



## The Application of a New Model of Paradox Therapy for the Treatment of Illness Anxiety Disorder: A Case Report

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### Abstract

The present case report introduces the principles and techniques of a new approach to psychotherapy, shortly named PTC (Paradox + Timetable = Cure), for the treatment of psychological disorders. The results of PTC for a patient with illness anxiety disorder are presented here based on a brief account of his video recorded therapy sessions. The results and the empirical evidence obtained from the treatment of the patient indicated that PTC psychotherapy is a short-term yet very effective approach. The results of 28 months follow-up proved that the improvements were stable and constant. No relapse was reported within the follow-up period. The results of the present study can be applied to new developments in the field of psychotherapy theory, research, and practice.

**Keywords:** Psychotherapy; Paradox; Timetable; PTC; Illness Anxiety Disorder

### Introduction

Treatment of psychological disorders has faced serious challenges since the beginning of scientific approaches to psychotherapy [1-3]. Among these challenges are the preferred treatment approach, the length of treatment (number of treatment sessions), the treatment costs, the treatment efficacy and outcomes, the treatment suitability, the treatment ending, and the relapse of the symptoms. The two major approaches to psychotherapy constitute psychodynamic psychotherapy and behavioral therapy. In recent decades, these approaches have sought to create intervention techniques and methods to overcome the aforementioned shortcomings and increase the treatment success [4-7]. However, the existence of limitations and problems related to the treatment, the patient, the disorder type, the therapist, the length of treatment, the costs of treatment, the treatment outcomes, and the rate of relapse necessitate devising more efficient psychotherapeutic approaches. As a paradoxical psychotherapy, PTC [8] is an approach to treating psychological disorders which aims to overcome the aforesaid limitations and shortcomings. The present paper aimed to report a brief account of the PTC treatment for illness anxiety disorder.

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### A brief summary of PTC-treatment protocol

PTC treatment consists of two components: paradox and timetable. Paradox refers to the prescription of disorder symptoms; and timetable refers to executing the paradoxical task within a certain amount of time and to a certain degree. In PTC therapy, these two components are inextricably linked and the therapist should prescribe them together for the patient. Similarly, the patient ought to do the task to a certain degree and within the pre-planned period of time. The inseparability of these two components, called the paradoxical timetable, is regarded as one of the innovations in this psychotherapeutic approach. According to PTC, the paradoxical task should be done only within the pre-planned period of time. In other words, the paradoxical timetable should either be performed within the time limits or never performed at all. The therapist asks the patient to start the paradoxical timetable tasks 24 h after the first session is held. The delayed beginning is another feature of PTC psychotherapeutic model.

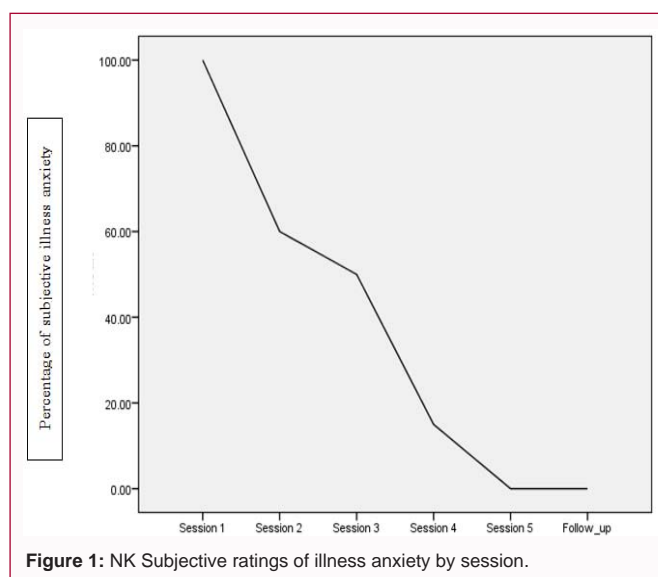
### Case Presentation

Mr. NK is a 26-year-old single man admitted to an academic psychotherapy center with IAD. He is a university graduate with an M. Sc degree. The patient signed an informed consent document prior to performing the treatment sessions for both treatment and use of the anonymized case information for educational, learning, and research purposes. A written consent also signed by the patient for video recording of all treatment sessions. For initial evaluation the patient participated in a diagnostic interview [9], the short version of the Health Anxiety Index (SHAI; [10]), and Beck Depression Inventory-II (BDI-II; [11]). The patient met criteria for DSM-5 illness anxiety

disorder, as well as a total score of 38.7 for the SHAI indicating significant health related anxiety, and a total score of 17.9 for BDI-II. Subjective ratings on illness anxiety and symptoms on a scale of 0 (none) to 100 (extreme) percent were obtained at regular intervals. Illness anxiety during the first session was 100 out of 100. At his last session, his illness anxiety reduced to 0.00/100 (Figure 1). Total scores of the SHAI and BDI-II reduced to 13.2 and 8.7 at post treatment, respectively. We next present the application of PTC for treatment of IAD based on a detailed video recorded treatment sessions of NK.

