Winter 2017 Members

(L-R) Back: Dr. C. Purdon, M. Romano, V. Vidovic, K. Barber, T. Hudd, N. Zabara

(L-R) Front: O. Merritt, M. Scarfe, J. Dupasquier, Dr. D. Moscovitch

Anxiety Studies Division Annual Newsletter

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New in the Anxiety Studies Division

In the eighth year of our operation, we at the Anxiety Studies Division (ASD) of the University of Waterloo Centre for Mental Health Research and Treatment are pleased to share the fourth edition of the ASD Newsletter. In this issue, you will be updated on our research division's recent findings, current studies, and newest publications.

Dr. Moscovitch and his students present their findings on imagery-enhanced cognitive behavioural therapy. Dr. Purdon and her students present a comprehensive fact page on OCD; current treatment methods, and a summary of what her lab has discovered regarding obsessions, compulsions, and the role of responsibility in OCD.

Our work depends upon the generous donation of your time. We are sincerely grateful for your continued support! If you would like to suggest the ASD to a friend or family member, please invite them to call us at **519-888-4567 ext. 35920** or email us **anxiety@uwaterloo.ca** - we always welcome new members of our research participant pool!

Please also follow us on our website (**www.uwaterloo.ca/anxiety-studies**) and Facebook page (**fb.me/AnxietyStudiesUWaterloo**) to access treatment resources and keep up with the latest anxiety-related news!

Research Findings

Transportability of imagery-enhanced cognitive behavioural therapy for social anxiety disorder

By: Kevin C. Barber, Jessica R. Dupasquier & David A. Moscovitch

What did we investigate?

Cognitive behavioural therapy (CBT) is one of the most popular forms of therapy today, due to its efficacy in research laboratories and effectiveness in real world settings. CBT is also the recommended psychological treatment for social anxiety. Recently, there has been growing interest in the effects of *Imagery Enhanced Group CBT* for treating social anxiety. In this form of CBT, mental imagery techniques are used across therapy components that are designed to modify key maintaining factors of social anxiety. Imagery-enhanced CBT includes video feedback, which is used to challenge participants' negative self-images, as well as imagery re-scripting – where group members are guided to re-imagine negative past experiences and re-script their social meaning.

Prior research has shown that mental imagery is a particularly powerful way to elicit therapeutic changes by enhancing emotional and sensory activation, over and above just talking about one's experiences. A pilot study and open trial conducted in Australia tested the Imagery Enhanced Group CBT and found it to be very effective in reducing symptoms and to be associated with very low dropout rates. We set out to replicate these effects of Imagery-Enhanced CBT in collaboration with the treatment developers in Australia. Independent replication is an important step in the scientific process, as in order to be able to say with confidence that that a treatment is effective, similar results need to be shown across multiple locations and periods of time.

What did we do?

In order to maximize independence from the developing clinic, the treatment manual was shared with doctoral student clinicians in our Centre for Mental Health Research and Treatment (CMHRT) who had no contact with the treatment developers in Australia and whose clinical work was supervised on site by Dr. David Moscovitch. In the treatment group, there were 46 participants, a mix of both university students and community members making for a diverse sample, just like in the developing clinic.

The treatment itself consisted of 12 weekly sessions and a one-month follow up session. The first few sessions focused on clients becoming familiar with other group members and the treatment model as well as learning to identify and challenge negative social images they were experiencing in anxiety provoking social situations. Later on, clients participated in *behavioural experiments* in which they completed social tasks in the "real world" that we designed to further challenge their negative images. Other activities were meant to challenge the probability and cost of negative evaluation (ie. Will they *actually* judge me? Does that *really* matter?). Participants were also trained to focus outward and onto the tasks they were completing instead of focusing on themselves and how anxious they were feeling in social situations.

Measures of anxiety in social interactions and performance as well as fear of being negatively evaluated by others were administered after every session.

What were our results?

Despite some differences between samples from the developing clinic and our Centre (age, number of co-occurring mental health disorders in addition to social anxiety, marital status), we found remarkably similar results as the developing clinic. There was a low drop-out rate across sites, with three-quarters of participants attending most treatment sessions. About 80% of clients from both sites achieved significant symptom change, and about 40% of clients reported symptoms at the end of therapy that were within the same range as those typically reported by people without clinical levels of social anxiety.

What might our results mean?

Our results indicate that that Imagery-Enhanced Group CBT is a highly effective therapy that has a strong and durable effect for people struggling with social anxiety. In Australia, the treatment was administered by fully licensed psychologists. The fact that results were as strong at the CMHRT as in Australia therefore highlights the transportability of this unique treatment while underscoring the outstanding skills of our CMHRT doctoral student clinicians who implemented it.

Can you or someone you know benefit from Imagery-Enhanced CBT for social anxiety?

For more information about our Imagery-Enhanced CBT groups for social anxiety, please visit the CMHRT website at https://uwaterloo.ca/mental-health-research-treatment/ .

