

Interpersonal Aspects of Anxiety Disorders

Anxiety Disorders on an Individual Level

- Situations, thoughts, body sensations that provoke anxiety
- Safety behaviors
 - Behaviors/mental acts to lower anxiety
 - Function as immediate escape and avoidance
 - Prevents extinction of irrational fear in the longer-term

Anxiety Disorders on an Interpersonal Level

- Person organizes the environment to minimize anxiety and maximize perceived safety
- Significant others often become part of avoidance and safety behaviors
 - Minimizes conflict and anxiety
 - Provides support

Accommodation to Phobias: Symptom-System Fit

Symptom	Avoidance	Safety behaviors
Animal	Help with avoiding places with feared animals	Reassurance, protection
Situational	Whole family drives instead of flying, going to high floors for the person	Reassurance
Natural environment	Go out in a storm	Reassurance, help with checking the weather
Blood/injection/ injury	Doctor offices, hospitals	Reassurance

Accommodation to Social Phobia: Symptom-System Fit

Symptom	Avoidance	Safety behaviors
Social anxiety	Speak for the person, help with declining invitations	Order drinks, reassurance, tell the person what to say

Accommodation to OCD: Symptom-System Fit

Symptom	Avoidance	Rituals/S.B.s
Contamination	Sources of contamination	Reassurance, cleaning/washing (showering before sex)
Responsibility	Assume liability	Checking, reassurance
Symmetry	Order-related tasks	Arranging
Unacceptable thoughts	Obsessional triggers (photos of grand children)	Reassurance

Accommodation to PTSD: Symptom-System Fit

Symptom	Avoidance	Safety behaviors
Intrusions, anxiety	Reminders of the trauma, certain areas of town, certain people, activities	Checking for the perpetrator, installing extra locks/security, excessive hypervigilance

Accommodation to Panic: Symptom-System Fit

Symptom	Avoidance	Safety behaviors
Panic attacks and agoraphobia	Drive for the patient, go to feared places for the patient, run errands, stay close to medical center	Reassurance, be a "safe person"

Irrational fear as a “third wheel” in the relationship

- Avoidance and safety behaviors begin to dictate the couple’s life together
- Partner expresses love, care, and concern through accommodation
- Frequent conflicts → couple distress → worsening of anxiety disorder symptoms

2 “types” of couples

- Overt hostility
 - Higher relationship distress (arguments), but not necessarily lots of accommodation to symptoms
- Covert hostility
 - Less reported relationship distress
 - High dissatisfaction
 - Unaffected partner usually gives in and accommodates symptoms out of love and concern, but is actually very frustrated about doing so

Involving Significant Others in Treatment for Anxiety

- Couples-based approaches
- Individual therapy with a support person

Couple-based treatment of anxiety involves:

- Education about the nature and treatment of the anxiety disorder
- Partner-assisted exposure and response prevention
- Target accommodation behaviors
- Target general couple distress, enhance relationship functioning

Assessment

Relationship – focal to anxiety disorder

- Presence of symptom-system fit?
 - Are there support behaviors that reinforce symptom expression?
- Inappropriate accommodation to anxiety disorder?
 - can supplement interview with self-report measures (e.g., Family Accommodation Scale; Calvocoressi et al., 1995)

Assessment

Relationship – general

- Satisfied vs. distressed?
 - Clinical interview
 - Relationship history
 - Strengths & weaknesses
 - Behavioral observation of communication task
 - Problem-solving; provision of support
 - Can supplement with self-report measures (e.g., Dyadic Adjustment Scale; Spanier, 1976)

Partner Assisted Exposure and Response Prevention

Characteristics of Partner Assisted Exposure

- Target Problem: Anxiety and fear within the identified patient
 - The couple's relationship is not directly addressed
 - Symptom accommodation is not directly addressed
- Role of the partner: Coach
- When to use:
 - Relationship distress is not part of the presenting complaint
 - Partner is not engaging in excessive accommodation

Is the Partner Suitable?

- Characteristics of a good exposure partner
 - Considerate, sensitive, optimistic about treatment
 - Warm and thoughtful, nonjudgmental
 - Willing to challenge or confront the patient in a *constructive way*
- Characteristics of a poor exposure partner
 - Pessimistic, sarcastic
 - Highly critical, antagonistic
 - Smothering, overbearing, overly involved in treatment

Role of the Partner

- Be present at the treatment sessions, but gradually withdraw from involvement in treatment
- Positive reinforcement of non-symptomatic behavior
- Share thoughts and feelings about doing exposure
- Gentle but firm reminders not to avoid or use safety behaviors
- Emotional support during exposure and response prevention

Preparing the Partner to Help with Treatment

- Socialize him/her to the treatment rationale/plan
 - Ask patient to teach the support person
- Partner should be present during the initial exposure sessions to observe how this is done
- Clarify the partner's role
 - An advisor to the patient
 - Provide encouragement *typically when requested*
 - No threats of physical force
 - Stay “off the patient's back”

Partner-Assisted Exposure

- Stage 1- Preparing for the exercise
 - Clarify the exposure exercise
 - Discuss how each partner feels about the exercise
 - Teach them to use EET
 - Clarify what might be difficult for each person and what they need from the other person
 - Clarify how they will handle it if person with OCD wants to stop the exposure exercise

Emotional Expressiveness Training (EET)

- State your views **subjectively**.
- Express your **emotions, not just ideas**.
- When expressing concerns, also include any **positive feelings** you have about the person or situation.
- Make your statement as **specific** as possible.
- Speak in “paragraphs.”
- Express your feelings and thoughts with **tact** and **timing**.

