

Practical Strategies for the Treatment of the Anxiety Disorders, OCD and Insomnia

by Jennifer L. Abel, Ph.D.



My Definition of Worry

- Worry: Thoughts that cause anxiety or prevent relaxation that are not productive.
- Problem solving and planning are not worry. While they may cause some anxiety, anxiety is not necessary in order to find solutions and motivate.

Worry: A Few Facts

- Only about 5% of people say they don't worry...
- Most "healthy" people worry about 5-10%
- Those meeting GAD criteria worry about 50%
- GAD - 2 to 1, women to men
- Shown to be 60% anxiety, 40% depression (Andrews and Borkovec, 1988)

Worry: A few Facts

Five Reasons People Worry:

1. Attempt to decrease bad things/increase good.
2. Superstitious
3. Coping
4. Guilt/Caring
5. Contrast Avoidance (Newman et al., 2019)

Generalized Anxiety Disorder (GAD) DSM V - 300.02 (F41.1)

1. At least 6 months of excessive worry and anxiety more days than not.
2. Difficulty controlling the anxiety and worry
3. At least 3 of the following 6 symptoms present; some occurring more days than not:

3 or more symptoms, some more days than not.

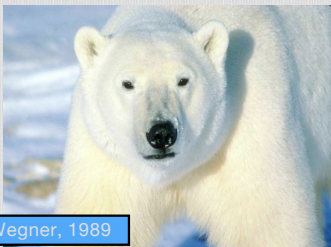
- Restlessness or feeling keyed up or on edge
- Easily fatigued
- Difficulty concentrating
- Irritability
- Muscle tension
- Sleep disturbance

The Importance of treating Worry/GAD

- Worry is Transdiagnostic.
- One of the most common comorbid conditions among other anxiety disorders and mood disorders (Brown and Barlow, 1992).
- Other anxiety disorders and mood disorders appear to emerge from GAD.
- Related to significant health problems.
- Predictive of developing Coronary Artery Disease 3 yrs later (Liu et al., 2019) and improvement protective.

Importance of treating GAD

- Irritable Bowel Syndrome (Lee et al., 2009)
 - IBS 5X more likely to have GAD than non IBS.
 - GAD 4.7X more likely to have IBS than non GAD.
- Comorbid conditions remit when GAD is treated (Borkovec, Abel, and Newman, 1995).
- Meta-Analyses on CBT targeting GAD is as effective for depression as treatment targeting it (Cuijpers et al., 2014).



Wegner, 1989

White bear research

If you don't want it,
you will (Hayes)

Fighting Anxiety Fuels It!

●SIX SOLUTIONS:

1. Moving toward relaxation vs. resisting anxiety
2. Process (States) vs. Command
3. Postpone Worry
4. Mindfulness & Mindful Acceptance
5. Problem Solving
6. Cognitive Therapy



Moving towards relaxation vs. Resisting Anxiety



- OLD - Let go of your thoughts, push the thoughts out of your mind, clear your mind.
- NEW - Gently shifting your attention to the surfaces beneath you, noticing what you hear

PROCESS vs. Command

- OLD - Let go, shift your attention to the sounds that you hear, notice the surfaces beneath you, relax.
- NEW - Letting go by gently shifting your attention to the sounds you hear, noticing the surfaces beneath you, relaxing.

Postpone Worries

STEPS in postponing worries:

1. Make a decision to postpone the worry.
2. Decide on a time to problem solve.
3. Use a coping strategy or two
4. Follow through with problem solving at that time.

Mindfulness as Acceptance

A Personal History

1. Charley Horse
 2. Awareness Cures, Trying Fails - Eloise Ristad
 3. Penn State - Borkovec - Bees, Fingertrap
 4. Going to Pieces Without Falling Apart - Epstein and the case of "Jane."
- Observing anxiety, allowing it to be there, and accepting it rather than fighting it.***

Mindful Acceptance - Use of Metaphor



Presenting this metaphor resulted in greater reductions in avoidance, anxiety symptoms, and anxious thoughts than breathing retraining! (Eifert and Heffner 2003)

More Metaphors

- BEES
- CHARLEY HORSE
- ANTAGONISTIC SIBLING
- UNDERTOW
- HARRY POTTER: The Devil's Snare

Observation vs. Acceptance

- Difference in Observation and Acceptance
- Observation of Physical Sensations
- Observation of Emotion
- Why Observation First
- Observation of Thought

Labeling

- THOUGHTS (Abel, 2010)
 - New/Repeat - Demonstration
 - Useful/Useless/Neutral
 - Wanted/Unwanted
 - Past/Present/Future
 - Be creative!
- EMOTIONS/Physical Sensations (Abel, 2014)

MINDFULNESS: AS RELAXATION

Socratic Hook - What do you enjoy doing that you find relaxing?

- When you're _____ are you in.....
- ☐ Past
- ☒ Present
- ☐ Future

MINDFULNESS

- When you are most productive at work or at peak performance in anything you do, are you mostly in the....
- ☐ Past
- ☒ Present
- ☐ Future
- All worry is about the future - so if we are in the present we are free from worry.

