

Go With Your Second Thought and Don't Try Harder, Try Different

Patrick B. McGrath, Ph.D.
A.V.P. Residential Services and
Clinical Director, AMITA Behavioral Health,
Center for Anxiety and Obsessive Compulsive
Disorders at Alexian Brothers Behavioral
Health Hospital in Hoffman Estates, IL
President, OCD Midwest
President, Anxiety Centers of Illinois

1

Thoughts

- Can be fun
- Can be scary
- Can be horrible
- Can be cool
- Are none of the above – they are just thoughts.

2

Automatic (First) Thoughts when you are Anxious

- Worst case scenarios
- Intrusive
- Scary
- Never positive
- Woe is me
- Difficult to share with others
- Could lead to.....

3

Second Thoughts

- Less emotional
- More “rational”
- Even keel
- Advice we would give to other people
- More positive
- Less intrusive
- What is we lived our life with these thoughts to manage our OCD?

4

Four Basic Fears

Threats to the integrity of:

- *Physical Status
- *Mental Status
- *Social Status
- *Spiritual Status

5

Common Distortions

- Severity
 - It will be the worst thing in the world and I will die.
- Probability
 - It will definitely happen, no question.
- Efficacy
 - I will not be able to handle it.

6

Anxiety Disorders are:

- Highly prevalent (most common class of mental disorder)
- Real & potentially disabling
- Found in all groups of people
- Under-recognized & under-treated
- Variable in presentation
- Treatable

7

The Costs of Anxiety Disorders

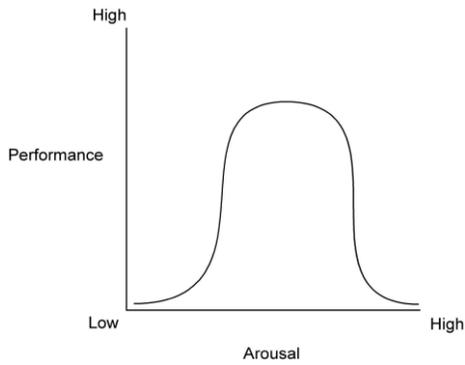
- Symptom distress and disability
- Medical and psychological complications
- Impact on family / Alienation
- 1/3 of indirect costs of mental illness due to anxiety

8

What is Anxiety?

- Normal, natural, built in through evolutionary processes
- Response to the perception of future threat or danger
- We need this to prepare for future potential difficulties
- Some anxiety is actually good for performance (Yerkees-Dobson)

9



10

What is Panic?

- Normal, natural, built in through evolution
- Response to the perception of immediate threat or danger
- We need this to protect ourselves from danger

11

Panic Continued

- Panic is our Fight, Flight, or Freeze response
- Natural selection selected out those that did not have this response system
- It is an alarm reaction
- Good in short bursts, problem if returns when there is no external cue for danger

12

Anxiety Disorders

- Our Fight, Flight, or Freeze system gets activated when it does not need to
- The fear is perceived but, by most standards, is far less than it is judged to be
- Everyday occurrences become overwhelming
- Behaviors interfere with daily functioning



13

Don't Try Harder, Try Different:

- Should
 - When was the last time you used the word *should* to describe something that went well?
 - *Should* is always negative.
 - *Should* is an opinion.
 - What if we made *shoulds* come true?
 - *Should* just leads to arguments.



14

Can't - vs. -Won't

- If you say that you *can't* do something, then that is exactly what is going to happen.
- If you *can't* do it, then no therapist or medication will ever be able to help you with it.
- *Can't* implies that you lack the ability to do something.
- Anxiety not about something you *can't* do, it is about something that you *won't* do.

15

Practice makes _____

- Practice does not make perfect.
- There is no such thing as perfect.
- Perfect is just an opinion – just like should.
- Example – Name the perfect appetizer.
- Practice makes *ROUTINE*.
- *Routines* can be modified – some work for you and some do not. The goal of therapy is to modify the ones that are not working for you.

16

Control is an Illusion

- Control is often attempted through worry.
- Worry serves two functions –
 - If I worry about something hard enough, I can prevent it from happening.
 - If I worry about everything bad that might happen, then I can be prepared for everything bad that might happen, so then I won't need to worry about it anymore.

17

Specialness

- The rules of the world apply to me differently than they do to the other 8 billion people that live on the planet.
- Try these exercises:
 - Today, treat yourself as if you were your very best friend or most cherished loved one.
 - Tomorrow, treat everyone like you would normally treat yourself (or maybe just think it in your head instead).

18

Neutrality

- From an anxiety perspective, nothing is actually scary or horrible or wonderful or great.
- Everything that anyone is anxious about is actually neutral.
- Elevator example.

19

Perception

- Everything that people are anxious about is subject to their perception or opinion.

20

Reverse the Talk

- An anxiety disorder is **Perceiving Neutral** events in a **Special** way, thinking that you have to **Control** them in order to make them **Perfect**, because you **Can't** handle it any other way, and that is just how your life **Should** be.
- OR -
- Anxiety is two words.... What if?

21

What Maintains Stress? Safety Seeking Behaviors: Avoidant Coping

- Based on misappraisal of threat
- Intention is to avoid fear stimulus or the danger it signals
- Precludes adequate exposure to fear stimulus
- Does not allow a disconfirmation of the threat misappraisal

22

Avoidance Continued

- People go for short term relief, at a long term cost
- Therapeutic anxiety prevention relies on short term discomfort with a person waiting that pain out until it goes away on its own
- They realize that there are not long term negative effects of suffering through the exposure

23

Safety Seeking Behavior: Reassurance Seeking

- Getting everyone to tell you that everything will be fine and OK.
- Allows for the seeker to put the blame on others if something goes wrong.
- Allows for a person to avoid what needs to be done by spending more time seeking reassurance.

