

Treating Resistant Anxiety Disorders—A Failure to Thrive

A review of

(cover image)



Treatment Resistant Anxiety Disorders: Resolving Impasses to Symptom Remission

by Debbie Sookman and Robert L. Leahy (Eds.)

New York, NY: Routledge, 2010. 369 pp. ISBN 978-0-415-98891-9. \$49.95

Reviewed by

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Too many years ago while going through a pediatric rotation, I was taught about very young children who presented with a failure to thrive. These were children who were not developing in a healthy manner, yet were not suffering from any specific diagnosable medical condition. Often, these unfortunate babies came from severely disadvantaged or dysfunctional homes, and it was assumed that their physical failure to thrive was an indication of an infantile form of depression and despair.

I find that phenomena analogous to the subject of the extremely comprehensive and information-packed volume edited by Sookman and Leahy, *Treatment Resistant Anxiety Disorders: Resolving Impasses to Symptom Remission*. The book contains 11 chapters, written by different authors who each address problems that arise in the treatment of anxiety disorders with cognitive therapy and who describe a fairly wide variety of techniques and interventions that can be used to augment the effectiveness of cognitive therapy and to break through therapeutic resistance. Topics include use of different and innovative modalities such as metacognitive therapy, dialectical behavioral therapy skills, motivational interviewing, “compassionate mind,” and acceptance and commitment therapy, as well as

exploring particular issues and problems that arise in the treatment of specific complex disorders, including obsessive-compulsive disorder, posttraumatic stress disorder, and anxiety with coexisting substance abuse issues.

Each chapter is very well detailed, with many “pearls of wisdom” offered in its description of specific therapeutic interventions that may improve treatment outcome. Discussion covers both the theory behind the therapeutic techniques and practical application of those techniques. There are a good number of brief clinical vignettes, including excerpts of session transcripts, that are very effective in bringing the academic discussion to life. Each of the chapters is heavily annotated with its own list of extensive references. Writing ranges from user-friendly to somewhat dense and overly jargonistic, but, overall, the book very well conveys what amounts to years of clinical wisdom in a reasonably concise and usable form.

I find the title of the book somewhat misleading. While the book certainly addresses a rather wide variety of skills by which to resolve certain impasses in the treatment of anxiety disorders, it is specified only on the inner flap that the volume “brings together [only] leading cognitive behavioral therapists.” Except for there being a chapter on concomitant psychopharmacological intervention, what I find missing in each of the other chapters is sufficient acknowledgment of other theoretical approaches and adjunctive techniques that range outside of the realm of cognitive-behavioral therapy.

Which brings us to the failure to thrive—metaphorically, the failure of the patient to thrive in therapy, and similarly, in my opinion, the dangers caused by the failure of cognitive-behavioral theoreticians to respect the value of the intellectual contributions of the forefathers of psychotherapy. The first paragraph of the introduction by Debbie Sookman acknowledges, “Although cognitive-behavioral treatments are highly effective for some individuals who stay in treatment and engage . . . , dropout rates are high. Many patients remain symptomatic following treatment or have relapsed at follow-up” (p. xi).

Sookman then explains that “the task [of treatment] requires a broad conceptual base and scope of technical and relational skill,” and she adds, in a phrase that is a bit wordy, “Multidimensional criteria are required to operationalize treatment resistance and to examine treatment efficacy” (p. xvii). While the chapters offer excellent ideas that all fall within the bounds of cognitive-behavioral theory and intervention (and, in that manner, the book is extremely valuable), I did not find a single reference to understanding unconscious emotional conflicts (versus problematic conscious thought patterns), nor did I find any discussion of psychological defense mechanisms (other than general references to coping skills).

As this is a book (despite its title) devoted solely to cognitive-behavioral therapy, I am not suggesting that the editors should have included psychoanalytic or psychodynamic theory, and so forth. Yet I believe the book would be even more useful if the description of innovative techniques gave credit where credit is due to seminal psychodynamic theory and

practice rather than, to a significant extent, seemingly reinventing and redefining already well-described techniques to fit into a cognitive-behavioral perspective.

For example, Adrian Wells says that “metacognition is a domain of cognition that is responsible for the regulation and appraisal of thinking. It is cognition applied to cognition” (p. 2). While the “metacognition” interventions and techniques very clearly and specifically discussed are extremely useful, in my opinion, it seems that metacognition is an extension and elaboration of an aspect of classical psychological insight rather than a new and different phenomenon.

In Chapter 2, Sookman and Steketee include 13 specific resistance subtypes that occur in patients with obsessive-compulsive disorder—all accurate and well-described areas of resistance, yet without any specific references to classical defenses such as projection, displacement, splitting, and so forth, and without discussing how these defenses against feared impulses as well as painful affects form the substrate of therapeutic resistance. Similarly, Sookman and Steketee write, somewhat obtusely,

This approach stems from the hypothesis that dysfunctional schemas may interfere with adaptive learning from potentially disconfirmatory experience . . . Core beliefs such as, “*I am a vulnerable or dangerous person*” influence appraisals of thoughts and other strategic processes of internal and external events. (p. 44)

But there is no acknowledgment or credit given to the basic theories of psychological defense as being primordial to such “dysfunctional schemas.” A poignant vignette about a man’s obsessive-compulsive traits that grew out of his relationship with an overly rigid father appropriately describes the superficial identification of the patient with his father but does not mention the likely repressed anger and rage that also foment the obsessional defenses. It is intriguing that various statements imply that there are complicating unconscious processes—but I do not believe the word *unconscious* is ever used.

Jackson, Nissenson, and Cloitre provide a very thoughtful discussion of the treatment of complex states of posttraumatic stress disorder as well as the relationship between acute posttraumatic symptomatology and prior life traumas. This chapter comes closest to a comprehensive approach, not only discussing symptomatology and cognitive-behavioral interventions but also noting both the feared affects and the feared impulses that interfere with self-comforting and appropriate affective modulation.

Several chapters have very elucidating discussions of the use of mindfulness— but without placing the idea of mindfulness in the context of its being a refinement of the original and most primary psychotherapeutic technique, that of free association. Similarly, there are several discussions of the need to empathize with a patient’s affect, from a supportive/neutral point of view, in order to gain compliance with formal cognitive-behavioral interventions—without acknowledging that using an empathic relationship as

crucible for working on therapeutic issues is derived from self psychology and Kohutian theory.

This is an extremely useful book, incorporating many helpful therapeutic ideas and techniques. *Treatment Resistant Anxiety Disorders* focuses unabashedly and exclusively on cognitive-behavioral therapy—standard, revised, and innovatively augmented. Therapists of all theoretical persuasions can benefit from understanding and integrating these interventions.

At the same time, the book could have been much richer if there had been a bit more attention paid to the historical context of modern advances and developments in cognitive-behavioral therapy and if there had been support for integration of different theories and techniques into an optimal, pragmatic, appropriately researched paradigm rather than attempting to adopt and incorporate aspects of other theories into cognitive-behavioral theory using different nomenclature and without attribution.

Treatment Resistant Anxiety Disorders may be indispensable in developing an integrative approach to psychotherapy, particularly for developing the skills necessary to break through resistance and helping patients who are suffering a “failure to thrive.” But if we neglect the historical foundations of our work within our own fragmented and “dysfunctional” family, we, too, as therapists, may succumb to the same fate.