

# The anxiety game: crafting a winning strategy

REID WILSON

The goal of the therapist in treating individuals with anxiety disorders is to help them to change their orientation to the problem and its resolution. A primary cognitive intervention is to create a frame of reference that will move the client toward their discomfort with as little resistance as possible. In this article, REID WILSON demonstrates how to extend this process across sessions. He provides detailed descriptions of his work with a twelve year old girl who has been spending most of her waking hours dominated by obsessions. Just enough life stressors have congregated to move her genetic disposition to anxiety toward a sudden manifestation as obsessive compulsive disorder (OCD).

She's twelve years old, and this has been going on for three years now. Just enough stressors have congregated—she develops a severe case of acne, then a major leg injury, mom develops a life-threatening illness, the parents are in a car accident—and the genetic predisposition toward anxiety suddenly manifests as OCD. Elizabeth has been spending most of her waking hours being dominated by obsessions. She and her parents are ready to tackle this problem, and they seek my help.

Elsewhere I have illustrated a strategic protocol to help those with an anxiety disorder to change their orientation to the problem and its resolution (Burns, in press). The goal of this cognitive intervention is to create a frame of reference that will move the client toward their discomfort with as little resistance as possible.

If we assume that our actions are dictated, in part, by beliefs about the world, cause and effect, how one gets one's needs met, fairness and so on, the term 'frame' can be used to represent the frame of reference that is triggered in the moment and that

tends to direct our next action. If the anxious individual can challenge these 'frames', they have the option to choose a new set of actions that support their valued goals. One of the most powerful negative frames is, "I must keep anxiety at bay." In order to confront that frame in a way that makes a difference, an accessible, competing frame is needed. In other words, it's not what you do, it's what you *stop* doing. When an individual finds themselves pulled in by their fear, they are to take three steps:

1. Notice the uncomfortable sensation or fearful doubt. This allows them to move momentarily to the role of observer instead of being consumed by the role of actor in the drama.

2. Request the absolute opposite of what they would typically request. "Please make me more [uncomfortable, confused, uncertain, embarrassed.] And stick around longer, please." They can justify this move in two ways. First, they actually *do* want frequency, intensity and duration, because that's how they get better. And, second, in this cognitive game, they are re-focusing their attention toward an exaggerated, opposite position from

what anxiety needs in order to control them. This generates a dissociation from their natural urge to resist.

3. Turn attention back to the task at hand. They are not to take any action to generate doubt, or to monitor their body or thoughts to see how the intervention is working. They get back to studying, or crossing the soccer field, or opening the can of soup.

If their sense of threat takes a dominant place in their mind again (which might occur eight seconds later) they return to step 1. Their job is not to change their anxiety or doubt; it is to change their reaction.

In this article you will learn how to extend this process across sessions. The goal is to solidify a therapeutic point of view that can manage all encounters with the anxiety disorder. Here's the process:

- explain the essence of the universal struggle within that anxiety disorder;
- reveal a simple strategy to disengage from that struggle;
- use all forms of persuasion, including metaphors, analogies, humor, logic, rapport and passion;

- represent that strategy by simple messages that direct action (what I label as ‘frames’);
- encourage experiments that can validate these frames as guides to win over anxiety.

The focus here will be to observe a client’s natural learning process across time. The therapist’s task is to reinforce the client’s learning process of experimenting, identifying valid therapeutic frames, and using them to guide future activity.

This is not a stepwise protocol constructed over multiple sessions; this is an uncomplicated treatment theory formula built out of whole cloth in the initial session, and reinforced in each additional session. While it takes multiple sessions to achieve a positive end-state, these sessions involve strengthening the initial therapeutic paradigm and honoring the need to repeat exposures to override previous conditioning.

#### Observe and accept

Session One with Elizabeth has accomplished the goals of persuading her that it is advantageous to question

her current strategy and encouraging her to experiment with a new one. Let’s step into the beginning of the second session. Elizabeth’s biggest and most time-consuming struggle these last three years has been with her obsessions. She was swallowed up by worries about things going wrong,

happened by magic, spontaneously, or through some applied strategy.

