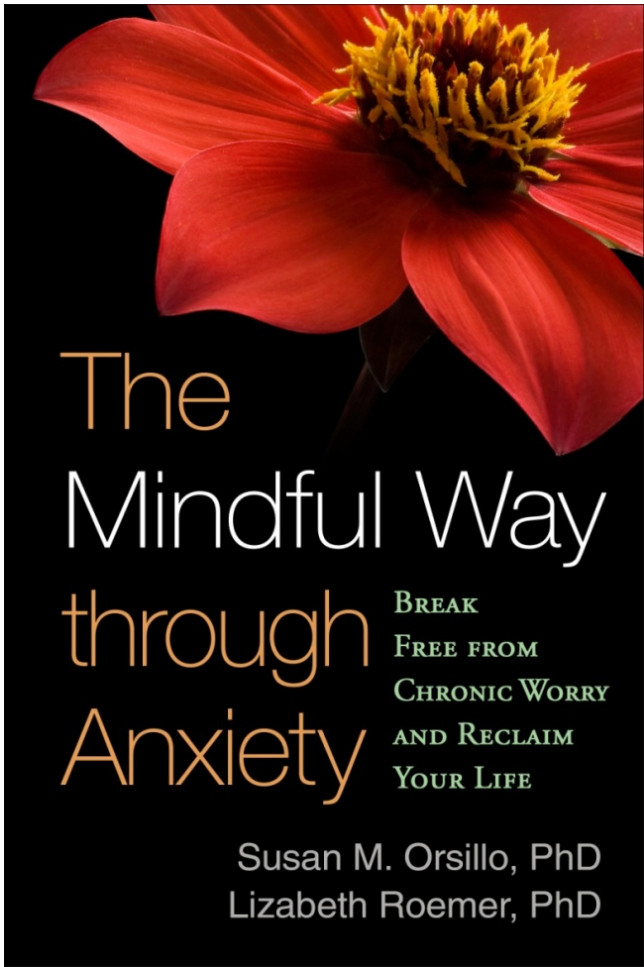

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Therapists and clients

Outline

- Context
- Conceptual model
- Overview of primary clinical methods
- Discussion

GAD is Prevalent…

- 3% current, 5.7% lifetime prevalence in community sample[1]

- Particularly in primary care[3]
  - Most common *anxiety disorder*
  - Second most common *mental health disorder* in primary care[2]

[1]Kessler et al. (2005); [2] Wittchen et al. (2012)

Debilitating…

- Impacts work productivity and quality of life
  - Roughly comparable to MDD[1]
- Increase risk of developing MDD[2]
- Increases risk of suicidal ideation/attempts over and above known risk factors
  - (including comorbid MDD)[3]
- Median health care costs of patient with GAD 64% greater than those without the disorder[4]

[1]Bruce et al (2001), [2]Cougle et al (2009)
[3]Kessler et al (1999); [4]Olfson et al (2007)

And Difficult to Treat

- Medication is most common mode of treatment[1]
  - 30-60% of patients fail to achieve symptom remission[2-8]
  - May produce adverse effects[9]
  - Less cost effective than psychotherapy[10]

- CBT is effective[11]
  - Impact on post-treatment high end state functioning less remarkable with rates ranging 26-62%[12-14]

