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## Dissemination of empirically supported treatments for anxiety disorders: Introduction to the special issue

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### Abstract

Effective exposure therapies for anxiety disorders have been available for half a century. Over that time we have made great strides increasing the potency of these powerful methods. Yet, most of us in practice still have a conversation like the following with our new patients: *Therapist*: “So what treatments have you had for your anxiety symptoms to date?” *Patient*: “I have seen numerous therapists over the last 10 years.” *Therapist*: “Great, so what did you do?” *Patient*: “We talked about things. And I learned relaxation and breathing techniques.” *Therapist*: “Did a therapist ever help you face your fears?” *Patient*: “What do you mean?” *Therapist*: “I mean did you directly confront feared situations, perhaps with your therapist outside the office?” *Patient*: “No, why, is that important?” This oft-repeated conversation highlights the disconnect between the well-established efficacy of exposure-based treatments for pathological anxiety and their inaccessibility to most anxious clients. This failure to successfully disseminate exposure-based empirically supported treatments is the motivation for this special issue. The articles that follow consider the causes of this dissemination failure, highlight areas of success, and offer constructive remedies for addressing this important public health problem.

### Keywords

Dissemination; Exposure therapy; Anxiety disorders; Special issue; Empirically supported treatments; Introduction

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Anxiety disorders are the most common mental disorders in the United States and account for approximately one-third of all mental health care costs (Greenberg et al., 1999; Kessler et al., 2005). Fortunately, highly effective treatments are available that alleviate symptoms for most patients (Abramowitz, Whiteside, & Deacon, 2005; Deacon & Abramowitz, 2004; Gould, Otto, Pollack, & Yap, 1997; Gould, Otto, & Pollack, 1995; Powers, Halpern, Ferenschak, Gillihan, & Foa, 2010; Powers, Sigmarsson, & Emmelkamp, 2008; Rosa-Alcázar, Sánchez-Meca, Gómez-Conesa, & Marín-Martínez, 2008; Wolitzky-Taylor, Horowitz, Powers, & Telch, 2008). These exposure-based interventions are considered first-line treatments of choice by international guidelines (e.g. National Institute for Health and Care Excellence [NICE], Institute of Medicine). In fact, for some anxiety disorders they are the only recommended interventions. For example, in a comprehensive 2007 report, the Institute of Medicine 2007 found that “the evidence is sufficient to conclude the efficacy of exposure therapies in the treatment of PTSD” (p. 97) but did not find sufficient evidence to support the efficacy of other pharmacologic treatments or psychotherapies.

Despite the overwhelming efficacy data, most people in the United States who suffer from anxiety disorders do not receive exposure therapy. To illustrate, only a small minority of therapists and patients actually deliver or receive exposure therapy for anxiety (Becker, Zayfert, & Anderson, 2004; Freiheit, Vye, Swan, & Cady, 2004; Goisman, Warshaw, & Keller, 1999; Marcks, Weisberg, & Keller, 2009; Rosen et al., 2004). Indeed, most therapists do not conduct any exposure therapy. Bibliotherapy, medication, dynamic therapy, and cognitive therapy are all more commonly used than exposure (Freiheit et al., 2004; Goisman et al., 1999). Even among self-described cognitive-behavioral therapists, the use of therapist-assisted exposure is infrequent and occurs as often as the use of unsubstantiated treatments such as thought field therapy and art therapy (Hipol & Deacon, 2013). Thus, therapists have learned to report that they deliver empirically supported therapies for anxiety disorders, but in practice they omit the most important ingredient.

Although it is clear that effective treatments for anxiety disorders are either ignored or delivered suboptimally (without exposure), it is less clear why. In this issue we asked experts in the field to contribute articles that examined dissemination of empirically supported treatments for anxiety disorders. The resulting eight articles provide an innovative look at dissemination through novel strategies, research methods, and new ways of thinking altogether.