Mindfulness as Relaxation

- I. Passive/Quiet Relaxation
 - A. As is (internal vs. external) other ways like wheel
 - B. Add Stimulation
 1. Sitting outside
 2. Adding candles or incense
 3. Instrumental, Music, favorite beverage (coffee, wine),

Mindfulness as Relaxation

- II. Active Relaxation/Mindfulness
 - A. Walk - way to combine with exercise
 - B. Shower
 - C. Dishes
 - D. Yard-work
 - E. No matter where you are or what you're doing!
 - ☐ Focusing on your senses "like a baby would."
 - ☐ 1, 2, or drifting between the senses demonstration.

Labeling Game

When active mindfulness doesn't work due to persistent thoughts, label experiences as a bridge to enjoying the moment without labels.

1. Expect that thoughts will interfere.
2. When they do, "tasting" them and gently shifting toward the present - Remember the White Bear!
3. Labeling experiences as needed.

Mindfulness as Relaxation

BREATHING

1. "Letting go" of what you've heard about how to breathe. Instead, just observing your breathing.
2. Feeling the air coming in and out of your nose, noticing if the air you breathe in is cooler....feeling the air expanding and relaxing your lungs. Noticing the sound, quiet pauses...
3. Thinking the word "peace" as you breathe in, "calm"....
4. Visualizing a cool color as you breathe in, a warm color as you breathe out.

Mindfulness as Relaxation

BREATHING-Ocean

5. Noticing the sound of your breathing
6. Noticing your breathing sounds like waves on the ocean...
 - Visualizing the waves rolling in as you breathe in....
 - Noticing the time of day. Imagining everything you see, hear, feel, and smell (taste).

Fighting Anxiety Fuels It!

INVITE IT, DON'T FIGHT IT

AWARENESS CURES, TRYING FAILS

OBSERVING AND ACCEPTING

TRY SOFTER NOT HARDER

Worry Spiral

● Worry and Anxiety occur in a spiral of interactions between:

- Thoughts
- Images
- Physical sensations
- Emotions, and
- Behaviors



Worry Spiral

- What we think affects how we feel, what we feel affects how we behave, how we behave affects us physically, etc.
- Not everyone experiences all 5.
- They follow a similar course each time and spiral out of control
- The habit is strengthened or maintained each time they occur.

Example of a Worry Spiral





Nip anxiety in the bud!

A stitch in time, saves nine

An Ounce of Prevention is worth a pound of cure



THREE ADVANTAGES

1. Catch it when it's weakest.
2. Prevent it from being strengthened in memory, thereby weakening it.
3. A new habit is strengthened.

Example of Early Cue Detection

- Without catching it early
 - Seems late, worry he has been in an accident, worry about caring for children without him, pacing, fear, irritability, heart pounding, pit in stomach, tension in neck and shoulders, images of wrecked car and him in the hospital.
- Catching it early by putting a sticky-note on the clock
 - Seems late, tension in neck and shoulders.

Reminders to Catch Spirals Early and Prevent Them

General

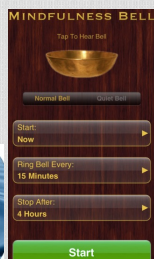
1. Something experienced frequently
2. Places or events associated with stress
3. Recognition of early symptoms of spiral

Specific Reminders

1. Sticky notes
2. Rubber-band or hair band
 1. wrist
 2. water bottle or mug
 3. smart phone, etc.
3. Change wallpaper on phone, computer, tablet
4. Change sounds - text tones, ring tones, e-mail alert

Specific Reminders

5. Name called - actual name, "mom," "honey," "%^&\$"
6. People who typically cause stress.
7. Nervous Habits
8. APPS -



Sticky Notes

1. Teachers
2. Parents
3. Change colors
4. Change spots slightly (change other reminders too!)
5. Draw Something on them?

Calm

Anxiety Caught Early What now?

- Any coping strategies you use.
- Relaxation Strategies (e.g. differential relaxation, mindfulness, breathing)
- Observation and Acceptance Strategies
- Cognitive Strategies
- Behavioral Strategies (e.g., problem solving)



Self-Control
Desensitization (SCD)

- A way to practice catching anxiety early and weakening the spiral habit in session.
- Typically a weakening of the spiral will be observed within minutes.

