Advanced Principles and Practice For Optimal Results with Your Anxious Clients,
Intensive Course on Exposure Therapy: Troubleshooting and New Applications.

LEARNING OBJECTIVES

• Understand scientific advances in theory for optimal delivery of Exposure and Response Prevention (ERP).
• Develop case formulations and exposure hierarchies for clients with any anxiety-related disorder
• Convey a compelling rationale for ERP to your clients and colleagues
• Utilize in vivo, imaginal, and interoceptive exposure techniques
• Navigate common clinical challenges in the delivery of ERP

PROGRAM OUTLINE

Background
• Theoretical background and empirical support for ERP across anxiety-related disorders
• Brief review of ERP’s evidence-base
• Comparison with other approaches (alternative psychotherapies, medications)
• Scientific advances in understanding why and how ERP work
• ERP involves “learning not to fear”
• Learning is context-dependent
• Implications for treatment planning and delivery
• Assessment and constructing a case formulation
• Assessing key maintaining factors in anxiety disorders (e.g., maladaptive beliefs, attentional biases, safety behaviours)
• Interview strategies, behavioural experiments, and validated questionnaires
• Constructing a diagram to illustrate why anxiety problems fail to self-correct over time
• Set the stage for ERP by emphasizing the vicious cycle of pathological anxiety

Exposure Therapy Principles
• Developing an exposure hierarchy
• Principles for constructing exposure tasks that target clients’ core fears
• Group exercise: developing exposure hierarchies for selected feared stimuli and outcomes
• Science-based principles for effective delivery of any exposure task

Addressing common client and therapist concerns about ERP
• Is ERP really dangerous, intolerable, and unethical?
• Psychoeducation: conveying a compelling rationale for ERP to anxious clients
• Using the case formulation to “sell” clients on the necessity of ERP
• Responding to client reservations about ERP
• The role of other cognitive-behavioural techniques in ERP
• Arousal-reduction techniques (relaxation, controlled breathing)
• “Third-wave” techniques (mindfulness, acceptance)

Exposure Techniques for Treating All Anxiety-Related Disorder
• In vivo exposure: targeting fears of external stimuli (e.g., places, objects)
• Principles of effective in vivo exposure for situational fears; typically used to treat social phobia, OCD,
• panic disorder, specific phobias, and PTSD
• Detailed case vignettes from the authors’ practices depicting in vivo exposure for hoarding and specific phobia of vomiting
• Live demonstration: presenter will role play a simulated exposure task to target fear of public speaking
• Group exercise: role play practice of an in vivo exposure task used to treat clients with social phobia
• Imaginal exposure: targeting fears of mental events (e.g., thoughts, memories, images, doubts, urges)
• Principles of effective imaginal exposure for internal fears; typically used to treat PTSD, OCD, GAD, and hypochondriasis
• Detailed case vignettes from the authors’ practices depicting imaginal exposure for combat-related PTSD
• and postpartum OCD
• Group exercise: role play practice of an imaginal exposure task used to treat clients with OCD
• Interoceptive exposure: targeting fears of anxiety-related body sensations (e.g., breathlessness, dizziness, depersonalization/derealization)
• Principles of effective interoceptive exposure for somatic fears; typically used to treat panic disorder, specific phobias, social phobia, and PTSD
• Detailed case vignettes from the authors’ practices depicting interoceptive exposure for panic disorder and specific phobia of insects
• Live demonstration: presenters will role play a simulated interoceptive exposure task to target fear of passing out
• Group exercise: participation in a prolonged interoceptive exposure task used to treat panic disorder

Advanced Exposure Therapy Skills
• Involving significant others (e.g., parents, spouses) in ERP
• How significant others can maintain pathological anxiety and interfere with ERP
• Educating significant others about the treatment model
• Involving others to assist client in conducting exposures and following through with response prevention
• Special considerations when working with children
• Does ERP need to be delivered differently to child clients?
• Developing a reinforcement system
• Dealing with parent anxiety that affect the child client
• Medication issues
• Medications and ERP: complimentary or contradictory?
• Managing medication-related problems that can interfere with ERP
• Using medication as a safety aid in feared situations
• Context-dependent learning under influence of medication
• Misattribution of improvement to medication
• Drug withdrawal symptoms and the “benzo trap”
• Managing “negative outcomes:” when exposures do not go as planned
• Detailed case vignettes from the authors’ practices
• Overcoming obstacles to success in ERP
• Therapist discomfort with the nature and process of ERP
• Noncompliance with ERP tasks
• Lack of improvement

Restrictions imposed by the therapeutic setting
• Special issues:
  - Avoidance
  - Anger
Obstacles to homework compliance

- Maintaining focus
- Family interference
  - Avoidance and missing therapy sessions.
  - Working with clients with co-morbid disorders.
  - Flexibility in applying ERP treatment. Modifying ERP for certain types of clients or therapy settings when necessary.

Important considerations in providing ERP

- Using the theoretical model of the treatment to guide therapists’ decision-making
- Developing tolerance for client’s emotional distress
- Importance of supervision and peer consultation
- How to begin using the ERP therapy
- 60 vs. 90-minute therapy sessions