When the 12 Steps Aren't Enough: the Use of Exposure With Response Prevention (ERP) Therapy in the Treatment of Substance Use

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Anxiety & Addiction Basics

- Anxiety disorders occur in 18% to 28% of the US general population during any 12-month period
- Among those w/anxiety disorders, there is a 33% to 45% 12-month prevalence rate for a comorbid substance use disorder
- For patients with generalized anxiety disorder (GAD), the lifetime prevalence of comorbid alcohol abuse and dependence is 30% to 35%, and the prevalence of drug abuse and dependence is 25% to 30%

Psychiatric Times (2011)

Anxiety & Addiction Basics

- Chicken or egg…does the anxiety cause the addiction (self-medication) or does the addiction cause anxiety?
  - BOTH! The use of alcohol or drugs can cause neurological changes that may trigger or intensify anxiety
  - At the same time, anxiety can be a motivating factor in substance abuse (“I’m nauseous, I don’t feel good, I need my Ativan”)

The Anxiety Continuum & Tolerance for Uncertainty

- Simple Phobia, GAD, Panic D/O, Social Phobia, PTSD, OCD/Eating Disorders
- The further down the continuum, the greater the genetic load for anxiety
- AND, the greater the difficulty with
  - living with uncertainty
  - over-estimating risk in all situations
- AND, the more the person engages in the safety behaviors that grow anxiety
  - Avoidance
  - Reassurance-seeking
  - Compulsions
- You might be asking….which is addiction? Is it avoidance, reassurance-seeking or a compulsion? None of the above…addiction is not a compulsion

When talking about anxiety & substance use…

- substance use ≠ compulsive behavior
- Addictions are impulse-control problems, ego-syntonic, positively reinforced
- Compulsions are done in an effort to neutralize obsessions, ego-dystonic, negatively reinforced
- Substance use activates the pleasure/reward centers of the brain….addiction is the pleasurable experience we want to feel INSTEAD of feeling the body sensations of anxiety; but people with addictions are still doing some or all of the three safety behaviors that worsen anxiety
- ….which is why they keep thinking they still need their pleasurable substance/experience; they believe the lie that the anxiety is dangerous, will drive them crazy, or will never end, so they decide that a substance is the only way they can cope (“I just need a break from the anxiety”)

What is Anxiety?

-Anticipation of future threat; not the same thing as fear

-A normal state…but one can have too much of a good thing

-Not the same thing as stress (real events that may stack up)

-Three lies go with it:

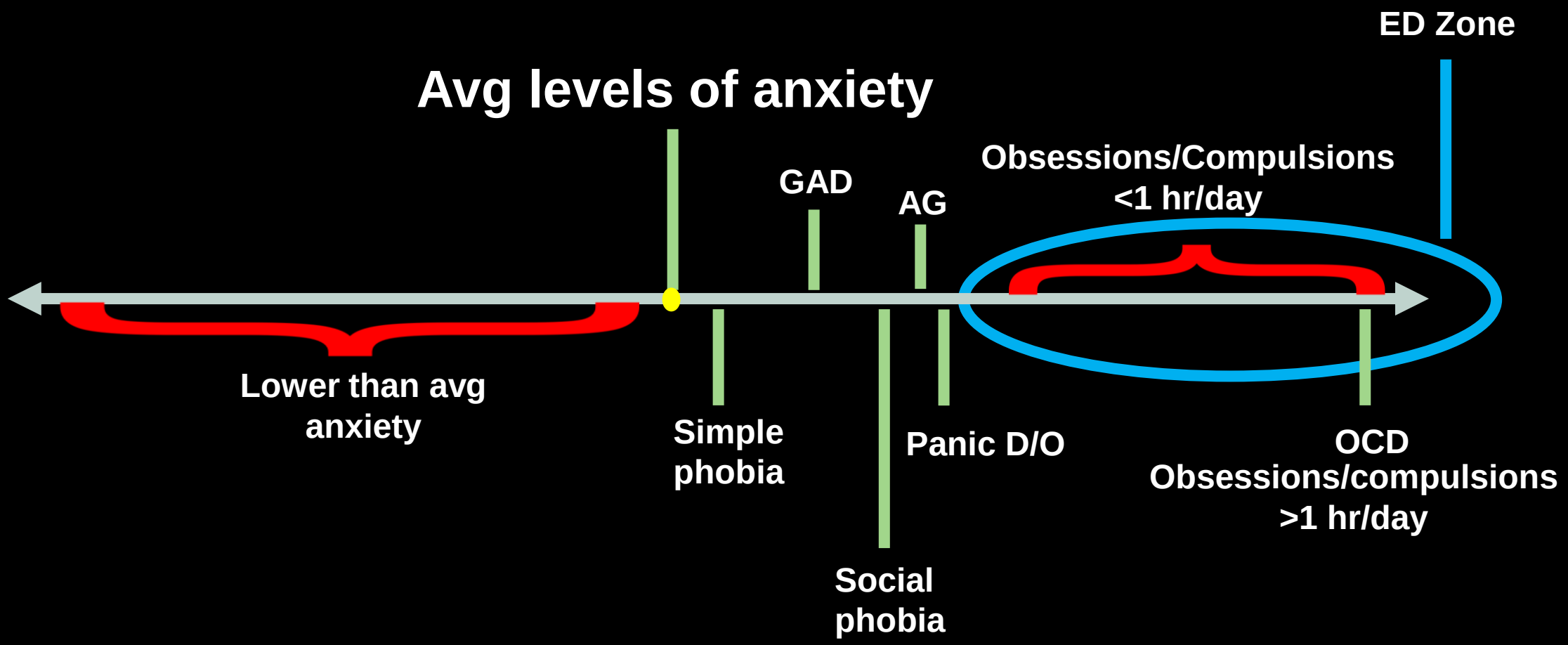
- fear of dying
- fear of losing control/losing mind
- fear the feeling will never end

Normal Body Sensations of Anxiety

- nausea/stomach ache/diarrhea
- racing heart
- sweating, hot/cold sensations
- difficulty breathing/choking sensation
- trembling/shaking
- tearfulness
- numbness or tingling in extremities
- feelings of de-realization/de-personalization

PANIC=the catastrophic interpretation of these normal body sensations

Kulberg Anxiety Continuum © 2018



What is ERP?

- Exposure With Response/Ritual Prevention
- Our most powerful, empirically validated tool for entire anxiety spectrum
- Developed out of CBT
- Problems with the use of CBT alone for anxiety disorders
- Why therapists often make anxiety worse
- Jonathan Abramowitz, *Exposure Therapy for Anxiety, Principles and Practice*

Part 1 of ERP

- 1. Exposure (inviting anxiety on purpose by entering situations or inviting unwanted thoughts)
  - Live Exposures (includes interoceptive experiences)
  - Imaginal Exposures (use of scripts)
  - Exposures should be graduated and repeated

Part 2 of ERP

- 2. Response/Ritual Prevention (preventing the usual response to anxiety…..safety behaviors)
  - Avoidance
  - Reassurance-seeking
  - Compulsions

Great, now what do I DO with the patient?

- Teach them about….
  - The anxiety continuum
  - The anxiety cycle (why we must stop safety behaviors)
  - Design exposures (live and imaginal)
    - Create hierarchies
  - Complete exposures
  - Patient becomes their own ERP therapist and fires you!!

Did I mention….?

- Anxiety lives on three things that people do in a fruitless effort to BE SAFE OR SURE ABOUT SOMETHING (CERTAINTY):
  - Avoidance
  - Reassurance-seeking
  - Compulsions

How the Anxiety Cycle Works:

Body sensations of anxiety (never harmful, only uncomfortable)

- Have patient identify/refer to their main body sensations of anxiety often
- Three lies of anxiety (it's dangerous, will drive me crazy, will last forever)
- Use "temporary and harmless" frequently (you'll be the first person to tell them that anxiety can't hurt them)
- Draw the bell curve frequently
- Fastest way to the downward slope is to let it wash over (wave)
- Resisting, bracing against, trying to avoid or stop it drives it up
- Use breathing to move TOWARD anxiety, not away from it

The conveyor belt/movie theatre

(thoughts never stop,
treat them all the same,
thoughts are not the problem,
your response to them is the problem)

Palm Tree Coping (cope with anxiety the way a palm tree copes with the wind; flexibility)

Exposure Hierarchies:

- Live Exposures
  - Social situations
  - Foods/stores
  - Contaminants
  - Body sensations (interoception)
  - Reducing compulsive checking, counting, repeating to extinction
- Imaginal Exposures
  - Script writing
  - Inviting disturbing images
  - Reducing mental compulsions (review of past memories, recitation of safe thoughts)

Exposure procedures….

