

Cognitive-Behavioral Therapy (CBT) Basic Group for Anxiety

Adult Patient Manual



**University of Michigan
Health System**

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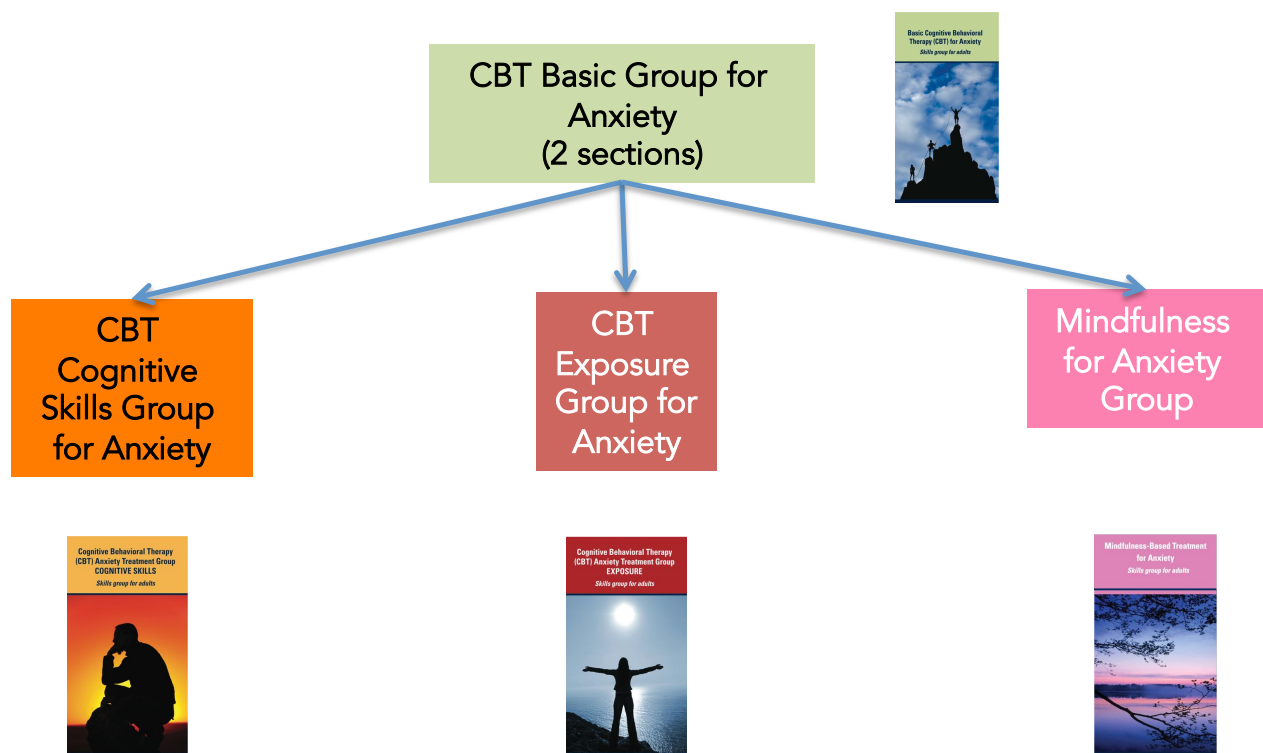
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CBT Groups in the University of Michigan Department of Psychiatry

Depression Program



Anxiety Program



Cognitive-Behavioral Therapy (CBT) Basic Group for Anxiety

Group Guideposts



What is this group all about?

- Our group is an introduction to the basic concepts and skills of CBT.
- There are four sessions, each with a different topic.
- These are offered weekly, the first four Mondays and Tuesdays of every month. Each Monday and Tuesday is the same topic, so you can come to whichever fits your schedule best.
- You can attend these in any order you like.
- Each session we will cover just some of these CBT skills. If you have questions during the group, please ask! It is also possible any confusion you have at the beginning will clear up as you continue to attend the sessions.
- This group is not meant to fix your anxiety completely. We want to give you a chance to try out some of these techniques and understand your anxiety better. When you get done with this group you may want to continue with group or individual CBT treatment here at U of M.

Weekly Group topics:

Anxiety Vulnerability Management (week 1)

Do you ever think you have more anxiety than other people? Find out why and learn how to use CBT skills to fight your anxiety over the long term.

Relaxation (week 2)

Just relax! What to do and when to try relaxation strategies to help make you feel less stress and tension in your daily life.

Exposure and Desensitization (week 3)

“Avoid avoidance:” how our behaviors can make anxiety worse, and the surprising way to get it to leave us alone!

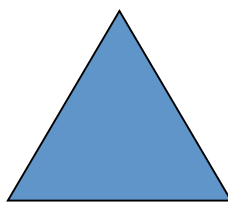
Cognitive Therapy Skills (week 4)

Our thoughts matter! Learn ways our thoughts can change how we feel and influence what we do. Turn thoughts into your ally, instead of your enemy.

What is Cognitive-Behavioral Therapy?

Cognitive-Behavioral Therapy (CBT) is a short-term, **evidence-based** treatment for many problems, including anxiety. It is based on the idea that thoughts (cognitions) and behaviors affect the way we feel.

Feelings (emotions)



Thoughts (cognitions)

Behaviors (actions)

We want to be sure that our treatment is effective!

Evidence-based means that there is scientific evidence to show that something works.

CBT is an evidence-based treatment that has been studied and shown to be effective in hundreds of scientific experiments.

While there is no 100% guarantee that CBT will work for you, it is likely that with practice and hard work you will receive benefit from these techniques.

How to use this manual

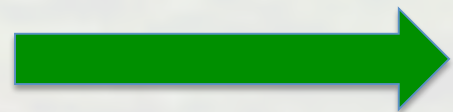
This manual includes a lot of information on anxiety and CBT— more than we have time to cover in the group sessions, and perhaps more than you will have time to review on your own! You will get the most out of this group if you **take notes during the group** and then **review the manual between sessions**. Remember that different people get benefit from different CBT skills, so we expect that you will use the skills that work and let go of the rest. We hope that you will try each skill out to determine if it suits you. **Refer to “Appendix IV: This is so much information! Where do I start?”** to make your reading more efficient by starting with the information most pertinent to your particular problem. Finally, be sure to bring the manual back next week!

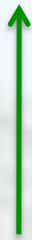
The Path Through Psychotherapy...

There is a great deal of scientific research on psychotherapy, and we know a lot about what can be helpful for people. We continue to learn more and more about how to use psychotherapy to help as many people as possible.

However, because everyone is different, and our brains and lives are very complex, right now it is often hard to know exactly what it is that will help a particular person feel better.

On the next page, follow the path from the bottom of the page upward for some tips to make your “path through psychotherapy” more helpful and rewarding.





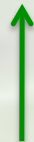
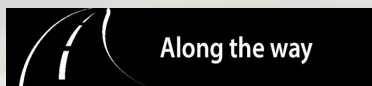
See this as **just one piece of the puzzle** in your process of better understanding yourself and moving toward what you want in your life. Get all you can out of it and then make efforts to find out what other types of work could be helpful. For example, maybe you did a great deal of work on managing your depression with cognitive and behavioral skills. Now you believe that you want to improve your relationships to achieve more in that area of your life.

Manage barriers to showing up regularly to treatment and practicing skills: improvement depends primarily on follow-through and the amount of work you put into your therapy.

Address depression from different angles. There is no one “silver bullet” that will change depression all by itself. Usually a combination treatment, or mixed approach is what works best to make depression better. This also means putting in some effort to understand the different ways to manage your depression.

Practice skills over, and over, and over. It usually takes time for changes in our behavior and thinking to lead to feeling better. Like learning an instrument, we are practicing new ways of doing things that will feel “clunky” at first, and become more comfortable over time.

Take small steps toward change each day. Try not to wait for “light bulb moments,” “epiphanies,” or for something to take it all away instantly.



Expect **ups and downs** during the process. Think of it as “2 steps forward, 1 step back.” Try not to get too discouraged or give up when things seem to move backward or stagnate.

Make it about you: engage in your treatment because **you** want to improve your life, take responsibility for achieving your aims, and feeling better, not because others are telling you to do so. Remember that even if you are being pushed to engage in therapy by someone else, that relationship must be important enough for you to consider this option!



Maintain an **open mind about the possibility of change**, while being realistic about **how fast** this change can happen.

Especially at first, gauge **success according to how you change your responses** to stress, uncomfortable emotions, and body sensations, not whether or not these things exist or continue to occur. Focus on **valued action**, even more than just “feeling better.”

“Credibility:” Make sure the treatment in which you are engaging makes sense to you and seems to be addressing your problem. There are different paths to the same goal. If this type of therapy is not working for you, you are confused about what you are doing, or you have any other concerns, talk to your clinician right away. Clinicians are trained to have these discussions with their patients!

Make sure **your definition of the “problem”** is the same as the clinicians with whom you are working. Maybe they think it is “depression” and you think it is something else. Try to clarify this with your clinicians.



Cognitive-Behavioral Therapy (CBT) Basic Group for Anxiety

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Notes

Anxiety 101

"We experience moments absolutely free from worry. These brief respites are called panic."

~Cullen Hightower

This part of the group is meant to explore important information about the anxiety itself. The first step to managing anxiety is understanding it as well as we can— to “know thine enemy,” so to speak.

On the pages entitled “**Anxiety is...**” and “**Why does my body do this?**” we’ll talk about:



- What the anxiety “alarm” really is: the “fight or flight” response— and what its common symptoms are
- The difference between normal anxiety and “phobic” anxiety
- What causes anxiety
- Why our bodies do what they do when we are anxious
- Why we can’t just “get rid of” the anxiety

In the section “**Anxiety Triggers,**” we’ll go over the different things that can trigger anxiety and how the brain comes to believe these triggers are dangerous.



In our final section, “**Anxiety Fuel,**” we learn about common ways that anxiety can get worse, and how our own thoughts and behaviors play a role in this process.



Anxiety Is...

Anxiety is a part of our bodies' natural **alarm** system, the "**fight or flight**" response, which exists to protect us from danger. These natural body responses are not harmful— but they are really uncomfortable!

The most pure form of the "fight or flight" response is a **panic attack**, which involves a rush of anxiety symptoms, many of which are listed below, usually peaking in about 10 minutes. In these cases, the body is trying to tell us "something dangerous is happening *right now!*" Other forms of anxiety that are less acute but often just as debilitating, such as **chronic worry**, involve symptoms similar to the "fight or flight" symptoms of panic attacks. However, in these cases, it is as if the body is saying "something dangerous is *going to happen* sometime in the future... so watch out!" The differences between the two are the intensity of the response and the context in which it is triggered. In this manual we will refer to all anxiety symptoms as being related to the "fight or flight" response. The most common anxiety symptoms are listed below. **Try circling the ones that apply to you.**

Physical Symptoms

- Rapid heartbeat
- Sweating
- Trouble breathing
- Tightness in the chest, chest pain
- Dizziness
- Feeling: "Things aren't real"
- Feeling: "I don't feel like myself."
- Tingling and numbness in fingers, toes, and other extremities
- Nausea, vomiting
- Muscle tension
- Low energy, exhaustion
- Changes in body temperature
- Shaking, jitters
- Urgency to urinate or defecate
- Changes in vision and other senses

Cognitive (thinking) Symptoms

- Worries
- Negative thoughts about one's ability to tolerate emotions or future stress
- Negative predictions about future events
- Other common thoughts:
 - "I am going crazy!"
 - "I am going to have a heart attack!"
 - "I am going to faint."
- Trouble concentrating or keeping attention
- Magical ideas, phrases or images such as "If I do not wash my hands I will die or someone will be harmed."
- Preoccupation with body sensations or functions

Behavioral Symptoms

- Avoidance** of anything that provokes anxiety, including people, places, situations, objects, animals, thoughts, memories, body feelings, etc.
- Protective, "safety" behaviors
- Aggression, verbal abuse, lashing out
- Alcohol and/or drug use
- Compulsive behaviors, such as excessive checking or other unreasonable or harmful rituals or routines



What causes anxiety?

We know from scientific research that anxiety is caused by a combination of factors related to both "**nature**" (**genetics**) and "**nurture**" (**experience**). Check out page 82 for a more detailed explanation of the factors that can lead to anxiety.

When "fight or flight" goes too far: "Phobic" anxiety

Everyone experiences anxiety from time-to-time. We often get the question: "How do I know if I have an anxiety disorder?" An anxiety disorder is diagnosed when someone experiences anxiety symptoms and these symptoms:

- Interfere with a person's life aims**
- Happen too often or with too much intensity, given the actual danger of a situation**
- Are not explained by other factors, such as a medical problem or substance abuse**

Some people experience significant anxiety and choose simply to live with it. It is up to you to decide if you can handle the anxiety on your own, or if treatment is necessary.

Take home point:

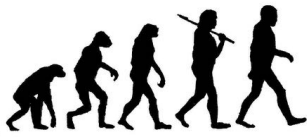
The symptoms of anxiety are the "fight or flight" response, and are normal, functional, and necessary for survival. They become a problem when they are too severe or happen too often, given the real amount of danger present, or if it interferes with the activities of life.

Remember: Anxiety is uncomfortable, not dangerous!

Why can't I just get rid of my anxiety?

Anxiety is as vital to our survival as hunger and thirst. Without our "fight or flight" response we would not be as aware of possible threats to our safety. We also might not take care of ourselves or prepare adequately for the future. And we probably wouldn't enjoy a scary movie or a roller coaster!

Anxiety is necessary to protect us and can even be fun at times. It isn't in our best interests to get rid of it completely!



Why does my body do this?

There is a reason!

We have evolved over millions of years to better protect ourselves. Our brains have learned to *automatically* signal danger when it is present or we perceive that we may be harmed in some way. Each symptom of anxiety has a specific evolutionary purpose, to help us “fight” or “flee.”

Try to figure out how each symptom of anxiety is used by our bodies to protect us when we are in danger, by matching the evolutionary purpose with the anxiety symptoms. Some in the right-hand column may be used twice, and there may be multiple answers for some symptoms. Once you are done, you can see if you were right—the answers are at the bottom of the page. Also, a more detailed diagram of the biology of the “fight or flight” response is in **Appendix I, “The Biology of Fight or Flight.”**

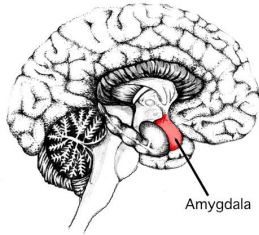
Anxiety Symptom	Purpose
1. Rapid heartbeat _____	A. Muscles contract and tighten to help us fight or flee
2. Sweating _____	B. Push blood around the body faster to supply cells with oxygen in case we need to use energy to flee or protect ourselves
3. Flushing in face _____	C. Lots of energy is spent for body to protect us
4. Tightness in the chest, chest pain _____	D. Body increases speed and depth of breathing
5. Feeling: “Things aren’t real” _____	E. Thoughts tend to be negative and protective; it is dangerous to have “good” thoughts if we are in danger!
6. Feeling: “I’m not myself” _____	F. Must stay alive, even if it means using force
7. Tingling or numbness in fingers and toes _____	G. Try to think of ways to protect ourselves in case bad things happen in future
8. Nausea, vomiting _____	H. Brain is constantly scanning for danger, from one thing to next
9. Muscle tension, stiffness _____	I. Body stops digestion and attempts to rid itself of excessive harmful substances
10. Low energy, exhaustion _____	J. If something is dangerous, remember it and get away from it!
11. Changes in body temperature _____	K. Cools us off when we are running or fighting and makes it harder for a predator to grab us
12. Shaking, jitteriness _____	L. Blood is redirected away from head, skin, fingers, and toes; if we are cut, we will not bleed to death as easily
13. Urgency to urinate or defecate _____	M. Decrease in salivation
14. Hyperventilation or trouble breathing _____	
15. Dizziness, lightheadedness _____	
16. Worries _____	
17. Negative predictions about future events _____	
18. Trouble concentrating or keeping attention _____	
19. Avoiding _____	
20. Fight or be aggressive _____	
21. Changes in vision, hearing, smell, taste _____	
22. Dry mouth _____	



Did you know... when our body’s “fight or flight” alarm is triggered, a domino effect of chemical changes and messages are sent to various parts of the brain and body, producing these symptoms. This process is programmed to last only about 10 minutes, *unless it is triggered again.*

Answers: 1. B 2. K 3. B 4. A,D 5. L 6. L 7. L 8. I 9. A 10. C 11. L 12. A 13. I 14. D 15. L 16. E 17. G 18. H 19. J 20. F 21. L 22. M

Anxiety “Triggers”

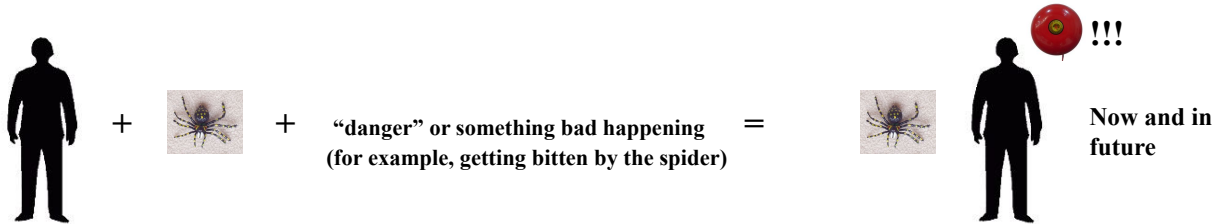


Our brains are designed to keep us safe. The anxiety part of the brain, the **amygdala**, is like a radar that is trained to spot dangerous objects and situations. When this “radar” spots something that could be dangerous, it tells the brain to begin the “fight or flight” response, producing the uncomfortable feelings we get when we are anxious.



“One thing leads to another:” how a trigger becomes connected with our “fight or flight” response

When we perceive danger, whatever it is that could be dangerous (in this case, a spider) is remembered by the **amygdala**. The next time something reminds us of the spider, or we actually come into contact with one, our anxiety “alarm” goes off.



Types of anxiety triggers and the Anxiety Disorder “Diagnosis”

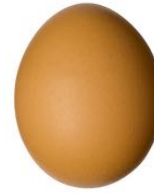
Nearly anything can be trained to trigger the “fight or flight” response. Psychiatrists, psychologists, psychiatric nurses, and clinical psychiatric social workers have tried to find ways to tell the difference between different types of anxiety triggers. Anxiety disorder **diagnoses** come out of this attempt. While a diagnosis is not a perfect way of describing a person’s experiences, it can help us to know what types of treatments may be effective. Different groups of triggers and the diagnoses most frequently associated with them are listed below. Some of these categories overlap, and it is possible for one person to have more than one diagnosis.

Trigger	Diagnosis
Worries, predictions, and negative thoughts about the future	→ Generalized Anxiety Disorder (GAD)
Social situations and people, such as social events and performances, along with fear of criticism from others	→ Social Anxiety Disorder (Social Phobia)
Fear of having a panic attack and fear of body feelings that remind one of panic attacks	→ Panic Disorder
Places a panic attack has happened before or could happen	→ Agoraphobia
Places, situations, animals, objects, blood or injury, etc.	→ Specific Phobias
Disturbing intrusive thoughts, contamination, doubt and urge to check things, etc.	→ Obsessive-Compulsive Disorder (OCD)
Memories and things associated with a traumatic event	→ Post-Traumatic Stress Disorder (PTSD)



Scary event??

“Which came first, the chicken or the egg?”



Anxiety??

Some people wonder if scary *events* caused their anxiety, or if their *anxiety itself* is what causes them to more readily see things as scary.

We know from scientific research on anxiety that *both* are true. Events and stress in our lives can create more anxiety. For example, a passenger on a flight that barely escapes an serious accident may feel anxiety the next time they take a flight, especially if this was one of their first flying experiences. Flying may then become a new anxiety trigger. Conversely, someone that is already vulnerable to having anxiety (see page 82 for more on this) may experience normal turbulence on a flight as scary and then feel afraid to fly in the future.



What if I don’t know what triggers my anxiety?

For the sake of treatment, it is important to learn to identify what it is that makes you anxious. For some people it is very clear; for others, anxiety seems to come from “out of nowhere.”

To identify what makes you anxious, ask yourself the following questions:

- “When I feel scared or nervous, what is going on around me or what am I thinking about?”
- “Am I worried about having more anxiety in the future?”
- “Am I afraid of body sensations that remind me of intense anxiety attacks?”
- “Do I ever try to do more than I can handle or create unrealistic expectations for myself or others?”
- “Am I worried that I will not be able to cope if bad things happen in the future?”

Anxiety “Triggers” take home points:

The brain can learn to be afraid of almost anything, and some anxiety “triggers” are more common than others. These triggers help define anxiety disorder diagnoses, which we use to better understand the anxiety and develop treatments.

Anxiety can be caused by scary events, and anxiety can also make one more likely to experience an event as scary.

It is important to understand your anxiety “triggers.” In most cases it is possible to figure them out yourself. Sometimes it is necessary to have the help of a mental health professional to do so.

Exercise

My anxiety triggers are:

List here the objects, situations, events, or places that tend to trigger your anxiety. Use the questions above if you are having trouble figuring out what makes you anxious.

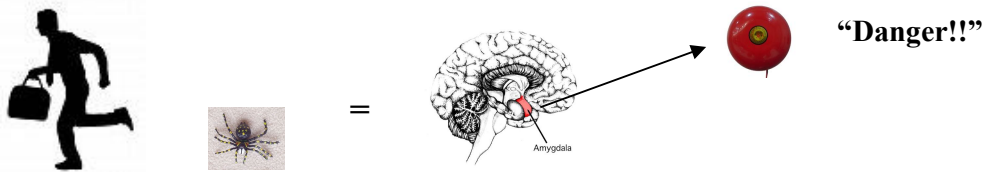
- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Anxiety “Fuel”



When we feel anxious, we typically want to do something to make ourselves feel better. Most of these behaviors feel natural because our bodies also want to keep us safe. However, some of these behaviors can make things worse; we add “fuel” to the anxiety “fire.” We can add fuel gradually over time or dump lots on all at once. In all cases the anxiety “fire” gets bigger.

What behaviors are in danger of causing the anxiety to get worse? Anything that teaches the **amygdala** (the anxiety center of the brain) that something is dangerous. Remember our spider example? Let’s say that every time this man sees a spider he tries to avoid it by getting away. What does this teach him? That the spider is dangerous, of course!

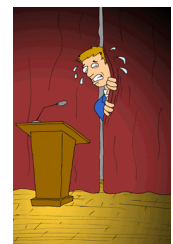
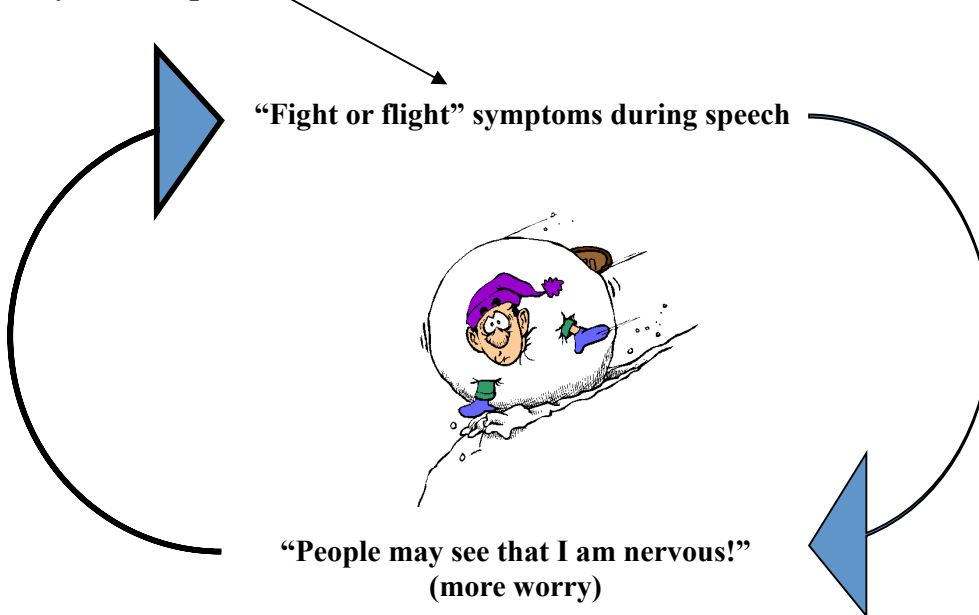


Each time he avoids the spider, his **amygdala** gets more feedback that the spider is dangerous. Next time he sees the spider, his anxiety “alarm” will be louder, or it may go off more quickly than before. The process by which the brain learns that something is more dangerous over time is called **sensitization**. It is also called **reinforcement** of the anxiety because the anxiety response gets stronger and stronger. Reinforcement can happen both in the short term (when the danger seems to be present) or in the long term, as we discuss below.