*E: When the thoughts popped up, I was able to accept them. And I’ve realized that as I’ve begun not having my thought process after each thought, I’ve had them less.*

What is her first learning? If she goes into neutral after an obsession,

*Disengagement is the foundation skill upon which all other interventions are built. Simply put, you must first stop having your current thought to have a new thought.*

accidentally insulting friends, failing tests, further health problems in herself or her parents, and the need for perfection.

She begins this session by stating that she has brought these obsessions under her control within the first week. This is a remarkable feat. My job is now to become curious about the process and to reinforce any therapeutic frame that guided her. I ask her if this

she defuses it. Disengagement is the foundation skill upon which all other interventions are built. Simply put, you must first stop having your current thought to have a new thought. She ‘gets it’ here, but it will take weeks of encounters before she can use this insight consistently.

*E: It’s almost like the OCD...if it was a person it would know how to get a reaction out of me. If I was thinking about*



Illustration: Savina Hopkins

it, I had the thoughts more. Without the reaction, the thoughts just sort of...I might still have them, just not realize it as much because I'm not doing anything about them. But they're completely gone, they're not a problem.

**R: What do you think of that?**

E: *It's the opposite of what I expected. I like it a lot. It gives me a lot more free time.*

Here you see the first glimpse of her courage. OCD gives her a threatening worry ("someone will die"), and she

## *The only way she can accomplish this is to first step away from the content of her obsession and adopt the frame of, "This is just OCD."*

permits herself not to react. How? By experimenting with the frame of, "this is only OCD trying to get at me." To act on this belief requires stepping into the threatening unknown. Only then does she discover that her obsessions are a paper tiger.

### **Take on the bully**

I'm always going to be curious about the client's decision-making. I ask Elizabeth in this second session:

**R: How do you choose what you work on?**

E: *At first I worked on my thoughts, because they were bugging me the most. 'Cause they took up brain space.*

This was such a courageous act, and it paid off. Now I want to translate that experiment into a therapeutic frame that can guide her future actions.

**R: Yeah. So you went after the bully. I just want to let you know: you went after the bully. Right?**

E: *And I won!*

It is uncommon for a therapist to recommend that a client begin her exposure work at the top of her hierarchy. Yet it has a minimal downside, because if it isn't effective, then, "After all, I was going after the bully. Who could expect me to win in my first effort?" And it can have a significant upside ("I won!"). Elizabeth gets to move forward with the guidance of the frame, "Consider going after the bully. You might win."

### **Paradoxical frame**

Regarding her compulsions during this first week, Elizabeth focuses on the simple but difficult guideline of, "Do the opposite of what anxiety expects." The only way she can accomplish this is to first step away from the content of her obsession and adopt the frame of, "This is just OCD." The actual message is, "I'm going to act as though this is just OCD," since there is no way for her to be certain. Once again, she must step into the threatening unknown.

E: *Whenever I realize I'm doing the ritual, I try to do the opposite of what I was supposed to do. Like, creases on the tablecloth: I couldn't put a cup on a crease. [Her belief was that this would cause one of her dreaded catastrophes to occur.] But now I try to put a cup on two creases—and I'll tell myself, "What are you worried about here?" And there's really nothing that I'm worried about; I'm just worried about things in general. So, you have to convince yourself that putting the cup on the crease is not really related to what you're worried about. It's just OCD. You have to categorize it.*

I compliment her on this significant progress. She steps back from the content of the obsession ("something bad's going to happen if you do this") and labels it generically as "just OCD." She accomplishes this in part by using a crutch to make the task easier: she reassures herself that there is nothing to really worry about. Using a crutch can help anxious people move into new threatening territory. But once there, my job is to focus on the central frames needed to win over any anxiety disorder. Elizabeth needs to go toward the unbridled experience of doubt and distress. When she reassures herself that there's nothing to worry about, she reduces her exposure to uncertainty and discomfort.