Listening Skills

Ways to respond while your partner is speaking

- Through facial expressions, etc., show that you **understand** your partner's thoughts and feelings.
- Look at the situation from your partner's perspective.

Ways to respond after your partner finishes speaking

- **Summarize** your partner's most important feelings, desires, conflicts, and thoughts- reflect.

Partner-Assisted Exposure

- Stage 2- Confronting the feared stimulus
 - Patient expresses thoughts & feelings (EET)
 - partner asks patient how he/she is doing
 - Partner compliments patient on handling the situation
 - If the patient is experiencing distress, the partner (a) acknowledges his/her difficulty and (b) reinforces his/her efforts
 - No distraction or providing reassurance

Comments for Partners to use During Exposure Therapy

- “I can’t give you that guarantee– I just don’t know for sure”
- “How can I help you without doing rituals for you?”
- “If I did that for you it would only be making your OCD worse. How else can I help you.”
- “I know it is difficult. Let’s talk with the therapist about the problems your having getting through this”

More Comments for Partners...

- “Has your anxious prediction come true yet?”
- “What evidence are you gaining from this?”
- “What else could you do to make your anxious prediction come true?”
- “Is this as bad as you thought it would be?”
- “Based upon this experience, what is the likelihood (or severity) of your anxious prediction?”
- What would the therapist say about this?”

Comments for Partners to Avoid

- Reassurance

- “I know everything is going to be fine, don’t worry”
- “I’ve done this before, your fears are irrational”
- “Believe me, the therapist wouldn’t make you do this if it was dangerous”

- Threats

- “You’d better do what the therapist says or I’ll...”

Partner-Assisted Exposure

- Stage 3- Coping with high anxiety
 - If the patient is feeling very anxious, use EET
 - Patient expresses feelings and partner reflects
 - The partner reminds patient that anxiety will eventually lessen

Partner-Assisted Exposure

- If anxiety gets extreme, take brief time-out
 - Break from the exposure or perform a limited ritual
- Use EET to discuss thoughts and feelings
- Partner provides support
- Discuss what happened and how to approach the situation when exposure resumes
- If patient insists on stopping exposure, partner reminds him/her of importance of continuing but leaves decision up to patient

Partner-Assisted Exposure

- Stage 4- Evaluation of the exposure
 - After exposure discuss the experience (EET)
 - Patient's and partner's experiences
 - What did partner do that helped or did not help?
 - What might he/she do differently next time?
 - Discuss communication during the exposure
 - clarify what could be different in the future

Disorder-Specific Couple-Based Interventions

Disorder-Specific Intervention

- Target Problem: Maladaptive relationship dynamics focal to anxiety disorder (e.g., accommodation) that reinforce symptom expression in anxious partner
 - The couple's relationship outside of anxiety disorder (e.g., money, in-laws) is NOT directly addressed
- Role of the partner: Client
- When to use:
 - Relationship distress is NOT part of the presenting complaint
 - Partner IS engaging in excessive accommodation

Disorder-Specific Intervention

- Alter symptom-system fit/accommodation
 - Psychoeducation & alliance-building
 - Develop an exposure hierarchy
 - Help couple develop new ways of relating that facilitate exposure rather than avoidance and symptom expression

Steps in Disorder-Specific Interventions

- Psychoeducation & alliance-building
 - Have partners share thoughts & feelings about the effect of anxiety disorder on each of them
 - Pull from client & partner that safety behaviors (rituals, avoidance) decrease anxiety short-term but maintains it long-term
 - Help client and partner to “buy into” rationale for exposure and response prevention

Steps in Disorder-Specific Interventions

- Develop an exposure hierarchy
 - Create specific exposure situations
 - Stress importance of remaining in situation until anxiety subsides
 - Teach couple to problem-solve around client's anxiety in a given situation
 - Be specific about who will do what / when
 - Instruct in how to debrief after exposure & continue consolidating gains

Disorder-Specific Intervention

- Develop new ways of relating that facilitate exposure to feared situations rather than symptom expression
 - Gradually eliminate signals that promote anxiety-related behaviors
 - Shape towards target behaviors

Video: Couples Therapy

- Jennifer & Keith
 - Jennifer has OCD
 - Obsessions about harm coming to their child
 - Compulsive reassurance-seeking and checking rituals

General Couple Therapy for Anxiety Disorders

Characteristics of Couple Therapy

- Target Problem: Problematic relationship dynamics that serve as chronic stressors (e.g., mutual hostility)
 - The couple's relationship, not specific to anxiety disorder, IS directly addressed
- Role of the partner: Client
- When to use: Relationship distress & communication deficits ARE part of the presenting complaint

Couple Therapy

- Create more mutually respectful, harmonious environment for both partners to decrease ambient stress and increase collaboration
 - Increase pleasurable events & support behaviors
 - Challenge negative cognitive biases (e.g., selective attention for negative events, negative attributions)
 - May need explicit focus on communication skills
- See Epstein & Baucom (2002) as an example of manual for cognitive-behavioral couple therapy

Reactions to Couples Therapy for Anxiety

- Patients greatly value partners' assistance
 - “Having him involved was by far the best thing about the treatment”
 - “It really is a Duuhh issue- how could you not include a partner? He is vital for support and keeping me accountable.”
- Partners appreciate being involved
 - Often understand the anxiety disorder for first time (OCD)
 - Learning how to be helpful