KU LEUVEN

Exposure als kernprincipe van alle succesvolle interventies. Overdreven? Of toch niet?

Dirk Hermans

Disclosure/belangen spreker

Wel/Geen belangenverstrengeling	
Geen (potentiële) belangenverstrengeling	
Voor bijeenkomst mogelijk relevante relaties[1]	**Bedrijfsnamen**
• Sponsoring of onderzoeksgeld[2] • Honorarium of andere (financiële) vergoeding[3] • Aandeelhouder[4] • Andere relatie, namelijk ...[5]	• • • •

Psychologie: complex

- Het gedragsrepertoire van mensen is zeer uitgebreid, divers en gevarieerd qua vorm.

- Complex !!
  - Handelen, denken, emoties,
  - Persoonlijkheid, temperament …
  - Individu, context, attachment, ...
  - Aandacht, geheugen, redeneren, …
  - Waarden, …
  - Psychologische processen, biologie, erfelijkheid, …

Psychologie: eenvoudig

Alle gedrag te plaatsen op deze dimensie:

Negatief ➔
- Vluchten, ontsnappen, weglopen, buitenhouden, uitbraken, …
- Avoidance - Defensief

Positief ➔
- Benaderen, gaan naar, bezoeken, denken aan, eten, contacteren, …
- Approach - Appetitief

Soms combinatie van gerichtheid in 1 gedrag: bijv. eten, kleden, …

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	Nature of the reinforcer (S^r)	
procedure	S^{pos}	S^{neg}
appear	1. + S^{pos} positive reinforcement	4. + S^{neg} positive punishment passive avoidance
diasappear	2. - S^{pos} negative punishment time-out	5. - S^{neg} negative reinforcement escape behavior
omission	3. ° S^{pos} negative punishment time-out	6. ° S^{neg} negative reinforcement active avoidance

Psychologie: eenvoudig

- De onderliggende structuur/functie van gedrag (inclusief denken, emotioneel reageren etc) is IDENTIEK voor alle responsen (approach/avoid).

  = **Strategische dimensie**

- De vorm die deze ‘approach – avoid’ aanneemt, kan heel erg wisselen. Ifv: diersoort, context, eerdere leerervaringen …

  = **Tactische dimensie**

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Psychopathologie

KU LEUVEN

Psychopathologie: eenvoudig

Ook psychopathologie wordt gekenmerkt door meervoudigheid en gevarieerdheid in vorm.

Mensen wassen handen, drinken alcohol, vervangen pijnlijke gedachten door andere, maken ruzie, zwijgen tijdens een gesprek, ...

Ook hier is de functie eenvoudiger dan de vorm.

In al dit gedrag gaat het om het binnenhalen van het positieve (bijv. alcohol drinken) en/of het buitensluiten van het negatieve (bijv. piekeren om een oplossing te vinden voor een probleem).

Werd vooral uitgewerkt in context angststoornissen.

Psychologische problemen resulteren veelal uit een ongelukkige wijze van omgaan met het ‘negatieve’.

- Unieke gerichtheid op vermijding / defensieve responsen
- Verminderde flexibiliteit in omgaan met negatieve

De rol van vermijding (en derhalve ook exposure) kreeg de laatste jaren dan ook meer en meer een plaats in de studie van diverse vormen van psychopathologie:

- Depressie
- Eetstoornis
- Zelfverwondend gedrag
- Agressie
- Psychosen
- ...

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Contents lists available at ScienceDirect

Clinical Psychology Review

journal homepage: www.elsevier.com/locate/clinpsychrev

Review

Conceptualizing eating disorder psychopathology using an anxiety disorders framework: Evidence and implications for exposure-based clinical research

Katherine Schaumberg [a,*], Erin E. Reilly [b], Sasha Gorrell [c], Cheri A. Levinson [d], Nicholas R. Farrell [e], Tiffany A. Brown [f], Kathryn M. Smith [g,j], Lauren M. Schaefer [g], Jamal H. Essayli [h], Ann F. Haynos [i], Lisa M. Anderson [i]