### The application of PTC to IAD- case of NK

The clinical interview based on the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V; [9]), confirmed the existence of Illness Anxiety Disorder. He explained his symptoms thus in the first session: Following an unprotected sexual intercourse, I was afraid I might have contracted AIDS. I have had tests twice so far, which said that I am HIV negative. As time goes on, however, I feel more and more anxious and scared and I constantly check my body for AIDS symptoms. Whenever I hear anything about this illness, I feel really, really bad. My sleep is disturbed, I have lost my concentration, I have become short-tempered and irritable, I feel indifferent about everything and I have lost all motivation. He said that he had a long history of disturbed sleep, indifference and bad moods, the only difference being that they were short-term before and disappeared after a few days. But, following the anxiety about AIDS that started last year, they have remained with him. He had no history of taking medication and does not use drugs now. In line with the PTC model, the exact symptoms were prescribed along with the following timetable: for the first week, recreate thoughts and worries about AIDS three times a day (at 8:00, 16:00, and 23:00), each time for 7 to 10 min. For the second week, do the same task twice a day (at 8:00 and 23:00). At the beginning of the second session, the patient reported that he had done successfully about 80% of the tasks: "I feel I am much better. When I recreated those thoughts according to the timetable, at other times they did not bother me. I mean, they rarely entered my mind. Even while doing the tasks, I tried so hard to summon those thoughts, but they just didn't come (smiles). All in all, the frequency of the thoughts has decreased by 30 to 40 percent, but they still haunt me every once in a while". He was then assigned the following timetable: for the first week, four 5-min sessions (at 9:00, 13:00, 17:00, and 23:00) every day, and for the second week, three 5-min sessions (at 9:00, 17:00, and 23:00) every day. Answering the patient's request for tasks related to depression and bad moods, the therapist told him that if depression continues after the fear of AIDS has been cured, they can arrange a timetable for it. According to the report given by the patient in the third session, he had made further improvements up to 50%. The fourth session was arranged to be four weeks later, with the following timetable to be carried out in between: for the first two weeks, three times a day (at 9:00, 19:00, and 23:00), each time for 5 min; and for the second two weeks, twice a day (at 9:00 and 23:00). The patient reported in the fourth session that he had made improvement up to 90%. He also added that his bad moods and depression had also gone away, and he could sleep soundly. The following timetable was then arranged: one 5-min session for the first week (at 17:00), and sessions on even days for the second week. He was to cease the tasks on the third week. The therapist explained to the patient that if there is a relapse after the third week, he must wait for 5 days to a week, in order to make sure the symptoms have returned. Then, he can arrange a timetable himself, similar to what was assigned to him for the first week. In the fifth session, that was



held about four months later because of the summer holidays, the patient reported that he had made further improvements and there had been no relapse.

### Evaluating the treatment outcome and follow-up

The result of the treatment evaluation was based on the patient's ratings and was graded on a scale from 0 to 100 as well as an open-ended question. The evaluation indicated that the 100% improvement of the patient, which resulted from PTC therapy, continued after 28-month follow-up.

### Discussion

The accounts given by the patient of the second session show that he has succeeded in doing the tasks. The patient reported having forgotten to say in the first session that he had been obsessed with AIDS because he thought the needle they used to take his blood was contaminated. However, due to the nature of the special clinical interview in the PTC model, in which the patient is asked to recreate the exact symptoms (the symptoms which are mentioned during the session or are later remembered; another feature in PTC model), the patient tried to recreate these fantasies and thoughts during the tasks between the sessions. Despite the efforts made by the patient to recreate the symptoms exactly during the task, the symptoms were not re-experienced. This different condition is common during the paradoxical timetable tasks. The patient surrenders to the conditions of the disorder and is defeated by the symptoms. Suffering from these anxious symptoms, he is willing to be relieved of them and bends over backward to eliminate them. At the time of doing the tasks, the patient acts quite the reverse, according to the therapist's instructions. He wants the symptoms to be present for a couple of minutes and wants to experience them of his own volition. In this stage of treatment, the mere "wanting" constitutes the beginning of the individual's empowerment. This is the same empowerment which is called "ego-strength" and is the main and ultimate goal of PTC treatment. This "wanting" at the present is clearly the opposite of "not wanting" in the past and signifies the individual's power and temporarily resolves the fundamental intrapsychic conflict, which is the basis for the symptoms of the disorder. In the absence of this conflict, the symptoms disappear. The amount of the symptoms was reduced during certain times of the day at a satisfactory level: the

patient stated that 40% of the thoughts and worries concerning the illness anxiety were gone.