SCD, How to:

1. Rationale and instruction to the client...
2. Guided relaxation of any kind
3. Introduce:
 - worry
 - image
 - physical sensations of anxiety
 - combination

SCD How to:(cont'd)

4. Once their finger goes up...
5. Utilize:
 - observation/acceptance
 - relaxation patter
 - cognitive therapy
 - combination
6. Once their finger goes down, repeat steps 3-4

SCD

- Helps to assess what works.
- Begin by guiding relaxation once their finger goes up.
 - Next - "letting go on your own"
 - Home practice
- Demonstration

In Session SCD

- Begin the session with relaxation
- Hold up a sticky note periodically throughout the rest of the session
- Encourage client to avoid stopping
- Utilize a variety of simple techniques
- Assess which works best
- Give the client 10-15 of those stickies
- Demonstration

active relaxation (applied Relaxation)

- Rethinking of meditation, mindfulness, and relaxation.
- OLD: Quiet Relaxation - eyes closed, being still. (Keep doing) And when anxious.
- NEW: Active Relaxation - Several times throughout the day - taking no time to maintain relaxation and prevent spirals.
- As well as purposeful active relaxation practice.

active relaxation examples

- Walking and all exercise
- Household chores
- In a Meeting
- Talking
- Working
- Waiting - red light, doctor's office, friend, in line
- All day - regardless of what one is doing.

Cognitive Therapy



Mom! Can I ride
my bike with my
friends?



I'm afraid you'll get
hurt?

OLD Way Not Believable

- I'm sure he'll be fine.
- WHY won't that be helpful?
- Not believable, b/c it is NOT true!


OLD Way Too Complex!

1. What's the thought?
I'm afraid he'll get hurt or even get killed.
2. What's the Thought Style? Catastrophizing
3. What's the antidote?
Determine the likelihood that your thought will come true.
4. Construct a new thought.
"There's less than a 5% chance he'll get hurt."

B³Better But Believable
Thoughts (Abel, 2010)● **B3's ARE:**

- Simple, yet...
- Effective
- Catchy
- Pragmatic

B³
**What if he
 get's hurt?**

- There's a better than 99% chance he'll be fine. 
- Simple technique to do on the fly...
- Except for persistent worries or when a client is very distressed:
 1. separately brainstorm B3s
 2. They read all B3s
 3. You read all B3s aloud as client rates 0-10 on helpfulness
 4. choose 2-4 to memorize, etc.

The 4 "SHOULDs"

1. I SHOULD!
2. I NEED TO!
3. I HAVE TO!
4. I MUST!

Finding "The Want"
(abel, 2010)



I Need to Clean the Toilet!

Finding "The Want"



I *Want* the Toilet to be Clean!

I *Could...*

Humor With Worry

- Think of something funny that happened to you or someone you know.
- Think of something funny you saw on TV, in a movie, TikTok, YouTube.
- Take your worry to a humorous extreme, with select clients.

Real Example - Using Humor and a B3

- Alicia is *really* mad at me. She's never going to forgive me. She's going to divorce me. We'll fight for custody of Chelsea and it'll really mess her up. We'll lose all of our savings to lawyers and wind up in debt. I'll be lonely and depressed forever. B3...
- She's probably just very tired.

Cognitive - Socratic Approach

- What do you think the likelihood is that you'll make a mistake?
- If you make a mistake, what's the worst thing that will happen.
- When will it no longer matter?
- If it won't matter in a week, a month, or even next year, why should it matter now?
- How often do things turn out as bad as you fear?

Worry and Golf

- **GOLF** - bad shot, okay shot, bad shot, okay shot, okay shot, **great shot**, okay shot, bad shot.
- **WORRY STREAM** - worry, worry, worry, worry, worry, **good idea**, worry worry, worry.
- **BOTH** are intermittent reinforcement. These habits are the most difficult to extinguish.

Worry Interferes with Problem Solving

- Worriers tend to think myopically. Difficult to see alternatives.
- Dugas et. al 1995 - People with GAD have just as good of problem solving skills as those who don't worry excessively.
- But, when they feel anxious they don't problem solve as well. Ironic.

Four Ways to Problem Solve

1. What can I do about this?
2. Awareness Cures Trying Fails - Observe thoughts and label as Useful or Useless.
3. Get deeply relaxed and observe the problem.
4. Brainstorm possible solutions including others' ideas - without judgment or feasibility.
5. Postpone Worries and Problem Solve
 1. As previously discussed
 2. Problem Solving Sheet...

Problem Solving Sheet (Abel, 2014)

What I'm worried about...	What am I gonna do about it before bed?
(Write Worry Here)	1. Something 2. Nothing 3. Plan Something

Problem Solving Sheet (Abel, 2014)

What I'm worried about...	What am I gonna do about it before bed?
saying too much and offending Barbara	Nothing
Application	I'll do it this evening.
Cleaning the House	I'll clean it Saturday

Problem Solving Sheet with B3s (Abel, 2014)

What I'm worried about	What I'm going to do about it before...	B ₃
My Interview	1. practice 2. come up w/?s	Worst case: It will be good practice.
I'm afraid I'll get nervous and blow it	I'll use my relaxation skills	It's normal to get nervous in interviews
	Put the address in my GPS	Things usually turn out better than I fear.

CATASTROPHIZING/ FEAR OF UNCERTAINTY

- What if catastrophe strikes? Focus of worry/panic.
- False sense of control - point out the fact that the worry will not change the outcome.
- Point out the ways in which compulsions or worry make that specific individual more out of control.
- Imagine you're in your 90's with your spouse and look back on all the wasted energy.