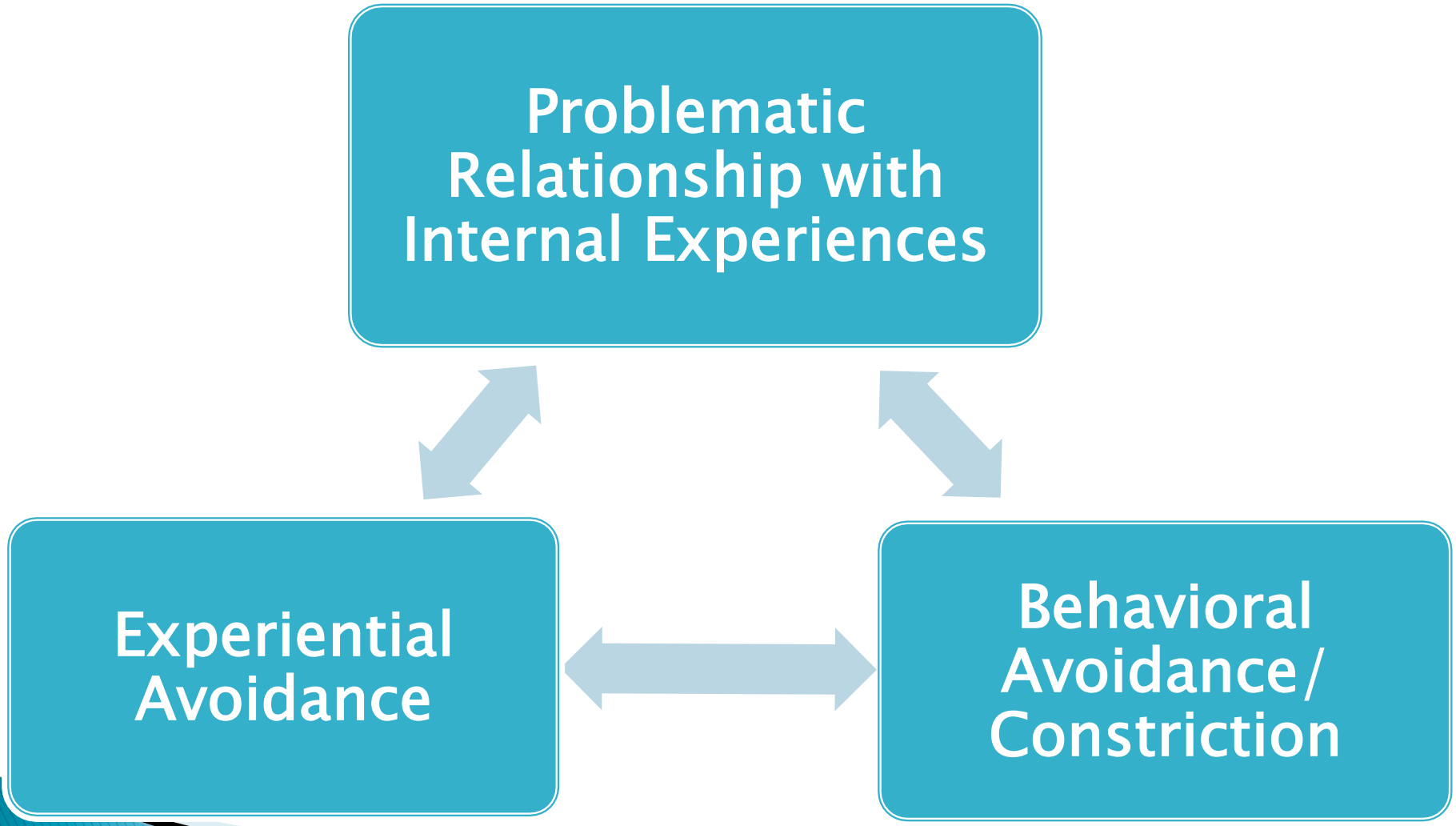
[1] Issakidis et al (2004); [2]Davidson et al (2004); [3] Rickels et al (2003); [4]Gelenberge et al (2000); [5]Hidalogo et al 2007; [6]Nimatoudis et al (2004); [7]Pollack et al (2002); [8]Stocchi et al (2003); [9]Katzman (2009), [10]Heuzenroeder et al (2004); [11]Hunot et al (2007), [12]Dugas et al 2010; [13]Hoyer et al 2009; [14]LaDouceur et al (2000)

Why Isn't CBT for GAD More Effective?

