Response to Nadler's Commentary on Arch and Craske's (2011) “Addressing Relapse in Cognitive Behavioral Therapy for Panic Disorder: Methods for Optimizing Long-Term Treatment Outcomes”

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Nadler (this issue), in his commentary of our article, “Addressing Relapse in Cognitive Behavioral Therapy for Panic Disorder: Methods for Optimizing Long-Term Treatment Outcomes” (Arch & Craske, 2011), argues that we misrepresent the role of panic attacks within learning theory and overlook cognitive treatment targets. He presents several case studies that he argues demonstrate how to target fears regarding the consequences of panic itself. We appreciate his raising these issues and creating the opportunity for discussion. We take issue, however, with two aspects of his commentary. First, his case studies beautifully illustrate a central point we make in our article regarding the importance of violating patient expectancies, and as such, exemplify our recommendations rather than illustrate what we may have overlooked. Second, Nadler’s argument that we misidentify the role of panic attacks contradicts itself in ways that reveal his misunderstanding of the complexity of panic attacks from the perspective of learning theory (e.g., Bouton, Mineka, & Barlow, 2001), and disregard an important point we make in our article.

In Nadler’s (this issue) first case study, a female panic disorder patient fails to fully recover after completing a Mastery of Your Anxiety and Panic (MAP)-based treatment program (Barlow & Craske, 2007).1 He writes, “Discussion with [the patient]. . . led to the sense that she believed that she was possibly in danger and would lose control if the strength of the sensations escalated beyond some subjectively experienced limit. We devised a test for her wherein she would stand in my office and hyperventilate until she lost control (prolonged exposure to the US). It took 35 minutes of hyperventilating until she was convinced that the US was not going to happen.” From the perspective of inhibitory learning (Craske et al., 2008), this case study perfectly illustrates mismatching or violating patient expectancies in order to generate nonthreat associations that promote inhibitory learning. Rather than pointing out an area that we overlooked, therefore, this case study illustrates a central point of our theory. Our article notes, “Expectancy tracking also could be used

1 Nadler cites a much earlier version of the MAP program (Barlow & Craske, 1990) and thus it is unclear if he uses the more recent versions of the treatment program.
during exposure . . . with the goal of continuing the exposure until the [patient’s] maximum expectancy is violated” (p. 311). In Nadler’s case study, the patient’s “maximum expectancy” of losing control was fully violated after she hyperventilated for 35 minutes. From an inhibitory learning perspective, the patient’s expectation of losing control mismatched with the outcome, promoting a nonthreatening association with her most feared context. Nadler’s second case study again illustrates the inhibitory learning principal of violating expectancies, in the context of fears of “imminent suffocation.” Our recommendation to violate patient expectancies provides a powerful means to challenge the very catastrophic cognitions that Nadler claims we overlook.

Nadler’s (this issue) second argument, that we misidentify the role of panic attacks within learning theory and fail to recommend exposure to the unconditioned stimulus of the panic attack itself, appears to be based in part on a misreading of our article. First, Nadler notes in his article highlights that “Arch and Craske appear to misidentify panic attacks as a conditioned stimulus [CS] rather than a conditioned response [CR].” His next highlight contradicts this by recommending to “focus on the unconditioned stimulus leads to potentially greater therapeutic change” and by unconditioned stimulus (US), he appears to refer to panic attacks themselves (as he notes in several other places). Does Nadler intend to identify panic attacks as a conditioned response or as an unconditioned stimulus, or both? His apparent confusion reflects the innate complexity of this issue. Given his mixing up of terms, however, it is difficult to understand what point he is trying to make. We wrote: “the (apex of the) panic attack can be conceptualized as the unconditioned stimulus (US) and the accompanying bodily sensations and the external agoraphobic situations can be conceptualized as the conditional stimuli (CS)” (p. 311) and cite the excellent paper by Bouton and colleagues (2001), which provides a detailed discussion of this issue (“nominal USs can signal other USs; one panic attack or early aspects of a panic attack, can signal other panic attacks” [p. 13]). As noted by Bouton and colleagues, however, panic attacks can serve as a US or CR depending on the particular learned associations and context. That is, although panic is generally conceptualized as a US, bodily or external cues that occur close in time to panic attacks (CSs) can come to trigger panic attacks themselves (in this case, a CR; see also Mineka & Zinbarg, 2006). Distinguishing between these roles (e.g., between panic as a US versus CR), however, may not be as essential as understanding that lower levels of anxiety (or panic) can come to trigger higher levels, and that a range of contextual factors must be considered in understanding which learned associations become triggered and when (see Bouton et al.).

Beyond nomenclature, Nadler (2011-this issue) intends to critique our emphasis on exposure to CSs (bodily sensations, images, and in-vivo contexts associated with panic attacks) rather than to panic attacks themselves. Although it is true that we emphasize exposure to CSs, we also write, “Although most exposures focus on the conditioned stimuli, there may also be value in conducting exposures directly to the US (i.e. to panic attacks themselves). The aim of exposure to the US would be to eventually devalue the significance of panic, thereby initiating habituation to the US. In summary . . . there is value to doing exposure to the US as well as the CS” (p. 311).

In summary, though his employment of learning theory is inconsistent and at times flawed, we agree with Nadler that exposure to panic attacks themselves is valuable. The case studies he provides showcase one of our key recommendations, that is, designing exposures to violate patient expectancies regarding the feared consequences of panic attacks.

References


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