To accomplish this shift toward the frame of "seek out uncertainty and distress" will take weeks of persuasion on my part, coupled with

experimentation on hers. Therefore, moments later I continue the conversation:

**R: If you're not willing to sit with the 'I don't know if this is going to work' feeling, then that's the area where you don't get better.**

E: *So you have to approach the nervousness? You have to want to be nervous?*

**R: Well, yeah! What would that cost you? You're nervous anyway.**

E: *Good point. I'm understanding that I have to...I'm still trying to make myself feel calm and assured that nothing bad's gonna happen. But instead, I should go for that, I should want to feel nervous that maybe I didn't make the right choice...*

### **Create guidelines**

By the end of the second session, my goal is to create a set of therapeutic principles, based on the client's new experiments, that will guide future efforts. I ask Elizabeth what guidelines she could name that reflect what she has learned through her experiments this week. Here's the list we ended up with, written on the whiteboard:

1. accept the negative thought instead of trying to stop it;
2. go **toward** worrying—don't try to be calm or go toward control;
3. you can use crutches when you try new things—work to let go of them over time (see No. 2);
4. mess things up.

### **Repeat the learning**

The urge for certainty will remain part of the core process of anyone with an anxiety disorder. Therefore, despite her early success in observing and not reacting to her fearful thoughts, Elizabeth will have to learn this lesson again and again. Here we are in the third session.

**R: What's required to get better?**

E: *I have to worry. I know that. I have to be open to worry. And I've been trying to do that, but it's not fun to worry. The main thing is that my break-outs are gonna get worse. Because last year, I had a lot of pimples and now this year I don't. But I'm afraid I'm going to go back to last year.*

**R: Uh-huh. How painful would that be?**

E: *Very. Your self-esteem goes down. You're not as confident. It's just like a*

caught-in-the-moment thing. I don't want to worry. I just want to know. I have to be sure.

**R:** So, how do you want to respond to those pretty strong messages, when you believe to get better, you have to be open to worry? How would one think about it?

**E:** You know, "I have to be sure" is a thought. So I could attack it like a thought. [She's hooking this in with the obsessions that she beat in her first week.]

**R:** And how would you do that?

**E:** By accepting it. And then just going on with your life. Just say, "Okay. I don't have to be sure." You just accept it, but you don't do the ritual.

**R:** And so what's wrong with that strategy?

**E:** I just never used it before.

### The rewards of courage

From the client's point of view, most guidelines in provocative treatment seem like a very bad idea up front. If these new frames are to become a stable part of the therapeutic repertoire, then they must bring rewards. Here in Session Six, Elizabeth reports on an experiment that falls under her personal guideline No. 4: *mess things up*. As she acknowledges the reward stemming from her courageous action, notice how I plant a seed for this as another helpful frame.

**E:** Well, one night I just decided to mess the face towel up. It really drives me crazy, the face towel, 'cause it takes like two minutes for me to get it exactly right. I begin studying the specks of dirt on the towel rack, and I have to get it between this speck of dirt and that speck of dirt. When you think about it now, it seems really silly – but in the moment, it doesn't. So one night I thought, "I'm tired; I'm just gonna hang this on the rack, and I'm gonna go away." And it was actually pretty easy in the end because I only worried about it for a minute or so, and then it sort of went away.

**R:** That's a good thing to know too, you know. "That first minute might be the hardest I have."

**E:** And then, I had to change the towel one night. That was a big thing for me too because I have to have a certain color—it has to be a peach colored towel. So, I chose a dark red cranberry towel. And then my OCD voice was like, "You can't do this; it's cranberry!" And so I just sort of ignored

it. I said, "Well, that's OCD. That doesn't apply to me." So that was good. So I've gotten rid of that.