CATASTROPHIZING/ FEAR OF UNCERTAINTY

- Note Futility - will worry help you to change it? If feared thing happens will you be glad you worried? If so is it worth it?
- Postpone the worry to:
 - to IF it happens
 - Scheduled worry: daily, 3X/wk, 1/wk?
- Alternate reality - when you worry it will happen it becomes your alternate reality and you feel as if it were happening. Artificial Reality, Fiction

Superstitious Beliefs

- Socratic Method: Can you explain how your worrying can change events?
- What is the evidence?
- Behavioral Experiment - See if reducing worry by applying the strategies leads to worse outcomes.

Worry Outcome diary

WORRY	Reality - description	Outcome Rating	If 3 or above How Handled

Rating
 1 = Much better than feared
 2 = Better than feared
 3 = About the same as feared
 4 = Worse than feared
 5 = Much worse than feared.

Empirical Data using similar diaries with clients with GAD, indicate that worried-about outcomes rarely happen and when they do, clients handle them much better than they think they will (Borkovec, Hazlett-Stevens, Diaz, 1999)

PERFEKTIONISM

- What are the pros and cons of your perfectionism?
- Close your eyes and imagine what your life would be like if you were 20%, 30% less perfectionistic, what are you afraid you'd lose and what do you think you would gain?
- Identify the origins of the behavior and heal it.

How is perfectionism making your life less perfect?

PERFEKTIONISM

- In the moment - productivity
- Death Bed Inquiry
- Correlation between Success and Failure (Failure is temporary)

WHAT IS SUCCESS? FINDING BALANCE

- Pam Houston (2000) ...[My first notion of success, came from my parents and involved country clubs, clothing, and cars. As I became an adult I replaced that list with a list of my own, no less arbitrary: a Ph.D., a book of short stories, a place on a best-seller list, a film. But now I am coming to the understanding that success has less to do with the accumulation of things and more to do with an accumulation of moments, and that creating a successful life might be as simple as determining which moments are the most valuable, and seeing how many of those I can string together in a line.
- Bob Jones vs. Bob Smith
- Redefine Success - Goal is to have a successful life rather than being a success in one's career, etc.

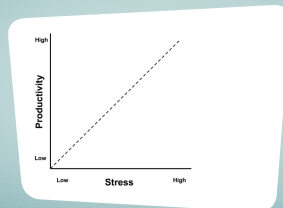
PERFEKTIONISM



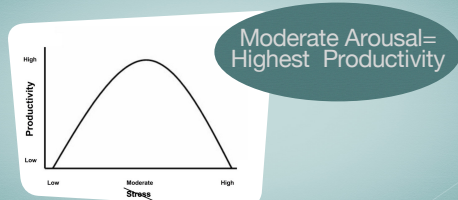
Avoid negative reinforcement

- Limit time or number of times editing, preparing, etc.
- Get comfortable with "good enough"
- Determine what does need to be perfect and what doesn't need to be perfect.
- Schedule "no work" times (e.g. date night, Sundays, no work after 8) Instead of waiting until finished to play.

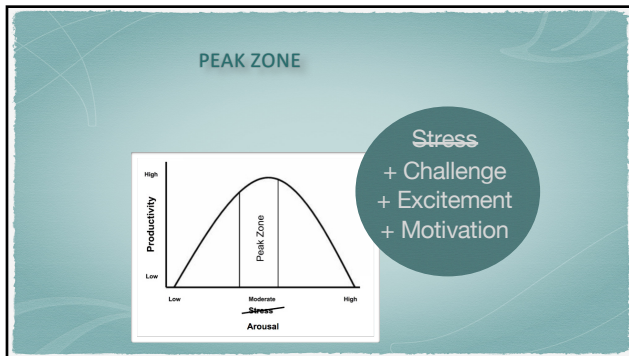
MYTH ABOUT STRESS AND PRODUCTIVITY



THE REALITY.....



THE YERKES-DODSON LAW
(YERKES AND DODSON, 1908)



SUBJUGATION

People Pleasing (co-dependent)

- Puts others' needs ahead of their own.
- Feels guilty when putting themselves first.
- Worries about others and letting others down.
- Defines Identity: "I'm a good person because I do so much for other people."
- Chosen occupations

SUBJUGATION

- Fear of guilt is negatively reinforced. Instead...
- face the feeling of guilt. Typically people feel more empowered than guilty in the end.
- Learn assertive refusal skills
- Practice asking for help
- Role play

SUBJUGATION

- Distance from "one-sided" relationships
- "Want to" vs. "Should" - Avoid allowing guilt and fear to be the motivation for helping.
- Behavioral Experiments - easier to say no and change your mind than reverse.
- Identify the origins of the behavior AND heal it.