Short-term reinforcement: the anxiety “snowball effect”

Have you ever worried about speaking in front of a group of people? Worries about performing well can lead to jitteriness, cracking voice, difficulty concentrating, and other “fight or flight” symptoms. Often the physical anxiety symptoms will then create *more* worry about the performance; this creates a “snowball effect,” in which anxiety gets worse and worse, even to the point of panic.

Worry about speech

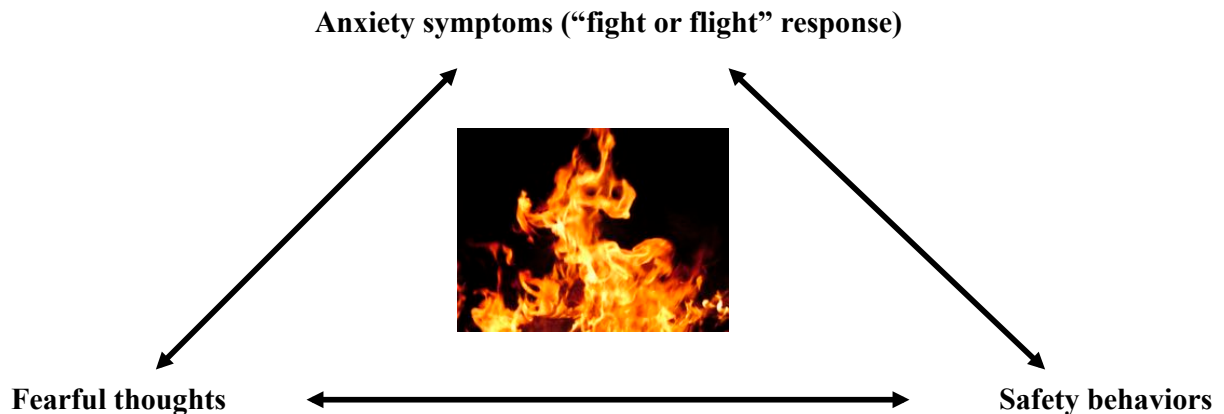


Long-term reinforcement: “Safety Behaviors” and negative thoughts/beliefs

As mentioned earlier, anxiety “fuel” is anything that teaches the anxiety center of the brain, the **amygdala**, that something is dangerous. Over the long term, the most common ways to do this involve negative thoughts and beliefs as well as protective actions called **safety behaviors**. While these behaviors seem to help the anxiety right now, they usually make it worse in the long run. Examples are listed below.

Behaviors	Thoughts
<p><i>Safety behaviors are often justified using “as long as” statements:</i></p> <p>Avoidance: “As long as I avoid that, I will be safe.”</p> <p>Attacking others, acting on anger, etc.: “As long as I use verbal or physical force to protect myself, I will have control.”</p> <p>Protective behaviors: “As long as I have my water bottle with me, I am safe and will not have another panic attack.”</p> <p>Rituals (usually part of OCD, characterized by excessive, repetitive checking, washing, counting, asking for reassurance, etc.): “As long as I knock four times when I have a scary thought, nothing bad will happen to my daughter.”</p> <p>Substance use (trying to “numb” the anxiety): “As long as I can have some alcohol, I will feel better.”</p>	<p>Negative thoughts about:</p> <ul style="list-style-type: none"> -the future -yourself -other people -the world <p><i>Examples:</i></p> <p>“I am going to lose my job and end up homeless.”</p> <p>“I must have control...”</p> <p>“That person thinks I am an idiot.”</p> <p>“If I drive on the highway I will get into an accident.”</p> <p>“If I keep having this thought it must be true.”</p>

Whether in the short run or over time, anxiety feelings, fearful thoughts, and protective, “safety” behaviors work together to keep our anxiety “fire” burning. Each feeds off the others, and any one of these can act as the “match” to get the fire started. **In CBT, our goal is to work on these thoughts and behaviors to help extinguish the fire as much as possible.**



Anxiety “Fuel” take home points:

Some of our thoughts and behaviors, while they seem to help us, actually make anxiety worse. Safety behaviors, such as avoidance and protective behaviors, as well as negative thoughts, serve to reinforce anxiety in both the short- and long-term.

It is important to understand what, if any, safety behaviors we are using, so that we can work to reverse this through treatment.

Exercise
Anxiety “Fuel”

Below, list some of the ways you may accidentally make your anxiety worse, based on the material discussed above.

Avoidance

Do I avoid anything because it seems scary or makes me feel anxious? This may include avoiding thinking about something or avoiding certain types of situations or people.

Things I avoid:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Anger and Irritability

Do I become angry or irritable and attack others verbally or physically?

Times I become angry:

- 1.
- 2.
- 3.
- 4.

What I do when I am angry:

- 1.
- 2.
- 3.
- 4.

Protective “Safety” Behaviors

Do I try to protect myself in certain situations in order to feel more safe?

How I try to protect myself:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Substance Use

Do I ever use drugs or alcohol in order to “numb” the anxiety?

Types of drugs or alcohol:

When I tend to drink or use drugs:

Thoughts

Do I have thoughts that come up continually and make me feel anxious?

Thoughts that make me feel anxious:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Anxiety 101

Summary

Anxiety Is...

We learned that the symptoms of anxiety are the “fight or flight” response, and are normal, functional, and necessary for survival. They become a problem when they are too severe or happen too much given the real amount of danger present, or if it interferes with the activities of life. While having chronic anxiety over long periods of time puts stress on the body, it can be helpful to remember that **anxiety itself is not dangerous**; but it sure can be uncomfortable.

Why does my body do this?

In this section we covered the ways that **each “fight or flight” symptom functions to protect us in case we are in real danger.**

We also learned that when our body’s “fight or flight” alarm is triggered, a domino effect of chemical changes and messages are sent to various parts of the brain and body, producing these symptoms. **This process is programmed to last only about 10 minutes, unless it is triggered again.**

Anxiety Triggers

Here we learned that the brain can learn to be afraid of almost anything, and some anxiety “triggers” are more common than others. Anxiety disorder diagnoses are organized based on what triggers the anxiety.

We know that anxiety can be caused by scary events, and anxiety can also make one more likely to experience an event as scary.

It is important to identify your anxiety “triggers.” In most cases it is possible to figure them out yourself. Sometimes it is necessary to have the help of a mental health professional to do this. A few tips are on page 10.

Anxiety Fuel

Some of our thoughts and behaviors, while they seem to help us, actually make anxiety worse. **Safety behaviors**, such as avoidance and protective behaviors, as well as negative thoughts, serve to reinforce anxiety in both the short- and long-term.

It is important to understand how we make our anxiety worse, so that we can work to reverse this through treatment.



A common question: What if it really is dangerous?

Of course, we are not trying to ignore anxiety or feel calm if something really is dangerous. One of our **goals in CBT is to learn what *is* dangerous and what *is not*, what we can control and what we can’t, and how to balance taking risks with keeping ourselves safe.**

If you are here, it is likely that the cost of trying to keep yourself safe is outweighing the advantages. We’ll be exploring this more in some of our other modules.



Notes

Notes

Exposure and Desensitization

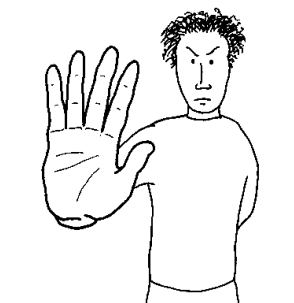
"Do one thing every day that scares you."
~Eleanor Roosevelt



In this part of the group manual we will learn about **exposure**, one of the most powerful weapons to battle anxiety and a big part of CBT treatment.

We spoke about **sensitization** in the section “**Anxiety Fuel.**” Now we’ll talk about **desensitization**, which means we work to make our anxiety alarm less sensitive, so it doesn’t go off as often or as loudly.

In this section we will learn what exposure is, when and how to use it, and some important rules to follow to be sure we get the most out of treatment. We’ll also try to give you lots of examples so it makes sense to you; we want you to know what to do, but also how and why it works. In other words, we want you to be sold on exposure!



What is exposure?

Have you ever been afraid of something and found that your fear became less intense over time, the more you experienced something?

For example, some people can be afraid of flying and find that the more they fly, the easier it gets.

This is how **exposure** works. Very simply, the more that we do something we are afraid of doing, or are exposed to something that we are afraid of, the less afraid we tend to be.



Exposure is one set of skills used in CBT. With exposure, we gradually begin doing some of the things we tend to avoid, especially if these are things we need to do to reach our goals. The good news is that not only are we more likely to reach our goals if we don't avoid, but by doing the exposure exercises the anxiety can actually become less, so we feel better. When we feel better, it is because the anxiety center of the brain, the **amygdala**, is getting less sensitive to a certain trigger. This is called **desensitization**. We'll talk more about how this works later.

Here are some examples of situations in which exposure principles can work:

A taxi driver has a fear of traveling over bridges. He avoids bridges at all costs and will even pull over to the side of the road with a passenger in the car, pretending to have engine trouble. This fear of bridges severely limits his ability to do his job. With the help of a therapist, he learns gradually to beat his fear of bridges, starting by going over low bridges with a friend in the passenger seat. Eventually he works up to driving over larger bridges on his own.



Bill, a college student, has a fear of public speaking. He tries to avoid taking classes that involve oral presentations and when he does have one of these classes, he tries to avoid giving presentations by missing class. He often fails to complete his work, and generally performs more poorly in these classes than he does in classes that do not involve presentations. Bill seeks out treatment to address this and gradually learns to speak in front of a few people, then small groups, and then ultimately larger audiences. With practice, he becomes more comfortable speaking in front of others.



When can I use exposure?

Exposure doesn't work for all types of anxiety, and there are things we want to know before starting to use it. We hope that by the end of this part of the group you'll have an idea of when exposure can be helpful and how to use it.

To get a sense of when exposure may be helpful, ask yourself the following questions:

- Do I know exactly **what is triggering** my anxiety?
- Is there something important to me that I am **avoiding** because of the anxiety?
- Are there times when I try to **stay safe** or **protect myself**, which may affect my ability to live life the way I want to?

Be sure to review "**Anxiety Triggers**" if you have trouble determining what your triggers are. Sometimes it is helpful to get the help of an experienced mental health professional to learn more about your triggers.

In the section of the group entitled "**Anxiety Fuel**" we learned about the ways that avoidance and **safety behaviors** can make the anxiety worse. It may be helpful to review this section before beginning exposure exercises. As a rule of thumb, these behaviors interfere with the improvement we might experience using exposure techniques. Later in this section we'll be talking more about how safety behaviors can get in the way of our progress with exposure.

Take home point:

Exposure and desensitization is just one set of skills used in CBT. It works best when we know what triggers our anxiety, and are aware of avoidance and safety behaviors that we use when anxiety presents itself. The goal of exposure is to gradually expose ourselves to whatever it is that we are avoiding, which helps us reduce the anxiety and make progress toward our life aims.

Should I do exposure?

It is common to question whether or not to do exposure to reduce anxiety and stop avoiding important things in our lives. Why? Because facing our fears can be scary and takes hard work. Before and during exposure we may need to remind ourselves of why we are seeking treatment in the first place.

It can be helpful to consider how avoiding inconveniences us—how it may keep us from achieving our goals. For example, Bill, our friend with public speaking anxiety, could list the ways avoidance impacts his life.

Writing down the ways avoidance impacts our lives can help us understand how important it is to stop avoiding. We use **exposure** to work on the avoiding itself.

Homework exercise: How can I use exposure?

Go back to the section “**Anxiety Triggers**” and list the triggers you wrote under “My anxiety triggers are” here:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Now use the following questions to determine for what triggers exposure might work:

- Am I **avoiding** any of these triggers because of anxiety?
- Are there times when I am exposed to these triggers and I try to **stay safe** or **protect myself**, which may affect my ability to live my life the way I want to?

Now list some of the triggers for which the answers to these questions are “yes:”

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

How avoiding public speaking impacts my life:

- 1. I worry about the next speech.*
- 2. I have to try to take classes that don't involve oral presentations.*
- 3. When I do speak in public, I feel more anxious.*
- 4. I sometimes fail classes that involve public speaking.*
- 5. I may limit the types of careers that are possible for me.*
- 6. I may not be able to move up in my profession if I avoid public speaking.*

Homework exercise: Should I use exposure?

Use Bill's example above to write down the ways that avoidance of some of these triggers either inconveniences you or keeps you from achieving your goals.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Desensitization

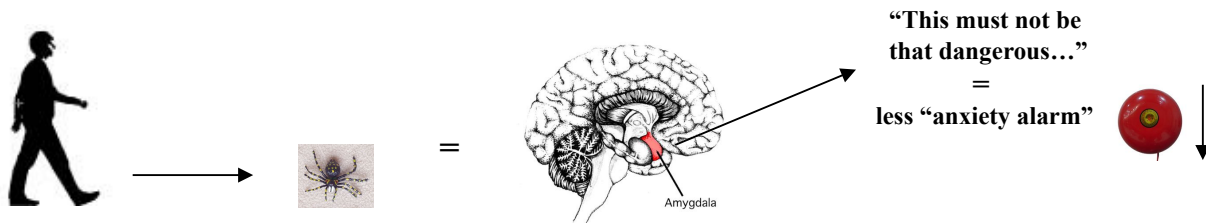
You may remember from the “Anxiety Fuel” section of the manual that we can *think* and *do* things that make the anxiety worse, like thinking over and over what might happen when we have to make that speech, or avoiding speeches altogether.

Anxiety can also get worse when bad things really happen, or we perceive that some event is dangerous.

As we mentioned earlier, these events, safety behaviors and negative thoughts can make our anxiety alarm more sensitive to certain triggers. This is called **sensitization**.



Desensitization is the opposite; our **amygdala** learns that something is not dangerous, through experience. Take our spider example: if this guy continues to approach the spider, it teaches the amygdala that the spider is not as dangerous as he once thought. If he is approaching that spider, it must not be that dangerous...



Give it time!

One trick about desensitization is that it usually takes **time** to retrain the amygdala to think something is *not* dangerous, especially if it's been trained over the years to think it is. As we will discuss more later, one important thing about desensitization is **staying in the anxiety provoking situation long enough to learn it is not dangerous**. Since our amygdala wants to protect us, it needs a lot of convincing to be willing to turn down that anxiety alarm.



This is also called **habituation**, which means that we get used to something so that it no longer seems as scary to us. We will even get bored, if we stay with it long enough. This is OK, because it is better to be bored, than anxious!

The next time we are around the trigger, we may still feel some anxiety, but it is likely to be less. If we do this over and over, the alarm gets weaker and weaker. Our anxiety “radar” may detect the trigger, but our amygdala will not react to it like it did before.

Take home point:

*Through experience and over time we can make our brain less sensitive to certain anxiety triggers. This is called **desensitization**.*

“Oh, say can you see...”

Imagine that you were asked to sing the *Star-Spangled Banner* on opening day at Comerica Park. Would you be nervous?

Now imagine you were asked to do this for every Tigers game— that’s about 80 home games in a season. Would you be just as nervous after one month? At mid-season? At the end of the season?



Beware of Dog!

Elaine grew up around dogs all her life. Her family had many dogs, so she learned through experience that dogs tend not to be dangerous. When she’d see something on the news about a dog attacking a person, she’d think, “Wow, that seems odd,” because in her experience dogs were not dangerous. This attack seemed like an isolated event and it did not change her opinion of how dangerous dogs are.

Jessica did not have dogs in her home growing up. When she was six she saw a news clip in which someone was attacked by a dog. She got the impression that dogs were dangerous—each time she was around a dog, she remembered that news clip and began to worry that the dog might attack her. She also felt scared and anxious when she saw a dog in real life.

Jessica’s friend Rachel got a dog the next year. Jessica gradually learned through experience that dogs weren’t always dangerous, and she began to feel less afraid.



Wait just one second!

You may be thinking “I’ve exposed myself to this trigger over and over for a long time, and it hasn’t gotten any better; in fact, it is worse! Why would exposure make this any better?”

There are some important rules about doing exposure that are necessary in order for it to work. We’ll talk about these rules in the section entitled “The Exposure Formula.”



Exercise:

Try to think of some things to which you’ve become desensitized in your life. Examples are driving, scary movies, roller coasters, air travel, etc. Think of things you’ve gotten good at with practice, and also maybe some fears you’ve overcome by being exposed to them over and over and over. Then write them down here.

- 1.
- 2.
- 3.
- 4.
- 5.

Exposure: Getting Started

Now that we know how desensitization works, we can get started. If you are still questioning whether or not exposure will work for you, review the page “Should I do exposure?” Remember that if there are currently avoidance or safety behaviors related to a trigger, it is likely that exposure could be used to help bring the anxiety down.



How do I know *where* to start?

If different anxiety triggers interfere with your life and you are not sure where to start with exposure, ask yourself the following questions:

1. Which trigger interferes with my life the most?
2. With which one would I predict that my life would improve the most if the anxiety were less?
3. Does one stand out as being more “doable” than others? Would one be easier to start on, so I can start to get my life back on track?

Based on the questions above, try to pick the most pertinent exposure target. Once you’ve chosen a trigger to start on, list ways that you might be able to get your anxiety alarm going. For example, Bill might write down different types of situations that would trigger his public speaking anxiety. We call this a **Fear Hierarchy** or a **Stimuli Map**.

Exposure exercise (different ways to trigger the anxiety)	Anxiety Rating
<i>-Speaking in front of a large group of professionals who are experts on the topic on which I am speaking, using a prepared speech</i>	9
<i>-Speaking in front of a large group of professionals who are experts on the topic on which I am speaking, using a more impromptu style and few note cards</i>	10
<i>-Speaking about myself in front of a few friends</i>	6
<i>-Speaking for a few people who I don't know and who don't know my topic well</i>	7
<i>-Speaking for about 10 people who are also students and don't know my topic well</i>	8
<i>-Practicing a planned presentation on my own</i>	3
<i>-Performing the speech for my girlfriend</i>	5

When trying to come up with ways to vary the exposure, think about things that can change how challenging the exposure is. Bill might list:

- Length of speech*
- How well I know the audience*
- How well they know the topic*
- How well practiced I am*
- Speech is more planned out versus more impromptu*

It is good to come up with a nice long list at first, so try to think of as many variations as possible!



After listing the different variations on the left, Bill rates his anxiety on a scale of 0-10 using the “**Subjective Units of Distress Scale**” (SUDS) for each one. We discuss the SUDS scale on the next page.

The SUDS Scale

Exposure therapists often use a scale of 0-10 or 0-100 to rate the amount of anxiety someone has during exposure exercises. It is like a thermometer, measuring how “hot” our anxiety gets.

This is called the **Subjective Units of Distress Scale** or “SUDS.”

- 0= no anxiety at all; completely calm
- 3= some anxiety, but manageable
- 5= getting tough; wouldn't want to have it all the time
- 7-8= severe anxiety that interferes with daily life
- 10 = worst anxiety you've ever felt



Why do I have to rate my anxiety?

There are a few good reasons we ask folks to rate their anxiety before and during exposure treatment:

1. It helps us decide where to start and how to move from one exposure exercise to the next.
2. It keeps track of progress and helps us know if you are improving, staying the same, or getting worse.
3. It helps us start to step back from our anxiety when it happens and see that anxiety is not always the same severity.

We will be talking about the **SUDS** scale often in this manual and you will be using it a lot during exposure therapy.

Exercise: “My Fear Hierarchy”

Pick a trigger and try designing some exposure exercises by listing possible ways to bring on the anxiety.

Exposure exercise (different ways to trigger the anxiety)	Anxiety Rating (0-10)
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
9. _____	
10. _____	
11. _____	
12. _____	

The Exposure Formula

Exposure practice is like a formula; there are certain ingredients that are necessary to get the results we want. We need to understand these before starting the exposure practice, because if we don't follow these rules, we aren't likely to make much progress. In fact, we could make the anxiety worse! We'll be talking more about this in the next section.



There are four main ingredients in the “exposure formula:”

1. It is **prolonged**
2. It is **repetitive**
3. We **focus on the anxiety**
4. We add **no safety behaviors**

Ingredient #1: Prolonged

As we discussed earlier, it is important to stay in the anxiety producing situation until the anxiety comes down. Sometimes people ask if it is possible to do a shorter exposure practice in order to make it easier to complete. Usually we advise people to adjust the difficulty of the exposure, *not the duration*, because staying the situation long enough is necessary for the anxiety to come down. In fact, one important element of feeling better is staying in the situation long enough and doing it often enough that we **eventually get bored** with the trigger. This is important, because being bored it is a surefire way to know that we are not anxious!



Ingredient #2: Repetitive



Have you ever played a musical instrument or a sport? Your music teacher or coach probably told you to “practice, practice, practice!” Repetition is important for our brain to learn anything, and anxiety is no exception. Some people notice that their anxiety goes down quickly after starting exposure, but most people find that it takes **consistent, daily practice** to adequately retrain the brain and feel better.

Ingredient #3: Focus on the anxiety

This is the part that can be difficult; we are going to ask that you try to **focus on the feelings** (the anxiety “alarm”) that come up when you are in the anxiety provoking situation. Why? Because we are trying to convince the **amygdala** that this trigger *is not really dangerous*. If we avoid these unpleasant feelings, we send the message that the trigger *is dangerous*, and our time spent practicing exposure is wasted.



Ingredient #4: No “Safety Behaviors”



The same could be true if we spend our exposure practice trying to stay safe or protect ourselves from the trigger, or the anxiety itself. You may remember that safety behaviors are a great way to “fuel” our anxiety and make it stronger; they also really sabotage our exposure practice! We discussed some examples of safety behaviors in the section “Anxiety Fuel.” You may want to review this before starting exposure; it is another very important part of doing exposure correctly.

Important!

The #1 factor in seeing improvement with exposure is whether or not you **do the exposure** and **use all of the ingredients** listed above.



Take home points:

The first step in exposure practice is setting up a “Fear Hierarchy” and rating the amount of anxiety you would feel for each exercise.

Exposure practice requires repetitive, prolonged exposures to the anxiety itself, with no “safety behaviors.”

Exposure Tips



Exposure seems simple; just expose yourself to something you are afraid of, and the anxiety comes down over time. While this is true, going through an exposure program sometimes seems anything but simple. We should be ready to troubleshoot when things get tough– and sometimes it can be confusing! Below are some tips to help you through the exposure and improve your results.



Tip #1: Choose wisely!

Throughout exposure, try to pick exercises you are **confident you will complete**. Often people become frustrated with exposure because it is “too hard,” and they may even leave the exposure practice early.

When first starting exposure, it is best to take something from your Fear Hierarchy in the “5” or “6” range on the SUDS and then **very gradually** increase the difficulty of the exposures. If you are having trouble with an exercise, try making it a bit easier and commit to becoming comfortable with that particular trigger.