First, Franklin et al. (2013) describe expert-level competencies in the delivery of CBT for pediatric OCD. Their search for competencies resulted from site effects they observed during a clinical trial that were likely attributable to differences in therapist expertise (POTS, 2004). Identifying such competencies will be important for successful dissemination. Second, Harned, Dimeff, Woodcock, and Contreras (2013) examine barriers to adoption of exposure therapy methods in the context of a randomized controlled dissemination trial. Third, Farrell, Deacon, Kemp, Dixon, and Sy (2013) experimentally manipulated beliefs about exposure therapy and measured how therapists then delivered the treatment. Fourth, Deacon et al. (2013) describe the development and testing of a new 21-item Therapist Beliefs about Exposure Scale (TBES) and present evidence on the prevalence, consequences, and modifiability of common therapist reservations about exposure. Fifth, Farrell, Deacon, Dixon, and Lickel (2013) describe methods to modify therapist faulty negative beliefs about exposure to enhance optimal delivery. Sixth, McLean and Foa (2013) describe the strategies they use to successfully disseminate prolonged exposure therapy for PTSD. Seventh, Gallo, Comer, and Barlow (2013) describe direct-to-consumer marketing as a potential method of dissemination. Finally, Taylor and Abramowitz (2013) conclude with a summary and discussion of the articles presented in this issue.

This special issue aims to improve the dissemination of exposure therapies for anxiety disorders by diagnosing the causes of dissemination failure and highlighting innovative strategies (and success stories) for overcoming them. We hope researchers, educators, and practitioners will find within it effective strategies for addressing this critically important problem.

## References

- Abramowitz JS, Whiteside SP, Deacon BJ. The effectiveness of treatment for pediatric obsessive-compulsive disorder: a meta-analysis. *Behavior Therapy*. 2005; 36(1):55–63.
- Becker CB, Zayfert C, Anderson E. A survey of psychologists' attitudes towards and utilization of exposure therapy for PTSD. *Behaviour Research and Therapy*. 2004; 42(3):277–292. [PubMed: 14975770]