- CBT typically targets distress and avoidance of feared stimulus
- In GAD feared stimulus is unclear
- Proposed solution – target *function* rather than *content* of worry
  - Function = experiential avoidance[1-2]

[1] Hayes et al (1996); [2]Borkovec (2004)

Conceptual Model of Anxiety and Associated Disorders



Problematic Relationship with Internal Experiences

- Restricted or impaired awareness[1]
- Critical, reactive, negative stance towards thoughts and emotions[2–3]
- Fusion[4]
  - Painful private content is seen as indicator of truth

[1]Coles et al (2007); [2]Lee et al (2010) [3]Wells & Carter (1999) [4]Herzberg et al (2011)

Experiential Avoidance

- From this perspective, internal experiences are viewed as threatening/ dangerous
  - Motivates efforts to avoid[1]
- Many problematic behaviors serve an experientially avoidant function[2]
  - Alcohol use, overeating, dissociation
- Worry as experiential avoidance
  - Cognitive avoidance of somatic arousal[3]
  - Distraction from more emotional topics[4]

[1]Lee et al., 2010; [2]Hayes et al., 1996;
[3]Borkovec et al., 2004; [4]Borkovec & Roemer, 1995

Experiential Avoidance

- Increases distress and feeds into problematic relationship with internal experiences
  - Paradoxical effects of thought and emotion suppression
- Motivates behavioral avoidance