### Building on the paradoxical frame

Paradoxical interventions are a mental ploy. Anxiety disorders require that you feel intimidated by the bad events that could occur. If panic says, "You could pass out," it maintains its

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power as long as you react with, "Please, no, I'll do anything to keep from passing out." By personifying anxiety and then requesting that it please give you that feared event, you cross that transaction.

Here in Session Six, Elizabeth and I join forces to out-smart the anxiety disorder. OCD demands that she conduct a variety of rituals to ensure that all will go well regarding the school day, her relationships with friends, and her physical appearance.

**R:** OCD wants you to think about having a good day, right? Have a good school day. What's the opposite of hoping you have a good school day?

**E:** Hoping I have a bad school day? Ooooh, that's not a bad idea!

**R:** And what's the opposite of hoping you make a good impression?

**E:** Hoping I make a bad impression—well that actually is good. Like you said, say to the OCD, "Bring it on! Make me have a bad school day." Which the OCD obviously can't do, because it's powerless, but...

**R:** What's the opposite of having your appearance in good shape?

**E:** Having a really bad physical appearance.

**R:** And do you have specifics?

**E:** Having my whole face covered with pimples.

I interrupt our flow to nourish the new frame I seeded earlier in the session. It will be a useful resource for this intervention.

**R:** Uh, how are you doing around [your ritual with] the purse?

**E:** I forgot about the purse actually. See, that's the thing: I only worry about it for a minute, and then I just sort of forget it.

**R:** Is there some benefit to you to learn that it only lasts for about a minute and then its gone?

**E:** Yeah, because you only... when you say that you want a bad school day or you are open to worry, you'll only worry for a minute and then it will go away.

**R:** Yeah. So what would be the definition of a bad school day? What would a bad school day look like?

**E:** Umm...two F's on tests...this is like a really bad school day...umm...get into a fight with my friends...umm...get in trouble with the teachers...maybe if it was a really bad day, do something really embarrassing...Miss the bus...

**R:** And what would be the common bad impression or set of bad impressions you'd be concerned about?

**E:** I don't want to say the wrong thing. I like to always say the right thing.

**R:** Okay, so...What do you think about seeking that out? Only by requesting it?

I've previously explained to her what I mean when I say "only by requesting it." Ask the anxiety disorder to please give you whatever you feel threatened by. Then completely abandon the relationship and return to the task you want to attend to. Don't wait for a response or evaluate the effect of your intervention; simply drop the topic and re-direct your attention.

My goal is for clients to become resilient through self-efficacy. As this conversation continues, I remind her to accept that the feared consequence might occur. The message that I want ingrained is, "Whatever happens, I'll handle it." Elizabeth once again surprises me with her robust response.

**E:** So I think maybe that can work. Because when you look at it like you and OCD are having a fight and you gotta win, then it gets sort of almost fun. Like, "I beat you OCD." You know?

**R:** Okay. But there has to be a certain degree of commitment to the willingness to have a bad day. There has to be a certain kind of honesty about that, which is: if that were to

happen one day, could you survive it?

E: Yeah, 'cause, I mean, if you sink America into the Pacific Ocean and you kill everyone in Europe, I mean, still, at the end of the day you could go to sleep.

R: Wow! My, my! (We are both laughing now.) You can do this!

### Joining frames together

Let's jump forward to Session Seven, eight weeks into the treatment. Elizabeth has been honing her observing and accepting skills. This gives her easier access to the therapeutic frames that guide her actions. Here I ask her how she is finally gaining control over an elaborate and publicly embarrassing ritual of eye movements and physical gestures. In previous sessions she complained that she couldn't catch the ritual until it ended.

E: I'm just thinking about it more, I've brought it more to my attention and...

R: How do you do that?

E: You just have to be aware of it. There's always the voice that says, "It's time to do an OCD ritual," and I guess I've been listening for that more. Before I would just say, "Okay, yeah." Now I've been sort of saying, "Wait, is this an opportunity to practice?" And in some cases I've said, "Yes, this is a great opportunity," and in other cases I'll say, "No, I'm feeling particularly anxious right now."