Progressive Relaxation

- Systematically tensing and relaxing muscles
- Background:
 1. Invented by Russian physiologist Edmund Jacobson in 1930s
 2. Wolpe, 1950s perfected it - making it about 20 min vs. 2 hrs.
 3. Bernstein and Borkovec (1973) further perfected it and developed the manual.
- Rationale: lowers our adaptation level (the amount of tension we use to get through the day) leading to several salubrious effects

Progressive Relaxation

- Benefits of PMR:
 - Tension Headaches
 - Blood Pressure
 - Insomnia
 - Fatigue (anecdotal) - Energy Conservation
 - Sexual Satisfaction
 - Chronic Pain

Progressive Relaxation

- Week one - 16 muscle groups
 1. Background and rationale and get comfortable — 3-5min
 2. Demonstrate 16 muscle groups - 5-8 min
 3. Do the procedure - 30-40 min
 4. Discuss any problems - usually are none. Rare to take 5 min
 5. Gather info - what helped, what didn't, how do your muscles feel? 2-3 min
 6. Provide instructions for home practice and check that they remember all of the muscle groups - 2-3 min

Present Background & Rationale

- Provide the Background from Jacobson, to Wolpe, to Bernstein and Borkovec.
- Rationale:
 1. Lower adaptation level leading to...
 2. all of the benefits in previous slide
 3. highlighting those that apply to that specific client.
 4. We will tense and release 16 different muscle groups in the body.

Pre-Training

- Wear comfortable cloths (session beforehand)
- Use the restroom beforehand
- Low lights
- Recliner, Couch etc.
 1. Head and neck is supported.
 2. Clients are not having to hold up their arms etc.
 3. Best if supine or partially supine

Pre-Training

- When tensing
 1. do not tense as hard as you can,
 2. should never cause pain,
 3. will do each group at least twice,
 4. focusing your attention on the muscle group
 5. isolating that muscle group.

Why Tense???

Three reasons why we tense the muscles first:

1. Momentum leads to deeper relaxation
2. Become keenly aware of the difference between tension and relaxation
3. Practice letting go of tension.

Progressive Relaxation IS A Skill

- It is not magic and it is not hypnotism
- You have control and will be tensing and relaxing your own muscles
- Like any other skill
 - It takes time to develop it and master it about 2 weeks
 - You will be able to take short-cuts eventually
 - So there is a bigger time commitment early on, lessening with time.

Pre-Training 16 muscle groups

1. Dominant Forearm: Make a fist tensing your forearm
2. Dominant Upper Arm: Press your elbow down into the surface
3. Non-Dominant Forearm
4. Non-Dominant Upper Arm
5. Forehead: Raise your eyebrows as if surprised in a dream
6. Mid Face: Scrunch eyes, nose, cheeks.

16 muscle groups (cont'd)

7. Jaw and Mouth/Lower Face: big fake smile, drawing corners of mouth far apart, lightly press teeth together, tongue to roof.
8. Neck: Counterpose front and back as if a tug of war.
9. Upper Torso: Take a deep breath high into the lungs while pulling shoulder blades together. *Add breathing cues.*
10. Abdomen: "make your stomach hard - as if you were going to hit yourself in the stomach"

16 muscle groups (cont'd)

11. Dominant Upper Leg: Counterpose the muscles on top with this on the bottom. OR Up and toward yourself.
12. Dominant Lower Leg - Pull your toes toward your head (cramps?)
13. Dominant Foot - point the toes, curl them under, turn inward (cramps?)
14. Non-Dominant Upper Leg
15. Non-Dominant Lower Leg
16. Non-Dominant Foot

Progressive Relaxation

1. Advantage to avoiding any unnecessary muscle movements
2. and an advantage to not talking, so we will....
3. communicate via finger signals....
4. Wait until I say "tense those muscles **now**" (command ok when tensing - use process words or states while relaxing)
5. Relaxing or Releasing
6. Any questions?
7. Commence "closing your eyes ---" (example of patter)

Progressive Relaxation

1. Tense for 5-7 seconds
2. Relaxing for 30-40 sec first time; 45-60 sec the sec time.
3. After second time "signal if those muscles are completely relaxed" and then "signal if those muscles are as relaxed as (name previous muscle group OR with non-dominant limbs and foot the dominant counterpart)

Progressive Relaxation Patter

- Dilemma of Hypnotic Suggestions
- Bernstein and Borkovec suggest "no" WHY?
 1. If their experience is different may be disturbing (e.g.)
 2. May worry they are giving up control and increase anxiety
- With some clients may improve the experience

Progressive Relaxation Patter

1. Making no effort
2. Noticing the difference between how those muscles feel now as compared to before
3. Visualizing the muscles.....
 1. unwinding
 2. smoothing out
 3. releasing

Progressive Relaxation Patter

4. Feeling the muscles...
 1. softening
 2. unwinding
 3. smoothing out
 4. releasing
 5. draining
 6. loosening
5. Doing the Opposite of Tensing (of what you had been doing)
6. Feeling or visualizing the tension draining into the surfaces

Progressive Relaxation Patter

7. Nothing to do except
 1. noticing the difference
 2. enjoying how the relaxation feels
 3. observing how the relaxation feels
 4. getting acquainted with how the relaxation feels
8. Noticing that just by focusing on these muscles they feel more relaxed, softer, smoother, etc.
9. Cotton Balls Imagery (eyes, eyeball, jaw, vertebrae, joints)

Progressive Relaxation Patter

10. Tense and release with the client to help
 1. sound tensor during the tension cycle
 2. softer and gentler during the relaxation cycle
 3. get slower with the relaxation portion over time OR do purposefully
11. With each exhalation noticing the difference. Allowing the relaxation to deepen with each exhalation.
12. Heavy and warm if the client suffers from migraines.

