



Behavior Therapy for Anxiety: Introduction and Examples

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Overview and Key Points

- I. Behavior therapy is often counter-intuitive
- II. Behavior therapy is not “psychological”
- III. Behavior therapy is very effective
- IV. Behavior therapy is under-utilized

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What to do with ANXIETY

Common approach

- Reassurance
- Protection
- Insight and understanding
- Relaxation training
- Avoidance

Behavior therapy approach

- No reassurance
- Exposure to the trigger
- Don’t think, just do
- Experience your anxiety to the fullest
- Never avoid

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The nature of anxiety has been shaped by natural selection as a response to threat

- Increased alertness, decreased need for sleep
- Slippery apocrine vs. eccrine sweat
- Increased heart respiratory rate
- Increased startle response
- Increased blood flow to muscles, decreased to organs
- Bowel, bladder evacuation
- “Paralysis”
- Change in time sense
- Change in pain sense
- Heightened learning & memory
- Subjective sense of fear, dread, irritability

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I.A. Anxiety and the development (evolution) of the human species

The anxiety response is a triggered response

- Triggered by pain
- Triggered by anything associated with pain
- Non-triggered anxiety is usually pathological
- Trigger sensitivity may be pathologically high or low

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Anxiety response is time limited

- Intense anxiety is physiologically limited to 10-60 minutes
- Moderate anxiety may be ongoing

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Most anxiety is adaptive

- It provides a fight/flight response
- Increases alertness
- Enhances learning and memory for dangerous things
- Helps to communicate danger to others

Excessive or inappropriate anxiety is pathological

- Robs time and energy from more appropriate activities
- Interferes with the ability to discriminate real threats
- Interferes with psychological intimacy
- Stress may be a general threat to health

Adaptive anxiety is learned in a linear, stepwise fashion

- Initially an object/situation is anxiety-neutral
- Next the object/situation is experienced in close proximity to pain or threat of pain.
- The object/situation is then associated with pain
- Lastly the object/situation will then trigger anxiety

Pathological anxiety

- Spontaneous anxiety leads to false attributions
- Pathologically over-sensitive anxiety trigger leads to excessive attributions, avoidance, and rituals

Behavior therapy concepts

- Is not behavior modification (rewards/punishments)
- Is primarily conducted outside the office
- Is experiential learning (like piano lessons)
- Is quite stressful
- Is often very successful

Behavior therapy overview

- Systematic exposure to the anxiety triggers with ritual prevention
- Approximately as effective as medication therapy
- Duration of efficacy extends years beyond treatment
- Requires cooperation and motivation
- A "lay therapist" is needed
- Not usually successful if depression/panic are present
- A few are not temperamentally suited for behavior therapy
- Medication often facilitates behavior therapy success

Behavior therapy implementation

- Careful inventory of symptoms
 - From the patient's perspective
 - From the parent's perspective

Behavior therapy implementation

- Selection of a focus for initial treatment
 - Allow the patient to choose
 - Initial goal is a successful experience

Behavior therapy implementation

- Exposure plan must be stressful, not impossible
 - Use a simple anxiety rating scale (1-10)
 - Exposure with forty minutes of response prevention
 - Several times per day, at least five days per week
 - Be creative and make some aspect of each session fun

Behavior therapy implementation

- Lay therapist
 - Most often mom
 - Establish a daily schedule
 - Keep methodical records in a note book
 - Remind, but don't nag
 - Be a cheerleader
 - Rewards for participation, not just success

Behavior therapy implementation

- On-going behavior therapy
 - Establish a set of goals
 - Expect occasional setbacks
 - Help child "own" his or her successes

Behavior therapy pearls

- Develop games
- Make fun the first priority for each session, for everyone involved
- Seek out others in treatment
- Personify OCD as the "OCD-monster" or "Oscar the OCD-bug"
- Foster healthy dominance over OCD and encourage feelings of empowerment
- Structure sessions for certain success i.e., don't let the child try anything too difficult
- Sessions should be conducted where the problems occur (school, home, restaurants, etc.)

Behavior therapy pitfalls

- Anyone with a grim attitude
- Allowing avoidance
- Inconsistency
- Poor record keeping
- Parent/child conflict
- Scornful “bystanders”

Mike (age 6): The boy of 1000 questions

- Seeking reassurance hundreds of times per day
- “What if . . . , Are you sure . . . , When will . . . , How do you know that”
- Is never really reassured
- Parents and teacher exasperated

Karen (age 10): The hand-washer

- Raw chapped hands
- Fearful of germs and toxins
- Reads about salmonella, HIV, anthrax, PCBs, lead, mercury and more
- Terrified of illness and death

Bill (age 17): Afraid he might murder

- Thinks about stabbing girls
- Horrified with his thoughts
- Very avoidant
- Many grooming and ADL rituals

Questions or Comments