Annual Review of Clinical Psychology

Behavioral Conceptualization and Treatment of Chronic Pain

Johan W.S. Vlaeyen[1,2] and Geert Crombez[3,4]

Abstract

Pain is considered a hardwired signal of bodily disturbance belonging to a basic motivational system that urges the individual to act and to restore the body's integrity, rather than just a sensory and emotional experience. Given its eminent survival value, pain is a strong motivator for learning. Response to repeated pain increases when harm risks are high (sensitization) and decreases in the absence of such risks (habituation). Discovering relations between pain and other events provides the possibility to predict (Pavlovian conditioning) and control (operant conditioning) harmful events. Avoidance is adaptive in the short term but paradoxically may have detrimental long-term effects. Pain and pain-related responses compete with other demands in the environment. Exposure-based treatments share the aim of facilitating or restoring the pursuit of individual valued life goals in the face of persistent pain, and further improvements in pain treatment may require a paradigm shift toward more personalized approaches.

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Journal of Experimental Social Psychology 45 (2009) 1252–1258

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Journal of Experimental Social Psychology

journal homepage: www.elsevier.com/locate/jesp

Report

Narcissistic defensiveness: Hypervigilance and avoidance of worthlessness

Stephan Horvath *, Carolyn C. Morf

Institute of Psychology, University of Bern, Unitobler/Muesmattstrasse 45, 3000 Bern 9, Switzerland

Available online at www.sciencedirect.com

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Behavior Therapy 48 (2017) 544–556

Behavior Therapy

www.elsevier.com/locate/bt

Prospective Investigation of the Contrast Avoidance Model of Generalized Anxiety and Worry

Tara A. Crouch
Jamie A. Lewis
Thane M. Erickson
Seattle Pacific University

Michelle G. Newman
The Pennsylvania State University

Clinical Psychology Review 31 (2011) 1156–1168

Contents lists available at ScienceDirect

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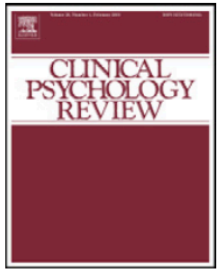

Exploring the roles of approach and avoidance in depression: An integrative model

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KU LEUVEN

Behavior Modification
Volume 32 Number 6
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Understanding Clinical Anger and Violence

The Anger Avoidance Model

Frank L. Gardner
La Salle University
Zella E. Moore
Manhattan College

Behavioural and Cognitive Psychotherapy, 2005, 33, 351–359
Printed in the United Kingdom doi:10.1017/S1352465805002158

Mindfulness Groups for People with Psychosis

Paul Chadwick

University of Southampton & Royal South Hants Hospital, Southampton, UK

Katherine Newman Taylor and Nicola Abba

Royal South Hants Hospital, Southampton, UK

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Behaviour Research and Therapy 44 (2006) 371–394
BEHAVIOUR RESEARCH AND THERAPY
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Solving the puzzle of deliberate self-harm: The experiential avoidance model

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Vermijding en exposure

- Letterlijk: blootstelling – confrontatie
- Traditioneel: Exposure is gericht op reduceren van angst.
- Liever: Exposure is blootstelling gericht op het doorbreken van vermijding.
- Of nog beter: Exposure is blootstelling gericht op het doorbreken van een habituele defensieve respons-set.

Wat is de kern van exposure

Exposure:

- ***Reductie van angst*** (Foa; al was dat niet de kern van haar visie)
- ***Verwachtingen bijsturen*** (Craske)

- ***Vermijding doorbreken*** (Hermans, Abramowitz)
  - Kern van psychopathologie is vermijding
  - Vermijding versmalt het leven en zorgt voor de ‘verstoring/stoornis’
  - Verwachting: Leven met de mogelijkheid dat ellende plaats kan hebben, eerder dan trachten te bewijzen dat men dat verkeerdelijk denkt
  - Angst: Toelaten van angst, eerder dan deze trachten te reduceren