Alternative Tensing Strategies

- Forearms: Bend the wrist forward, stretch out fingers (ja), isometric is always okay or anyway the client wants to tense.
- Upper Arms: Press your elbow down and into the side. If necessary bend elbow too.
- Forehead: Furrow brow as if confused.
- Neck: Head against the chair/pillow; turn head as if looking over your shoulder on either side, allow a brief pause between sides (ja).

Alternative Tensing Strategies

- Upper Torso: Shoulder shrug - or strings; add down (ja), crossover arms in front (ja).
- Stomach: pull in or push out (cute guy at the beach - ja)
- Upper leg: up and toward one's self (ja)*
- Lower leg: point the toes away from the body
- Foot: curl toes back(ja)

Progressive Relaxation - Debrief and Take Notes

1. General - How do you feel? How do your muscles feel?
2. Was there anything at all that was unpleasant about your experience?
3. What words would you use to describe HOW your muscles feel?
4. Problems a) based on need for alternative strategies (combo or alternative best), b) other
5. Heavy, light, or combination

Progressive Relaxation - Debrief and Take Notes

5. What did I say that you....a) didn't like or b) found to be particularly conducive to relaxation.
6. Encourage client to apply this info with home practice.
7. Does client remember the muscle groups?
8. Practice twice daily.
9. Not an aspirin or sleeping pill - works more like an anti-depressant
10. If completely relaxed after first time - no need to tense twice.

Differential Relaxation

- Week two: Review problems/questions
- Teach Differential Relaxation: Lowering adaptation level by using the minimum tension needed in daily activities.
- Demonstration
 1. Sit
 2. Stand
 3. Walk - normal, then fast
 4. Push up or plank pose
 5. Everything - writing, computer, driving, sports, performance arts.

7 Group Muscle Relaxation

Week three: Teach 7 muscle group*

- Show muscle groups which involves combining groups:
 1. dominant forearm and upper arm.
 2. non-dominant forearm and upper arm.
 3. 3 parts of face, furrow brow instead of raising eyebrows
 4. Neck stands alone still

7 Group Muscle Relaxation

5. Upper torso and stomach.
 6. Upper dominant leg, lower leg, foot.
 7. Upper non-dominant leg, lower leg, foot.
- Incorporate information learned after 16 group on what helped and what didn't.
 - Consider recording while doing 7 group.

Progressive Relaxation

- Week five: Four muscle group
 1. Both Arms
 2. Face and Neck
 3. Torso (same as 7 group)
 4. Both Legs
- Week six: Recall - Use 4 group.
 1. Noticing where you feel tension, holding onto that tension, evening increasing it without actually tightening those muscles.
 2. Recalling how those muscles feel when they're most deeply relaxed. Allowing the muscles to feel that way now.

Progressive Relaxation Bernstein and Borkovec

PROCEDURE	WEEK
16 MUSCLE GROUP	1-3
7 MUSCLE GROUP	4-5
4 MUSCLE GROUP	6-7
4 MUSCLE GROUP RECALL	8
RECALL AND COUNTING/COUNTING	9/10
DIFFERENTIAL	11

Progressive Relaxation Abel

PROCEDURE	WEEK
16 MUSCLE GROUP (COUNTING)	1-2
DIFFERENTIAL	2
7 MUSCLE GROUP	3-4
4 MUSCLE GROUP	5 OR 6*
4 MUSCLE GROUP RECALL	5, 6, OR 7*
TIN MAN TO SCARECROW	ANYTIME

Muscle Relaxation

- Socratic/awareness approach (at least 4 choices)
- Sticky note with a ?
- Sponge imagery



Research with Worry

- Cognitive therapy and relaxation therapy are only somewhat effective in treating worry. Only slightly better than talk therapy. Until....
- Borkovec and Costello (1993) discovered the importance of catching anxiety early and invented Applied Relaxation and Self-Control Desensitization for GAD.