When designing exposure exercises, it is helpful to try to make them **convenient**; in other words, make it hard to forget to practice, and schedule it into the day so it does not take a lot of extra work to get going. Give yourself every chance you can to follow through with the exposure.

Tip #3: Unify your cognitive and behavioral “forces”

Imagine an army going into battle tentatively, with only half the number of soldiers, worried that there may be some casualties. How do you think they would fair against the enemy? Probably not so well.

Sending the message to the amygdala that the trigger is not dangerous works best when our **thoughts and behaviors are aligned**, a “unified front” against our enemy, the anxiety.



If we have doubts about whether or not the anxiety provoking trigger is *really* dangerous and then try to do exposure, it’s like going into battle without all of our forces. The anxiety is likely to win the battle, because our negative thoughts continue to send the message that the trigger is dangerous.

For example, when Bill goes to do exposure for his public speaking anxiety, he reminds himself of the evidence he has that making a mistake would not be the end of the world. We discuss the methods to do this in the **Cognitive Therapy Skills** module of this group manual.

Tip #2: Follow the rules of exposure



As we emphasized on the last page, it is very important that all of the “ingredients” of the exposure formula be included in order to get good results. It is especially important that the person doing the exposure **stay in anxiety provoking situation long enough for the anxiety to decrease**. Review these concepts on the previous page.

As we mentioned before, the #1 factor determining whether or not someone does well with exposure is whether or not they practiced exposure consistently and followed the rules.

Tip #4: Be prepared for some discomfort and stay aggressive!

Exposure can be difficult at times; after all, if we are going into battle, we should expect the enemy resist us with everything it has!

The main defense the anxiety has is **discomfort**, and we can expect to feel some during the exposure. Usually the discomfort is most severe early in the exposure, and some people even find that the anxiety gets worse before it gets better. This is our body trying to get us to give in and play defense; but we know our best bet is to stay aggressive and not listen to what the anxiety is telling us.

We are going to try to **“ride” the anxiety wave**, always remembering that anxiety is uncomfortable, not dangerous!



Exposure: Tracking Your Progress



Once we begin practicing exposure, it is important and helpful to track our progress. Remember our **Subjective Units of Distress Scale (SUDS)**? We'll use this to rate how much anxiety comes up when we do an exercise. We rate our anxiety at the beginning, middle, and end of each exercise. Let's take our friend Bill's public speaking exposure as an example.

Exposure task: *Performing my presentation for friends*

Day/Date	Length of time		SUDS (0-10)			Comments
	Start	Stop	Beginning	Middle	End	
4/15	10:15 am	11:15 am	2	8	4	
4/16	2:00 pm	3:00 pm	2	8	3	
4/17	5:30 pm	6:30 pm	1	9	4	<i>Last train of thought</i>
4/18	5:30 pm	6:30 pm	1	5	2	
4/19	10:00 am	11:00 am	0	4	1	
4/20	6:00 pm	7:00 pm	0	3	1	
4/21	10:15 am	11:15 am	0	2	.5	

This is the type of progress we would expect to see for someone that consistently practices this one exposure exercise. You may notice that the "middle" levels are often highest, because it takes some time for the anxiety to come down.

We can also do multiple "mini" exposures to things that are harder to do for a full hour straight. For example, Jane, who has Obsessive Compulsive Disorder and fear of contamination, is practicing exposing herself to a rag that has been in contact with a door handle one time every hour, all day long.

Exposure task: *Touching rag that had contact with door handle*

Day/Date:	SUDS (0-10)						
	4/15	4/16	4/17	4/18	4/19	4/20	4/21
8:00 am	8	8	7	5	3	4	3
9:00 am	8	6	5	4	2	3	2
10:00 am	8	5	4	4	3	3	.5
11:00 am	7	5	4	4	1	2	0
12:00 pm	7	5	3	3	.5	2	0
1:00 pm	6	4	4	3	1	1	0
2:00 pm	4	5	3	4	1	1	0
3:00 pm	4	3	2	2	.5	2	0
4:00 pm	4	3	1	1	0	.5	0
5:00 pm	5	4	1	1	0	0	1
6:00 pm	3	7	1	1	2	0	0
7:00 pm	3	6	2	.5	0	0	0
8:00 pm	3	5	1	1	0	0	0
9:00 pm	4	5	1	1	0	0	0
10:00 pm	4	5	1	2	1	1	0

You may notice in both of these examples that there are times when the anxiety will come down, and then go up again. At other times the anxiety starts high and comes consistently down. When we record our SUDS scores this way, we can see that over time the numbers tend to come down, with some fluctuations in the middle.



Exposure Examples: “External Cue Exposure”

External cue exposure is a fancy way to describe exposure to situations, places, objects, animals, or people in our environment that make us feel anxious. This is also called **in vivo exposure**, which means exposure “in real life.” Let’s take a look at Bill’s in vivo exposure for public speaking anxiety, one step at a time.

Step One: Pick a trigger

Bill has decided he really wants to beat this fear of public speaking. He decides to focus on this target and commits to designing an exposure plan to reach his goal.



Step Two: Create a fear hierarchy

Bill lists ways that he could purposely trigger the anxiety. He thinks about different ways to make public speaking situations more or less difficult.

Exposure exercise (different ways to trigger the anxiety)

-Speaking in front of a large group of professionals who are experts on the topic on which I am speaking, using a prepared speech

-Speaking in front of a large group of professionals who are experts on the topic on which I am speaking, using a more impromptu style and few notecards

-Speaking about myself in front of a few friends

-Speaking for a few people who I don't know and who don't know my topic well

-Speaking for about 10 people who are also students and don't know my topic well

-Practicing a planned presentation on my own

-Performing the speech for my girlfriend



Step Six: Ending exposure

Bill continues to practice the exposure for about 12 weeks, changing the exposure exercise about each week as he moves up the hierarchy. After this, he decides to continue to practice public speaking, but less formally, to maintain his gains and refine his skills.

Step Five: Middle sessions of exposure

Once Bill’s anxiety comes down to about a “3” or less on the SUDS consistently for 3-4 days, he moves on to the next highest item on his hierarchy. He goes to a **Toastmasters** group where he practices in front of people with whom he feels less comfortable. When he again habituates to this exercise, he moves on to the next.

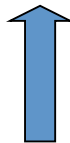
Bill moves through his hierarchy until he feels comfortable speaking in front of superiors who are knowledgeable about his topic. Since it was hard to find superiors to help him practice exposure, he had to revise his hierarchy to create this fear as realistically as possible. For instance, he practiced speaking about current events at Toastmasters, because most people could be considered “experts” on these topics.

For more information about **Toastmasters**, visit www.toastmasters.org.

Step Three: Rate the hierarchy

Bill rates each item on his list using the SUDS scale (see “Exposure: Getting Started” for more in-formation on the SUDS).

<u>Exposure exercise</u>	<u>Anxiety Rating</u>
<i>-Speaking in front of a large group of professionals who are experts on the topic on which I am speaking, using a prepared speech</i>	9
<i>-Speaking in front of a large group of professionals who are experts on the topic on which I am speaking, using a more impromptu style and few notecards</i>	10
<i>-Speaking about myself in front of a few friends</i>	6
<i>-Speaking for a few people who I don't know and who don't know my topic well</i>	7
<i>-Speaking for about 10 people who are also students and don't know my topic well</i>	8
<i>-Practicing a planned presentation on my own</i>	3
<i>-Performing the speech for my girlfriend</i>	5



Step Four: Starting exposure

Bill picks an item from the list in the “5-6” range on the SUDS. He begins by speaking in front of his friends one hour each day for one week. He tracks his progress using the SUDS (see Exposure: Tracking Your Progress). He also follows the rules of exposure outlined in the section “The Exposure Formula.”

Exposure Examples: “Internal Cue Exposure” for Panic Disorder



Internal cue exposure means that the trigger for our anxiety is internal, or inside our bodies. This type of exposure is used most often for people that struggle with Panic Disorder. Anyone who has had a panic attack knows how uncomfortable it is; this is the “fight or flight” response at its worst! Often the “trigger” for panic attacks is body symptoms and feelings. Remember what we discussed in the “Anxiety Fuel” section? Uncomfortable body feelings can lead to worries about further anxiety symptoms, which then triggers more symptoms, which leads to more worries, and before we know it we are in the middle of a full-fledged panic attack.

Because the trigger for panic attacks within the context of Panic Disorder is *the body*, the exposure exercises center on the anxiety symptoms themselves. If we can become comfortable with the idea of having the anxiety symptoms, we train the brain that the anxiety is not really dangerous, and the anxiety “alarm” doesn’t need to be sounded as loudly or as often. These are also called **interoceptive exposure** exercises, which is a fancy way to say exposure to feelings of anxiety and panic in the body.

Take a look at these interoceptive exposure exercises that can be used to toughen up against the possibility of having a panic attack. The person would pick a symptom that they experience when they have panic and practice one exercise daily. Each person may not respond to each exercise, so it is important try a number of them and find one that will trigger some anxiety.

Symptom: Rapid heartbeat

-Run on the spot or up and down stairs for 1 minute, then 1 minute break. Do this sequence 8 times.

Symptom: Breathlessness or smothering feelings

-Hold breath for 30 seconds, then breathe normally for 30 seconds. Do this 15 times.

-Breathe through a narrow, small straw (plug nose if necessary) for 2 minutes, then 1 minute breathe normally. Do this 5 times.

-Sit with head covered by a heavy coat or blanket.

Symptom: Choking feelings, gag reflex

-Place a tongue depressor on the back of the tongue (a few seconds or until inducing a gag reflex). Do this repetitively for 15 minutes.

Symptom: Trembling or shaking

-Tense all the muscles in the body or hold a push-up position for as long as possible for 60 seconds, then rest 60 seconds. Repeat 8 times.

Symptom: Sweating

-Sit in a hot, stuffy room (or sauna, hot car, small room with a space heater)

-Drink a hot drink

Symptom: Dizziness or lightheadedness

-Spin slowly in a swivel chair for 1 minute, then 1 minute break. Do this sequence 8 times.

-Shake head from side-to-side for 30 seconds, then 30 second break. Do this 15 times.

-While sitting, bend over and place head between legs for 30 seconds, then sit up quickly. Do this 15 times.

-Hyperventilate (shallow breathing at a rate of 100-120 breaths per minute) for 1 minute, then normal breathing for 1 minute. Do this 8 times.

Symptom: Derealization (feeling that things are not real)

-Stare at a light on the ceiling for 1 minute, then try to read for 1 minute. Repeat 8 times.

-Stare at self in a mirror for three minutes, then one minute break. Repeat three times.

-Stare at a small dot (the size of a dime) posted on the wall for three minutes.

-Stare at an optical illusion (rotating spiral, “psychedelic” rotating screen saver, etc.) for two minutes, then break for one minute. Repeat five times.

Symptom: Tightness in throat

-Wear a tie, turtleneck shirt, or scarf tightly around the neck for 5 minutes, then take a one minute break. Do this three times.

Let’s see what a course of interoceptive exposure for panic would look like. Janet is a 24 year-old woman with Panic Disorder. She has panic attacks that seem to come from “out of nowhere” and she often worries about having another panic attack. Sometimes she feels a little anxious and she begins to feel dizzy, which then makes her worry the panic will get worse; in fact, it usually does.

Step One: Pick a trigger

Janet decides to start with the “dizziness” trigger, because it most often triggers panicky thoughts that fuel the anxiety and make it worse.



Step Two: Create a fear hierarchy

Janet lists the different interoceptive exercises she can use to trigger some anxiety, using a list she got from her therapist.

Exposure exercise (different ways to trigger the anxiety)

- Spin in a swivel chair for 1 minute, then 1 minute break. Do this sequence 8 times.
- Shake head from side to side for 30 seconds, then 30 second break. Do this 15 times.
- While sitting, bend over and place head between legs for 30 seconds, then sit up quickly. Do this 15 times.
- Hyperventilate (shallow breathing at a rate of 100-120 breaths per minute) for 1 minute, then normal breathing for 1 minute. Do this 8 times.



Step Three: Rate the hierarchy

Janet rates each potential exercise using the SUDS scale (see “Exposure, Getting Started,” for more information on the SUDS).

<u>Exposure exercise</u>	<u>Anxiety Rating</u>
-Spin in a swivel chair for 1 minute, then 1 minute break. Do this sequence 8 times.	7
-Shake head from side to side for 30 seconds, then 30 second break. Do this 15 times.	9
-While sitting, bend over and place head between legs for 30 seconds, then sit up quickly. Do this 15 times.	7
-Hyperventilate (shallow breathing at a rate of 100-120 breaths per minute) for 1 minute, then normal breathing for 1 minute. Do this 8 times.	5



Step Four: Starting exposure

Janet picks an item from the list in the “5-6” range on the SUDS. She begins by practicing hyperventilating for one minute, then one minute rest, alternating 8 times, which takes her about 15 minutes. She tracks her progress using the SUDS by rating her level of anxiety before, during and after the exposure. She follows the rules of exposure outlined in the section “The Exposure Formula,” and repeats this daily for one week.



Step Five: Middle sessions of exposure

Once Janet feels like her level of anxiety for the hyperventilation exercise has come down to around a “3” during the exercise, she moves on to the next harder exercise on the hierarchy. She continues to practice these exposure exercises daily.

She continues to move up on the hierarchy until she becomes more used to the feeling of being lightheaded and dizzy, as well as more at peace with the possibility that she will have a panic attack when she feels dizzy. Since she also becomes worried when she experiences feelings of tightness in her throat, she decided to do some of these interoceptive exercises, as well.

Along with her interoceptive exposure exercises, she added **external cue exposure** exercises (see previous page) to places that she avoided because she was worried about having a panic attack.

Along with her exposure practice, Janet and her therapist worked on some of the thoughts that tend to “fuel” the anxiety once it is triggered. We will talk more about these thoughts in the **Cognitive Therapy Skills** module of the manual, in a section entitled “The Only Thing We Have to Fear Is...”



Step Six: Ending exposure

Janet continues to practice the exposure for about 10 weeks, changing the exposure exercise about each week as she moves up the hierarchy. This, with a combination of external cue exposure and cognitive skills, improves her panic symptoms and makes her feel confident that she can manage a panic attack in the future.

Questions about Exposure

How long do I need to keep doing exposure?

During each practice, do the exposure until the anxiety comes *down by about half* from where it started. Remember to use the SUDS scale to help you rate your anxiety.

Stay in the exposure situation for the full amount that you planned. We usually start with one hour as a rule of thumb. If it is boring, good! Stay with it– it is better to be bored than anxious!



How do I know when to move on to the next exercise?

When your anxiety is consistently below about a “3” on the SUDS for a few days, it is a good time to move to the next item on your hierarchy.

What if it really *is* dangerous?

If something really is dangerous, we will never ask you to do it. Exposure only works when we are avoiding or protecting ourselves around something that is not dangerous, or not so dangerous it is worth avoiding.

Sometimes we are not sure if something is really dangerous, and it can be helpful to find out. Social situations are an example. We may think that trying to talk to people at a party is dangerous, because people may be critical of us. If we like the idea of going to the party but are afraid, perhaps it is best to get a sense of really how dangerous it is. We can do this using two different techniques:

1. **Cognitive skills:** looking at evidence to give us a sense of how dangerous it is. We’ll be talking about this more in the next section of the manual.
2. **Behavioral experiments:** let’s try it out and get evidence first hand about whether or not it is dangerous. Ask yourself what the real consequences are of having something bad happen.

How do I know if I am done with exposure?

Each person must decide when they want to stop doing exposure and move to using exposure principles in the course of daily life (see “The Freedom of Choice”). However, there are some points that may help you make this decision.

1. If you are still avoiding things related to the trigger in your daily life, it is best to continue to do the exposure.
2. It is best to really *dominate* the trigger you are working on before deciding to stop exposure. This means that you may even ramp up the exposure to ridiculous proportions. For example, if you are afraid of dogs, you might spend a weekend dog sitting for a friend; you could pet, rub, and play with the dog. A social phobic might volunteer to be the MC for a company event. Once someone becomes comfortable with something that difficult, it is easier to feel OK being exposure to the things we normally see in our daily lives. **Structured, daily exposure practice often takes weeks or months to complete, depending on the type of problem.** It is best to work with a mental health professional or exposure therapy workbook to determine how long to continue to do exposure therapy.
3. There will always be times when we feel challenged by anxiety and may have the urge to avoid. In this sense, we are never “done” with exposure; it becomes a way to address anxiety over the long term in our daily lives.

My exposure questions

Write down questions you have about exposure here and be sure to ask the group leader before you finish all the group sessions.

1. _____ ?
2. _____ ?
3. _____ ?

Exposure for Obsessive-Compulsive Disorder



Obsessive-Compulsive Disorder (OCD) is a chronic and often debilitating condition that affects thousands of people in the United States each year. OCD is characterized by **obsessions** (anxiety provoking, often intrusive thoughts) and **compulsions** (behaviors that aim to neutralize anxiety). These compulsions are also called **rituals**; they are “safety behaviors” that make the person feel less anxiety in the moment but serve to strengthen the anxiety in the long run.

When most people think about OCD they think about anxiety around contamination that may make someone want to wash their hands over and over. OCD has many forms, however; unfortunately we can't go into them in detail here.

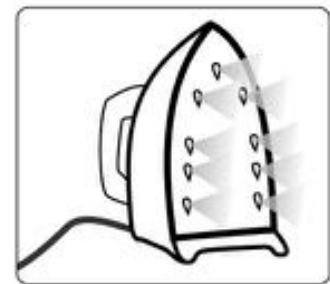
Cognitive-Behavioral Therapy for OCD is called **Exposure and Response Prevention (ERP)**. You now know all about exposure; the “response prevention” part involves resisting the **compulsions**— we “prevent” or “block” our impulse to give in and do the ritual. In this way, we really stand up to the OCD and don't do what it tells us to do.



ERP looks a lot like other types of exposure, in that we purposefully expose ourselves to the anxiety-provoking trigger in order to show the brain that it is not really dangerous. But with OCD it is even more important **not to add any safety behaviors** (rituals), because these rituals are ultimately what keep the anxiety fire fueled and burning over the long run.

For example, Jeremy tends to check things— irons, locks, stoves, the garage door— because he feels anxious about the possibility that he has left something unlocked, plugged in, turned on, etc. He will check locks over and over, and never feels reassured that the locks are bolted, regardless of how many times he checks. He doubts himself constantly.

ERP for Jeremy involves **purposely creating doubt** that he locked something (exposure) and **resisting the urge to check** (response prevention). He works to see the OCD as something separate from himself: “It's not me, it's the OCD telling me to do that.” He practices ERP for 60 minutes a day and works to eliminate all OCD rituals in his daily life.



OCD is not rational!

Another thing that makes OCD different from other anxiety disorders is that the person that the anxiety producing trigger is not rational and doesn't make sense. Jeremy may try to reassure himself that the doors are locked and even see that they are locked, but his brain continues to signal that anxiety alarm.

For this reason, **it does not help to try to rationalize with the OCD**. In fact, when we try this the anxiety actually gets worse. Why? Because we are trying to reassure ourselves to get rid of the anxiety. What does this sound like? Yes, it is a **safety behavior**— it tells the brain “In order to be sure that I locked the doors I must continue to reassure myself that it is true.” This is a great way to “fuel” our anxiety!



I have OCD and want help; what should I do?

If you are planning to do exposure for OCD, it is best to work with a mental health professional who is trained to administer Exposure and Response Prevention. Here at the UM Anxiety Disorders Clinic we have treatment groups and individual therapists that are well-trained in delivering ERP for OCD. Ask us about how to get involved in ERP.

There are also some self-help books and internet resources about OCD that are helpful; these are listed in the section “Appendix II: Cognitive-Behavioral Therapy Resources for Anxiety.”

Take home point:

Obsessive-Compulsive Disorder is slightly different than other anxiety disorders. OCD treatment involves Exposure and Response Prevention (ERP), which is similar to other types of exposure, with some modifications. If you have OCD and want to begin ERP, it is best to receive guidance from a mental health professional who is trained in ERP.

Barriers in Exposure Treatment



Some people find exposure treatment to be difficult. There are some barriers along the way that make it hard to follow through with treatment. It is important to understand these possible barriers and find ways to work around them. If we do not, exposure therapy is not likely to help. Here are some of the common problems people have with exposure treatment once they get started.

1. **“I don’t have enough time to do this much exposure homework.”** It is true that exposure takes a commitment of time and energy to work well. If we had evidence that exposure would work in less time, we would recommend to shorten the exposures! But, as we mentioned earlier, repetitive, prolonged exposure practice is essential to success. One question you may ask yourself is “How much time does the anxiety take from me each day? Each month? Each year?” It could be that a commitment of time now could save you a lot of time in the future.
2. **“These exposure exercises do not fit my lifestyle well.”** An important aspects of exposure work is finding ways to make exposure exercises *convenient*. Design them in ways that will increase the chances of doing them. This includes finding ways to *remind* you to do the homework. Plan times to do the homework when you will not be bothered and have all of the resources necessary to do it. For example, if someone were doing exposure to driving at night, they would need to plan to do the exposure at times when they are sure they can get the car.
3. **“I feel terrible when I am doing the exposure; I don’t want to experience this.”** As we mentioned before, for exposure to work we actually need to feel the anxiety during the practice session. When the anxiety gets worse it is a good sign that exposure is working! We just need to stick it out to the end of the exposure. If you are hoping not to feel any anxiety during the exposure, it may not be the right treatment for you.
4. **“Sometimes I do ‘safety behaviors’ and I don’t even know I am doing them.”** This is something that comes up often in exposure treatment. As treatment progresses, our goal is to learn more and more how we may be “fueling” the anxiety fire with safety behaviors. The more we are aware of them, the sooner we can extinguish these behaviors. A therapist can be invaluable in identifying potential “covert” safety behaviors and rituals.
5. **“I hate having this anxiety and I don’t want to have to keep doing this!”** Especially once treatment has gained some momentum, people often feel discouraged that they will need to continue to fight the anxiety over the long term. We definitely can resonate with this complaint and would like the anxiety to go away forever! However, we know that giving in to impulses to protect, avoid, and otherwise stay comfortable can make the anxiety even worse and keep us from achieving our goals. Accepting that the anxiety exists is necessary before we can do something to manage it.
6. **“This exposure isn’t working.”** Before making a judgment about whether or not the exposure is working, be sure to review “The Exposure Formula” to be sure you are following all of the rules. Exposure does not work if we just do it “halfway.” It is important to follow these guidelines in order to see improvement!

Take home point:

It is important to understand possible barriers to exposure treatment and find ways to work around them.

Exercise:

Think about and write down possible barriers to completing exposure therapy for one of your most impairing anxiety triggers, using the information above as a guide.

1. _____
2. _____
3. _____
4. _____
5. _____

The Freedom of Choice: Exposure in Daily Life



Have you ever felt like anxiety is making choices for you? In many ways, exposure practice is about choices; the ability to choose what to do based on our goals and life aims, instead of what is safest or least anxiety provoking.

In the course of daily life we have many choices, and some of the hardest occur when we have to decide whether or not to “listen” to the anxiety alarm that tries to keep us safe. We now know that making choices based on the anxiety can serve to make the anxiety stronger. It makes sense to have a way to counter this when the anxiety comes up during the day, using exposure techniques.

Once we have overcome a fear using exposure, we may find that we do not experience any anxiety at all around that certain trigger. This is good!

It is also possible that we may have times in which we *do* feel some anxiety around a trigger that we think we’ve conquered. We **use the techniques below** to address anxiety when it seems to come back. When we experience a trigger, we are going to welcome it with the anxiety, and commit to fighting the impulse to avoid or try to protect ourselves.



