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Treatment Resistant Anxiety Disorders
Edited by Debbie Sookman & Robert L. Leahy
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For readers wanting to know how some of the world's leading experts think about treatment resistance in difficult anxiety cases, this exceptionally well-edited volume provides a clear path to the cutting edge of empirically-based therapy. In each of the 11 chapters a different approach is presented, sometimes by a single scholar, sometimes by a small collaboration. Each chapter stays diligently on task, focusing squarely on how to conceptualize and deal with treatment resistant anxiety. Although the volume serves as a showcase for the contributing scholars, and the perspectives are quite diverse, the unifying theme of treatment resistance in anxiety becomes increasingly bright as it is illuminated from different angles by different sources. Overall, this book is an excellent reference for any clinician who treats anxiety disorders.

There are two chapters devoted specifically to GAD, two chapters on OCD, one chapter on panic, one chapter on complex PTSD, one chapter on comorbid substance abuse in anxiety, and four chapters presenting theoretical and treatment perspectives that do not focus on a single disorder. The contributors have excelled at explaining their own theoretical and empirical efforts, providing both a concise introduction to their perspective and a detailed progress report on the current state of their art. Some of the chapters appear particularly noteworthy for their empirical, theoretical, and practical contributions, and I will comment on some of these below.

Adrian Wells, Metacognitive therapy: Application to generalized anxiety disorder. In this chapter Wells explains the general terms of his metacognitive theory and his rationale for deriving therapeutic interventions from it. His explanation centers on cognitive control, especially the deliberate attempts at cognitive and emotional control that can be seen to backfire so prominently in GAD. The explicit targeting of beliefs about worrying is intended to deal with both the perceived positives and negatives of worrying, and the interventions are expertly crafted as experiments to test the patient's hypotheses about these positives and negatives. Wells suggests an alternative hypothesis in many of these experiments, specifically that worry can be noticed and accepted without any requirement to regulate it. To date, his metacognitive approaches have garnered an impressive track record. His reported recovery rates hover around 80%, even at 1-year follow up. Notably, metacognitive therapy does not attempt to modify cognitions about the world. Only cognitions about cognition are permitted as treatment targets. Overall, Wells makes a great theoretical and empirical case for the promise of this type of approach.

Debbie Sookman and Gail Steketee, Specialized cognitive behavior therapy for treatment resistant obsessive compulsive disorder. These authors provide empirically supported guidelines for the classification of some OCD patients as treatment resistant, while also providing alternatives for the treatment of these patients. One of the alternatives is CT without formal exposure, developed by Wilhelm and Steketee (2006), and the empirical results for this adaptation look quite good. Another alternative comes from schema-based therapy, developed by Sookman (Sookman & Pinard, 1999), which is also accumulating good data on efficacy. The very thorough review of the empirical literature on OCD outcomes is highly appreciated.

Christie Jackson, Kore Nissenson, and Marylene Cloitre, Treatment for complex PTSD. This chapter clearly makes the case for the recognition of complex PTSD, which often stems from prolonged or repeated childhood or adolescent abuse, as a treatment resistant disorder requiring specialized therapy and skills training. Cloitre's "skills training in affective and interpersonal regulation" (STAIR; Cloitre, Cohen, & Koenan, 2006) is thoughtfully designed to target exactly the deficits empirically associated with treatment resistance in complex PTSD. Outcome trials show both STAIR and modified prolonged exposure (MPE) are each effective, but when combined become even more effective with less dropout. The depth of clinical insight and experience conveyed in this chapter is profound, from the authors' suggestions about handling the "crisis du jour" to their understanding of the importance of teaching emotion utilization rather than simply emotion regulation. The importance of anger problems in this population, and the handling of the therapist's own stress, is conveyed with a rare combination of expertise, sensitivity, and wisdom. This chapter is highly recommended reading, and is worth the price of admission.

Timothy J. Bruce and William C. Sanderson, Understanding and managing treatment-resistant panic disorder. Surveying members of the Association for Behavioral and Cognitive Therapies about factors that make panic disorder resistant to conventional treatment with CBT, these authors identified some understandable stumbling blocks, and they further suggested means by which to address them. At the top of the list of culprits was the patient's lack of engagement in behavioral experiments, followed by general noncompliance, the presence of comorbid disorders, and inadequate case formulation or misdiagnosis, among other factors. Some standard corrective measures, such as additional patient education, graduating exposures, motivational enhancement, and diagnostic refinement are encouraged quite reasonably.

Robert L. Leahy, Emotional schemas in treatment-resistant anxiety. Leahy applies a prodigious wealth of knowledge, theory, and clinical experience to a trans-diagnostic conceptualization of treatment resistant anxiety. In this chapter, he advances a conceptualization of emotional schemas using a multidimensional model of patients' beliefs about emotions along their attributions of validity, comprehensibility, legitimacy, controllability, consensus, and a number of other dimensions. What is particularly striking about Leahy's conceptualization is its exclusive focus on the patient's theory of mind, very much in the cognitive-constructivist tradition, but representing an updated and sophisticated application of appraisal theory to emotion itself. While focusing almost entirely within the metacognitive domain, Leahy reminds us not to forget some of the most important cornerstones of cognitive theory and general psychology, such as the centrality of self-efficacy, the inevitability of strong conflict between the theories of the patient and those of the therapist, and the importance of the patient's ability to self-reward for applying newer, more effective strategies. Overall, Leahy very deftly explains how one can apply empirically rigorous cognitive theory toward maximizing progress with exceptionally difficult anxiety patients in a highly expert, compassionate, and respectful manner.

Henny A. Westra and Hal Arkowitz, Combining motivational interviewing and cognitive-behavioral therapy to increase treatment efficacy for generalized anxiety disorder. The authors present outcome data showing very large effect sizes when 4 motivational interviewing sessions are added prior to the initiation of CBT for patients with severe GAD. In addition, 4 motivational interviewing sessions alone led to significant symptom reduction even without any further treatment. This chapter also includes fine suggestions, descriptions, and examples of motivational interviewing strategies with GAD cases.

Sherry H. Stewart and Roisin M. O'Connor, Treating anxiety disorders in the context of concurrent substance misuse. This chapter presents outstanding literature reviews of sequential, concurrent, and more importantly, *integrated* substance abuse treatments in the contexts of PTSD, panic, social anxiety, OCD, specific phobia, and GAD. Because their empirical review is vast, deep, and exquisitely organized, the authors are able to make a powerful and convincing case for integrating the treatments of anxiety and substance abuse in each of the disorders studied. When empirically supported integrated treatments are not already available, the authors wisely suggest integrating treatment for both disorders by conducting a thorough functional analysis of the predisposing, triggering, and reciprocally maintaining relationships between the anxiety symptoms and the substance use. This chapter is an exceptionally astute example of the pursuit of the best possible evidence based practice.

Leahy's concluding comments include a thoughtful analysis of common factors in the forgoing recommendations for treating difficult anxiety cases. He challenges us to use all of our scientific knowledge, intelligence, flexibility, adaptability, and insight to do what our patients call on us to do. In this volume, Leahy and Sookman have succeeded in providing us with enough tools to make the challenge seem worth taking.

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