  ➔ Bij angststoornissen is niet de angst de kern van het probleem, maar de vermijding (ook elders)

Exposure = principe

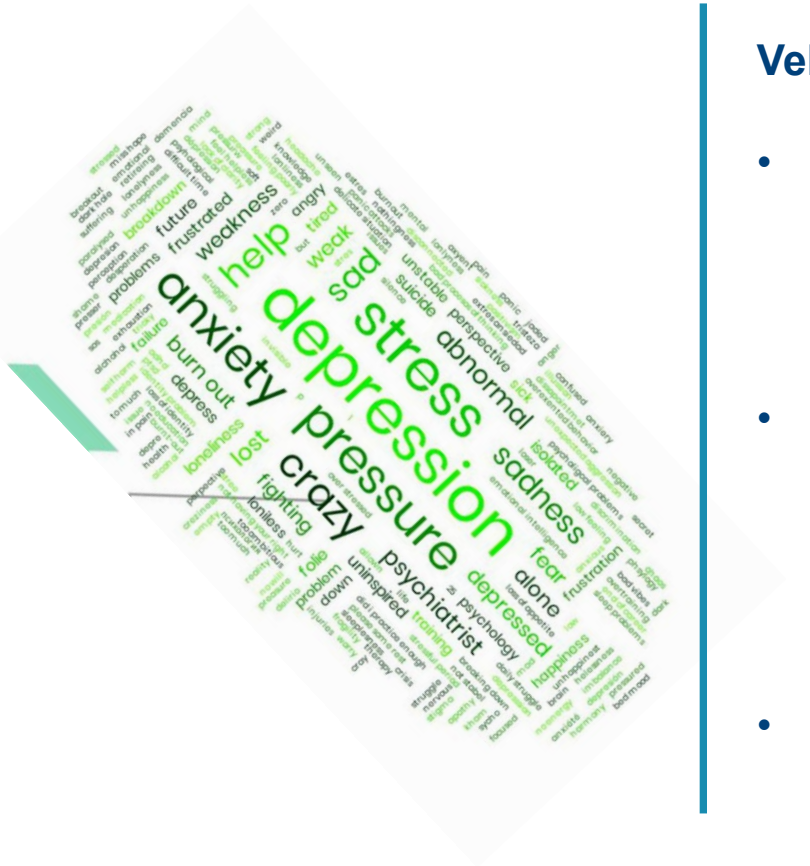
- Exposure is geen ‘techniek onder de technieken’
- Exposure is een behandel-’principe’. Doorbreken van defensieve responsset.
- Is deel van zeer veel technieken
  - In vivo
  - Imaginair
  - Interoceptief
  - Virtual reality

Several authors, however, have suggested that focussing on principles of treatment rather than techniques is likely to yield greater gains in understanding (e.g., Moses & Barlow, 2006; Rosen & Davison, 2003).
Carey, 2011

- Maar ook:
  - Focussing, Mindfulness, Twee-stoelen techniek
  - Praten over, confronteren met, inbeelden, doen denken aan, laten schrijven over … ***kunnen*** een vorm van blootstelling zijn, en hebben plaats in zeer veel varianten (niet enkel GT).

KU LEUVEN

THERAPIE: van complex naar eenvoudig



TACTISCHE FOCUS

Vele therapievormen

- **Focus op:** handelen, cognitie, informatieverwerking, emotie, waarden, attachment, compassion, …
- **Met gebruik van:** een ongelooflijke massa aan interventietypes (experimenten, metaforen, mindfulness, EMDR, …)
- **Met vormen in functie van type problematiek etc etc**