Why would I start feeling anxiety again?

There are many reasons that someone might begin to feel anxiety once again after using exposure successfully.

One reason is **stress**; we can’t predict when stressful things will happen, and often stress leads to anxiety.

Another reason is that we may not have experienced that trigger for a while, so our brains become less “bored” with it. Remember that becoming “bored” with a trigger is important in reducing the anxiety.

Step One: “That’s just my anxiety; I know it is not dangerous.”

← The first step involves recognizing that the anxiety is separate from us, the brain trying to convince us to do something that will hurt us in the long run.

Step Two: “All right, anxiety, go ahead and stay around, I am going to go about my business.”

← Step two is an attempt to further accept the anxiety at that moment and resist the urge to avoid or protect ourselves.

Step Three: “Fine, it’s true that this plane is going to crash (or whatever the fear is). I can’t control that.”

← In the third step we “ramp up” the approach by doing a “mini” exposure to the content of the fear.

“Bring it on!”

When addressing anxiety in the course of daily life, our attitude is the key. Try some of the following “self-statements” to help keep on track:

“Anxiety is uncomfortable, not dangerous.”

“Bring it on!”

“I won’t let anxiety make decisions for me anymore.”

“I want more anxiety– I hope it gets worse!”

“I can take it!”

“I hope that happens. If it does, it gives me a chance to fight this anxiety and learn to cope with hardships.”

“If bad things happen, I will find a way to cope.”

Remember to stay aggressive; the anxiety is waiting for us to become defensive and when we do this, it tries to take over. Staying aggressive with anxiety in our daily lives helps to keep the anxiety from coming back in full force.

Take home point:

Either during or after a course of exposure therapy, it is important to have ways to handle anxiety triggers in your daily life and use them over the long term. We should expect to have anxiety come up at times and be ready to use skills when it does.

Exercise

Design your own step-by-step plan to address anxiety in your daily life, using the example above:

Step One: _____

Step Two: _____

Step Three: _____

Exposure and Desensitization

Summary



In this part of the group manual we learned that **exposure and desensitization** is just one set of skills used in CBT. It works best when we know what triggers our anxiety and we are currently **avoiding** those triggers or using **safety behaviors** when we have to experience the trigger. The goal of exposure is to gradually expose oneself to whatever it is that is being avoided, which helps one to meet his or her life goals and reduce the anxiety.

We also learned ways to decide whether or not exposure is right for us by understanding the ways that anxiety impacts our lives, and we learned about the principle of **desensitization**: through experience and over time we can make our brain less sensitive to certain anxiety triggers.

In the “Getting Started” section we learned to begin exposure by creating a **fear hierarchy** and using the **SUDS** scale (anxiety scale of 0-10) to rate the difficulty of each possible exposure exercise.

In the section “The Exposure Formula” we learned that exposure practice involves **repetitive, prolonged exposures to the anxiety itself, with no “safety behaviors.”**

We then offered tips to maximize the effectiveness of the exposure, and ways to “track” the exposure progress using the **Subjective Units of Distress Scale (SUDS)** — we rate the anxiety on a scale of 0-10 or 0-100.

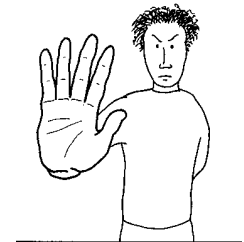


We then learned how a course of exposure looks in the sections titled “Exposure Examples.” We looked at examples of addressing Panic Disorder using **Internal Cue Exposure** and exposure to anxiety triggers in our environment (**External Cue Exposure**).

We then discussed ways to use exposure to treat Obsessive-Compulsive Disorder using a variation of exposure treatment, **Exposure and Response Prevention (ERP)**.

We learned about some common **barriers to exposure treatment** and discussed why it is important to understand these possible barriers to find ways to work around them.

In the section “The Freedom of Choice: Exposure in Daily Life” we discussed the importance of learning to use **exposure techniques when anxiety presents itself in the course of daily life**. This helps one manage anxiety over the long term. We learned that we should expect to have anxiety come up at times and be ready to use skills when it does.



Moving on...

The exposure skills we covered in this section can be used to help us wage our fight against the “anxiety enemy.” Other skills, including **cognitive** (thinking) and **relaxation** skills are often used *with exposure* to gain more ground on the anxiety. In the next two sections of this manual we will learn about these other skills, which can be used either *alone*, or *with* the exposure skills.

Fear Hierarchy Form

List your anxiety trigger below and the list possible exposure exercises that might elicit anxiety. Use the **SUDS** scale to rate how difficult it would be to experience the trigger.

Anxiety trigger _____ (for example, "fear of heights")

<u>Exposure exercise</u>	<u>SUDS rating (0-10)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Subjective Units of Distress Scale (SUDS)
0= no anxiety at all; completely calm
3= some anxiety, but manageable
5= getting tough; wouldn't want to have it all the time
7-8= severe anxiety that interferes with daily life
10 = worst anxiety you've ever felt

Exposure Tracking Form

Exposure task: _____

Amount of time each day and how often: _____

Safety behaviors or rituals to eliminate: _____

Other guidelines: _____

Subjective Units of Distress Scale (SUDS)

0= no anxiety at all; completely calm
 3= some anxiety, but manageable
 5= getting tough; wouldn't want to have it all the time
 7-8= severe anxiety that interferes with daily life
 10 = worst anxiety you've ever felt

Day/Date	Length of time		* SUDS (0-10)			Comments
	Start	Stop	Beginning	Middle	End	

Exposure Tracking Example

Exposure task: *Performing my presentation for friends*

Day/Date	Length of time		SUDS (0-100)			Comments
	Start	Stop	Beginning	Middle	End	
4/15	10:15 am	11:15 am	5	8	4	
4/16	2:00 pm	3:00 pm	3	8	3	
4/17	5:30 pm	6:30 pm	1	9	4	<i>Last train of thought</i>
4/18	5:30 pm	6:30 pm	1	5	2	
4/19	10:00 am	11:00 am	0	4	1	
4/20	6:00 pm	7:00 pm	0	3	1	
4/21	10:15 am	11:15 am	0	2	.5	

Exposure Tracking Form: Hourly Exposure

Exposure task: _____

Amount of time for each exposure: _____

Safety behaviors or rituals to eliminate: _____

Other guidelines: _____

Subjective Units of Distress Scale (SUDS)

- 0**= no anxiety at all; completely calm
- 3**= some anxiety, but manageable
- 5**= getting tough; wouldn't want to have it all the time
- 7-8**= severe anxiety that interferes with daily life
- 10** = worst anxiety you've ever felt

Record one SUDS (0-10) level in each box.

Date:													
8:00 am													
9:00 am													
10:00 am													
11:00 am													
12:00 pm													
1:00 pm													
2:00 pm													
3:00 pm													
4:00 pm													
5:00 pm													
6:00 pm													
7:00 pm													
8:00 pm													
9:00 pm													
10:00 pm													

Exposure Tracking Example

Exposure task: Touching rag that had contact with door handle								
SUDS (0-10)								
Day/Date	4/15	4/16	4/17	4/18	4/19	4/20	4/21	
8:00 am	8	8	7	5	3	4	3	
9:00 am	8	6	5	4	2	3	2	
10:00 am	8	5	4	4	3	3	.5	
11:00 am	7	5	4	4	1	2	0	
12:00 pm	7	5	3	3	.5	2	0	
1:00 pm	6	4	4	3	1	1	0	
2:00 pm	4	5	3	4	1	1	0	
3:00 pm	4	3	2	2	.5	2	0	
4:00 pm	4	3	1	1	0	5	0	
5:00 pm	5	4	1	1	0	0	1	
6:00 pm	3	7	1	1	2	0	0	
7:00 pm	3	6	2	.5	0	0	0	
8:00 pm	3	5	1	1	0	0	0	

Notes

Notes

Cognitive Therapy Skills

"The ancestor of every action is a thought."
~Ralph Waldo Emerson

In this module, we explore our **thoughts** and explain how they are closely linked to our emotions. We discuss how to identify, understand, and respond to our thoughts as a way to help us feel better.



We will help you **identify** the thoughts that are troubling to you and understand them as well as possible. We then discuss the basic techniques that we use to begin to respond to and modify these thoughts. We respond to thoughts by gathering facts, or “**evidence**,” to see a situation as realistically and in as detailed a way as possible.

Later in the module we go into some detail to discuss the thoughts associated with two common types of anxiety:

- “The fear of fear”—**fear of the anxiety itself**—which is commonly associated with Panic Disorder. It is also a common part of all anxiety disorders.
- **Worry**— often part of “Generalized Anxiety Disorder” but also a common part of most anxiety problems.



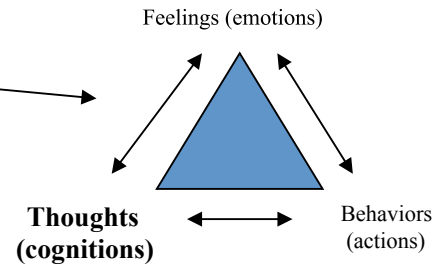
Join us as we learn to change our relationship with our thoughts with Cognitive Therapy Skills!

What are Cognitive Therapy Skills?

You may remember from “Group Guideposts” that thoughts, behaviors, and emotions influence one another.

Cognitive is a technical word used to describe anything related to *thoughts*. In this module, we explore how it is that our thoughts can lead to negative emotions, and what we can do about it.

Cognitive Therapy Skills involve **responding to** and **modifying** our **thoughts**—to help us cope better in our daily lives and feel less anxious.



How do Cognitive Therapy Skills Work?



The main goal of cognitive skills is to **gather evidence**. Like a detective, we look to uncover **facts** about something that has happened in the past or is happening right now.



By examining our thoughts, beliefs, and basic assumptions in detail, we can learn to make informed choices about issues that impact us. For example, we may find that **a thought is not completely true**; this helps us decrease our efforts to protect ourselves and lowers our anxiety. Another option is to take these facts and do something with them— **problem solve**. Finally, these facts may help us understand that nothing can be done to change a situation; we work to **accept** this and let go of our efforts to control. In order to choose one of these options we use cognitive skills to understand thoughts and situations as well as possible.

Examining the Evidence

Scientists and detectives are good at asking the right questions to better understand a situation. With cognitive skills we learn which questions to ask to best explain an anxiety-producing situation. For example:

1. *What is the likelihood that this anxiety-producing event will happen?*
2. *If this event were to happen, how bad would it be? Would it be tragic?*
3. *What would I do if something bad happened? How would I handle it?*
4. *Is there any other explanation to account for what has happened?*
5. *Do I know all of the facts about this situation?*



Put on your “happy face?”

Cognitive Therapy Skills are not just about “thinking positively.” While being aware of positives is a part of CBT, we want to gather all evidence, good and bad, to understand best how to cope with a situation.



For example, we know that driving on the highway has some risks associated with it. However, for most of us driving on the highway is a necessary part of everyday life. We are willing to take this risk because if we didn't our lives would be limited. A **positive** aspect of driving on the highway is that it helps us achieve our goals. A **negative** one is that under some circumstances it can be dangerous. When we examine the evidence, we find it's true that there are “two sides to every coin.”



Practice makes... the brain change?

When we modify thoughts, we actually change the brain! Practicing different types of thought patterns over and over actually rewires our brain so that new, more realistic and helpful patterns of thought can become more natural. This does not mean that our brains are permanently changed by thinking something new just once. It takes consistent practice to keep the brain functioning well, just like it takes consistent exercise to keep the body healthy. Cognitive skills can help us keep our brains healthy, if we are willing to stay well-practiced at it.



In the “Anxiety Fuel” section of the manual we discussed the “snowball effect” that is created when negative thoughts, avoidant or protective behaviors, and uncomfortable anxiety symptoms get mixed. Thoughts can serve to make our anxiety worse and even cause more problems for us, especially if they convince us to avoid what makes us anxious.



Let’s take our example of Bill, our friend from the **Exposure and Desensitization** module, who has a fear of public speaking. He has many negative thoughts about speaking in public that come up when he starts to work on his speech. These thoughts cause him to want to avoid anything connected with the speech: he may procrastinate and not prepare for the speech adequately or try to get out of the speech completely. Do any of the thoughts below sound familiar to you?


“What if someone notices I am nervous?”
“People will laugh at me.”
“I may even have to drop out of school.”



“I am going to screw this up.”
“I am going to fail this class.”
“I am not a good public speaker.”

Most of us can relate to Bill’s dilemma; when he has these thoughts it increases his anxiety and makes him want to avoid the speech even more.

When we look at our thoughts realistically and in a detailed way, we “throw water on our anxiety fire.” Responding to and modifying these negative thoughts so they are more realistic can help to keep us from triggering the anxiety over and over again. Most importantly, *they can help to keep us from avoiding things that are important to us.* For example, if Bill avoids his class, it could impact his grade, his program, and ultimately his career.

 **When should I use Cognitive Therapy Skills?**


Cognitive skills can help us with most types of anxiety problems. They work best when...


- ... we can identify negative thoughts that make us feel worse in certain situations
- ... anxiety is triggered by worries about the future and/or negative thoughts about ourselves

“Unifying our Cognitive and Behavioral Forces”... revisited

In the section on **Exposure and Desensitization**, we discussed the importance of “unifying our cognitive and behavioral forces.”

Working with thoughts is just one part of our defense against anxiety; simply learning to think differently can be very helpful. However, we can’t underestimate the importance of behavior in maintaining our anxiety. For example, if we continue to *avoid* speaking in public, the anxiety is very likely to be there when we actually do go to make a speech, regardless of how we think. Unifying our forces means learning to use cognitive skills while practicing confronting our fears with action. As we will state often in this group, effective anxiety management means using lots of different “forces”— CBT skills— to battle anxiety.



Important! 

For patients that have **Obsessive-Compulsive Disorder (OCD)**, some types of cognitive skills may *not* be helpful. You may remember from the Exposure and Desensitization module that OCD is best treated with **Exposure and Response Prevention**, a specific style of exposure treatment. If you have OCD it may be best to work with an individual or group therapist to learn which skills you can use to treat OCD. That being said, it could still be useful to practice the skills in this module to learn to handle daily stress and worry that may exist separate from the OCD.

Take home points:

Cognitive skills are one set of skills used in CBT. Our goal is to examine the evidence to uncover the facts, both positive and negative, about a situation. By understanding a situation better, we learn to think realistically about the likelihood of bad things happening; we also work to find ways to cope in case those things do happen.

Negative Automatic Thoughts



“I might lose my job and my home.”

We all have them. Sometimes they pop into our heads uninvited. Sometimes they stick in our heads for hours. **Negative automatic thoughts** are negative thoughts that come automatically to us when we are feeling anxious, depressed, angry, frustrated; they can come any time we have a negative emotion.

“One day I am just going to ‘snap.’”

There are different types of negative automatic thoughts. **Worry** is related to fear that something bad might happen in the future. Most troubles with anxiety have some sort of worry attached. For example, the thought in the upper left corner of this page is a worry about what might happen if this person loses his or her job.

“I am an idiot.”

Another type of negative automatic thought is a negative statement about ourselves, other people, or the world at large. “I am an idiot” is a good example. It is not a worry, but rather a declarative statement; but it sure can make us feel bad! Often people with depression have these types of thoughts. Cognitive skills can work on these thoughts, too. In this manual, though, we’ll be focusing primarily on the *anxiety*-related thoughts and worries.

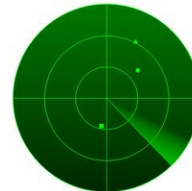
Why do I have all of these negative thoughts?

“If I have a panic attack it could lead to a heart attack!”

You may remember from the “Anxiety Is...” section that the “fight or flight” response automatically causes negative thoughts. You may ask “Why do I think so many negative thoughts when I am anxious? When I am feeling relaxed I don’t have these thoughts much at all.” As we discussed earlier, there are good reasons we experience negative thoughts when we are anxious.

When we are anxious, the brain wants us to think about potentially dangerous things in our environment, in order to keep us safe. We want our anxiety radar to be sensitive if there is actual danger out there.

“If I look nervous they won’t like me.”



“If am not anxious I may be more at risk for something bad to happen.”

Imagine what would happen if we did not have negative thoughts when we were in danger... we probably wouldn’t try to protect ourselves! If we really are in danger, it is helpful to have negative thoughts because we are more likely to try to stay safe if we think something is dangerous. The trouble is, sometimes we know that things are not dangerous, yet we have these thoughts anyway. That is why we use cognitive skills to help our brains get on board with what we know— that right now, we are safe.

“Chicken and Egg” revisited...

On page 10 we discussed the “chicken and the egg” phenomenon— anxiety can make a situation seem more dangerous, while a dangerous situation can also trigger anxiety. The same thing holds true for thoughts: negative automatic thoughts certainly can cause anxiety, while when we are anxious we are more likely to have these negative thoughts.

“If that happened I would not be able to tolerate it.”



Anxiety



Negative Automatic Thoughts

Types of Negative Automatic Thoughts

Anxiety causes people to assume the worst. There are many different types of anxiety producing thoughts, and it is helpful to be aware of some of the kinds of thoughts that many people with anxiety experience.

- 1. Overestimating the likelihood of negative events happening:** One of the most common tendencies when we are anxious is to predict that dangerous things will happen in the future. We often imagine that something may happen, even when logically we know that it is not likely to happen. For example, Bill may predict that “everyone will think I am stupid if I make one mistake during my presentation.”
- 2. Catastrophizing:** This is a fancy way of saying that we predict things would be “horrible” or “awful” if something bad actually were to happen. We may predict that we would not be able to cope, and we may try to find ways to prevent it from happening to avoid catastrophe.
- 3. Beliefs that anxiety itself is dangerous:** We often have negative thoughts about the anxiety itself. We may predict that we will “go crazy,” “lose control,” not be able to function, have a heart attack, pass out, or suffocate when anxiety symptoms get more extreme.
- 4. Belief that one cannot tolerate discomfort, pain, or negative events:** We question our ability to cope with future events because of the anxiety: “If I can’t tolerate this, what will happen if something *really* bad happens?” We tell ourselves “I cannot take this” when we experience discomfort and/or pain.
- 5. Positive beliefs about worry:** Anxiety and worry often seem to have a protective function. We may say to ourselves “If I don’t worry about this it may actually happen.” Sometimes anxiety helps us get things done that we might otherwise avoid; we rely on it for motivation, even if it is uncomfortable at the same time.
- 6. Negative thoughts about ourselves, others, the world:** We make negative assumptions and blanket statements such as “I am a loser,” “Nobody will ever like me,” or “The world is a dangerous place.” These types of statements can make us feel more anxious, and more depressed, as well.

We all have some patterns of negative thinking, depending on our experience; but sometimes these patterns can get out of control. When these patterns are severe, an anxiety disorder may be at work. Each anxiety disorder has characteristic negative automatic thoughts associated with it. Here are some examples of negative automatic thoughts related to each disorder:

Diagnosis	Thoughts
Generalized Anxiety Disorder (GAD)	“I am going to lose my job. I may even end up homeless if that happens.”
Social Anxiety Disorder	“People don’t like me.” “People may notice my anxiety and think I am weak.”
Panic Disorder with Agoraphobia	“I will have another panic attack.” “This time I could have a heart attack.”
Specific Phobias	“The plane could crash... I will worry about this for the whole flight.”
Obsessive-Compulsive Disorder (OCD)	“If I do not count to four each time I feel anxious, something bad could happen to my husband.”
Post-Traumatic Stress Disorder (PTSD)	“The world is a dangerous place; there is nothing I can do to keep myself safe.” “A stronger person would have gotten over this by now”

Identifying Negative Automatic Thoughts

The first step to begin “restructuring” or responding to negative thoughts is to identify the thoughts that give us trouble. It’s as if we are putting a magnifying glass to our minds to learn more about how we think. Use the following tips to identify the thoughts you’ll start working on using cognitive skills. Once you have identified a thought, write these thoughts down using the **Daily Thought Record Worksheet**.



How to Identify Negative Automatic Thoughts

1. In the course of daily life, write down thoughts that come up when you are feeling anxious.
2. Sit quietly and try to imagine going into an anxiety producing situation: what thoughts come up?
3. Recall an event from the past that was anxiety-producing. What thoughts were going through your mind?
4. Role play an anxiety-producing event with a friend, family member, or therapist. Write down thoughts that come up during this exercise.

When Identifying Thoughts...

...phrase the thoughts in **the form of a statement**, and avoid “what if’s” and questions. For example, if the thought is “What if I lose my job?” it would be better to phrase it “I will lose my job.”

...**be specific** about the fear. It is better to break more general thoughts up into more manageable pieces. If the thought is “I feel like something bad is going to happen,” make a list of the specific things that you worry might happen. Write down the first negative automatic thoughts that come into your head. You might use the “Thought Cascade” approach, to the left, to learn more about what is scary to you.

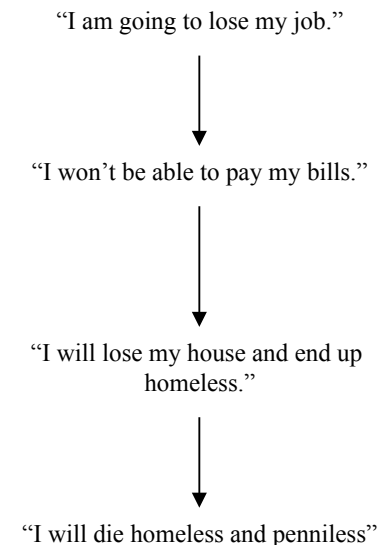
...**notice the thoughts that seem to come up often** or are more impairing than others. You may want to begin with these when you start working on the thoughts.

Take home points:

*The first step of cognitive “restructuring” is to identify negative automatic thoughts and record them in the form of the statement. There are many techniques that can be used to do this, such as writing down thoughts in the course of daily life, visualizing anxiety-provoking situations, and using the **Thought Cascade** method.*

One Thing Leads to Another: The “Thought Cascade”

When we are feeling anxious, it is common to have a thought that leads to a more disturbing thought, which then leads to an even more disturbing thought, and so on, like this:



Believe it or not, this “domino effect” of negative automatic thoughts is common. We can use this technique to uncover some of our most troublesome worries.

Exercise:

Use the techniques on this page to begin to identify some of your negative automatic thoughts. Use the **Daily Thought Record** and the **Thought Cascade Worksheet** to record them for later.

The “Thought Cascade” Worksheet

When we are feeling anxious, it is common to have a thought that leads to a more disturbing thought, which then leads to an even more disturbing thought, and so on. Believe it or not, this type of “domino effect” of negative automatic thoughts is common. We can use this technique to uncover some of our most troublesome worries. Once you find some that are particularly difficult or relevant for you, you can use the **Examining Thoughts Worksheet** to begin working on them.

To use this technique, first write down a thought in the form of a statement, as in the example below. Then ask yourself: “What would be so bad about that?” In other words, what other bad things might happen should the event happen?



Example

“I am going to lose my job.”

↓

“I won’t be able to pay my bills.”

↓

“I will lose my house and end up homeless.”

↓

“I will die homeless and penniless”

Your thoughts

↓

↓

↓

← What would be so bad if that happened?

← What other bad things might happen if this happens?

← What would be so bad if that happened?

Your Thoughts

↓

↓

↓

Your Thoughts

↓

↓

↓

Your Thoughts

↓

↓

↓

Daily Thought Record Worksheet

Try using these tricks to identify negative automatic thoughts:

- Sit quietly and try to imagine going into an anxiety producing situation: what types of thoughts might come up?
- Recall an event from the past that was anxiety-producing. What thoughts were going through your mind?
- Role play an anxiety-producing event with a friend, family member, or therapist. Write down thoughts that come up during this exercise.
- In the course of daily life, write down thoughts that come up when you are feeling anxious.