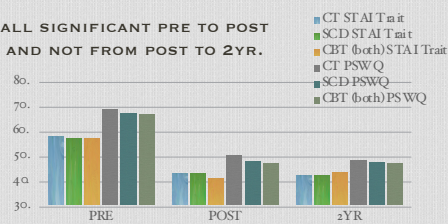
The Clinical Research

BORKOVEC, NEWMAN, PINCUS, & LYTLE (2002)

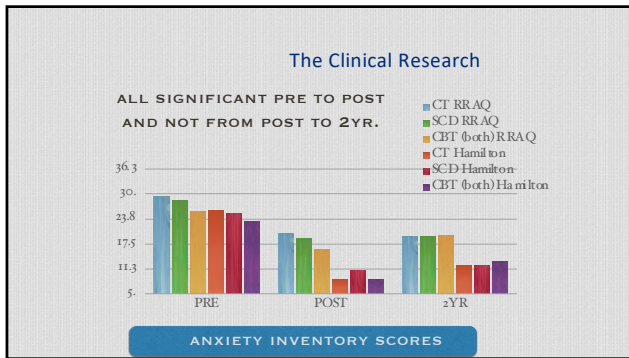
- 69 clients with a principal dx of GAD
- 14 sessions - first four 2 hours, remaining 90min.(23hrs)
- Early Cue Detection combined with either
 1. Applied Relaxation and Self-Control Desensitization
 2. Cognitive Therapy
 3. Both

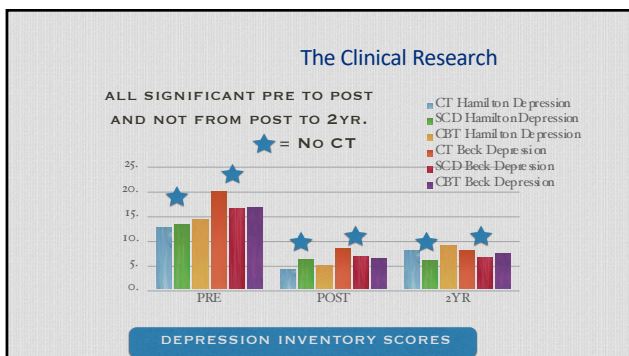
The Clinical Research

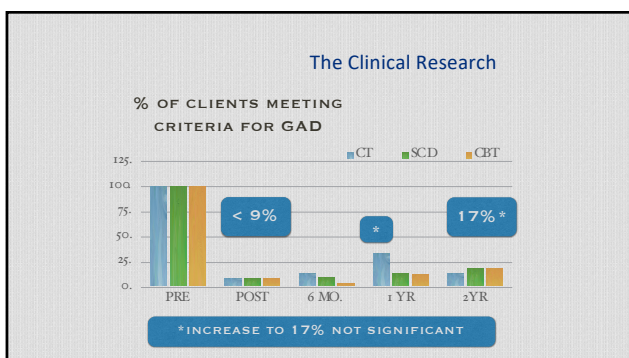
ALL SIGNIFICANT PRE TO POST
AND NOT FROM POST TO 2YR.



ANXIETY INVENTORY SCORES







Therapy vs. Medication

1. Meta-analysis of 79 randomized control trials totaling 11,002 participants with GAD (Carl et al., 2020).
2. Psychotherapy effect size of .76 vs only .38 for medication (EXACTLY twice as high).
3. Both showed a moderate effect on Major Depressive: .64 effect for psychotherapy and .59 for medication.
4. Younger age was associated with a larger effect size for psychotherapy ($p < 0.05$)

Review - Worry

- TWO most important things is
 1. Catch anxiety early and
 2. Fighting anxiety fuels it.
- use relaxation (mindfulness, muscle, imagery, breathing)
- mindful observation, acceptance, labeling
- Cognitive therapy: B3s, metacognitive therapy, socratic approach.
- Problem Solve
- Misc: process vs. command, moving toward relaxation vs. resisting anxiety, process emotions, socratic approach, behavioral experiments, self-monitoring, humor, exercise.

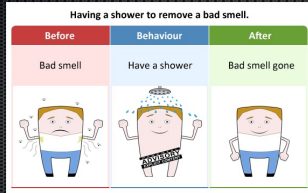
Exposure Therapy and Negative Reinforcement

- ✓ Everything we do to avoid our fears strengthens them.
- ✓ Everything we do to face our fears weakens them.

THE BEST WAY TO OVERCOME FEARS IS TO FACE THEM!

- Habituation and Desensitization - Emotional Processing Theory (Rachman, 1980)
- Inhibitory Learning - Tolerance of Fear (Craske, et al., 2008)
 - "Belief disconfirmation" vs "fear extinction" based on experience that feared outcome hasn't happened time after time.
 - "Tolerance of fear, guilt, disgust" (acceptance) vs "habituation"

What is Negative Reinforcement?



When a behavior results in removing a "negative" consequence such that the behavior and emotion/discomfort is "reinforced" or strengthened.

Operant Conditioning

	Apply Stimulus (+)	Remove a Stimulus (-)
Increases Behavior	Positive Reinforcement - Jonathan studies more after receiving a good grade on his test and praise from others.	Negative Reinforcement - Emma washes when she feels contaminated. Her washing behavior increases due to the relief. Anxiety then increases.
Decreases Behavior	Positive Punishment - Jenny drives the speed limit after getting a speeding ticket.	Negative Punishment - You don't get to do play video games because you hit your sister.

negative Reinforcement

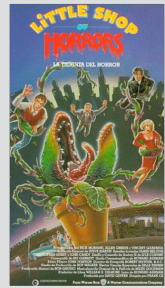


The Plant's Nagging
is the anxiety.