Based on the progress reported by the patient, the frequency and severity of the disorder, and the amount of the residual symptoms, the paradoxical timetable tasks were prescribed for the patient to be carried out in the interval between the second and the third sessions. According to a 40% progress, the patient was asked to do the tasks four times a day during the first week and three times a day during the second week. The report of the patient at the third session showed that the prior level of progress increased by 10% (i.e. 50% between the second and the third session). A one-month interval was inserted between the session three and four so that the patient would be able to do the task three times a day for the first two weeks and to continue to do it twice a day for the second two weeks. The reason behind this time interval was the severity of the illness anxiety and its consequences such as depressed mood and attention deficit, which the patient raised in the previous session. A longer interval provides an opportunity for the therapist to prove or reject the hypothesis that the symptoms are reactive; likewise, the patient will have a chance to see whether the depression and attention deficit symptoms will be relieved when the symptoms of the illness anxiety disorder are treated.

The patient reported a 90% progress, a condition which continued in the interval between the third and fourth sessions, which was about a month. It is regarded as a controlled and favorable condition in which the patient has a four-month break before the fifth session. According to the agreed plan, the patient ought to do the tasks once a day during the first week and every other day during the second week which concludes the tasks. Since a four-month break comes before the next session, the paradoxical timetable is explained for the patient in a way that he can prescribe for himself. This is a sort of self-therapy and is one of the features specific to PTC model. It is the same feature that turns the patient into a therapist at the end of the PTC therapy. This treatment plan will be explained to all patients in the last session and will totally obviate the need for another therapy session in case of the relapse. According to this treatment plan, and based on the therapist's instructions, the patient is trained to stop doing the tasks at a certain interval (usually two weeks) after the last therapy session. If the symptoms happen to return, the patient should prescribe and do the paradoxical timetable according to the symptom severity and similar to the therapist's instruction. The clinical evidence based on the patient's account indicates that this method is effective just like the treatment under the supervision of the therapist, returning the patient to his normal condition. The patient's account of the fifth session showed that the improvement had continued for four months and that the patient was 100% content and was ready to end the therapy.

## Conclusion

The results of PTC treatment for IAD showed that PTC psychotherapy model is a successful and efficient psychotherapy. This model is a simple very short-term psychotherapy, which benefits both the therapist and the patient. Experts in the treatment of psychological disorders can easily learn the principles and techniques of this model and apply them to a range of psychological disorders. Patients can achieve the best results as well, based on the therapist's prescribed tasks in the shortest possible time. According to the

treatment outcome of the patient's follow-up as well as the published results of twenty patients with different psychological disorders [8], the results of this very short-term therapeutic model have apt stability and constancy. Moreover, the relapse rate in this model is in its lowest level compared to other psychotherapeutic methods. Along with other evidence and reasons, this finding is an empirical evidence that shows PTC psychotherapy has succeeded in bringing about deep and constant therapeutic changes. Among other features of PTC psychotherapy model is the fact that the patient becomes a therapist and, if necessary, he/she can prescribe and do a similar paradoxical timetable for himself/herself.

## Compliance with Ethical Standards

**Ethical Approval:** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

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## References

- Abbass A, Town J, Driessen E. Intensive short-term dynamic psychotherapy: A systematic review and meta-analysis of outcome research. *Harv Rev Psychiatry*. 2012;20(2):97-108.
- Town JN, Abbass A, Stride C, Bernier D. A randomized controlled trial of Intensive Short-Term Dynamic Psychotherapy for treatment resistant depression: The Halifax Depression Study. *J Affect Disord*. 2017;214:15-25.
- Williams MT, Farris SG, Turkheimer EN, Franklin ME, Simpson HB, Liebowitz M, et al. The impact of symptom dimensions on outcome for exposure and ritual prevention therapy in obsessive-compulsive disorder. *J Anxiety Disord*. 2014;28(6):553-8.
- Davanloo H, editor. *Intensive short-term dynamic psychotherapy*. Chichester, UK: Wiley; 2000.
- Hayes SC. Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behav Ther*. 2004;35:639-665.
- Malan DH, Osimo F. *Psychodynamics, training and outcome in brief psychotherapy*. Oxford, UK: Butterworth-Heinemann; 1992.
- Segal ZV, Williams JMG, Teasdale JD. *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York: The Guilford Press; 2002.
- Besharat MA. *Paradox + Timetable = Cure (PTC): Perfect model of treatment for psychological disorders (A practical guide)*. Tehran: Roshd Press; 2017. [Farsi]
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)*. Washington DC: American Psychiatric Association; 2013.
- Salkovskis PM, Rimes KA, Warwick HM, Clark DM. The health anxiety inventory: The development and validation of scales for the measurement of health anxiety and hypochondriasis. *Psychol Med*. 2002;32(5):843-53.
- Beck AT, Steer R, Brown G. *Beck depression inventory-II manual*. San Antonio, TX: The Psychological Corporation; 1996.