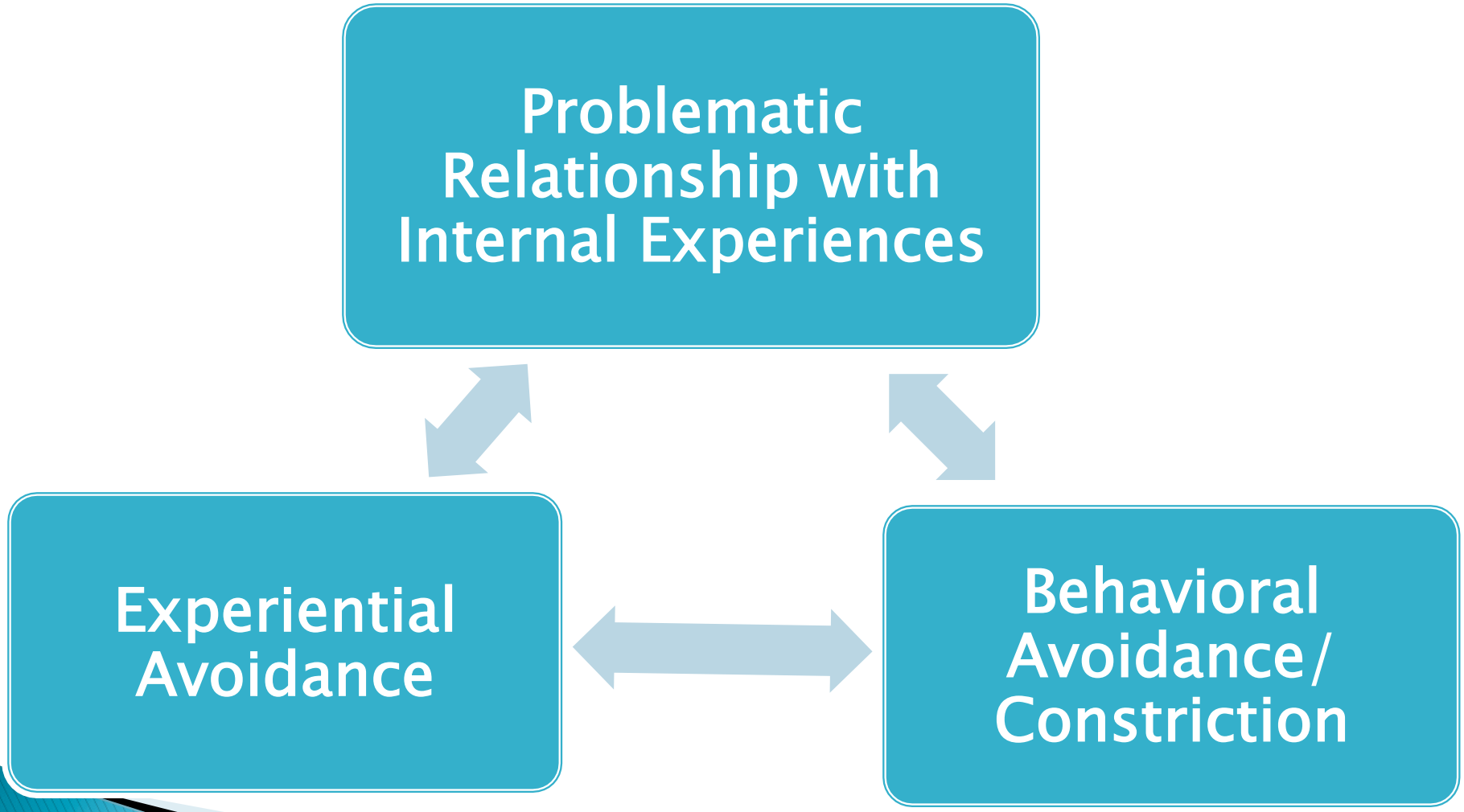
Behavioral Avoidance/ Constriction

- Behavior is motivated by efforts to avoid distress rather than efforts to engage in meaningful activities
  - Less likely to engage in valued behaviors[1]

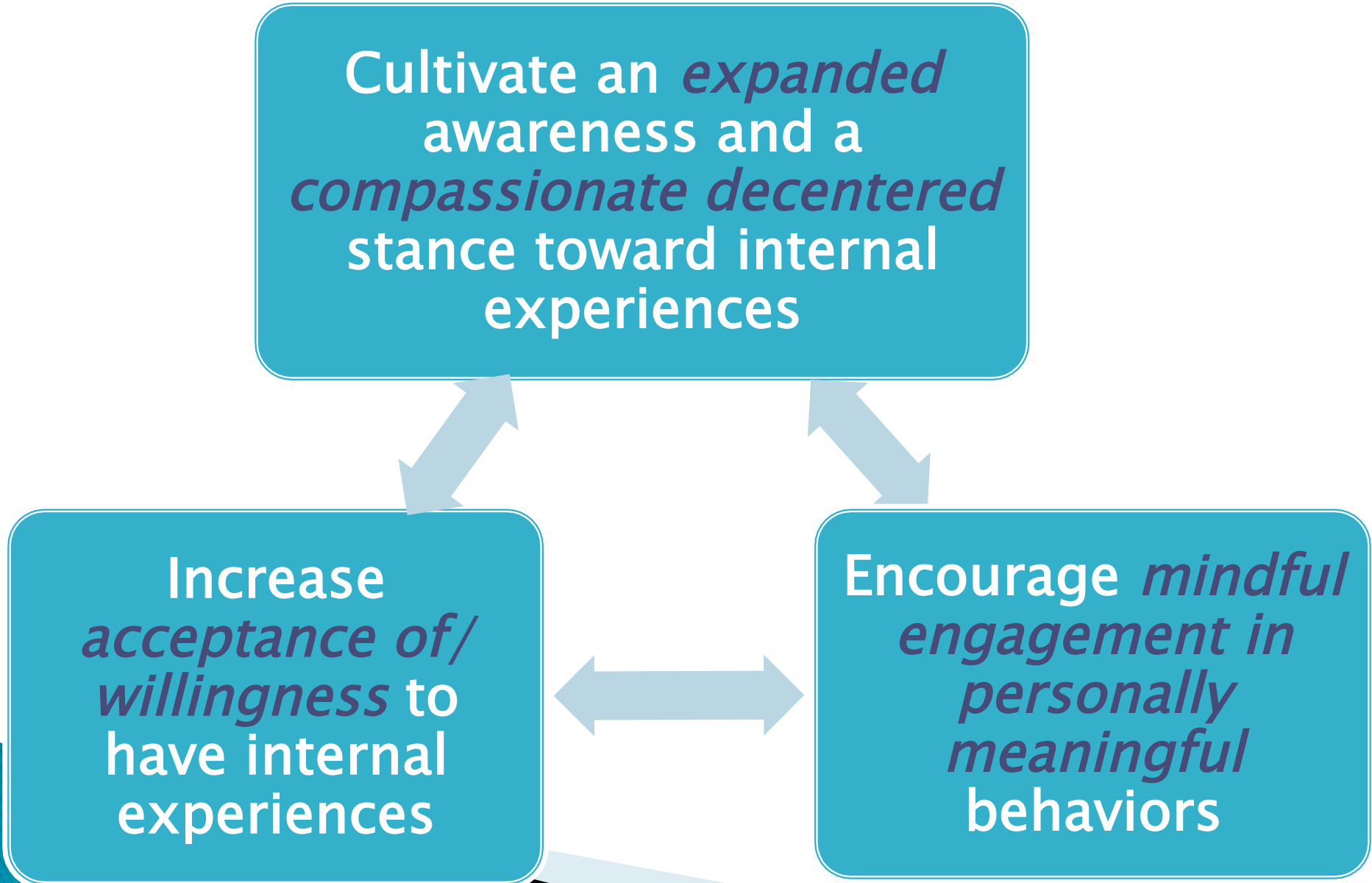
- May appear to be active/busy
  - Worry, anxiety and avoidance efforts prevent true engagement