24

Safety Seeking Behavior: Distraction

- You may be doing the thing you fear, but you are paying no attention to it.
- Many students are taught distraction techniques which may feel good in the short term but are not healthy for long term functioning.

25

Rewards

- *Short Term* - People with anxiety want to feel good right now, so they do rituals to get that immediate good feeling, or they avoid what it is they are afraid of, or seek a great deal of reassurance.
- *Long Term* - In order to overcome anxiety, you need to practice being anxious right now so that you can learn that you can handle the anxiety. That anxiety will dissipate, therefore allowing you to feel better in the long run.

26

Functions of School Refusal Behavior (Kearney)

- Avoidance of Negative Affect (somatic complaints, sadness, general anxiety)
- Escape from Evaluative or Social Situations (social phobia, OCD perfectionism)
- Attention Seeking Behavior (sympathy from family, high enmeshment)
- Pursuit of Tangible Reinforcers (video games, internet, sleep)

27

Treatment Ideas

- Home is an Economy
- Negative Reinforcement Concerns:
 - Exposure and Response Prevention Therapy
 - Cognitive Behavioral Therapy
- Positive Reinforcement Concerns:
 - Family Contracting
 - Peer Refusal Skills
 - Reward / Consequence Programs

28

What Is Cognitive Behavioral Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or goals might involve:

- **A way of acting:** like smoking less or being more outgoing;
- **A way of feeling:** like helping a person to be less scared, less depressed, or less anxious;
- **A way of thinking:** like learning to problem-solve or get rid of self-defeating thoughts;
- **A way of dealing with physical or medical problems:** like lessening back pain or helping a person stick to a doctor's suggestions.

29

What Is Cognitive Behavior Therapy?

- Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits.
- Behavior Therapists and Cognitive Behavioral Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy.

30

How Can Cognitive and Behavior Therapy Help People With Anxiety Disorders?

- There is hope for individuals with anxiety disorders, because these problems can be effectively treated with cognitive therapy and behavior therapy.

In some cases, treatment of a specific phobia takes only one session, while most programs for the other anxiety disorders take, on average, 12 to 18 sessions. Cognitive behavioral treatments typically involve three main components.

- **Education** about the nature of anxiety helps the individual understand his or her responses and teaches the individual ways to more effectively cope with anxiety.
- **Cognitive skills** address the individual's beliefs and thoughts, and focus on teaching more adaptive, realistic thinking styles.
- **Exposure and Response Prevention** And, all treatments for anxiety involve some form of behavioral exposure, a gradual, step-by-step confrontation of the fear with mastery and skill.

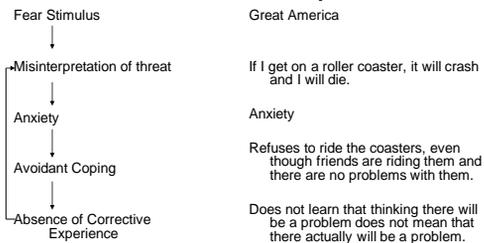
31

How Can Cognitive and Behavior Therapy Help People With Anxiety Disorders?

- For many people, behavior therapy and cognitive therapy alone will be enough to overcome or manage the various anxiety disorders.
- For some individuals, however, medication, in combination with cognitive behavioral therapy, can foster a return to a full and satisfying life.
- Programs combining pharmacology and behavior therapy are available for the range of anxiety disorders.

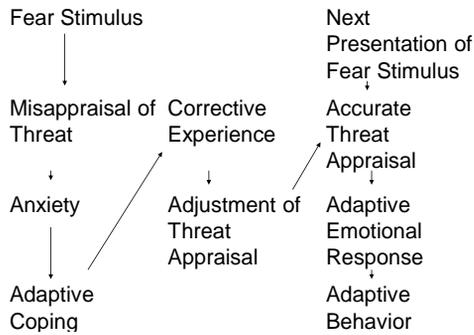
32

CBT Model of Stress: Phobia Example



33

Correction of a Potential Stressor



34

Anxiety Based School Refusal - Possibilities for Treatment

- Cognitive Behavioral Therapy and Exposure/Response Prevention
- Set up home to be just like a school
- Consider truancy or short-term stay
- Intensive Therapy

35

Refusal Based Treatment

- Family Work
- Rules
- Rewards / Consequences
- OK to call the police
- Schools visit the home

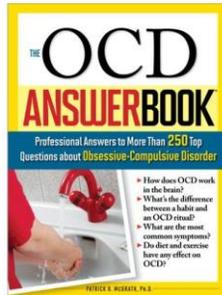
36

Exposure and Response Prevention

- Make a list of feared stimuli/situations.
- Arrange stimuli in hierarchical fashion.
- Develop and implement plan of systematic exposure to stimuli/situations, using the hierarchy.
- Goal is to get a person to confront their fears and learn that they can handle the situation.
- The exposure is assisted by the therapist and is never forced on the patient.

37

Books by Dr. McGrath



38

Contact

- Patrick B. McGrath, Ph.D.
- Assistant Vice President, Residential Services
- Clinical Director, Alexian Brothers Center for Anxiety and Obsessive Compulsive Disorders
- AMITA Health Foglia Family Foundation Residential Treatment Center and Alexian Brothers Behavioral Health Hospital
- 847-755-8531
- Patrick.McGrath@amitahealth.org

39