Write down thoughts that you uncover using techniques on the last few pages. Remember to phrase the thoughts as statements.

Date	Situation	Thought

Cognitive Distortions

Have you ever seen one of those “fun-house” mirrors? While we know how we really look, what we see in the mirror looks different than what is real.

When we are anxious, the facts of a situation can become distorted, too. **Cognitive distortions** are patterns of thinking that are heavily influenced by our emotions. As you will see when you review the list of cognitive distortions, these distortions tend to follow certain patterns, and many of them overlap with others. Here are some “fun facts” about cognitive distortions:



1. Cognitive distortions tend to be extreme: there is often a “black-and-white” or “all-or-nothing” quality to these thoughts.
2. They tend to emphasize negatives at the expense of positives. As we mentioned earlier, we are programmed to think of negatives first when we feel anxious, because our bodies are trying to protect us.
3. They tend to be general instead of specific.



In the **Exposure and Desensitization** module we used the example of Jessica, our young friend with a fear of dogs. After she saw a news story about someone being bitten by a dog, she became afraid that she might get bitten herself. Some of her negative automatic thoughts might have been “All dogs are dangerous” or “I am going to get bitten by a dog if I get too close to one.” While it is true that dogs can occasionally be dangerous, there are qualities of these thoughts that are not true. We may call them “distorted” because of the extreme nature of the thoughts: “all” dogs are not dangerous and most dogs do not, in fact, bite the people with whom they come into contact.



What do I do when my negative automatic thoughts do *not* seem to be distorted?

Sometimes anxiety producing thoughts are not completely distorted. In fact, there is some truth to almost all of our thoughts. The worry “I am going to lose my job” may have some truth: it is always possible that one could lose their job. If one has determined that it is, in fact, likely that they will lose their job, we would say that this thought is *not* distorted. However, at this point we would want to use the **Thought Cascade** approach to get to some related thoughts, such as “If I lose my job I will end up homeless and destitute.” We would then want to look at possible distortions in that thought, and so on. As we will discuss more later, our main goal is to learn how likely it is that something bad will happen, while also learning how to cope when bad things do happen to us, so whether or not a thought is distorted, we still have work to do!

So, for the purpose of these exercises, record the *possible* distortion for each thought, even if you are convinced that the thought is not distorted.



Why is it important to understand cognitive distortions?

Understanding cognitive distortions is an important part of understanding our thoughts and preparing to work on them using cognitive therapy skills. By understanding some **common faulty patterns of thinking**, it is easier for us to notice our own patterns during the course of our daily lives. The more we notice these patterns, the more likely we are to be able to modify these thoughts and start feeling better.

So here they are! Read through the list of cognitive distortions on the next page, and circle the numbers of those that you suspect may apply to you. →

Examples of Cognitive Distortions



1. **Black-and-White Thinking**: We see things, events, and people as perfect or terrible, all good or all bad. We say "always" or "never" often, not seeing the "grey zone" that is almost always there.
2. **Catastrophizing**: We react to a disappointment or failure as though it means the end of the world.
3. **Jumping to Conclusions**: We assume the worst without checking the evidence. We decide that someone dislikes us, but we don't check it out; or we predict that terrible things will happen even when there is no evidence for this.
4. **Ignoring the Positive**: We don't pay attention to positive experiences, or we reject them or say they somehow "don't count."
5. **"My Fault!"**: We take blame or responsibility for things outside of our control, or are not our job.
6. **"Shoulds:"** We criticize ourselves or other people with ideas about what absolutely "should" be done without considering where we get this idea. We ignore the reasons we might have done what we did, or think we could have had knowledge we couldn't have actually had. "Shoulds" sometimes leave us feeling inadequate despite our attempts to be self-motivating.
7. **Magnifying and Minimizing**: We define ourselves by our shortcomings and minimize our strengths.
8. **Labels**: Instead of focusing on peoples' behaviors, we make blanket statements: "I am such an idiot" or "He's such a jerk."
9. **Perfectionism**: We believe that all mistakes are bad and to be avoided. Because of this, we don't take the necessary risks to be successful. We may also try to control all circumstances and make them fit what we think is right.
10. **Reasoning From Our Emotions**: We believe that because we feel a certain way, that indicates the truth about a situation, and we may even act accordingly even if it hurts us in the long run.

Exercise

Write down some of the thoughts you identified earlier. Identify potential distortions related to each thought.

Thought	Distortion

Take home points:

*When we are anxious, it is possible that our thoughts are “distorted” in some way. **Cognitive distortions** are thoughts that are heavily influenced by emotions and may not be consistent with the facts of a situation. An important part of cognitive skills is identifying ways that thoughts may be distorted and noticing patterns in our thinking. As we become more aware of these patterns, we are better able to modify anxiety-producing thoughts.*

Examining the Evidence

“Restructuring” Negative Automatic Thoughts



Imagine you are a scientist studying the causes of pollution in a local river. How would you approach this? What types of questions would you ask to uncover the truth? You might look at local industry, plant populations, or invasive species as potential causes. You might look closely at samples of the water to determine what types of pollutants are in the water. You’d want to get as much information as you could to be sure you were right about what you find.

Scientists know that there are many possible explanations for an event or phenomenon. They spend countless hours trying to prove or disprove their hypotheses about what is happening and why it happens. To do this, they set up experiments; ultimately the goal is to find the best possible explanation for something. They might ask questions like: “What are all the possible explanations for this event? Are there any other possibilities?”

Now imagine this scenario: you are walking down the street or hallway and you see someone you know fairly well. You look at them to say hello and they look away and say nothing in return. What types of interpretations might you have about this event? Perhaps you might think “They must not like me-- if they did they would have said hello to me,” or “They must be mad at me.”

What if we replaced these knee-jerk reactions with a more scientific approach? We could look for other explanations, just like the scientist. What are some other explanations to why this person did not look at you and say hello? List some here:

1. _____
2. _____
3. _____

What you just did is a simple example of **examining the evidence**, the most important element of **cognitive restructuring**, a common cognitive therapy skill. “Restructuring” a thought means gathering evidence to see a situation more completely and realistically, which can help us feel better.

Cognitive Restructuring: Basic Questions

When working on our anxiety-related negative automatic thoughts, we look at different **lines of evidence** for each problem, to get closer to the truth about that situation. We call the answer to these questions the **rational response**. We typically start with two basic lines of evidence when addressing anxiety-producing thoughts:

1. How likely is it that this event will happen?

Research has shown that when people are anxious they typically **overestimate** the likelihood that something bad will happen. For example, we may worry about the possibility of losing our job because the economy weakens, without knowing the details of how it specifically impacts our company. We may predict that we are on the flight that will crash into the ocean. To get some more details about the likelihood of something bad happening, we ask questions like:

- What percentage likelihood is it that this event will happen? Am I 100% sure? 50% sure?
- What evidence do I have that this is likely to happen in the future?
- Is there any evidence that it is not likely?
- How many times have I predicted this would happen? How many times has it actually happened?

Our goal here is not to try to prove that this event will not happen; instead we try to **make a realistic assessment of how likely something is**.

2. If it did happen, how bad would it be? Would I be able to cope? What would I *do* if this happened?

We also know that, when we are anxious, we tend to **catastrophize**. This simply means that we tend to blow out of proportion how bad something would be if it did happen. We often predict that we would not be able to handle a negative event if it occurred. We also don’t think much about what we would actually *do* if this event happened. For example, most people, if faced with the challenge of losing their job, would eventually get back out and start looking for another job. Often we do not think this far ahead; we stop after the thought about how bad it would be for something to happen and we focus on *preventing* that thing from happening.

To look at this question, we might ask ourselves how bad it would really be if this happened. What would we do if the event happened? How we might be able to cope with it and move on? If it did happen, what would be the worst consequence? By looking at this basic question in a more detailed way, we may find that we *could* cope if this unfortunate event actually did happen.

The Gambler: Predicting Ourselves Anxious

Are you a gambler? Think of the last time you made a bet with someone. How much did you bet? How confident did you have to feel in order to make that bet? 100% sure? 50% sure? You may know that people that bet on horse races often look at the odds a certain horse has to win before placing their bet. People like to know how likely it is that they will win, or lose, money before making their decision.

We don't often use the same system to gauge the chances of a negative event happening in our lives. Research has shown that when people are anxious they typically **overestimate** the likelihood that something bad will happen. It would be like betting all our money that the underdog horse is going to win, because we are feeling lucky that day.



This style of negative thought features **predictions**. You may remember from the page on **Cognitive Distortions** that this is also called "Fortune Telling." When it comes to anxiety, we will find it is better to get all the information before betting that something will happen. We look at different **lines of evidence** to get to the key question:

"How likely is it that this negative event will happen?"

Remember, we are looking at any evidence, not just evidence disputing our fear. Some lines of evidence are:



- What percentage likelihood is it that this event will happen? Am I 100% sure? 50% sure?
- What evidence do I have that this is likely to happen in the future?
- Is there any evidence that it is not likely?
- How much money would I bet that this will happen?
- How many times have I predicted this would happen? How many times has it actually happened?

Exercise

Think of a fear you have about the future. Use the techniques on earlier pages to identify a thought that is particularly difficult. For now, focus on predictions, thoughts like "I will lose my job" or "She will reject me." Write it on the left. Remember to phrase it in the form of a statement. On the right, write the answers to the questions listed above.

Thought (prediction)	Answers to questions above (rational response)

When you are finished, you should have a good idea of the likelihood that this event will happen. Sometimes we realize that this event really is not likely, and we determine that it is not worth the effort trying to protect ourselves or fix the problem. Then we can remind ourselves of this evidence when we get that thought.

Of course, sometimes bad things actually **do** happen. If it really is likely that something bad could happen, we go to the next important question: "If something bad did happen, how bad would it be?" We discuss this on the next page. Remember that the purpose of the material above is to make a realistic assessment of how likely something is. This is one important part of **examining the evidence**.

Catastrophizing: “That would be horrible!”

Imagine that someone called you on the phone and said “Come home quick-- something horrible has happened!” What types of events would you think may have happened? List a few possibilities here:

1. _____
2. _____
3. _____

Most people would define “horrible” events as “catastrophic” or “life changing.” Think about some of the thoughts and worries you identified on earlier pages. How do they compare with the events listed above?



We know from research that when people are anxious, they tend to **catastrophize**: they blow out of proportion how bad something would be if it happened. Because of this, a big part of cognitive restructuring is getting more evidence to answer the question:

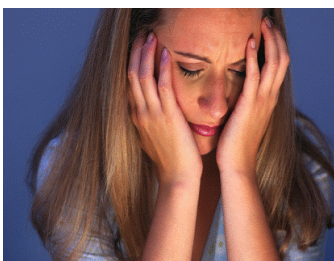
“How bad would it be if this event did happen?”

What if horrible things really have happened, or could happen, to me?



Of course, sometimes horrible things do happen, and when they do, it is likely we will experience some anxiety about these events. In fact, we all should expect that we will be confronted with very difficult circumstances at some point in our lives; after all, there is no way to prevent bad things from happening forever!

When horrible things happen, we have to find ways to grieve our losses and learn to **cope** so that we can eventually move on with our lives. An important part of CBT is learning to cope better when bad things really do happen.



The “Catastro-meter”

Have you ever had the thought, “I know it is not likely that it will happen, but if it did, it would be terrible.” It can be helpful to look more closely at a potentially difficult event to determine how bad the event would be, and how we would cope if that event did happen.

Let’s use the “**catastro-meter**” to rate different types of challenging events to measure how catastrophic these events would be if they happened. Rate each of these events on a scale of 0-10 in terms of how hard it would be to cope with the event:

0= would have no trouble coping at all

3=would have a few bad days as a result, but recover pretty quickly

5=would take substantial time to recover, but no doubt it would happen

7-8=would be impaired for a while

10=would fall apart, go crazy, never recover

____ Argument with friend or loved one

____ Death of a loved one

____ Get injured in a car accident

____ Loss of job

____ Heard someone said something mean about you

____ Home gets flooded

____ (insert your own here)

____ (insert your own here)

One goal of this exercise is to notice the difference between different types of negative events. We can learn that not all bad events have the same degree of severity.



Another common tendency we have when we are anxious is to underestimate our ability to **cope** with difficult events. We may think that we will not be able to handle the emotions associated with a challenging event. Think back to some difficult events you have had in the past. How did you handle them? How long did it take to get over them? Pick a few events and do the following exercise to get some evidence about your ability to cope with tough circumstances.

Past tough event	What I did to cope	How long it took to overcome this and move on

Were you able to cope? Have you moved on from these events, or are you still mired in their consequences? If you were able to cope, this may give you some good evidence that you are better at coping than you thought you were. If you feel you were not able to cope, a part of the work you do in therapy could be to work on developing some coping skills to better handle future negative events. Many of the techniques we learn in Cognitive-Behavioral Therapy can be helpful to learn to cope with difficult events.

Based on your written examples on the last two pages, do the following exercise, gathering evidence about how bad the predicted event would be, as well as whether or not you could find a way to cope with it. Remember, we are trying to look at the situations realistically, so there should be both positive and negative evidence.

Exercise

Think of a prediction about the future that leads to anxiety. Do the exercise on page 48 to determine if it is likely that it will happen. If you determine that it is likely it will happen, or you worry that it would still be horrible if it did happen, write the thought on the left, below. Remember to phrase it in the form of a statement. On the right, write the answers to the questions (lines of evidence) listed here.

- If this happened, would it be horrible?
- What are the likely consequences of this happening?
- If it did happen, would I be able to cope?
- If it did happen, what would I do?
- Would I always be affected by this, or would I eventually get over it?

Thought (prediction)	Answers to questions above (rational response)

Examining Thoughts, Written Method

Over the last three pages, we discussed the two main questions we ask when trying to learn more about an anxiety provoking situation. Once we know which questions to ask, we must start to **record our evidence** to build a strong, realistic argument. When we are beginning to use cognitive restructuring, it is helpful to **write down** our thoughts, distortions, and evidence until we get the hang of it. Here is one method we use to do this is.

You will notice in the example below that this approach uses the skills of identifying thoughts and thought distortions that we practiced on previous pages. We add the “rational response” in the third column. The evidence we gather there is what we will use to remind ourselves of the truth about the situation when we are feeling anxious.



Get out that pen and paper!

Research shows that people who write things down as part of CBT practice do better than those that try to do it all in their heads. While it does involve more work (and may seem like going back to school), we hope you will give it a try at first, until the skills become more natural.

Take thoughts identified using techniques in the “Identifying Negative Automatic Thoughts” section and write them here.

Use what you learned from the section “Cognitive Distortions” to identify any possible thought distortions.

Gather evidence for and against your negative automatic thoughts using multiple **lines of evidence**.

Thought	Possible Distortion	Rational Response
↓	↓	↓
<i>She didn't say much of a hello. She must hate me.</i>	<i>Jumping to conclusions</i>	<i>It is possible he was thinking about other things and does not hate me. In fact he did ask me to lunch last week... etc.</i>
<i>I have no friends. No one likes me.</i>	<i>Black-and-white thinking</i>	<i>Not true! Jim is my friend. John and Joe talk to me a lot, they seem to like me. I could join the company team and make more friends, etc.</i>
<i>I'll never find a wife. I'll always be alone.</i>	<i>Jumping to conclusions</i>	<i>Wait! I am not alone now; I have some friends. I would like more dates; maybe I could join a dating service, etc.</i>
<i>She must think I'm an idiot.</i>	<i>Labels</i>	<i>True, she may say no but she may say yes. I will miss out for sure if I do not try, etc.</i>
<i>If she says no it will be awful!!</i>	<i>Magnification</i>	<i>Sure, it would hurt but probably not forever. If I practice getting rejected it may help me worry less about it, etc.</i>



Important: Gather lots of evidence!

You may have noticed the “etc.” after each rational response in the examples above. What we are trying to communicate is the importance of gathering *as much detailed evidence as possible*. For each negative automatic thought, we may have as many as 7 to 10 facts listed. We use multiple lines of evidence to do this. Each “**line of evidence**” aims to help us illuminate a certain aspect of a situation. For example, one common line of evidence is one’s own personal experience, examined in detail. Another might be the perspective of friends and family.

On the following pages we look at specific types of anxiety, such as panic, and the lines of evidence we can use to help us gather evidence about these issues. Use the **Examining Thoughts Worksheet** on the next page to record the evidence you gather.

Examining Thoughts Worksheet

Take thoughts identified using techniques in the “Identifying Negative Automatic Thoughts” section and write them here.

Use what you learned in the “Cognitive Distortions” section to identify any possible thought patterns. ↓

Gather evidence for and against your negative automatic thoughts using multiple “lines of evidence.”

↓ Thought	↓ Possible Distortion(s)	↓ Rational Responses
		<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9.

Thought	Possible Distortion(s)	Rational Responses
		<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9.

Tips:

- Remember to phrase each thought in the form of a statement.
- You should have between 7 and 10 facts in the “rational response” column for each thought.
- Copy this page to use for other thoughts (some extra pages are included at the end of the manual).
- Carry it with you and bring it out each time you have the thought, to remind yourself of the facts.

“The only thing we have to fear is fear itself”

How to work on negative thoughts about anxiety and panic attacks



Have you ever heard of the speech President Franklin Roosevelt made in 1933 about the economy? In the midst of one of the most difficult periods in the nation’s history, he said: “The only thing we have to fear is fear itself.” Sometimes our reaction to negative events is fearful, which ends up causing more problems. For example, when the stock market crashes as it did in 1929 and 2008, people become afraid they will lose more and pull their money out of the stock market and banks. This, in turn, causes even more trouble for the economy.

Similarly, our own fearful reactions to our body’s “fight or flight” response, its attempt to try to keep us safe, can make our anxiety much worse. In this case, the “fear of fear” is really the “fear of anxiety.” This means that we:

- Are afraid of having anxiety symptoms
- Believe the anxiety symptoms will be intolerable and/or last forever
- Worry that others will notice our anxiety symptoms
- Try to get rid of, push away, or distract from the anxiety

Earlier we discussed how anxiety can be triggered by something in the world or in our minds. Once the anxiety related to a trigger becomes severe, we begin to **fear the anxiety symptoms themselves**. We may try to avoid anything that makes us feel anxious, or try to protect ourselves against the anxiety.

We also have **negative thoughts about the anxiety** itself. In the section entitled “Anxiety Fuel” we learned that our thoughts can make anxiety worse. These thoughts often sound like this:

- “If that happens I will have anxiety; I won’t be able to tolerate that.”
- “This anxiety will never end.”
- “If I have anxiety or a panic attack, I could have a heart attack, faint, suffocate, go crazy, or even die.”

As we discussed before, these thoughts can create a “snowball effect” of thoughts and anxiety symptoms acting on one another, so our brain really thinks we are in danger! In CBT, we learn to step in and restructure these thoughts so they cannot continue to make our anxiety worse.



“I hate this anxiety!”

Have you ever **tried to stop** feeling anxious? How does it work? We may think that getting angry and frustrated about the anxiety may somehow get it to go away. But what is your experience? Does it go away?

Typically when we try to push anxiety away, it comes back even stronger, just like scratching an itch repetitively leads to the itch getting redder, itchier, and more swollen.

Perhaps we could take a different approach: instead of pushing thoughts away, we learn to restructure them when they come up to make them less scary. This way, we don’t have to spend so much energy pushing the thoughts away, and we can feel better in case they do come. **Learning not to avoid unpleasant thoughts** is an important part of CBT.



On the next page we learn ways to fight the “fear of fear” by learning to talk back to each of these anxiety fueling thoughts. On the following pages we outline some effective **lines of evidence** to use when battling these troubling thoughts.

Of course, anxiety is uncomfortable, and we don't want you to have to experience it. Sometimes, however, negative thoughts about the anxiety and the avoidance that comes with them can serve to make our anxiety much worse. Let's look at a few common thoughts that often fuel this "fear of fear." Here we clearly define the thought that gives us trouble and look at different "lines of evidence" we might use to better understand the anxiety.

"If that happens I will have anxiety; I won't be able to tolerate that feeling."

Line of evidence #1: Past experience

- How many days have I experienced anxiety in your life?
- Of those days, how many times did I think "I can't tolerate this?"
- How did it work out? Did I get through it?
- How many times did I not get through it? What did I do?
- What is more important, how I feel, or how I respond to adversity?
- Was it intolerable, or was it really uncomfortable? Is there a difference?

Line of evidence #2: The future with or without anxiety

- What would it be like not to have this anxiety?
- Do I think it is worth it to work on minimizing the anxiety, using whatever methods necessary?
- Am I willing to do this for the future, even if it means feeling some discomfort now?
- Is it really best to be completely anxiety free? Is this realistic?

Line of evidence #3: Likelihood of experiencing some pain in the future

- Is it likely that I will experience some pain in the future? Is it possible to prevent pain completely?
- Is it best to try to avoid pain and discomfort completely, or to learn to cope with pain and discomfort in order to make it less unbearable?

"This anxiety will never end."

Line of evidence #1: Personal experience

- I can think back to an event in which I felt anxious. How long did it last?
- Did the severity of the feelings change during the episode at all?
- If and when the event ended, how did I feel?

Line of evidence #2: Our body is programmed to "turn off" the "fight or flight" response after about 10 minutes

- Review the evidence from the "Just count to ten" section, below.



Just count to ten!

Has anyone ever told you to "count to ten" when you have a strong emotion, to let yourself calm down a bit? Have you ever tried it? For some of us, it seems hard to believe that just giving yourself the count of ten could help us feel better. After all, sometimes it really feels like the anxiety will never end!

The truth is, our bodies are not programmed to allow anxiety to last forever. In fact, once the anxiety response is triggered, it is programmed to *last only around 10 minutes*. That's right! So why does it seem to go on and on?

As we discussed in the "Anxiety Fuel" section, the main reason this anxiety stays around is that the "fight or flight" response **continues to get triggered** again and again. Repetitive negative thoughts are one way this "snowball effect" happens. However, if we do *not* retrigger the anxiety by thinking about it over and over or trying hard to protect ourselves, the anxiety response is **programmed to turn off**. So the truth is, anxiety will not last forever, if we give it a chance to shut down. This is why even just "counting to ten" can be helpful. We can practice this technique of "**emotion regulation**" by reminding ourselves to "ride out" the anxiety without acting on it or trying to fix it, to give it a chance to come down on its own.

As important as this is, it does not mean our *only* job is to learn to "ride out" panic and anxiety. Over the long run we can work to **reprogram our thoughts** using cognitive therapy skills so the anxiety gets triggered—and retriggered—much less.

“What about this panic?!”

Sometimes our “fear of fear” can reach panic proportions; our heart races, we get dizzy and lightheaded, there is pressure in the chest and the feeling of choking, racing thoughts, and a sense of dread and doom. Because these symptoms are so intense, it is understandable that one might worry that they could get worse. There are typically four “catastrophic” predictions that we make when feeling panic. Let’s look at them more closely, one at a time.

Common panic thought #1: “I will have a heart attack.”

Line of evidence #1: Personal history

It is easy to understand why it feels like we are having a heart attack during a panic attack, especially because the heart beats strong and hard, there is often tightness in the chest, as well as feelings of dread and doom. Let’s look at this prediction in more detail, in order to at least get a sense of the likelihood of having a heart attack when we feel panicky.

- How many panic attacks have I had in the past?
- How many of these panic attacks were accompanied by predictions that I could have a heart attack?
- How many heart attacks connected with panic attacks have I had?
- Have I been a good predictor of heart attacks in the past?
- Have I gotten any medical tests to assess my current risk of having a heart attack? What have the doctors told me?
- Given my history with panic attacks versus my history with heart trouble, is it more likely this is a panic attack, or a heart attack?

Line of evidence #2: Clinic history/research

- See “Can I have a heart attack during a panic attack?” to the right.