KU LEUVEN

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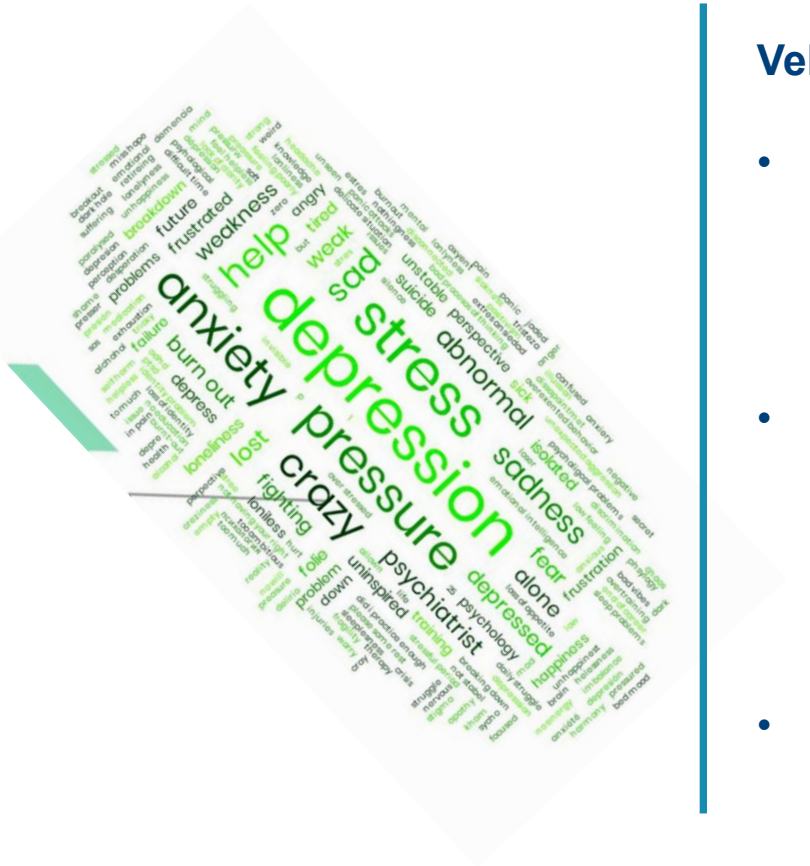

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- **Met vormen in functie van type problematiek etc etc**

STRATEGISCHE FOCUS

Essentie:

- Op welke ongelukkige wijze gaat patiënt om met het buitenhouden van het negatieve in het leven ?
- Op welke wijze kunnen we deze defensieve respons-set doorbreken ?

KU LEUVEN

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Clinical Psychology Review

Exposure and reorganization: The what and how of effective psychotherapy

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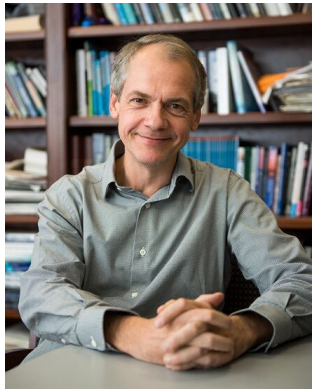
Available online 18 April 2010

Keywords:
Exposure
Mechanisms
Change processes
Conflict
Control
Reorganization

ABSTRACT

Even though the effectiveness of psychotherapy is generally acknowledged, researchers are yet to agree on a plausible explanation for this effectiveness or on possible mechanisms of change that are activated by psychotherapy. To enhance developments in these areas some researchers have called for a focus on treatment principles rather than treatment techniques. In this respect, the technique of exposure is instructive. Despite its common use with anxiety disorders and the successful outcomes it produces, it has only recently been considered as a treatment for other disorders. By focussing on the underlying principles of exposure it is possible to consider exposure as a transdiagnostic component of successful psychotherapies. Understanding exposure from the perspective of Perceptual Control Theory (PCT) enables the identification of a functional, rather than a conceptual or statistical, mechanism of change. Functionally, exposure can be understood as an essential precursor to the internal reorganization that is necessary for the amelioration of psychological distress. PCT suggests a more considered and widespread use of exposure in psychotherapy as a way of improving both the efficiency and the effectiveness of the treatments offered.