R: So, you're picking and choosing, but you're having the opportunity to choose, so that's a huge change. And that gives you a sense of your power in a way that you've never seen it before, you've never felt it before.

E: I have the choice of whether or not to do it. It doesn't have the choice over me, saying, "You have to do this."

R: Well, what do you think of that?

E: I like it. I like having the power. It's sort of like...you make the OCD the enemy. Before I began seeing you, I thought the OCD was actually a part of me, but I've taken a step back and seen it's not me, it's the OCD. And I've put the OCD into a role where it's the enemy, and we were sort of fighting, and, you know, every time I resisted it, I would win. And every time it took power over me, I would lose.

As she becomes more attentive, she actually hears for the first time the quiet command of OCD: "Do the ritual now." As she hears it, she pulls

up the frame of, "This might be a good opportunity to practice." She's picking her battles, wins more often than she loses, and this strengthens her belief in the guidance of the frame. In this next section you will learn how Elizabeth uses a second strategy to increase her sense of control and power.

### Change in 'chewable bites'

This treatment process is not directed through the typical OCD behavioral intervention of exposure (to the feared consequences) and ritual prevention. The goal of this cognitive protocol is to modify the belief system. Self-efficacy is the driving force behind this change. For instance, control is a

chewable when you say, "I only have to do it for a minute." So, it's been a lot better. And it's because I've been taking it off in more chewable bites, I guess. You know, instead of trying to eat an entire chicken wing in one bite—which I've seen my little sister do—it's been sort of easier. I'm getting the best of both worlds. I'm being open to worry, but I can also, after a minute or two, do the ritual. And you know, it's been getting so long—three, four, five minutes—that after a while you just forget about it.

R: It's less suffering in a way, and you still get the same lesson. Or you may even get the lesson sooner, because if it's gonna be a lot of

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high priority of all who struggle with anxiety disorders. Here Elizabeth experiments with control of her urge to ritualize by limiting the amount of time she must remain in control. Listen to how she uses this strategy to continue constructing her frame of reference: "I can handle this."

E: I remembered in one of the sessions you said that even if you can only resist doing a ritual for a minute, you've practiced for that minute. So I started out using that. Because, you know, I couldn't resist it forever; I just couldn't do it at first. So I started out purposely putting something in a certain spot that was against my OCD, and leaving it there for a minute. Resisting it for a minute, being open to worry about it for a minute. And then if I was worried, putting it back. And, so I've been able to resist longer and longer, and therefore I've been almost sort of forgetting about it.

R: It's kind of a trick, right? It's a mental game: you can postpone, knowing that it's fine to do the behavior, so you don't have to be so scared about it. And then you teach yourself a lesson.

E: Exactly. And then it seems more

suffering, you simply wouldn't do it. So maybe going this slow way is the fastest way to get it.

E: Exactly. Because it's like, you know, if you have to immediately take a five-mile walk, you're gonna say, you know, "I don't want to do that." But if you say to yourself, "Why don't I take a 1/2 mile walk today. Tomorrow I'll take a mile long walk..."

### Higher levels of abstraction

Anxious clients can ground their actions best through a frame of reference that operates at the highest level of abstraction. During an intake interview, those with fear of flying may present a laundry list of concerns: "I don't like being confined to my seat or away from my loved ones; I don't like turbulence or the possibility of having a panic attack." But if they conclude this litany with, "I think, basically, I don't like to give up control," then they have the needed perspective to step away from the specifics of their fearful content.

Here in Session Eight, Elizabeth reports on such an insight regarding her need for total and perfect control. Once she recognizes that it is an impractical expectation, she begins



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distinguishing reasonable from unreasonable control. She was already practicing the guide of “go toward the doubt.” But notice how this deeper awareness—of normalizing worry and anxiety—enhances the value of that frame.