Line of evidence #3: Difference between heart attacks and panic attacks

- Are there any differences between heart attacks and panic attacks and how they feel? (See “Is it a heart attack, or panic,” below)



Could I have a heart attack during a panic attack?

This is one of the most common thoughts people have during panic attacks; it is a thought that could land you in an emergency room, only to be told “you are fine” when the medical tests come back. While many predict that they may have a heart attack during a panic attack, we have no evidence that there is any connection between panic attacks and heart attacks. Senior clinicians in our clinic and others like it around the country nearly always report that they have never seen a heart attack that was caused by panic. This means that in thousands of patients, with possibly millions of panic attacks, there are few to no reports of panic attacks leading to heart attacks. This means the chance of a heart attack occurring during your next panic attack is very, very small. Do you think it might be helpful to remind yourself of this the next time you feel some panic?



“Is this a heart attack, or panic?”

Symptoms of a heart attack and panic are very similar. Common symptoms of a heart attack are uncomfortable pressure, fullness, squeezing or pain in the center of the chest lasting more than a few minutes, and mild to intense pain spreading to the shoulders, neck or arms. It may feel like pressure, tightness, burning, or heavy weight. It may be located in the chest, upper abdomen, neck, jaw, or inside the arms or shoulders. Chest discomfort with lightheadedness, fainting, sweating, nausea or shortness of breath is also common, along with anxiety, nervousness and/or cold, sweaty skin, increased or irregular heart rate and a feeling of impending doom. Sound familiar? Many of these symptoms are the same as those listed in the “Anxiety Is...” section on page 7.

One thing that separates panic from heart attacks is that panic attacks tend to improve with movement and exercise, while heart attack symptoms get worse under those conditions. Also, panic tends to reach its peak within 10 minutes and then predictably decline gradually over time. A heart attack will not get better over time. Of course it is important to be aware of potential physical problems, especially if there is a history of heart disease. But given the fact that the symptoms are so similar, we must go with our best bet, given our family history of heart disease, age, and knowledge about our heart health. The best way to solve this dilemma is to get treatment for panic; if panic is not a problem, we’ll have a better idea of whether or not we are in danger of having a heart attack.



Common panic thought #2: “I will suffocate.”

Line of evidence #1: Personal history

- How many panic attacks have I had in the past?
- How many of these panic attacks were accompanied by predictions that I would suffocate?
- Have I ever suffocated due to a panic attack?
- Have I been a good predictor of suffocation in the past?

Line of evidence #2: Possibility of suffocating when having panic

- See “I can’t get enough air!” below.

“I can’t get enough air!”

During a panic attack, the feeling of smothering and tightness in the chest often leads to the worry that one will not get enough oxygen and suffocate. What we find, however, is that when one is panicking, they are actually getting **too much oxygen** by breathing very quickly. This “over-oxygenation” is hyperventilation, which makes one feel dizzy and lightheaded. Suffocation occurs when the body does not get enough oxygen. It is highly unlikely that panic will lead to suffocation.

Common panic thought #3: “I will faint.”

Line of evidence #1: Personal history

- How many times have I fainted in the past? Have I been evaluated to determine if I have a medical problem that might lead to fainting?
- How many panic attacks have I had that were associated with fainting spells in which I actually passed out and *lost consciousness*?
- If I did pass out, how bad would it be? Would I be able to cope in the unlikely event that I did pass out? Would it be a catastrophe?

Line of evidence #2: Compatibility between panic attacks and fainting

- See “Fainting, panic, and blood pressure” to the right.

Fainting, panic, and blood pressure

The idea that we might faint during a panic attack is common, because anxiety causes dizziness, lightheadedness, tunnel vision, and other strange sensations that make us feel like we are going to faint. That being said, it is very rare for a person to pass out during an anxiety attack. This is because **during panic attacks and periods of high anxiety blood pressure is elevated; when we pass out, it is due to a drop in blood pressure.**

Some people have a type of anxiety called **blood/injury/illness phobia**, in which passing out is common. If you think you might have this condition, or if you have passed out multiple times in the past, discuss this with your doctor or therapist; there are ways to deal with this tricky combination of anxiety and fainting.

If you do not have a predisposition to fainting, it is **highly unlikely that you will pass out during a panic attack.** During a panic attack you might remind yourself that it will *feel* like you will pass out, but it is most likely that you will simply continue to feel dizzy and lightheaded until the panic subsides.



Common panic thought #4: “I could go crazy!”

Line of evidence #1: Personal history

- How many panic attacks have I had in the past?
- How many of these panic attacks were accompanied by predictions that I would “go crazy” or “lose it?”
- Have I ever “gone crazy” or “lost it” due to a panic attack?
- Have I been a good predictor of “going crazy” in the past?

Line of evidence #2: Define “going crazy” and “losing it.”

- What does this mean? Am I worried about having “crazy” thoughts or feelings? Am I worried about *doing* something “crazy?”
- Is there something specific I am worried I might *do* (e.g. hurt myself or someone else, make a scene, etc.)? If so, what are the chances I would actually do this?
- What can I do when I am feeling panicky to prevent any erratic and/or harmful behaviors?

Line of evidence #3: Clinic history

- What is my clinician’s experience with this? How many of this clinician’s patients have “gone crazy” or “lost it” as a result of panic attacks?

Line of evidence #4: Relationship between panic and psychosis or schizophrenia

- See “Could I ‘lose it?’” below.



Could I “lose it?”

Often folks with extreme anxiety and panic worry that eventually they will “lose it,” and lose touch with reality or do something extreme. “Losing it” is often equated with “going crazy” or becoming psychotic, which means that a person loses touch with reality. So is it possible? Based on current research, there is no evidence that anxiety and panic are directly causative of disorders that include psychosis, such as schizophrenia and bipolar disorder. If you do not have a history of one of these illnesses, panic is not likely to lead you there. We can remind ourselves, “This feels very uncomfortable, but I am not going crazy; this is my body’s attempt to protect me.”

If you are worried about doing something harmful or have a history of erratic behavior during panic attacks, it may be helpful to talk to a therapist about ways to cope with these difficult feelings so we can keep ourselves and others safe.

Common panic thought #5: “This panic will hurt me in the long run.”

Line of evidence #1: Pros and cons: aggressive treatment versus avoiding panic

- What will happen if I continue to avoid the sensations of panic? Will the panic get better?
- If the panic does not get better by avoiding, is it possible that continuing to take this approach could hurt me even more in the long run?
- Is it better to avoid in order to feel safe now, or to accept that it will be uncomfortable now so I can feel better in the long run?
- See “long term effects of anxiety,” below.

Long term effects of anxiety

It is true that chronic, uncontrolled anxiety causes stress on our bodies, which can make us more susceptible to illness and chronic health conditions.

One way to view this dilemma is to assess how well our methods of treating the anxiety have worked; if they have not worked, is it likely that they will work in the future? If not, we could be increasing the lifespan of the anxiety, which could cause even more stress in the long run. Addressing the anxiety through treatment, while it may cause some stress in the short term, may reduce stress in the long term. It is common to find that “short term pain” can offer us “long term gain.”

“The only thing we have to fear is fear itself”

Take Home Points



- *A common type of anxiety has to do with “fear of fear,” which is fear of the anxiety symptoms themselves.*
- *While this type of anxiety is a defining feature of Panic Disorder, it is also common in other types of anxiety.*

- *It is common to feel frustrated when we feel anxious. Our attempts to rid ourselves of the anxiety may not work, which causes more anxiety and frustration.*
- *Often our thoughts about anxiety are negative and make the problem worse. Common thoughts related to anxiety include worries that panic will cause a heart attack, suffocation, fainting, going crazy, or long-term harm to the body.*
- *In the short term, it is helpful to learn to “ride out” episodes of anxiety so that we do not “fuel” the anxiety. We remind ourselves that anxiety is “uncomfortable, but not dangerous,” and that episodes of anxiety are meant to last only about 10 minutes, if we do not trigger it again.*
- *In the longer term, we use cognitive skills to address these thoughts, using lines of evidence such as personal history and pros and cons to treat these thoughts when they come up in the course of daily life.*

Exercise*

1. If you have not done so already, use the techniques in the “Identifying Negative Automatic Thoughts” section to identify thoughts about the anxiety itself that may fuel your anxiety.
2. Use the “lines of evidence” to examine the evidence about your anxiety.
3. Use the “Examining Thoughts Worksheet” to write down the thoughts, possible cognitive distortions, and evidence you find.
4. Remind yourself of this evidence in the morning before you start your day. When you experience anxiety during the course of the day, remember to “ride out” the anxiety without reacting to it; use the “Examining Thoughts Worksheet” to remind yourself of the evidence. Remember, it takes repetition to retrain the brain!

Important!

Restructuring thoughts related to our “fear of fear” is just *one part* of our overall treatment. It may also be helpful to use these skills to address other types of thoughts, such as everyday worries and/or negative thoughts about social situations. We may also need to use behavioral skills such as exposure or relaxation skills. Most people find that a **combination** of methods and skills works best in managing anxiety over the long term.

*If you suffer from Panic Disorder, talk to your treatment group leader or individual therapist about starting a structured CBT treatment. This treatment will combine these cognitive skills with exposure skills, among other things. Experimenting with these skills now may have some benefit, but a structured treatment is typically necessary to treat a full-blown case of Panic Disorder successfully.

“Don’t worry...”

Cognitive Skills for Daily Worry and Generalized Anxiety



When we are worried, people want to reassure us— “Don’t worry...” they say. Of course, just “not worrying” is much more easily said than done! Trying to control worry can be challenging and frustrating.

Generalized Anxiety Disorder (GAD) is the technical term for the condition in which we experience uncontrollable worry. One fearful thought is replaced by another. After awhile, it may seem that we worry about just about everything.

Repetitive, automatic negative thoughts (worry) about the future is the hallmark characteristic of Generalized Anxiety Disorder. The “triggers” of anxiety are the thoughts themselves. Because thoughts are such a big part of GAD, cognitive skills are a primary component of treatment for this problem.

There are two basic types of worries common in GAD. One type is worry about bad things happening to us or the people close to us. According to anxiety researchers, this is called “Type I” worry. “Type II” worry is *worry about the worrying itself*; which is almost always a part of GAD, and resembles the “fear of the fear” we discussed earlier. In order to treat GAD effectively, it is best to address both types of worries. Observe the examples below to clarify these important aspects of GAD.

Type I Worry
(Worry about bad things happening to us or people we care about)

Examples:

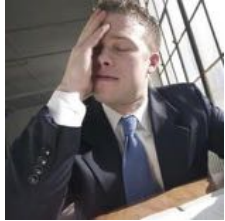
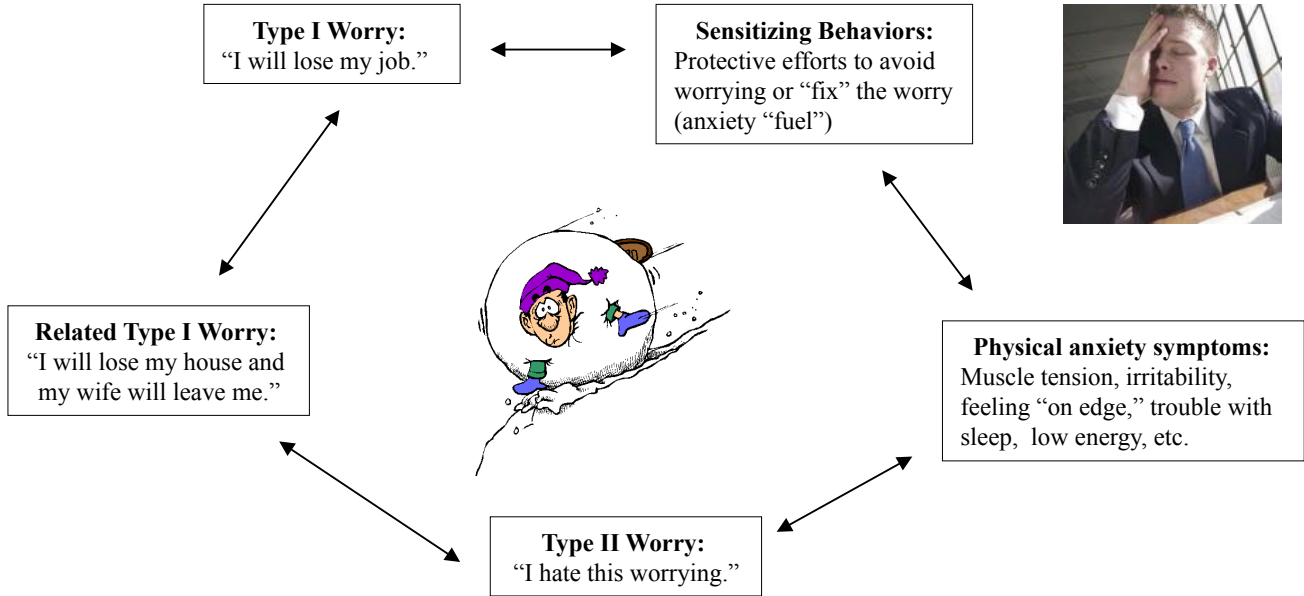
- “I am going to lose my job.”
- “My children will get sick or be hurt.”
- “I am not going to pass this test.”
- “Our country could be attacked by a terrorist.”
- “I am going to end up homeless on the street.”

Type II Worry
(Worry about the worry and anxiety itself)

Examples:

- “I will never stop worrying.”
- “I can’t tolerate this anxiety.”
- “I must find a way to stop worrying.”
- “If I keep worrying like this I will eventually go crazy.”
- “Maybe this worry will overcome me and I’ll be trapped inside of it forever.”
- “I am causing harm to my mind and body by worrying all the time.”
- “I hate the way this anxiety feels.”

These two types of worry, uncomfortable feelings, and our responses to the worry create a “snowball effect” of anxiety that makes us feel worse and worse over time:



Below we give some examples of negative automatic thoughts common with Generalized Anxiety Disorder and outline ways to begin to restructure these thoughts, using some of the techniques we learned earlier in this module, such as “defining terms,” using the Thought Cascade approach, and examining the evidence. Use the Examining Thoughts worksheet to record some of the facts you gather from the “lines of evidence” below.

Generalized Anxiety Disorder Example #1: “I am going to lose my job.”



Step #1: Identify the potential cognitive distortions: Examples may be: “Magnification” or “Jumping to Conclusions”

Step #2: Examine the evidence:

Line of evidence #1 (likelihood): *Right now, are there reasons to believe that I will lose my job?*

- Firstly, what has happened to make me believe I may lose my job? Have there been rumors going around? Have I heard anything about my job being in jeopardy?
- Have I gotten any feedback from supervisors about my performance? Positive? Negative? Have there been performance evaluations? How did I do?
- How likely is it that I will lose my job? 100% likely? 50% likely? (assign a percentage to your chances)

Line of evidence #2 (likelihood): *My past job performance*

- Have I ever gotten fired from a job before?
If so, is there any direct evidence that I got fired because of my job performance? Are there any other factors that may have contributed to this? What were the circumstances at the time? Do they at all differ from the circumstances now?
If not, how does this fit with the idea that I am likely to get fired now? Are the circumstances now the same or different?
- Have I ever worried about getting fired because of my job performance before? What has happened? Have I been a good predictor of getting fired in the past?
- Have I gotten feedback from supervisors in the past assessing my job performance? What were the results?

Line of evidence #3: *If it is likely that I will lose my job, how bad would that be?*

- If this happened, what would I do? Would I give up? Would I continue to look for jobs?
- Are there other possibilities?
- Is it likely that the people closest to me would be frustrated with me and disrespect me, or are they likely to be supportive?
- When other people lose their job, what do you think of them? Do you tend to feel critical of them, or do you chalk this up to misfortune or some other factor?
- If there are things I could improve in order to reduce the likelihood of losing a job in the future, what would they be?
- What have I done in the past when I was faced with adversity? Did I find a way to cope? How did things turn out?

Step #3: Write down the evidence gathered on a copy of the Examining Thoughts Worksheet, or list the evidence on a note card. Carry this with you and take it out when this thought occurs in your daily life. Remind yourself of the facts of the situation and then continue with your day.

Step #4: Use the “Thought Cascade” approach to uncover other thoughts related to this thought, especially if you determine that it *is* likely that you will lose your job. Ask “If I did lose my job, what would be bad about that? What would be the consequence?” Use the same techniques to examine the evidence around the other thoughts.

Step #5: Use problem solving techniques to determine if the situation can be improved.

Step #6: Use acceptance skills to let go of effort to fix things you cannot change.

**Generalized Anxiety Disorder Example #2:
“What if something bad happens to one of my children?”**



Step #1: Phrase the thought in the form of a statement and define “something bad happens.”
 •Specify: “My child will get hurt” or “He will be made fun of at school,” etc.

Step #2: Identify the potential cognitive distortions:
 •Examples may be: fortune telling, magnification.

Step #3: Examine the evidence:

Line of evidence #1 (likelihood): *How likely is it that this will happen to my child?*

- Has something like this happened to my child in the past?
- Have I heard of this happening to children in the past? How common is this? Are there statistics available on how likely this is?
- Have I predicted that this would happen before? What did I think about my prediction later? Did it seem just as urgent? How good a predictor am I of this happening?

Line of evidence #2: *If this did happen, how might we cope with it?*

- If this happened, what would I do?
- Have we dealt with difficult circumstances in the past? How did I cope then? If something really bad happened, did we eventually recover, at least partially, and continue to live our lives? What could we do to cope?
- Are others resilient enough to cope with a difficult event like this and continue to live their lives?

Line of evidence #3: *Pros and cons: Protection versus allowing children to live life fully*

- Look at the pros and cons of keeping a child protected from all danger. List these on a piece of paper.
- Look at the pros and cons of allowing a child to live a life without so much protection. List these.
- Consider the following questions:
 1. Is it possible that trying to protect against all danger could leave a child less able to cope with the normal risks we all have to accept in our daily lives?
 2. Could allowing children to live with some risk make them stronger and more able to flourish?
 3. Is there any way to protect against all possible dangers?
 4. Does this worry help me protect against these things?
 5. How does my worry affect my children? Does it help them to feel safe and secure?
 6. Are there things I can do to keep my child adequately protected while also helping them feel confident, competent, and able to cope with adversity?

Step #4: Write down the evidence gathered on a copy of the Examining Thoughts Worksheet, or list the evidence on a note card. Carry this with you and take it out when this thought occurs in your daily life. Remind yourself of the facts of the situation and then continue with your day.

Step #5: Use problem solving techniques to determine if things can be done to improve safety. Be aware of efforts to overprotect in ways that way interfere with your child’s life.

- Try to find a balance of “protection” with “living life” that works for you. Determine which precautions make sense and which achieve little in the way of protection, and instead interfere with your child’s ability to develop and flourish.

Step #6: Write down results of this examination on a note card and carry it with you. When you feel worried or the need to try to take some precaution, review what makes the most sense for the long-term benefit of your child.

Step #7: Use acceptance skills to let go of effort to fix things you cannot change.

**Generalized Anxiety Disorder Example #3:
“I am going to get a bad grade on this test.”**



Step #1: Define terms

- Ask yourself: “What is a ‘bad’ grade? Is it failing? Is it a “C?” Is it a “B?”

Step #2: Identify potential cognitive distortions

- Examples may be: fortune telling and all-or-nothing thinking.

Step #3: Examine the evidence:

Line of evidence #1: (likelihood) *How likely is it that I will get a bad grade on this test?*

- How have I performed on tests in the past?
- Have I ever predicted I would perform poorly on a test before? How did the test turn out? Write down the results of the last 5 tests you can remember. Did these tests come with predictions of getting a bad grade? How did they turn out?
- Is this class any different than other classes?

Line of evidence #2: *If I did get a bad grade on this test, what would be the consequences?*

- If this happened, what would I do? Would I give up, or keep trying?
- Have I ever done poorly on a test in the past? What were the consequences of this? How did this test score affect my overall grade?
- Is it likely that getting a bad grade on this test will significantly impact my ability to achieve my long term academic goals?

Line of evidence #3: *Preparedness*

- Have I prepared for this test?
- How does my performance on tests in the past align with my preparedness? Was I ever unprepared for a test on which I performed poorly? How have I performed when I prepare adequately?
- Does anxiety ever interfere with my ability to remember facts? Do I have trouble concentrating?

Step 4: Address “worry about anxiety” (type II worry)

- Often when we worry about tests or other performance situations, there is a concern that the anxiety will make us perform poorly or people will notice it. We do not have time to address this in this manual; however, this is an important issue to address with your group leader or individual therapist.

Step #5: Use the “Thought Cascade” approach to uncover other thoughts related to this thought. Ask “If I did get a bad grade, what would be so bad about that? What would be the consequence?” Use the same cognitive techniques to examine the evidence around the other thoughts.

Step #6: Uncover core beliefs

- Ask: “Is it possible that my concern about getting a bad grade is related to having unrealistic expectations for myself? Do I ever think that I must be perfect or get an ‘A’ on every test?”

Step #7: Behavioral techniques

- Use problem solving techniques to determine if the situation can be improved. Is there anything I can do to improve my study habits? Could I practice taking tests to become more comfortable with the anxiety? Do I have good test taking skills?
- Are there any “safety behaviors” or protective behaviors I am using that may actually be making we perform more poorly on tests? For example, do I ever second guess myself repetitively about answers and change them? Do I take more time than necessary deciding on answers?
- Along with cognitive techniques, use exposure skills to get practice taking tests and address avoidance or protective behaviors that may be making the anxiety worse over time.

Step #8: Use acceptance skills to let go of effort to fix things you cannot change. For example, we do not know exactly what questions will be on every test, and it may be healthiest to accept that we may get some questions wrong.

Generalized Anxiety Disorder Example #4:**“This worry will never end” or “This worry will make me go crazy” (Type II worry)****Step #1: Identify potential cognitive distortions**

- Examples may be fortune telling and magnification.

Step #2: Examine the evidence:Line of evidence #1: (likelihood) Past experience

- How has my anxiety and worry fluctuated over the years? Have I ever had times in which I felt better? Was it true that the anxiety lasted forever?
- Have I ever gone “crazy” as a result of worry?

Line of evidence #2: Ability to function with anxiety

- Have I been able to function at times, at least well enough to accomplish some of my goals, even with the anxiety and worry?
- Does the anxiety make me avoid things? (If so, this could contribute to the idea that you “can’t function.” Consider exposure skills to practice functioning better with anxiety to manage it and still achieve some of your life aims)

Line of evidence #3: Anxiety is uncomfortable, not dangerous

- See “Anxiety is...” & “Could I lose it” (in the previous section on panic disorder) to remind yourself about the danger of anxiety. Although anxiety is uncomfortable and does put stress on the body, remind yourself that it is not dangerous, and does not lead to “going crazy” or becoming psychotic.

Step #3: Emotion regulation and “acceptance of emotion” skills

- Remember that trying to “fix” or avoid anxiety reinforces the anxiety.
- Remind yourself: “Trying to get rid of this anxiety or avoid it will just make it worse. I can accept and tolerate this anxiety feeling and allow it to happen. I can then try to learn the facts about this situation. I can do things that will help me reach my goals, instead of spending time trying so hard to get rid of this anxiety.”

Step #4: Work on other “Type I” worries (everyday worries about bad things happening) that may contribute to this worry, as in examples 1-3 on the previous three pages.

Note: see “The only thing we have to fear is fear itself” for more help with “worry about worry,” especially if worry has led to panic attacks.

Generalized Anxiety Disorder Example #5:**“If I worry, it will help me be safe.” “If I don’t worry, it is more likely something bad will happen.”****“Worrying helps me accomplish things and solve problems.”****Step #1: Examine the evidence:**Line of evidence #1: Past experience

- Has worrying helped me prevent catastrophe in the past? Does it protect me?
- Is it necessary for me to worry to be safe, or could I stay safe even without this anxiety?
- Have I ever accomplished a lot without worry?

