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