

Anxiety Experts of
Santa Barbara



**Why Most
Therapists Make
Anxiety Disorders
Worse...**

**And What To Do
Instead**

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Why therapists often worsen anxiety:

- ▶ They believe it is their job to provide reassurance...
 - This supports the illusion of safety and certainty; no one can have either
 - Reassurance grows anxiety, because there is never enough

Why therapists often worsen anxiety:

- ▶ They collude with the notion of getting rid of anxiety
 - All efforts to get rid of anxiety grow it
 - This is because efforts to brace against or distract from anxiety tell the body and mind that the anxiety is dangerous and can't be tolerated

Why therapists often worsen anxiety:

- ▶ They believe the three lies that go with anxiety...

Lie #1...anxiety is dangerous (no amount of anxiety is harmful)

Lie #2...anxiety will keep rising forever (anxiety is always temporary and harmless)

Lie#3...anxiety may drive me crazy (anxiety cannot make anyone lose their mind)

Why therapists often worsen anxiety:

- ▶ They believe in the notion of stopping thoughts
 - All efforts to stop thoughts increase their frequency and intensity
 - Thought stopping was a pop psychological theory that was debunked in the literature decades ago
 - What ever you resist will persist
 - If we tell the mind that certain thoughts are dangerous by paying more attention to them or doing something about them, the mind will decide they are very important and produce more of them

Why therapists often worsen anxiety:

- ▶ They get stuck on possible root causes
 - Decades of research have shown this is not helpful (rabbit hole)
 - It is impossible to know the root cause of anything
 - People spend years in therapy looking for “underlying issues” and make zero behavior change because they never expose themselves to what they fear
 - In the treatment of anxiety, the **CONTENT** of the thoughts is irrelevant, as anxiety can get stuck on anything; there is no meaning to it, or at least not one we can count on

Why therapists often worsen anxiety:

- ▶ They are not trained in the number one treatment for anxiety- a type of CBT called Exposure With Response Prevention (ERP)
 - The “Exposure” part of ERP involves exposing the patient to situations or thoughts/images that produce anxiety
 - The “Response Prevention” part of ERP involves preventing the usual safety behaviors the patient uses to try and prevent a feared outcome

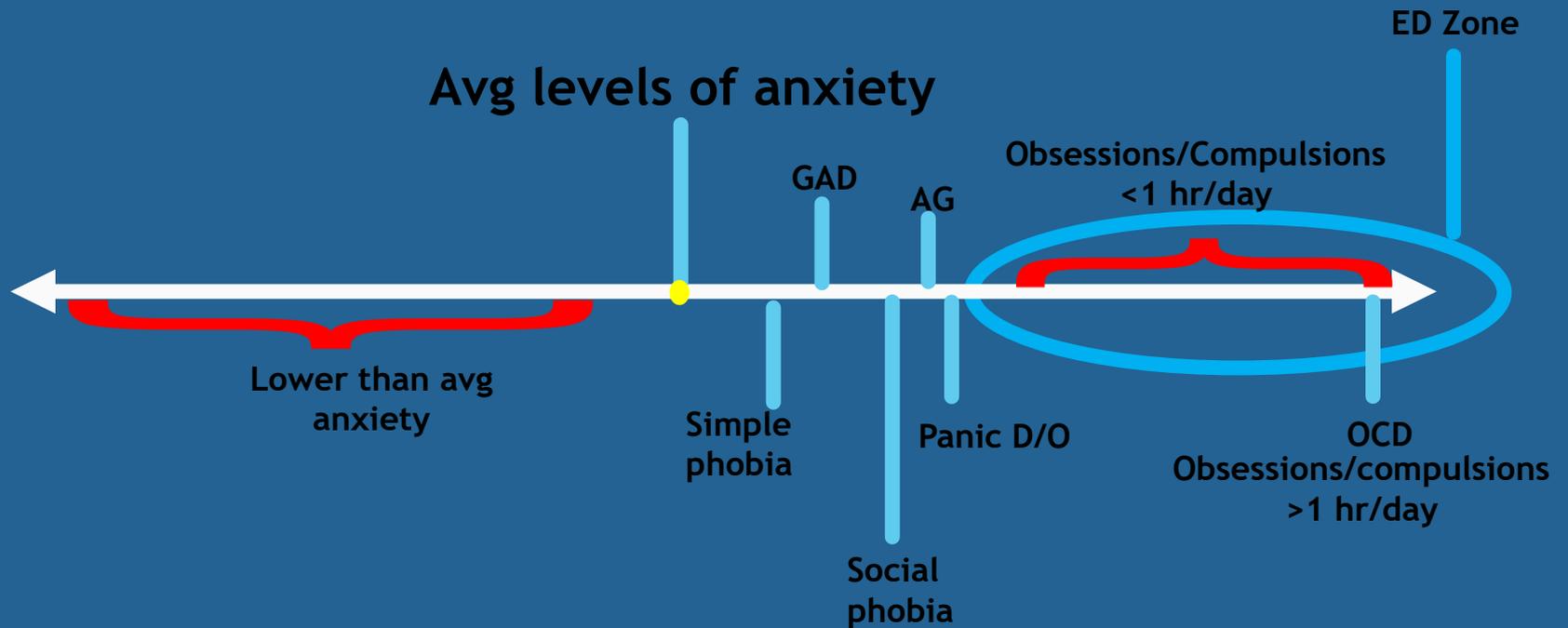
What to do instead:

- ▶ Exposure With Response Prevention (ERP) Therapy (workshops available through the International OCD Foundation at iocdf.org)
- ▶ Most common thing we treat in mental health is anxiety; we should be experts in it
- ▶ Read the Bible on treating anxiety....Jonathan Abramowitz' Exposure Therapy for Anxiety (2012)
- ▶ Exposure therapy is the number one treatment for anxiety
- ▶ Using ERP, you will treat the entire anxiety spectrum, from simple phobias to OCD
- ▶ Anxiety is the MAIN symptom underlying the SUD; most addicts use substances to turn off their anxiety-producing thoughts or diminish the body sensations of anxiety

What is anxiety?

- Anticipation of future threat, it's about what **MIGHT** happen
- Not the same as fear, which is about actual threat
- A normal state, **EVERYONE** has anxiety (it becomes a disorder when it interferes with your life)
- Not dangerous
- Not the same as stress
- It **FEELS** very uncomfortable (“I need to escape/leave, or I need my pot, alcohol, benzo”)

Kulberg Anxiety Continuum © 2018



Normal body sensations of anxiety:

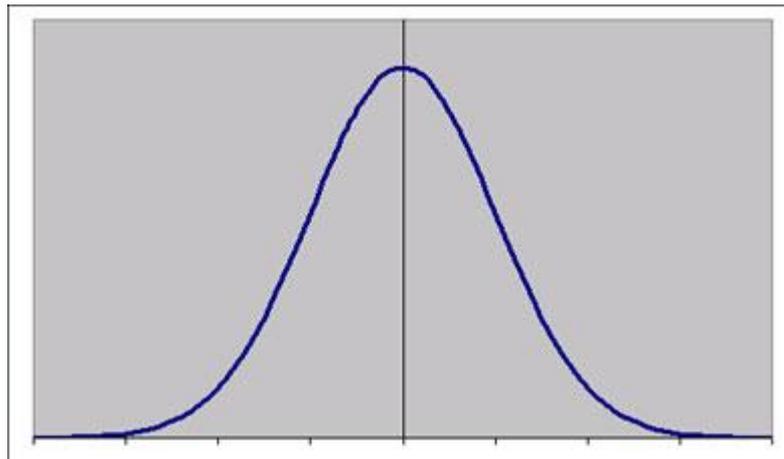
- ▶ nausea/stomach ache/diarrhea
- ▶ racing heart
- ▶ sweating, hot/cold sensations
- ▶ difficulty breathing/choking sensation
- ▶ trembling/shaking
- ▶ tearfulness
- ▶ numbness or tingling in extremities
- ▶ feelings of unreality/detachment
- ▶ fear of dying
- ▶ fear of losing control/losing mind
- ▶ fear the feeling will never end

...PANIC=catastrophic interpretation of these normal sensations
(followed quickly by “I MUST have my substance to cope”)

GOOD NEWS!!