Line of evidence #2: Pros and cons of worrying to stay safe versus living with some risk

- What are the good things about worrying to stay safe? What are the problems that this worrying creates in my life?
- What are the good things about letting go of the worry? Are there any potential downfalls to this?
- Do I like this worry? Do I want to continue to live with it? Would life be better without it, even if I had to accept some risks?

Step #2: Identify negative automatic thoughts and examine the evidence around the *specific* problems happening at this time.

Step #3: Use **problem solving skills** to best find a solution to a problem. If there is no feasible solution, use **acceptance skills** to let go of attempts to control what cannot change.

“Don’t worry...”

Cognitive Skills for Daily Worry and Generalized Anxiety

Take Home Points



• *Generalized Anxiety Disorder (GAD) is characterized by uncontrollable worry about multiple areas of one’s life.*

• *The two types of worry are worry about bad things happening to ourselves and people close to us (type I worry) and worry about the worry itself (type II worry), both of which contribute to chronic anxiety symptoms.*

• *Worries, related worries, frustration and worry about the anxiety, attempts to fix or avoid the anxiety, and physical anxiety symptoms create the “snowball effect” that makes the anxiety worse, both in the moment and in the long run.*

• *Since thoughts are the primary “triggers” of anxiety in GAD, cognitive therapy skills are an important part of treatment for this concern. We use “lines of evidence” to gather facts about the situation; we look at the likelihood of bad things happening as well as ways to cope with the consequences of them happening.*

• *Problem solving and acceptance skills are also used to address GAD’s negative automatic thoughts.*

Exercise

1. If you have not done so already, use the techniques in the section on “Identifying Negative Automatic Thoughts” about the future (type I worry), or thoughts about the worry itself (type II worry).
2. Use the examples on previous pages as a guide to ask questions about these thoughts and examine the evidence.
3. Use the “Examining Thoughts” worksheet to write down the thoughts, possible cognitive distortions, and evidence you find. You can also write down the evidence on a note card and carry it with you.
4. Remind yourself of this evidence in the morning before you start your day. When these thoughts pop up during the course of the day, take out the “Examining Thoughts” worksheet or the note card to remind yourself of the evidence. Remember, it takes repetition to retrain the brain!

“Unifying Your Forces:” other CBT skills for Generalized Anxiety

On the previous four pages there are examples of specific thoughts that occur when people worry. While thoughts are an important part of generalized anxiety, there are other factors that influence how anxious we are on a daily basis. One factor is our core beliefs and ideas about the world, called “core schemas.” Thoughts such as “I must always give 110% to everything in my life” and “People that make less than \$100,000 a year are failures” are examples of core schemas that may be helpful to modify. Modification of core schemas are a part of CBT that could be helpful for you.

There are also factors, other than the way we think, that can contribute to generalized anxiety. Examples are the goals we set (and whether or not we are reaching them) and how busy we are. Setting reasonable, achievable goals and managing our time effectively are often addressed in a course of CBT.

Common Thoughts about Anxiety and its Treatment

The following are common thoughts that many people have about their own anxiety. Some of these thoughts make it hard to move forward to address the anxiety problem assertively. Check any of the thoughts below that you may have from time-to-time. If there are others you experience that are not listed below, write them in the provided box below. Part of CBT is looking at these thoughts, so be sure to bring them up to your therapist or group leader when you start the active phase of treatment following the group.

Thoughts about anxiety being outside of one's control

- "My anxiety just happens, and I have no control over it."
- "I am completely frozen by my anxiety and can't do anything about it."
- "My anxiety is different than everyone else's."
- "I can't control my anxiety."

Pessimistic predictions about treatment

- "This anxiety will never go away."
- "I haven't gotten better yet, so it won't happen."

Unrealistic expectations about the speed of improvement

- "I want the anxiety to go away right now. I want a cure."
- "I want this to happen right now."
- "I don't have time to spend on this."

Deficiencies in knowledge

- "I don't understand."
- "I don't even know why it happens."
- "I don't understand how this could be helpful for me."

Worry/anxiety/panic is harmful

- "Treating anxiety by having to think about it will cause harm to me."
- "Worry is harming me."
- "If I have anxiety during treatment I won't be able to handle it."
- "If I open this can of worms, it will never close."
- "It will just be too overwhelming."
- "Anxiety will never end if I let it happen."
- "If I don't control my thoughts and emotions they will take over and never end."
- "If I allow myself to worry it will get out of control."
- "If I treat my panic by challenging the anxiety, I will have a heart attack, suffocate, go crazy, or faint."

Positive beliefs about anxiety/worry

- "Anxiety helps me: if I get rid of it, I will not perform as well, or fail."
- "Worries help me solve problems."
- "Anxiety and worry makes me perform better."



Other thoughts about anxiety or treatment I have, not listed above:

“ _____ ”

“ _____ ”

“ _____ ”

“ _____ ”

“ _____ ”

Cognitive Therapy Skills

Summary



Cognitive Therapy Skills are one set of skills used in CBT. They are based on the idea that our thoughts can affect how we feel.

We learned what cognitive therapy skills are and how they work: we gather **evidence** to understand a situation as realistically and in as detailed a way as possible.



Cognitive Therapy Skills are not just “thinking positive.” In fact, some situations *are* really bad. Our goal is to **Examine the Evidence** and practice reminding ourselves of this evidence when we are in a challenging situation, in order to cope better with that situation.

Cognitive skills are best **used in combination with behavioral skills** such as exposure. If we can understand how dangerous a situation is, we can make good decisions about whether or not it would improve our lives if we were to stop avoiding a situation or over-protecting ourselves, which can be limiting.

We learned how to identify **Negative Automatic Thoughts** and the “worst-case scenario” thoughts that are often connected with them. Identifying Negative Automatic Thoughts is the first important step in using Cognitive Therapy Skills.

We learned about **Cognitive Distortions**, such as “All-or-Nothing Thinking,” which are unhelpful patterns of negative thinking. Sometimes it can be helpful to understand whether or not we have some of these patterns in order to more effectively battle our Negative Automatic Thoughts.

We **Examine the Evidence**, using techniques to understand two important questions:

1. *How likely is it that something bad will happen?*
2. *If it did happen, how bad would it be? What would I do if it happened? How might I cope?*

The **Examining Thoughts Worksheet** is one tool that can help us organize the evidence we gather when we are first learning cognitive skills. Writing down evidence about a thought helps us see things more objectively and remind ourselves of information that is hard to remember when we are feeling anxious. Eventually, we hope to be able to remind ourselves of the evidence quickly in the course of daily life, without needing these types of aids.

One important part of an anxiety problem is fear of the anxiety itself; because anxiety feels so bad and makes it hard to accomplish our aims, we worry about having it. We also may start wondering if the anxiety could harm us in some way; these thoughts about the anxiety can make the anxiety even worse. We dispute some of these thoughts to **battle the “fear of fear.”**

Worries are a common part of anxiety, and we give examples of how to battle these worries using cognitive skills. “I’m going to lose my job” and “What if something happens to one of my children?” are examples.

Problem solving, acceptance skills, setting achievable goals, and managing time effectively are other important factors that can reduce anxiety. We combine cognitive therapy skills, relaxation skills, and exposure skills with these other skills to manage GAD and chronic worry.

Notes

Notes



Relaxation

“The time to relax is when you don't have time for it.”

~Attributed to both Jim Goodwin and Sydney J. Harris

Have you ever been told to “just relax?” Of course feeling relaxed would be ideal– this is why we come to get help in the first place! But anyone who has felt panic or extreme anxiety knows “just” relaxing is much easier said than done.

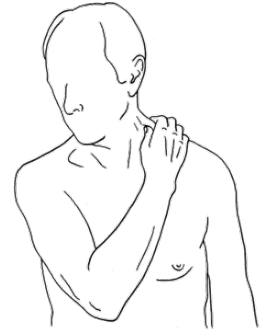
One set of skills used to supplement other CBT skills (such as exposure and cognitive skills) are **relaxation skills**. Relaxation skills address anxiety from the standpoint of *the body* by reducing muscle tension, slowing down breathing, and calming the mind. Relaxation skills can be structured; examples are slow diaphragmatic breathing, meditation, and yoga. Other factors, such as self-care and enjoying pleasurable activities, are also helpful to make us feel more relaxed. In this module we'll explore some of these strategies, explaining how they are used and why they work.

As we will emphasize in this section, relaxation skills are best used in conjunction with other CBT skills and are most effective when practiced consistently. Different skills work for different people, so the first step is to try to find the relaxation strategies that appeal to you and try them out. Enjoy!

What are relaxation exercises?

The Problem: “Somatic” Anxiety Symptoms

Most people that experience anxiety also experience unpleasant physical sensations regularly. In medical lingo, the fancy term for “physical” is *somatic*. We all know some of the most common somatic symptoms of anxiety: muscle tension, headaches, backaches, a clenched jaw, feeling keyed up, restless, and “on edge,” as well as difficulty concentrating. You may remember that these symptoms are a side effect of our body’s attempts to protect us; blood moves around our body and brain, into our large muscles, like our arms, legs, back, and neck, to get us ready to “fight” or to “flee.” This changes the feelings in our bodies. In short the body is working hard to protect us, and these feelings are uncomfortable! Relaxation happens when the body stops trying to protect us, which helps us feel more calm and at ease.



When we experience mild to moderate levels of anxiety on a daily basis for long periods of time, we get used to this tense, jittery state, until it is hard to even know what it is like to be relaxed! In this case, we would say a person’s anxiety and tension is resting, or “baseline,” at a high level. The goal of these types of relaxation exercises is to change this baseline to a lower level.

Relaxation skills are like exercise!

Imagine a friend of yours telling you that she is planning to train for a 10K race. Despite the fact that she has never run a race before and does not jog regularly, she tells you her training will consist singularly of practicing running the full 10 kilometers on the day before the race. What would you think about this?

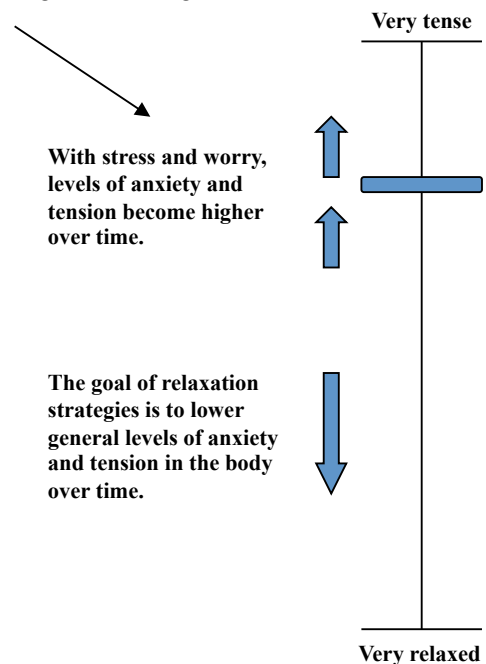
We know that the body needs time to learn how to run for long distances and build strength. She would need to practice at least a few times per week for a number of weeks to be ready.

Relaxation skills are developed just like exercise: in order to see significant results, we must use them regularly over long periods of time. This is not a one shot deal!



Each person is different-- we all relax in different ways. In this module we’ll discuss a number of different methods to try:

1. Find a relaxation exercise that you can practice daily or multiple times per week. Examples are progressive muscle relaxation, yoga, mindfulness, and deep breathing.
2. Adjust your lifestyle to make it less busy, hectic, and rushed.
3. Take part in activities that give you pleasure, make you feel competent, or give you a chance to take a break from other, more stressful activities.



Goals of relaxation skills

1. Learn when and how to use these skills.
2. Learn to breathe in ways that will promote calm and relaxation.
3. Slow down activity in the mind to avoid or learn to better tolerate “racing thoughts.”
4. Increase awareness of tension in the body and improve awareness of the difference between tension and relaxation.
5. Lower general levels of tension and restlessness in the body.
6. Learn to incorporate activities into our lives that are fun and/or make us feel competent.
7. Be calmer in our daily lives by learning to “slow down” and set realistic goals for our time.

Relaxation Strategies: When? How? Why?

Relaxation strategies are just one set of skills used in CBT. We all would like to spend more time feeling relaxed, but relaxation skills are not always the right skills to improve our anxiety in the long run. One important CBT skill is knowing when to use certain techniques, so we want to know when relaxation strategies are or are not helpful for us.

Relaxation strategies are best used as a **companion to exposure and cognitive skills, but not as a replacement** to them. Sometimes relaxation strategies can actually make anxiety *worse* in the long run. Why? Because sometimes relaxation strategies are used as a way to get rid of anxiety when we are in distress; trying to get rid of something trains our brains to see it as “bad.” So we teach the brain to set off the anxiety “alarm” even louder when the anxiety presents itself. In the long run, this makes the anxiety worse. In short, there are times and places for relaxation skills!

When to use relaxation strategies

-As a daily practice, like exercise, to lower tension and feel calmer in our bodies over time

-During times of distress in order to **prevent avoidance** of something that is integral to our life aims

Why? It is more assertive: “Doing this exercise will not cure my anxiety, but it will keep me from avoiding the situation.”

(When we face the anxiety, the brain learns that it is not so dangerous, which, in turn, lowers the anxiety in the long run)

When *not* to use relaxation strategies

-In times of panic or severe distress as a way to get rid of the anxiety

-As a replacement for other types of CBT skills such as cognitive restructuring and exposure

Why? It is overprotective: “This anxiety is unbearable! I must do something to make it feel better!”

(This trains in the idea that anxiety is dangerous, which causes more anxiety over time)

Take home points:

Relaxation strategies can be useful in reducing general levels of anxiety and tension over time. They are not typically a “cure” for anxiety; they are best used together with other CBT skills such as cognitive restructuring and exposure and practiced regularly, like exercise. They also should not be used to prevent or get rid of panic or severe anxiety symptoms. For each person there is a different set of activities and skills that help them relax. Our best strategy is to find the ones that work for us and practice them.



“How should I relax? What will work for me?”

Everyone is different— some relaxation skills work well for some people, and others for other people. It is likely that there are some methods that you already use to relax. Think about exercises, practices, or activities you use regularly in order to relax and list them below. If you are having a hard time coming up with something, see page 74, “Finding Relaxation Strategies That Work for You” and review the list of some common methods of relaxation.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Just breathe!

You may have been told in the past to “take a few deep breaths” when you were feeling worried or upset about something. On one hand this is helpful to just slow down and cool off. However, altering the speed of our breath actually can slightly change our body’s anxiety response. **Slow diaphragmatic breathing** is a developed technique that involves slowing down the breath to communicate “safety” to the brain.

While we do not recommend that you use breathing techniques to try to eliminate anxiety when you are feeling anxious, it can be a way to get through a tough situation and calm the body some so that we can make a good decision about what to do next. Try the following exercise:



“Slow Diaphragmatic Breathing”

1. Sit comfortably in a chair with your feet on the floor. You can lie down if you wish.
2. Fold your hands on your belly.
3. Breathe in slowly and calmly. Fill up the belly with a *normal* breath. Try not to breathe in too heavily. The hands should move up when you breathe in, as if you are filling up a balloon. Avoid lifting the shoulders as you inhale; rather, breathe into the stomach.
4. Breathe out slowly to the count of “5.” Try to slow down the rate of the exhale. After the exhale, hold for 2-3 seconds before inhaling again.
5. Work to continue to slow down the pace of the breath.
6. Practice this for about 10 minutes.
7. This works best if you practice this two times each day for 10 minutes each time. Try to find a regular time to practice this each day.

Slow Diaphragmatic Breathing Tips:

1. The speed of the breath is more important than the depth of the breath. Avoid trying to “catch” your breath by taking really deep breaths.
2. Don’t use breathing exercises to “get rid of” the anxiety; use the breath to help get you through a tough situation, or practice it daily to “train in” a slower, calmer breathing style over time.
3. Practice! It takes time to learn how to calm the body using the breath.



Take home points:

Slow diaphragmatic breathing is one relaxation skill used in CBT. It is best used as a daily practice, like exercise, or as a way to get through a tough situation without leaving or making things worse. For best results, practice slow breathing twice a day for around 10 minutes each time.

Slow down the mind...

Mindfulness for relaxation and anxiety management

Take a moment to observe the photo to the right and then try this exercise:

Just describe what you see in completely *objective* terms. Just notice colors, shapes, shades, etc. Write what you see here:

Now notice the memories and thoughts that come up when you look at this picture. Allow your mind to wander as it will, and write down what “pops” into your mind as it comes up. Take 1-2 minutes to do this.



Mindfulness Exercise

1. Sit quietly with your feet on the floor, or lie down, and relax your body. Begin with some **slow, diaphragmatic breathing**. Focus your mind on your breath as it flows in and out of your nostrils. Continue to follow your breath to whatever extent you can.
2. As you breathe, notice the tendency of the mind to wander. Instead of trying to focus just on the breath, *just notice what the mind does*. It may wander to a worry, or a memory, or to what you plan to do later today. You may notice sensations in your body, such as a pain or itch. You may hear or smell things. Just notice whatever happens and then gently bring yourself back to your breath. You can remind yourself that you will tend to these other things later, and for now you will just spend time paying attention to your breath and to your mind.
3. Allow the mind to wander as it will, time after time. Avoid the tendency to try hard to focus on something. Simply allow your mind to wander and then bring yourself back to your breath. Notice the tendency of your experience to *change*. Imagine that each thought, sensation, emotion—anything—is like a cloud floating through the sky, soon to be replaced by another one.
4. Continue to practice this for about 10 minutes. Depending on your schedule you can add time to your practice if you want. Practice once or twice a day.
5. Remember that there is no “right” way to do this, other than to just notice whatever comes into your consciousness. It is impossible to “fail” at mindfulness—just let your mind wander!

The techniques you were just using are called **mindfulness** skills. These are techniques that originate in Buddhist meditation practices, but they have been studied and used more and more by psychologists and physicians in the last 20 years or so to help people regulate their emotions and calm their minds. So how do they work?

It is not fully understood why mindfulness is so helpful, but we have some ideas. The goal of mindfulness is to describe all kinds of experiences *objectively* and *non-judgmentally*, focusing on the facts about the present moment. Sound familiar? It may remind you of **cognitive skills**, which are an attempt to gather evidence around a thought that triggers our anxiety, which lessens the power of that thought. Another way to lessen the power of the thought is to see it for what it is: just a thought. And one thing we know about thoughts is that they *change*. It is difficult to adequately capture the gist of mindfulness by trying to explain it, so try the exercise to the right.



“I can’t control my mind!”

On the last page we suggested that you “let your mind wander.” This may seem to be the opposite of what you have been told to do while trying to meditate or complete a task. We go into something expecting to have “control” of our minds.

We know from research that we cannot completely “control” our minds, no matter how hard we try, especially when we are feeling anxious. Why do you think this is true?

Think back to the “Anxiety 101” section of this manual where we described the function of anxiety to help protect us. When we are anxious, the **amygdala**, our anxiety center of the brain is trying to send off its “anxiety alarm.” One way it does this is by trying to alert us to the possibility that something is dangerous, either “out there” in the environment or inside our bodies. After all, if we are too focused on one thing, we could be hurt by something else! So the mind tries to distract us, making it very difficult to “control” the mind. In fact, you may find that the more you try to control it, the more the mind tries to distract you!



Having trouble getting “mindful?”

Try this: pretend your mind is like a movie screen. You are sitting in the movie theater, observing what is projected on the screen, but you are not in control; you just watch and follow what you see.

Try closing your eyes and just notice what images, thoughts, or memories get projected on that screen. They may be related or not—whatever gets projected is fair game! If you start feeling attached to the content of the “movie,” just notice that attachment and then let the movie continue to something else.



“Why should I practice mindfulness?”

Mindfulness techniques are an important part of CBT for the following reasons:

-Trying to “control” the mind is a futile endeavor. In fact, trying to control the mind often makes us feel worse, because we keep failing at it! The first step to any CBT intervention is to stop trying to control the mind through force; only after we do this are we prepared to influence the anxiety using CBT skills.

-Mindfulness helps us practice observing but not reacting to anxiety and other emotions. We learn to accept or tolerate these emotions, rather than trying to eradicate them.

-Mindfulness helps to retrain the brain; by not reacting to the anxiety and not trying to fix it, we communicate to the amygdala that it is not dangerous. This is one way to work on addressing the “fear of fear.”

-When we stop and pay attention to the present moment, we listen to our anxiety “alarm.” If we give it time and keep from “fueling” the anxiety, the body can eventually learn that it does not need this alarm any longer, so it can turn it off.

Mindfulness: Take Home Points

Mindfulness is a relaxation strategy that can be helpful in calming the mind by reducing our tendency to try to control it, which often makes the anxiety worse. Mindfulness techniques focus on facts and objective information about current experiences, including emotions, thoughts, memories, and sensations. Our aim is to notice these experiences without judgment or any attempt to change them; we simply observe them, like clouds in the sky or the images on a movie screen. Mindfulness techniques are not likely to cure anxiety all by themselves, but they can be helpful if used with other CBT skills, and can provide a foundation upon which to develop these skills.

Progressive Muscle Relaxation



One way to think about relaxation is that it is the *absence of tension* in the body's muscles. Imagine being able to simply release your body's tension instantly without taking medication or having a drink! In the 1920's Edmund Jacobson, a Chicago physician, created a set of exercises aimed to do just that—he published his intervention in a book entitled *Progressive Relaxation*. What Jacobson knew to be true is that deep muscle relaxation is incompatible with our body's anxiety response. He worked with the knowledge that by consciously working to reduce muscle tension, we can actually influence how anxious we feel.

The aim of what we now call **Progressive Muscle Relaxation (PMR)** is to gradually learn to release tension in the muscles through daily exercises. This communicates calm and safety to our body, reducing the body's need to activate the “fight or flight” response.

Exercise

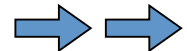
To get a taste of this, try tensing the muscles of the arms by “flexing” your biceps, as in the picture to the right. Tense your biceps hard enough to feel significant tension for between 5 and 7 seconds.

Now let go, dropping your arm to your side. Feel the difference between the tension you just felt and the relaxation that is coming over your arm now. You may notice the feeling of blood flowing to the arm, and a feeling of warmth. PMR involves doing this with each group of muscles in the body, as a regularly practiced exercise that takes effect over a period of time.



To get a full “dose” of Progressive Muscle Relaxation, try the track “**Progressive Muscular Relaxation**” on the Anxiety Disorders Program Website. This will take you about 16 minutes. This track will help you relax the body, one muscle group at a time. It is best to try to practice this for two weeks, once or twice a day. Some people find that it is helpful to do it in the morning when they wake up, or at night before going to bed.

After you try this, you can decide if you want to continue with **Applied Relaxation**, which is the program described on the next page. This program builds on what we have learned from Progressive Muscle Relaxation by helping us to learn to relax more and more quickly.



Progressive Muscle Relaxation: Take Home Points

Progressive Muscle Relaxation (PMR) is a set of exercises aimed at helping us reduce anxiety and tension in the body. Through the practice of tensing and relaxing groups of muscles, we learn to feel the difference between tension and relaxation and release muscle tension when we feel it. It works best if practiced regularly. As with any skill, relaxation takes time and practice to master.

Applied Relaxation (see the next page) builds on the skills learned in PMR to more quickly reach a relaxed state, even under stressful circumstances.

For more information about Progressive Muscle Relaxation and Applied Relaxation, refer to **Davis, Robb, and McKay's Relaxation and Stress Reduction Workbook**, which has written scripts for these techniques.