**E:** Friday, I realized I’ve been attacking this problem wrong. I’ve been trying to treat the OCD without getting to the bottom of what I’m worried about. And I thought, “now, what am I really worried about?” All of these go under one single heading: I am nervous about the future. I want to be able to control the future in ways that I cannot control it. I know I can control having breakouts by washing my face, but I want complete and absolute control. And I need to tell myself that I can’t have control, that I cannot be certain. And that’s a really scary thought to bring into my mind. Because I’ve always thought, “If I do this, I can have absolute control.”

It was sort of like I wasn’t worrying enough. But I realized I need to embrace that worry. I need to say, “Well, I don’t know what’s going to happen.” So after I came up with that idea—and it took me all of this time to figure that out, but I still came up with it—I’ve been able to conquer the rituals.

**R:** What do you mean?

**E:** Every time I’ve wanted to do a

ritual, I’ve tried to think this thought: “Well, as much as I want to control my future, there are certain things which I can’t control.” I say that, and I say, “Well, I am worried, but it’s okay to be worried.” You know, “I’m nervous; everyone gets nervous. And that’s okay. And there are things I can control, but I can’t go beyond those things.” I realized—wait, these techniques aren’t working. Why? And then, I figured out that I can keep fighting each OCD ritual individually, getting rid of it, and it can keep coming back. Or I can treat it as one mass problem. I can say, “This is all OCD, and it is trying to make me feel that I can be certain about my future. But I can’t be certain, and I want to uncertain and anxious.”

It’s like if you have a disease, and you only attack each symptom. Like your muscles ache, and you only give yourself Tylenol. But you actually have a bigger disease. You’re not going to get rid of the disease; you’re just going to get rid of that symptom. And then another one’s going to come. You have to treat the big mother.

Clearly, her ability to generate metaphors and similes reflects her comprehension. But I want to be explicit with her, confirming that she knows how to move from the abstract to the moment-by-moment encounter with the anxiety disorder. I ask a general question, and then one

specifically related to her perfectionism about her handwriting.

**R:** So what are you going to do when a new obsession comes up this week?

**E:** Well, the OCD’s going to talk first. It’s going to say, “Wait, this is a moment to do OCD. I think you should do this ritual, because if you do, you’ll be certain that you are gonna get an A on the test.” And I’ll say, “Well, I don’t want to be certain that I’m gonna get an A on the test. I want to be uncertain!” And, you know, I might not get an A on the test. I might, but I don’t know.”

**R:** So...pragmatically speaking, in the room while the teacher is writing and you’re copying, what would you literally do?

**E:** The OCD would pop up and say, “Oh, look at that D. You need to fix that.” And I would say, “No, I don’t.” I mean, what’s gonna happen if I don’t? And then the OCD will give me something like, “The rest of the day is not going to go good.” And then I would say, “Well, I don’t want to be certain that the rest of the day is going to go good.”

With the OCD, it’s sort of like reverse psychology almost. Because it’s like when a child’s not cleaning a room and you want them to, you say, “Oh, I want you to make it messier.” And then they’ll sort of look at you, and they’ll clean their room. So when

the OCD wants you to do something, you say, "Oh, I want that to happen," and then the OCD has no power over you.

### The game plan for how to be resilient

We do one last piece of work in this eighth session. She asks, "Don't certain things have to go the way you plan them to?" She's continuing to struggle through her fear of negative consequences. "If the week before the SATs my grandmother dies, and instead of studying, I'm up at the funeral and feeling sad about my grandmother, and I still have to take the SAT... If you fail the SAT, the outcome is devastating. You won't get into college."

R: Well, if you fail it, that's just simply what happened. Things happen. You're doing great in your family and then all of the sudden one of your parents becomes ill and is in treatment, and you're not sure if that parent's going to live or die. And it's not supposed to go that way, but it did. And either you're resilient and you spring back from it, or you don't.