Despite the proliferation of psychotherapies in recent years there has not been a commensurate growth in our understanding of the effective ingredients of treatment. It seems unlikely that there are multitudes of different mechanisms and processes through which psychological distress is resolved and that each of these different psychotherapies utilises a distinct item from the collection. In fact, the spawning of hundreds of different psychotherapies is perhaps the most telling sign that there may still be much work to do before the important principles of treatment are described and fundamental mechanisms of change are identified. Could a technique as mundane as exposure hold the key to effective psychotherapy? For psychotherapy, is there just one road leading to Rome but a plethora of ways to travel that road?



A long and ever-expanding list of protocols for syndromes…

Acceptance and Commitment Therapy for Depression
Acceptance and Commitment Therapy for Chronic Pain
Acceptance and Commitment Therapy for anxiety disorder
Acceptance and Commitment Therapy for coping with psychosis
Applied Relaxation for Panic Disorder
Assertive Community Treatment for Schizophrenia
Behavior Therapy/Behavioral Activation for Depression
Behavioral Couple Therapy for Depression
Behavioral and Cognitive Behavioral Therapy for Chronic Low Back Pain
Behavioral Weight Loss Treatment for Obesity and Pediatric Overweight
Biofeedback-Based Treatments for Insomnia
Cognitive Adaptation Training for Schizophrenia
Cognitive Behavioral Analysis System of Psychotherapy for Depression
Cognitive Behavior Therapy for Insomnia
Cognitive Behavioral Therapy for Anorexia Nervosa
Cognitive Behavioral Therapy for Binge Eating Disorder
Cognitive Behavioral Therapy for Bulimia Nervosa
Cognitive and Behavioral Therapies for Generalized Anxiety Disorder
Cognitive Behavioral Therapy for Panic
Cognitive and Behavioral Therapies for Social Phobia/Public Speaking Anxiety
Cognitive Behavioral Therapy for Chronic Headache
Cognitive Behavioral Therapy for Schizophrenia
Cognitive Processing Therapy for Post-Traumatic Stress Disorder
Cognitive Remediation for Schizophrenia
Cognitive Therapy for Bipolar Disorder
Cognitive Therapy for Depression
Cognitive Therapy for Obsessive-Compulsive Disorder
Dialectical Behavior Therapy for Borderline Personality Disorder
Emotion-Focused Therapy for Depression
Exposure and Response Prevention for Obsessive-Compulsive Disorder
Exposure Therapies for Specific Phobias
Eye Movement Desensitization and Reprocessing for Post-Traumatic Stress Disorder
Family-Based Treatment for Anorexia Nervosa
Family-Based Treatment for Bulimia Nervosa
Family Focused Therapy for Bipolar Disorder
Family Psychoeducation for Schizophrenia
Healthy-Weight Program for Bulimia Nervosa
Interpersonal Therapy for Depression
Illness Management and Recovery for Schizophrenia
Interpersonal Psychotherapy for Binge Eating Disorder
Interpersonal Psychotherapy for Bulimia
Interpersonal and Social Rhythm Therapy for Bipolar Disorder
Multi-Component Cognitive Behavioral Therapy for Fibromyalgia
Multi-Component Cognitive Behavioral Therapy for Rheumatologic Pain
Paradoxical Intention for Insomnia
Problem-Solving Therapy for Depression
Prolonged Exposure for Post-Traumatic Stress Disorder
Psychoanalytic Therapy for Panic Disorder
Psychoeducation for Bipolar Disorder
Psychological Debriefing for Post-Traumatic Stress Disorder
Relaxation Training for Insomnia
Reminiscence/Life Review Therapy for Depression
Schema-Focused Therapy for Borderline Personality Disorder
Self-Management/Self-Control Therapy for Depression
Self-System Therapy for Depression
Short-Term Psychodynamic Therapy for Depression
Sleep Restriction Therapy for Insomnia
Social Learning/Token Economy Programs for Schizophrenia
Social Skills Training for Schizophrenia
Stimulus Control Therapy for Insomnia
Supported Employment for Schizophrenia
Systematic Care for Bipolar Disorder
Transference-Focused Therapy for Bor
Disorder

KU LEUVEN

Slide: Stefan Hofmann

…but an even more limited list of therapeutic principles

- Exposure
- Reorganization