- Exposures should be graduated and repeated (doing an exposure once or twice will not be sufficient)
- Use a SUDS scale (1-10 or 1-100)
- Generate many feared situations and thoughts; have patient rate using SUDS scale
- Start with lowest items on live exposure hierarchy; have patient do these daily until they are easy, then move on to higher items (while continuing to repeat lower items daily)
- Scripts are read daily over and over, in a single sitting, until the patient's anxiety peaks and comes down by half the peak level; should be boring within a week or less

Sample Live Exposure Hierarchy (OCD):

SUDS	Exposure (complete all while reciting “wrong thoughts about death/cancer aloud)
10	Get out of bed and walk to bathroom only once
9	Set bathroom timer for 15 mins and do every task only once
8	Set bathroom timer for 30 mins and repeat tasks maximum of twice
7	Set bathroom timer for 45 mins and repeat tasks maximum of three times
6	Say “wrong” thoughts when using stairs
5	Say “wrong” thoughts while using drawers in kitchen
4	Say “wrong” thoughts while going through doors
3	Go from room to room in house turning on light switches
2	Write down “wrong” thoughts
1-2	Say aloud “wrong” thoughts over and over

Social Exposure Hierarchy

SUDS	Exposure (complete all while agreeing w/thoughts about feared outcome)
10	Saying “no” to a relative
9	Saying “no” to a friend
9	Canceling a previously accepted engagement
8	Visiting a place where I had a precious panic attack & invite panic
7	Visiting a place where I had a precious panic attack
6	Sending back some food/drink in a restaurant
5	Calling store to see if have a random product in stock/ ask stranger to reach something in a store/ comment on the weather to a stranger
4	Asking where the bathroom is in a restaurant
3	Asking stranger the time/ for directions
1-2	Saying Hello to a stranger/ making eye contact with strangers

Sample Exposure Script (Anorexia):

- If I really move toward my target weight, then I will lose control, and become an outsider, and will be fat, lazy, unproductive, unsafe, and unable to fit into my clothing. I will be unnoticed or invisible to others and bored and lazy. I will be unattractive like I used to be and subjected to criticism. I'll be less successful in my life because I won't be as efficient and task driven. I won't show enough discipline. I'll go back to like I was before my ED, where I was not a doer or very smart or sharp. I'll look like I don't care, like I'm letting all my standards go. Maybe I'll let go of my commitments to other things as well, or I'll do too many leisure activities, which will take away from being productive. My ED is what gives me protection and a state of calm. If I don't have it my emotions will be too overwhelming and powerful and then I will fall prey to their effects and become depressed or incredibly anxious, which would mean I couldn't do what I want to do with my life, such as continue my education and make a difference in the world. I think I'll ruin relationships by over-sharing and expecting too much of people, and becoming dependent on them. I'll be a burden I will repel people, and I won't have satisfying relationships. If I'm over-emotional I can't be the person who takes care of others, because they will be taking care of me as the weak one. It's the only way I've learned to live now, and even though I've been able to rationally let go of it, the practice of completely erasing it from my life just feels less beneficial than keeping it. There is no guarantee that all of this won't come true just as stated. Even thinking these thoughts may make them more likely to come true. At least if I keep the ED, then I'm working towards being attractive, so even though I may never get there, I'm trying and that's what counts. There is no way to know if I actually get to my weight, if I will ever have a chance at being attractive. I'm too afraid, maybe I just can't do it or lack the motivation to. What if I always will? Maybe I'm the most treatment-resistant person in the world. Even though I don't plan to engage in behaviors, I worry that it's just too second nature now and will impossible to give up. It's just beyond me. I won't have certainty that any of the above won't come true if I get well. There are just no guarantees in life.