[1]Michelson et al., 2010

Conceptual Model of GAD and Associated Disorders



Important Treatment Goals



Clinical Methods Drawn from ABBTs

- Overarching term for a class of related therapies that integrate strategies aimed at cultivating acceptance and mindfulness with CBT methods

- Specific ABBTs we drew from include:
  - Acceptance and Commitment Therapy
    - (ACT; Hayes et al., 1999)
  - Dialectical Behavior Therapy
    - (DBT; Linehan, 1993)
  - Mindfulness-based Cognitive Therapy
    - (MBCT; Segal et al., 2002)

Core Methods in Acceptance-Based Behavior Therapy

Goals of ABBT

ABBT Methods for Addressing Goals 1 & 2

- Therapeutic relationship
- Psychoeducation
- Mindfulness practices/ defusion exercises

Therapeutic Relationship

- Model the treatment
  - Mindfully engaged in session
  - Validate and normalize pain and struggle
  - Allow and accept the presence of painful emotions and thoughts

Psychoeducation

- Function of fear
  - Engaging in a full life means approaching some “threats”
- Function of worry
  - Costs and benefits of imagining threats
    - Takes one out of the present moment
    - Continuously poised for low probability, uncontrollable threats
- Function of emotions
  - Clear vs. muddy emotions
- Consequences of rigid control efforts

How Do We Clarify Muddy Emotions and Notice Control Efforts?

Mindfulness

Mindfulness Skills

- Develop a spacious awareness of present moment
- Develop a curious, nonjudgmental observant stance
- Notice the transient nature of internal experiences
- Beginner's mind