Source: McEvoy, P., Erceg-Hurn, D., Barber, K., Dupasquier, J., & Moscovitch, D. (2018). Transportability of imagery-enhanced CBT for social anxiety disorder. *Behaviour Research and Therapy 106*, p86-94. doi: 10.1016/j.brat.2018.05.007.

Did you Know?

A fact page on OCD

By: Dr. Christine Purdon

Did you Know?

Obsessive-compulsive disorder (OCD) is a leading cause of disability, according to the World Health Organization. Obsessions and compulsions cost people dearly in their family, work, and social lives, and they cannot enjoy a peaceful life. People with OCD often live with their symptoms for a decade or more before receiving a proper diagnosis and access to effective treatment. Even when offered effective treatment people can find it very difficult to engage in the treatment program.

What is the most effective treatment for OCD?

The most effective treatment for OCD is exposure with response prevention (often referred to as ERP). Exposure with response prevention involves putting oneself in situations that evoke the obsessional concern without doing the compulsion or using other strategies that reduce distress. For example, a typical exposure for someone who has obsessional concerns about ensuring that appliances are off before leaving the house

would be to check once and leave the house, without returning to check again, or using other strategies to manage their distress, such as mentally reviewing the check, or taking a photo of the stove before leaving, etc. The person instead sits with the distress and uncertainty. However, these will dissipate over time even in the absence of the compulsion and other strategies. Each time the exposure is done, the distress does not go up quite as high and comes down faster.

Why can treatment be difficult for people?

Although highly effective for people who are able to do ERP, it can be very hard for people to resist the compulsion as required in ERP. The compulsion offers a "quick fix" that is often very effective in reducing distress because people feel that the compulsion has prevented harm coming to themselves or those they love.

There has been surprisingly little research on compulsions and why they persist. Dr. Christine Purdon and her students are addressing this by observing compulsions as they occur in real time. She and her students invite people who report having difficulty with repetitive actions, such as washing and checking, to take home tablets and record information about the action on a daily basis. Dr. Purdon and her students also have people come into their lab kitchen and use the stove or the sink while being videotaped (with their permission of course!). They study video footage of the compulsion to identify the factors that make it hard for people to stop.

What have Dr. Purdon and her students found?

So far, Dr. Purdon and her students have found that:

- The more people repeat an action the more difficult it is to stop
- The greater people's sense of responsibility to prevent harm, the less certain people feel that they have done an action to prevent harm properly
- When people feel high responsibility to protect self and others from harm, they are more likely to adopt an impossible or unverifiable goal for their action – such as "get rid of ALL the germs" (vs. get my hands clean)
- One major goal of a compulsion seems to be to avoid having OTHER people hold one responsible if harm were to occur

Lab Members

Dr. David Moscovitch is a Professor in the Department of Psychology at the University of Waterloo and is the Executive Director of the Centre for Mental Health Research and Treatment (CMHRT). David's research examines the nature and treatment of adult anxiety, with a particular focus on cognitive-behavioural models of social anxiety.

Dr. Christine Purdon is a Professor in the Department of Psychology at the University of Waterloo. Christine is interested in why obsessions, compulsions, and anxious thoughts persist, and in how to help people overcome them.

Kevin Barber is a Waterloo graduate student in clinical psychology currently exploring cognitive, behavioural and interpersonal factors in social anxiety disorder. In particular, he is interested in the relation between social anxiety and diminished positive affect.

Mia Romano is a Waterloo post-doctoral researcher in clinical psychology currently investigating the effects of memory-based treatments for social anxiety disorder. She is particularly interested in exploring underlying treatment mechanisms related to the content and emotional meaning of negative autobiographical memories.

Jessica Dupasquier is a Waterloo graduate student in clinical psychology who is interested in studying the roles of self-criticism as a risk factor for and self-compassion as a buffer against psychological difficulties, including social anxiety. Currently, she is investigating the relationship between self-attitudes, disclosure/concealment of emotional experiences, and support seeking.

Nick Zabara is a Waterloo graduate student in clinical psychology currently exploring the way socially anxious people select and use others to help them feel safe in social situations. He is particularly interested in examining the effects of this process on relationships and long-term anxiety outcomes.

Taylor Hudd is a Waterloo graduate student in clinical psychology interested in studying cognitive processes that generate and maintain social anxiety symptoms.

Molly Scarfe is a 4th year Waterloo undergraduate student in psychology. Molly is responsible for coordinating the operation of the Anxiety Studies Division (ASD).

Olivia Merritt is a Waterloo graduate student in clinical psychology who is interested in the relationship between mindfulness and mental health. In particular, Olivia is interested in exploring the effects of mindfulness-based therapies on compulsions.

Vanja Vidovic is a Waterloo graduate student in clinical psychology interested in understanding how socially anxious individuals navigate their social worlds, particularly with regards to their friendships, and the role of mental images and memories in the maintenance of social anxiety symptoms. She is also interested in individual differences that may serve as risk factors across forms of psychopathology.

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ANXIETY STUDIES

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