So I'm gonna make a game plan. I'm gonna play this game as though I'm gonna win, as though my life depends upon winning; I'm just going to act that way. And then if I lose the game, I'm gonna create another game and start playing again. If you fail that SAT, you make up a new game: "Okay, given the fact that I've failed this SAT and I want to get into college, now let me create the next game." Because that's already happened, right? And that's the springing back. The person who doesn't spring back, goes, "I failed the SAT. Nothing I can do; my life is ruined; I can't get into college." Which person do you want to be?

E: I want to be the person who springs back.

R: You obviously want to be the person who has luck and nothing ever goes wrong, but don't hold your breath on that. You of all people know that the world doesn't go that way. And you have been pushing through some adversity; you really have. If you look just in your family and your health, you've been doing this, you've been springing back. So you already know how you get in trouble and how you pull yourself back out of it. Personal integrity, commitment, intention,

support of my family and friends, accessing resources that are helpful to me, and giving it my next best shot, right?

Because, I tell you, you've got an opportunity in this very special way. Wrestling with OCD is wrestling with a core principle of humanity which is: we do not like to be uncertain. OCD—even though it's a nasty little disorder—it does focus you on this theme, which is, 'If I'm gonna learn anything new, I'm gonna be uncertain and anxious. And I want to learn something new; therefore, I'm going to be uncertain and anxious.' If you pick a new jazz dance class when you've only done ballet, or if you decide to do bungee jumping, you've gotta go, 'Boy, I feel anxious about that. Well, isn't that interesting.' And then you do it anyway."

E: Exactly, it's going after a bully. Instead of facing the bully, you go around

the school so that you don't have to down a certain hall that the bully's on. But that's not going to work forever. You know, it might work for a couple of days, but it's not the best direction to go in.

How do you think this case turned out? Elizabeth continued to take on the bully, because she learned to focus on her ability to spring back from adversity (just like the ones she experienced right before the OCD first showed up). She mastered the courage needed to keep pushing into the territory controlled by the anxiety disorder. In a recent follow-up she reported a few 'annoying' numbered tapping sequences each day.

### References

Part of this article is adapted from Burns, G. W. (Ed) (In press). *Happiness, Healing, Enhancement: Your casebook collection for using positive psychotherapy*. Hoboken, NJ: John Wiley & Sons.

### AUTHOR NOTES

R. REID WILSON Ph.D., clinical psychologist and Associate Clinical Professor of Psychiatry at the University of North Carolina School of Medicine, is an international expert in the treatment of anxiety disorders, with books translated into seven languages. He is author of 'Don't Panic: Taking Control of Anxiety Attacks' (now in its Third Edition, 2009) and 'Facing Panic: Self-Help for People with Panic Attacks', and is co-author with Edna Foa of 'Stop Obsessing! How to Overcome Your Obsessions and Compulsions', and co-author of 'Achieving a Comfortable Flight', a self-help package for the fearful flier. He designed and served as lead psychologist for American Airlines' first national program for the fearful flier. Dr. Wilson served on the Board of Directors of the Anxiety Disorders Association of America for twelve years, and as Program Chair of the National Conferences on Anxiety Disorders from 1988-1991. His free self-help website: [www.anxieties.com](http://www.anxieties.com) serves 500,000 visitors (26 million hits) per year. An invited presenter at eight International Congresses on Ericksonian Approaches to Hypnosis and Psychotherapy, his videos include 'Obsessive-Compulsive Disorder' (APA); 'Initial Interventions in Panic Disorder: a Demonstration' (Uni. of Connecticut); 'Treatment of Panic Disorder' and 'Treatment of Obsessive-Compulsive Disorder' (Erickson Foundation).

Dr. Wilson will offer professional training events in Australia in May 2009. See [www.psychotherapy.com.au](http://www.psychotherapy.com.au) for more details.

Further information about Dr. Wilson at [www.anxieties.com](http://www.anxieties.com)