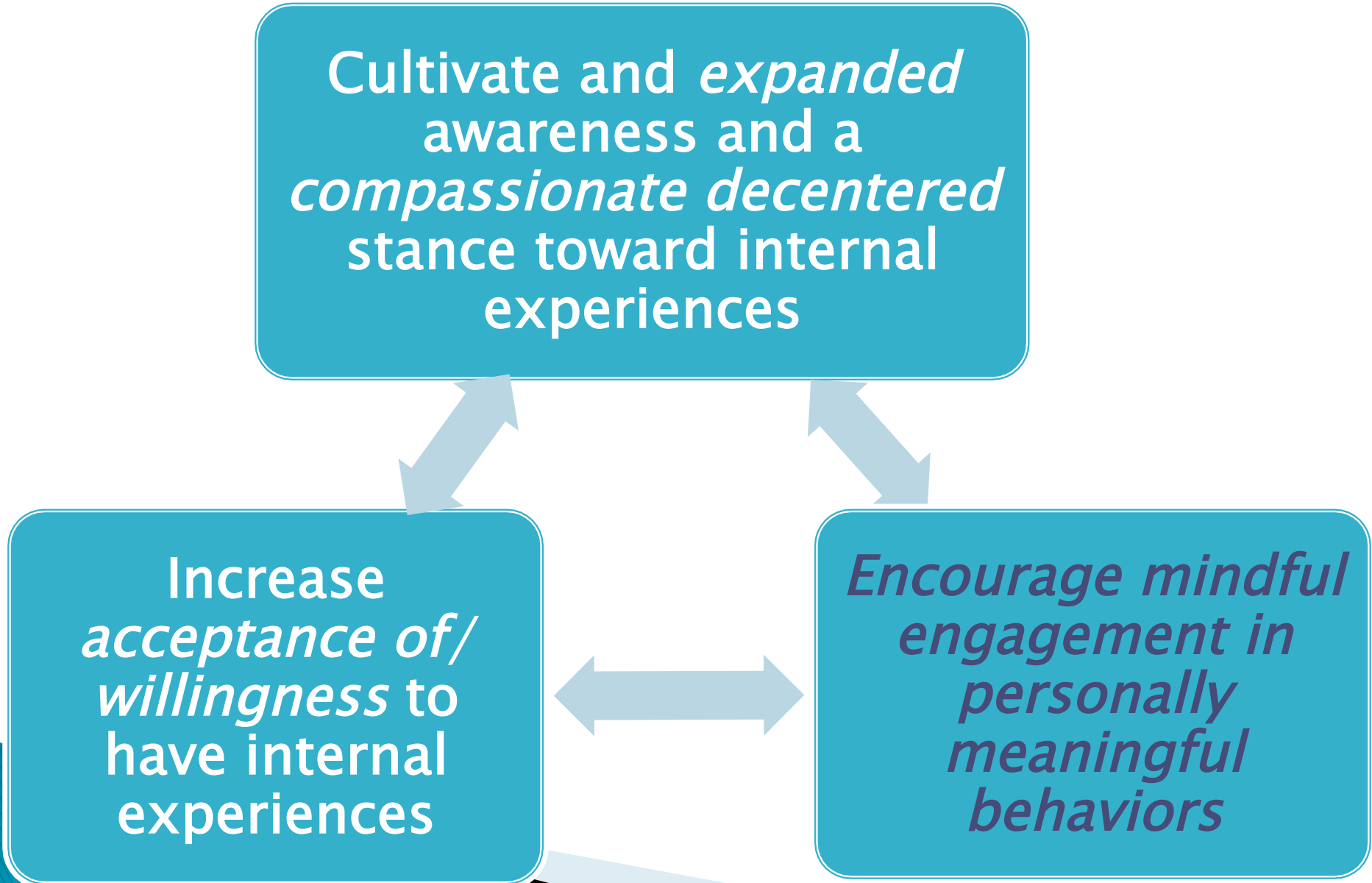
Mindfulness Methods

- Self-Monitoring
- Formal
- Informal

Exploring Mindfulness Practice

- What did you notice?
  - Listen for judgment – "good" or "bad" practice
  - Emphasize process of awareness
- Validate humanness of all experiences
  - Cultivate self-compassion
- Connect observations to presenting problems/ goals of treatment

Goals of ABBT



ABBT Methods Used to Promote Values Articulation and Action

- Emotional processing/writing exercises
  - Explore impact of avoidance and articulate values in 3 domains
    - Relationships (partner, family, friends)
    - Work, education, training, household management
    - Self-nourishment and community activities
- Psychoeducation
- Self-monitoring
- Engagement in action

Defining Values

- Personal principles that define our chosen "way of being in the world"
- Have potential to guide our action/ choices we make
- Differ from Goals
  - Present- rather than future-focused
  - Cannot be completed or fully achieved
  - Are dependent on our actions; not external, uncontrollable factors
- Not narrowly/inflexibly defined by one particular action