- Deacon BJ, Abramowitz JS. Cognitive and behavioral treatments for anxiety disorders: a review of meta-analytic findings. *Journal of Clinical Psychology*. 2004; 60(4):429–441. [PubMed: 15022272]
- Deacon B, Farrell N, Kemp JJ, Dixon L, Sy J, Zhang A, et al. Assessing therapist reservations about exposure therapy for anxiety disorders: the therapist beliefs about exposure scale. *Journal of Anxiety Disorders*. 2013; 27(8):772–780. [PubMed: 23816349]
- Farrell N, Deacon B, Dixon LJ, Lickel JJ. Theory-based training strategies for modifying practitioner concerns about exposure therapy. *Journal of Anxiety Disorders*. 2013; 27(8):781–787. [PubMed: 24210013]
- Farrell NR, Deacon BJ, Kemp JJ, Dixon LJ, Sy JT. Do negative beliefs about exposure therapy cause its suboptimal delivery? An experimental investigation. *Journal of Anxiety Disorders*. 2013; 27(8): 763–771. [PubMed: 23602351]
- Franklin ME, Dingfelder H, Coogan C, Garcia A, Sapyta J, Freeman J. Cognitive behavioral therapy for pediatric obsessive–compulsive disorder: development of expert-level competence & implications for dissemination. *Journal of Anxiety Disorders*. 2013; 27(8):745–753. [PubMed: 24128870]
- Freiheit SR, Vye C, Swan R, Cady M. Cognitive–behavioral therapy for anxiety: is dissemination working? *Behavior Therapist*. 2004; 27(2):25–32.
- Gallo K, Comer JS, Barlow D. Direct-to-consumer marketing of psychological treatments for anxiety disorders. *Journal of Anxiety Disorders*. 2013; 27(8):793–801. [PubMed: 23602058]
- Goisman RM, Warshaw MG, Keller MB. Psychosocial treatment prescriptions for generalized anxiety disorder, panic disorder, and social phobia, 1991–1996. *American Journal of Psychiatry*. 1999; 156(11):1819–1821. [PubMed: 10553751]
- Gould RA, Otto MW, Pollack MH. A meta-analysis of treatment outcome for panic disorder. *Clinical Psychology Review*. 1995; 15(819–814):819–844.
- Gould RA, Otto MW, Pollack MH, Yap L. Cognitive–behavioral and pharmacological treatment of generalized anxiety disorder: a preliminary meta-analysis. *Behavior Therapy*. 1997; 28:285–305.
- Greenberg PE, Sisitsky T, Kessler RC, Finkelstein SN, Berndt ER, Davidson JRT, et al. The economic burden of anxiety disorders in the 1990s. *Journal of Clinical Psychiatry*. 1999; 60(7):427–435. [PubMed: 10453795]
- Harned M, Dimeff L, Woodcock E, Contreras I. Predicting adoption of exposure therapy in a randomized controlled dissemination trial. *Journal of Anxiety Disorders*. 2013; 27(8):754–762. [PubMed: 23538148]
- Hipol LJ, Deacon BJ. Dissemination of evidence-based practices for anxiety disorders in Wyoming: a survey of practicing psychotherapists. *Behavior Modification*. 2013; 37:170–188. [PubMed: 23012685]
- Institute of Medicine. *Treatment of Posttraumatic Stress Disorder: an assessment of the evidence*. National Academies Press; Washington, DC: 2007.
- Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*. 2005; 62(6):593–602. [PubMed: 15939837]
- Marcks BA, Weisberg RB, Keller MB. Psychiatric treatment received by primary care patients with panic disorder with and without agoraphobia. *Psychiatric Services*. 2009; 60:823–830. [PubMed: 19487354]
- McLean C, Foa E. Dissemination and implementation of prolonged exposure therapy for posttraumatic stress disorder. *Journal of Anxiety Disorders*. 2013; 27(8):788–792. [PubMed: 23602350]
- POTS. Cognitive–behavior therapy, sertraline, and their combination for children and adolescents with obsessive–compulsive disorder: the Pediatric OCD Treatment Study (POTS) randomized controlled trial. *Journal of the American Medical Association*. 2004; 292(16):1969–1976. [PubMed: 15507582]
- Powers MB, Halpern JM, Ferenschak MP, Gillihan SJ, Foa EB. A meta-analytic review of prolonged exposure for post-traumatic stress disorder. *Clinical Psychology Review*. 2010; 30(6):635–641. <http://dx.doi.org/10.1016/J.Cpr.2010.04.007>. [PubMed: 20546985]
- Powers MB, Sigmarsson SR, Emmelkamp PMG. A meta-analytic review of social phobia treatments. *International Journal of Cognitive Therapy*. 2008; 1:94–113.

- Rosa-Alcázar AI, Sánchez-Meca J, Gómez-Conesa A, Marín-Martínez F. Psychological treatment of obsessive-compulsive disorder: a meta-analysis. *Clinical Psychology Review*. 2008; 28(8):1310–1325. [PubMed: 18701199]
- Rosen CS, Chow HC, Finney JF, Greenbaum MA, Moos RH, Sheikh JI, et al. VA practice patterns and practice guidelines for treating posttraumatic stress disorder. *Journal of Traumatic Stress*. 2004; 17(3):213–222. [PubMed: 15253093]
- Taylor S, Abramowitz J. Dissemination of psychosocial treatments for anxiety: the importance of taking a broad perspective. *Journal of Anxiety Disorders*. 2013; 27:802–804. [PubMed: 24148748]
- Wolitzky-Taylor KB, Horowitz JD, Powers MB, Telch MJ. Psychological approaches in the treatment of specific phobias: a meta-analysis. *Clinical Psychology Review*. 2008; 28(6):1021–1037. [PubMed: 18410984]