Anxiety has a beginning, a peak,
and a downward slope!

Always temporary and harmless!



Anxiety lives on three things:

- ▶ Avoidance
- ▶ Reassurance-seeking
- ▶ Compulsions/Rituals

....Collectively called “safety behaviors”,
because they create the ILLUSION of safety
or certainty

How the Anxiety Cycle Works:



The solution...

**DON'T
FEED
THE
MONSTER!**



How does ERP treatment look? (see my other 2018 C4 webinar)

FIRST- teach didactic information about anxiety

NEXT- slowly, hierarchically, STOP the three safety behaviors

- ▶ Avoidance (leaving situations, isolation, using substances)
- ▶ Reassurance-seeking (asking others if one will be safe or be sure about something; looking up things on Internet; visiting health practitioners)
- ▶ Compulsions (checking, counting, repeating, mental review of events or efforts to get a sure answer about something)
- ▶ MOST clients are resistant to stopping safety behaviors; children & adolescents need to be incentivized to stop these behaviors; anxious people are HELP REJECTING, believing the lie that their anxiety is harmful and spending their lives trying to avoid discomfort at all costs

When the didactic part of ERP, help client understand that you are NOT trying to get RID of anxiety (no one can have that):

- ▶ Why not? Because efforts to get rid of anxiety GROW it
- ▶ This is because we are telling the body and mind that a normal emotional state is dangerous
- ▶ This sends off more alarms in the body that anxiety is can't be handled and panic sets in
- ▶ Any efforts to stop uncomfortable thoughts increase their number and intensity
- ▶ The truth is that the body is designed to handle intense anxiety, including repeated panic attacks
- ▶ SO, you will teach your clients to embrace the body sensations of anxiety while they go on with their day, with whatever is meaningful to them in that moment

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

Involve the family:

- Teach parents and other caregivers, teachers, coaches NOT to accommodate the anxiety
- And....NOT to provide reassurance

Accommodation pitfalls involve decreasing a loved one's emotional distress by...

- yielding to his/her demands (pleasing to avoid a reaction)
- facilitating avoidance behaviors (people, places, objects) or rituals (buying extra cleaning products or special foods)
- assisting with or completing tasks the loved one can complete her/himself
- decreasing the loved one's responsibilities (at home, school, socially)
- verbal reassurance that nothing bad will happen
- physically touching a loved one when they are distressed

Instead of Accommodating:

- ▶ Empathize (“I see you are anxious” or “this will be very uncomfortable” or “looks like this is hard for you”)
- ▶ RESIST PROVIDING VERBAL REASSURANCE (instead say...)
 - ▶ “maybe, maybe not, we can’t be sure”
 - ▶ “there are no guarantees in life”
 - ▶ “there is no way to predict the future...no one has a crystal ball”
 - ▶ “we’ll just have to go ahead and go to _____ and see how it turns out”

Great books for therapists and families:

- ▶ **Freeing Your Child from Anxiety, Revised and Updated Edition: Practical Strategies to Overcome Fears, Worries, and Phobias and Be Prepared for Life--from Toddlers to Teens** (by Tamar Chansky)
- ▶ **Freedom from Obsessive Compulsive Disorder: A Personalized Recovery Program for Living with Uncertainty**, (by Jonathan Grayson)
- ▶ **When a Family Member Has OCD** (by Jonathan Hershfield)
- ▶ Also for OCD information and treatment providers visit iocdf.org