Sorting Out Values in Session

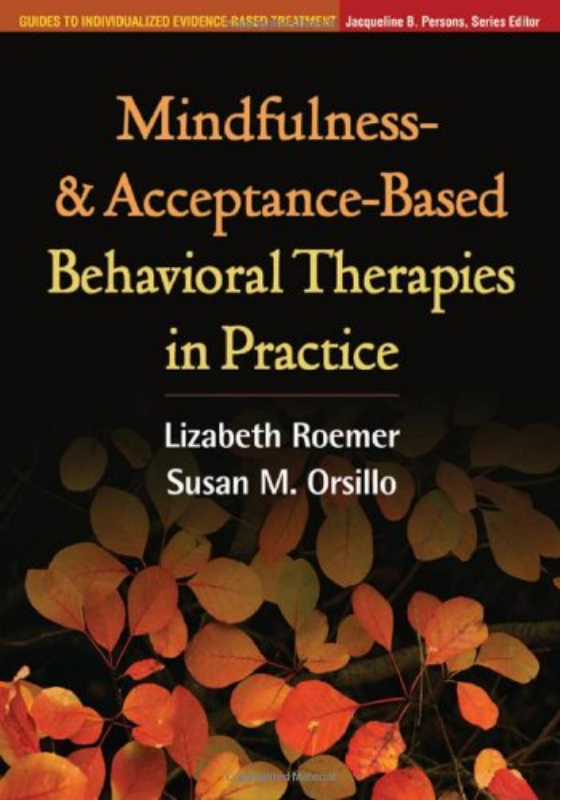
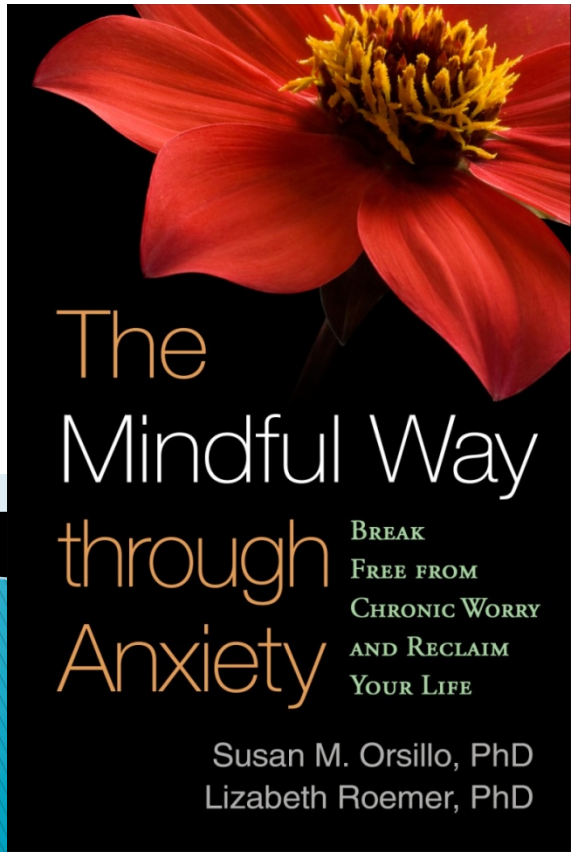
- Goals (e.g., I want to find a girlfriend)
- The desire to control another
  - *I want to her to be more responsive*
- The desire to control one's internal state
  - *I want to feel confident*
- The desire to control the future
  - *I want to keep my children safe*
- The wish to be more than human
  - *I want to complete all my projects perfectly*
- The belief that valued actions should not elicit painful emotions

Bringing It All Together

- Client is encouraged to make an ongoing commitment to engage in valued actions and to use skills when difficult/painful responses arise
  - Bring mindful stance to internal experience
  - Identify whether muddy emotions are present
  - Use mindfulness skills to address restricted awareness, self-critical responses, and fusion
  - Use mindfulness skills to enhance acceptance of the reality of the situation; to recognize the limits and costs of control efforts

Termination/ Relapse Prevention

- Overview of model and strategies
- Identify particularly useful strategies
- Establish ways of reminding self of concepts and strategies
  - Use of binder and handouts
  - Suggestions for maintaining mindfulness practice
- Setbacks and struggles are expected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