Feeding it is the
negative-
reinforcement.

The Plant is OCD, Phobia,
Panic Disorder, Illness
Anxiety Disorder, Social
Anxiety.

is OCD



What is Negative Reinforcement in Anxiety?

- Avoidance, escape, checking, having a safety person or item leading to a temporary reduction in anxiety that reinforces the behaviors and increases fear in the long run.
- Avoiding anxiety leads to temporary relief at the expense of maintaining or strengthening the anxiety.
- Exposure therapy is the opposite of negative reinforcement.
- Examples in OCD, Panic, Phobia, SAD.

Exposure Therapy

1. Present a rationale
2. Face moderately fearful places or situations with the client (e.g. stores, driving, bridges) until anxiety comes down. WHY moderate?
3. Get a SUDS rating periodically. Avoid too much relief when stopping.
4. Build Hierarchy
5. Homework

Heirarchy

8
Driving over a major bridge (over a river) in the dark alone.
Driving at dark alone somewhere I've never been.

7
Driving over a major bridge in the rain alone.
Driving somewhere I've never been in the rain alone.
Driving on an overpass in the dark alone.
Driving on the highway at night when raining.

6
Driving on the highway at night with someone
Driving on the highway in rain with someone
Driving during the day alone somewhere new.
Driving over a major bridge during the day alone.
Driving on an overpass alone in the day

5
Driving on major bridge during the day with someone.
Driving on an overpass with someone.
Driving on the highway at night alone.

Heirarchy

4
Driving on the highway with someone during the day and dry
Driving to my mom's alone.
Driving out to old neighborhood alone.
Roads 40-50 mph alone dry and day.

3
Driving to my mom's with family.
Driving to the old neighborhood with family.
Driving alone somewhere I've only been 1-2X.
Driving roads 40-50 mph with someone

2
Driving to grocery store.
Pick up kids from school.
Drive to Century Plaza

IN VIVO EXPOSURE

Exposure Used FOR:

- OCD
- Phobia
- Social Anxiety
- Panic
- PTSD
- Illness Anxiety Disorder

Alternative Exposures

- Imaginal exposure - when in vivo is contraindicated or impractical; convenience, preparation, privacy, safer
- make as similar to situation as possible.
- YouTube and Video
 - 30 sec. Repeat.
 - Can vary size, sound etc.
- Images from Internet

Alternative Exposures

- Flood Thoughts
- Flood Words - 45 sec
- Interoceptive Exposure
- Virtual Reality

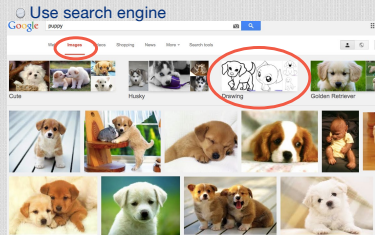
Virtual Reality

- Less than \$10

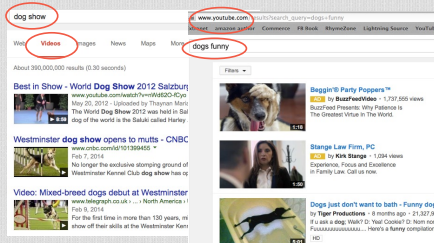


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USE OF TECHNOLOGY



USE OF TECHNOLOGY



USE OF TECHNOLOGY



Cognitive Therapy (CT) for Fear-based anxiety

- Research shows CT may actually boost ERP or even stand alone in the treatment of OCD, PTSD, Panic, and Social Anxiety.
- However, CT includes an important element of exposure in the form of behavioral experiments

Behavioral Experiments (CT/Exposure) - for Fear-based anxiety

- Behavioral Experiment - Really is Exposure!
- Example: Would you be willing to stay in the grocery store for 30 min and see if you actually faint?
- Example: Would you be willing to stand in a high place to see what happens?
- Inhibitory Learning (Craske) - Old info on fear continues, New learning helps to inhibit that fear.

Meta-Analysis - Ougrin (2011) Comparing CT to Exposure

- 20 Randomized Controlled Trials (n= 1,308)
- Comparing Exposure alone to Cognitive therapy
- Cognitive therapy - Behavioral Experiments included.
- Conclusion no differences with OCD, PTSD, and Panic. Included Exposure.
- Social Anxiety - Cognitive therapy has an edge.

Cognitive Therapy (CT)

- Be careful with CT. Be certain that it is CT and not reassurance that is negatively reinforcing.
- Inflated responsibility and sometimes overestimation of control (more in OCD)
- Overestimation of threat - both likelihood and severity.
- Overimportance of thoughts vs. reality (untoward thoughts)
- Confusing physiological reaction is an indication of threat.

Cognitive Therapy (CT)

- Duality vs. Poor Insight (also called overvalued ideation)
 - Name the anxious part - e.g. Cruella de Ville, The Turd.
 - You are the wise part
 - "The Turd" is inflating your responsibility, overestimating threat, etc.
- Avoid ping-ponging - NOT cognitive therapy