Applied Relaxation

The Swedish physician **L.G. Öst** took the principles of Progressive Muscle Relaxation and developed **Applied Relaxation**, a program that aims to increase our ability to relax quickly, even in stressful circumstances. This is a set of skills that takes time to develop—as you can see from the outline of the stages below, each of the stages of treatment involves one to two weeks of practice. Full scripts of this program are available in **Davis, Robbins, and McKay’s *Relaxation and Stress Reduction Workbook***.

1A: Progressive Muscle Relaxation

Progressive Muscle Relaxation (PMR) is the basic skill (this is discussed further on the previous page). While guided by a therapist (or recording), a person practices tensing and then relaxing individual muscle groups, which releases tension and makes one more aware of the difference between tension and relaxation. It is good to practice in the morning or at night before going to bed. Try practicing it one or two times per day for two weeks before expecting to see results.



6. Applied Relaxation

This final stage uses the same techniques used in Stage 5, now applied to more stressful situations, including those that involve some degree of anxiety.



5. Rapid Relaxation

Rapid Relaxation allows us to bring the time to relaxation down to 20-30 seconds. We learn to pick something in our daily life with which we have contact regularly, such as a clock or watch, and associate this cue to the relaxation we have learned in the previous stages. Some people find it helpful to put a piece of colored tape on whatever cue they pick. It works best if we can practice this 15-20 times a day in *normal, non-stressful situations*.

You will know when you are ready to move on to the next step when you can bring a sense of relaxation to the body within 20-30 seconds.



Applied Relaxation

Stage 1A: Progressive Muscle Relaxation (PMR) (Track One): 2x per day in 18 minute increments for 2 weeks.

Stage 1A: PMR Shorthand Procedure (Track Two): 2x per day in 7-8 minute increments for 2 weeks.

Stage 2: Release-Only Relaxation (Track Three): 2x per day in 5-7 minute increments for 1-2 weeks.

Stage 3: Cue-Controlled Relaxation (Track Four): 2x per day in 2-3 minute increments for 1-2 weeks.

Stage 4: Differential Relaxation (Tracks Five and Six): 2x per day in 10 minute increments

Stage 5: Rapid Relaxation (Track Seven): Practiced multiple times a day in the flow of daily life.

Stage 6: Applied Relaxation (Track 8): Here the goal is to learn to relax quickly under actual stressful circumstances.

1B: Progressive Muscle Relaxation: “Shorthand Procedure”

Once a person has mastered the basics of Progressive Muscle Relaxation, we can begin to learn to reach this relaxed state more quickly, by tensing and relaxing larger groups of muscles at one time. This shortens the time to do the exercises to 8 to 9 minutes.



2: Release-Only Relaxation

In this phase of Applied Relaxation treatment, we take out the “tensing” step, to learn to release muscles and feel relaxed even more quickly-- in around 5-7 minutes.



3: Cue-Controlled Relaxation

Cue-Controlled Relaxation reduces the amount of time to deep relaxation. We learn to be able to relax whenever we choose, for example, when we say the word “relax.” It is possible to reduce the time to relaxation to around 2-3 minutes in most cases.



4. Differential Relaxation

The goal of **Differential Relaxation** is to help one learn to relax in the midst of daily activities. Most daily activities involve use of some muscles but not others. In this step we learn to isolate the muscles we need for a specific task and relax the rest of our body. In this way we can learn to incorporate relaxation into the flow of daily life.

Finding Relaxation Strategies that Work for You

Imagine that you are at a supermarket shopping for breakfast cereal. So many choices! Some people like a simple granola, others enjoy their cereal sweet, and others like something with fruit in it. You might choose something you've enjoyed before, or you might try something new because it looks like it would be tasty or nutritious.



When it comes to relaxation strategies, there are many options. We have to find the ones that work for us. So far we've introduced three available "brands" of relaxation: **breathing, mindfulness, and Progressive Muscle Relaxation.**

You may have listed some relaxation strategies that work for you in the section: "Relaxation Strategies: When? How? Why?" Below we list a number of other popular, formal relaxation strategies that have been used successfully by others. You might try some and add them to your list!

"Soothing" Activities

- Sounds: music you enjoy; ambient music; "new age," repetitive music; sounds of nature, such as babbling brooks or ocean waves
- Smells (Aromatherapy): incense, candles, etc.
- Sights: Visualization: beaches, falling leaves, etc.
- Nature: hiking, swimming, parks, etc.



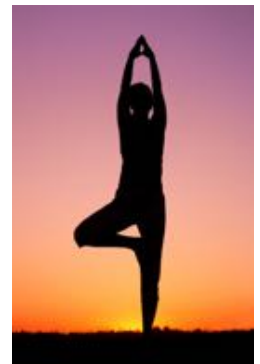
"Mind-based" Relaxation Strategies

- Meditation (**Mindfulness meditation,** Transcendental Meditation, etc.)
- "Body Scan"/body awareness exercises
- Prayer
- Autogenics



"Body-based" Relaxation Strategies

- Slow-paced diaphragmatic breathing
- Yoga
- **Progressive Muscle Relaxation and Applied Relaxation**
- Massage
- Hot tubs, hot baths, or sauna



Did you know?

Yoga is a well-established, historic discipline that incorporates a powerful combination of mental and physical elements: breathing, stretching, meditation, and strengthening exercises, aimed at improving physical and mental well-being. It involves a series of challenging body positions that stretch and strengthen muscles. It is best learned by taking a class with a certified yoga instructor, and has many benefits, both physical and mental.

On this page we introduced some of the structured approaches to relaxation that have been used successfully by others over the years. However, some of the most relaxing activities are those that we enjoy, or make us feel good because we are good at them and can be creative or skillful. On the next page we discuss **mastery** and **pleasure**, two important elements of living a relaxing and enjoyable life.



A Life Worth Living: Pleasure and Mastery

If someone were to ask you “What do you do to relax?” it is likely that you would say something like “I like to hang out with friends,” “I watch TV,” or “I play golf.” While these are not formal relaxation strategies, they bring us pleasure and/or make us feel good about ourselves; we certainly feel more relaxed when that is the case. These are the things that the anxiety tries to take away from us, which is even more of a reason to spend time doing them!

For the purpose of exploration here, we outline two important generators of good feelings: pleasure and mastery. **Pleasure** involves activities, or “play” that we enjoy for the sake of the activity itself. **Mastery** involves activities, such as work or sports, that involve the development of skills; we are able to accomplish things and feel a sense of mastery over our environment. When enjoyed in moderation and diversified well with other activities, they can increase positive emotions and improve how we feel about ourselves.

“Pleasure”

Hobbies and other “play”

- Reading
- TV, movies, plays
- Dancing
- Playing or listening to music
- Board games or cards
- Arts and crafts, sewing, painting
- Cooking
- Walking, hiking, enjoying nature, fishing
- Sports (basketball, softball, swimming, etc.) or going as a spectator
- Martial arts (karate, etc.)
- Museums/zoos
- Video games
- Traveling, sightseeing, going to the beach, sunbathing
- Shopping
- Gardening/decorating
- Photography
- Comedy: TV, recordings, live
- Religion or spirituality



Social activities

- Spending time with family
- Enjoying own children and/or young relatives
- Enjoying close friends
- Hanging out with large groups of friends/acquaintances
- Parties, meeting new people
- Romance
- Pets
- Clubs: meeting people with similar interests
- Enjoying food and drink with others



List enjoyable activities in which you take part now or have enjoyed in the past. Add others from the list above that appeal to you or others that you think you might enjoy:

1. _____
2. _____
3. _____
4. _____
5. _____

“Mastery”

Job or Meaningful Daytime Activity

Look for or attempt to develop some of these qualities in your occupation, volunteer work, or other meaningful daytime activity:

- Enjoyment
- Creativity
- Feelings of competence (able to accomplish tasks satisfactorily)
- Potential for development of skills
- Ability to “move up” in the organization or take on more responsibility, if this is desired
- Social contact with coworkers, colleagues, others in the field



Other skill-based activities



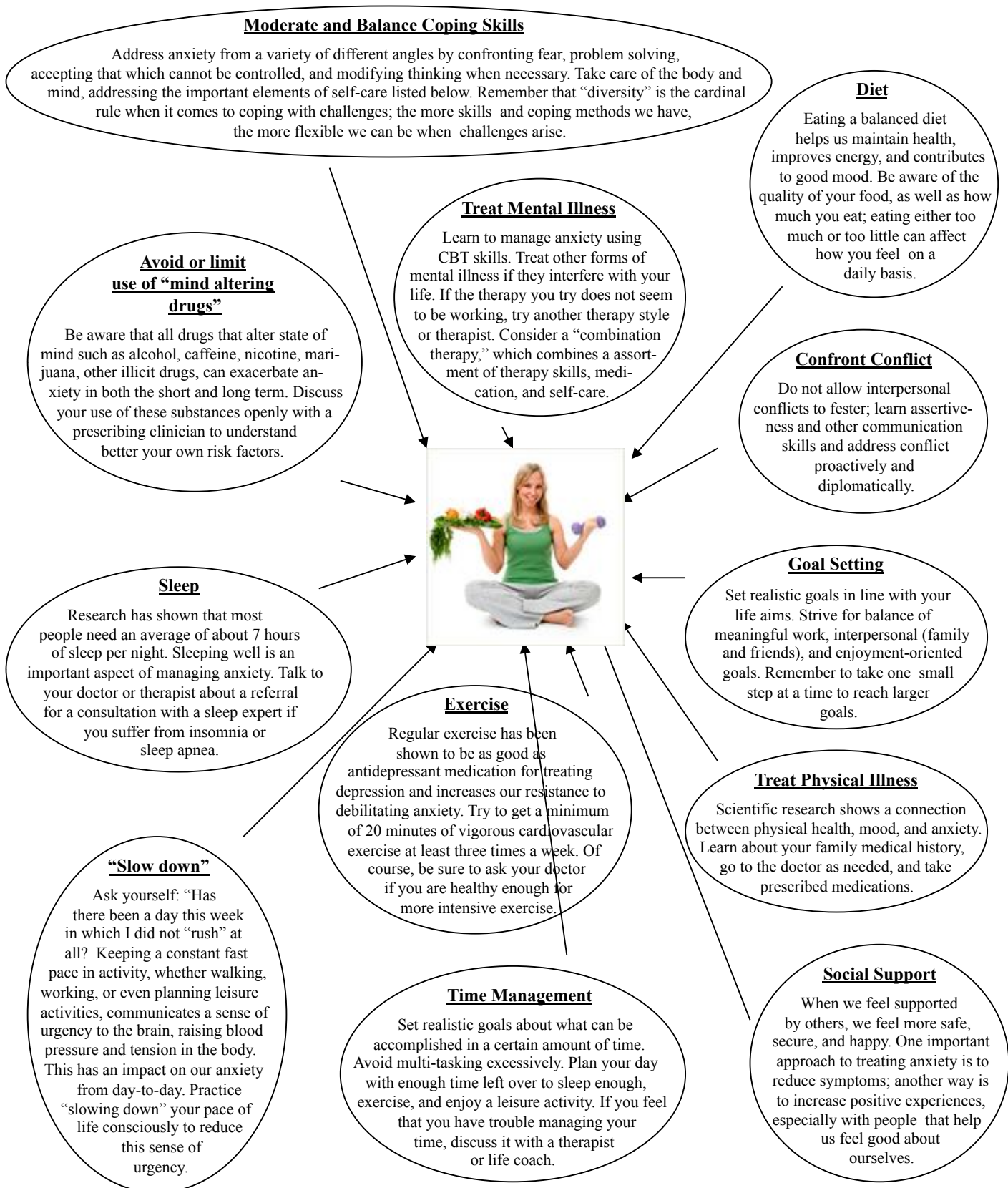
- Sports
- Music practice and performance
- Home improvement/building
- Woodworking
- Visual art (painting, drawing, pottery, sewing, knitting)
- Learning about interests (history, politics, food, language, culture, etc.)

List skill-based activities, such as work or sports, that are a part of your daily routine and lead to positive feelings and a sense of self-worth. Choose others from the list above or fantasize about possible activities that seem rewarding. Write them here.

1. _____
2. _____
3. _____
4. _____
5. _____

"Self-care:" An Important Weapon In Our Fight Against Anxiety

As we have discussed throughout this manual, battling anxiety requires a multifaceted strategy; we have to "unite our forces" to keep anxiety from interfering with our life aims. CBT supplies us with some of the ammunition to wage this battle, but other lifestyle factors are important, as well. Below we discuss some of these factors; consider them when assessing your challenges with anxiety and consider trying out some changes to see if they help.



My Relaxation Plan

Use the following worksheet and design your own relaxation plan to begin incorporating relaxation skills into your daily life. Be specific and come up with as many choices as you can imagine— remember that not all strategies will “stick,” but in time you can find the ones that feel best to you. The only thing left to do is give them a try!

My Relaxation Plan

(how I plan to incorporate relaxation into my daily life)

Formal relaxation exercises (Progressive Muscle Relaxation, Mindfulness, Slow Diaphragmatic Breathing, Yoga):

How often (days per week, time of day, etc.): _____

Pleasure and Mastery (activities I enjoy, socializing, things I am good at): _____

Self-care (see the section on “Self-care” and write down examples that would improve your life): _____

Other soothing activities: _____

Are there any aspects of my lifestyle (time management, too many projects, etc.) that increase my level of tension and anxiety on a daily basis?

What could be modified? _____

How would my life improve if I incorporated some of the elements above into my daily life?

What is one thing I can do today or tomorrow to make a small step toward more relaxation in my daily life?

Relaxation

Summary

Relaxation strategies battle anxiety from the standpoint of the body. They are just one set of exercises used in CBT.

We discussed **what relaxation strategies are** and how we can use them to help us battle anxiety symptoms. We learned that relaxation strategies work best if they are **practiced over the long term**, like exercise, to reduce muscle tension, slow down the pace of breathing, and “slow down the mind.”



Relaxation strategies are not ultimately helpful as a way to reduce severe anxiety symptoms, such as panic, when these symptoms arise. Relaxation skills are **used in combination with the cognitive and behavioral skills** discussed throughout this manual. Cognitive therapy and exposure skills work to retrain the brain to have fewer anxiety triggers. Relaxation exercises are not very effective at “retraining” these triggers, which is why they are not typically enough on their own to teach the brain that it can let the “guard” down.

We discuss **breathing skills**. The most important element of breathing is **slowing down the pace of the breath**, which takes practice, especially if anxiety is in the picture.

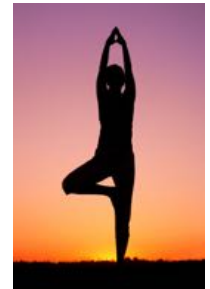


We introduced **mindfulness** skills, which are techniques that aim to “slow down the mind.” We learn to see thoughts and feelings for what they are— thoughts and feelings—that come in and out of our awareness. By allowing them to come and go without trying to “fix” them, we communicate less urgency and more “calm” to the body.

Progressive Muscle Relaxation (PMR) involves tensing and relaxing groups of muscles to learn to better understand the difference between tension and relaxation. Through a program called **Applied Relaxation**, we can learn to do this more and more quickly with practice.

There are many formal relaxation strategies, and each person may find something different that works for them. The important thing is to **find the strategies that work for you** and practice them consistently over time.

Some of the most relaxing activities are those that involve things we enjoy or are good at. **“Pleasure”** and **“mastery”** feel good, so doing more of these things can only help! The anxiety often gets in the way of some of these things, but avoiding pleasurable activities is likely to make things worse. It is important to incorporate some of these activities into our daily lives on a regular basis.



Finally, we review important elements of **self-care**, such as exercise, diet, and time management. It is difficult, for example, to feel relaxed when we do not get enough sleep or are too busy. Slowing down the pace of life and taking care of our bodies can help us feel more relaxed from day-to-day.

So now what?



So far we have discussed many of the skills used in CBT. Our final step is to learn how to put them all together and manage anxiety over the long term. That’s what the next section, “Anxiety Management,” is all about. We’ll also learn about the CBT treatment options that we offer here at U of M. It’s time to take your life back from anxiety by formally starting your CBT treatment!

Notes

Notes

Anxiety Management

Managing the “Tug of War” with anxiety and stress

“Courage is resistance to fear, mastery of fear — not absence of fear.”
~Mark Twain

Now that we’ve learned about many of the skills you’ll see in CBT, let’s talk about how to put them all together. This section uses the analogy of a “tug of war” to describe our **battle with anxiety and stress over time**. The information in this section helps us approach treatment of anxiety in a realistic, effective way. This especially applies to treatment of anxiety over long periods of time—periods in which it is inevitable that we will experience stress of some sort or another.

We talk about the **balance between risk and protection** that underlies each decision we make, and how these decisions make us more or less vulnerable to anxiety. We also spend time in this section discussing what “causes” anxiety, the **risk factors** that make us more vulnerable to it, including genetics and stress.



We briefly discuss some “other” CBT skills for anxiety, **problem solving** and **acceptance skills**.

At the end of this section we also describe the **CBT treatment options available to you at the University of Michigan Anxiety Disorders Clinic** to help you with the next steps in your journey to free yourself from anxiety.

Tug of War:

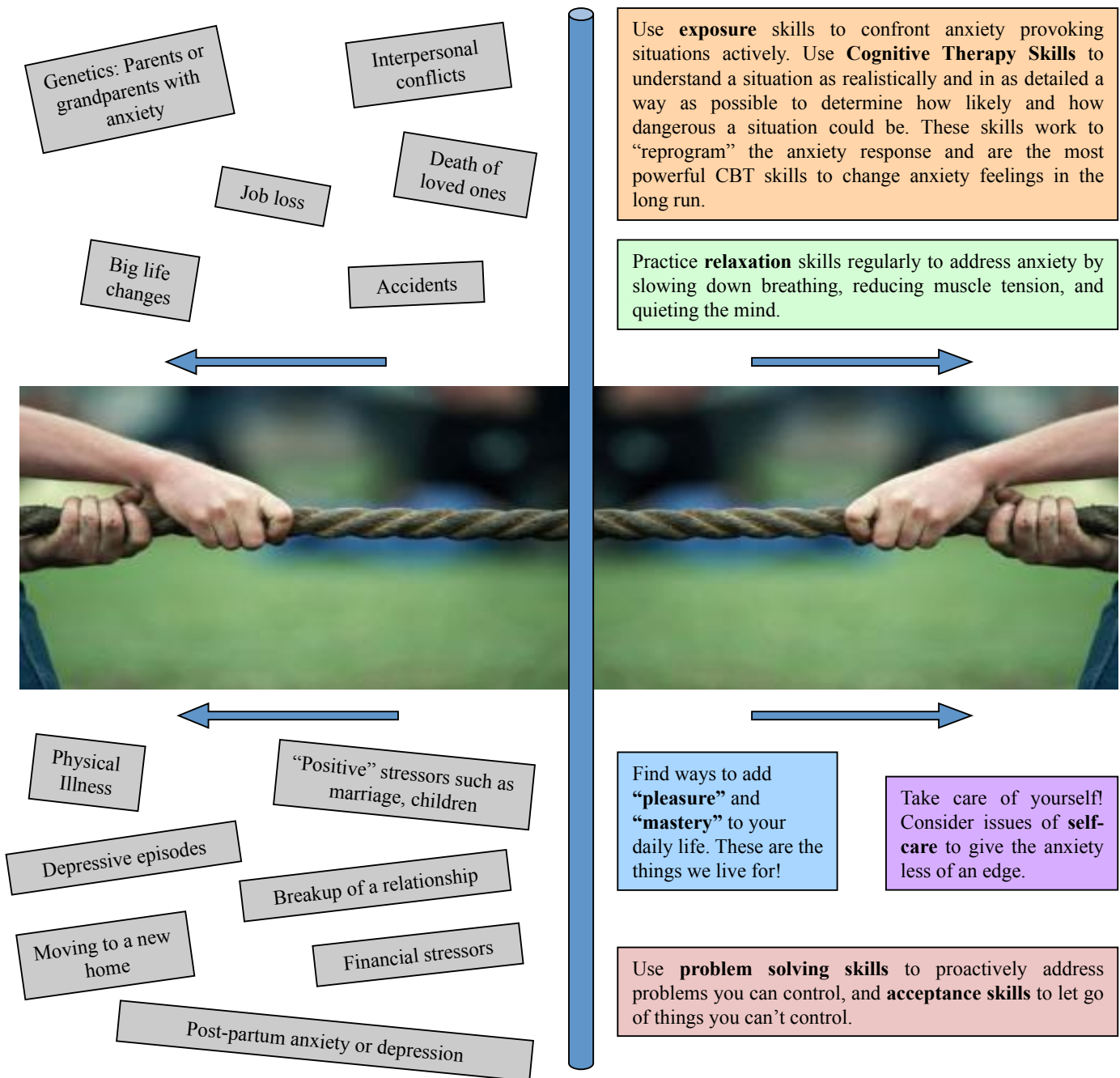
Managing anxiety over the long term

Think back to the last time you had a “tug of war” at a fair or on the beach. Your team has some influence on the outcome; but the other team may (or may not...) make things hard for you to achieve your aim.

Managing anxiety over the long term can sometimes feel like a “tug of war.” Despite our attempts at creating a happy, comfortable life, there is always the possibility that some “external stressor,” like an accident, job loss, or interpersonal conflict, could arise. One important goal of CBT skills is to give us confidence that we can cope with these unexpected stressors when they happen.

The opponent in a game of “tug of war” is as integral to the game as stress is to our lives. And just as it is in the game, we can only win if we participate. Participation in the game of life means accepting stress and finding ways to manage it to achieve our life aims. The diagram below may help you to understand how to use CBT skills to assist you in your “tug of war” with stress.

To the left are **stressors** that are often outside of our control; on the right are the **coping skills** we need to keep the anxiety from interfering with our life aims.



Another way to look at our battle with stress and anxiety is to try to **balance** a normal desire for protection with a hope of achieving certain life aims. This may seem like an abstract concept, so let’s look at some specific examples of balancing risk with life aims.

Should I take the chance? Or...

How often do you drive or ride as a passenger in a car? Probably every day! Automobiles have changed how we live our lives; they are convenient and help us achieve our life aims quickly and efficiently. It is hard to imagine living without them.

Of course, driving or riding in a car involves some risk. According to the United States Department of Transportation, there is a 1 in 84 chance of being killed in an automobile accident at some point in our lives. So why do we take this risk?

It must be worth it to take this chance. We take the small risk of getting into an accident in order to take advantage of the benefits automobile travel can afford us. Of course, the fact that it is relatively unlikely certainly helps!

Every day we take risks to reach our life aims. While we probably aren’t noticing this process, we have “pros and cons” playing in our head about most decisions we make. Check out the example below:



Pros and Cons: Driving or riding in a car

“Cons”	“Pros”
<ol style="list-style-type: none"> 1. Small chance of getting hurt or killed in an accident 1. Costs associated with driving (gas, repairs, etc.) 	<ol style="list-style-type: none"> 1. Get to destination faster 2. Accomplish more of my goals each day: work, daily chores, fun and hobbies, etc. 3. Increase number of activities that are available to me

As the above example illustrates, our lives are filled with decisions about when to take risks and when to protect ourselves. Usually we are trying to find a balance between protection and risk. We try to have as much as we can without increasing the chance of harm too much. There are many options. Below, we illustrate this continuum and decisions we make that move us more toward risk (and more freedom) or protection (and less freedom). It is our choice to decide how much risk to take most people try to find a **reasonable balance between risk and protection**.

Greater risks, fewer precautions, more freedom, better quality of life

Drive with “reasonable safety behaviors” in place (balance between risk and protection):

- Drive safely: moderate speeds, drive with the flow of traffic, etc.
- No multitasking while driving
- Keep car in good repair
- Take defensive driving classes
- Be careful when there is bad weather

“These are the things I enjoy and I won’t let anxiety take them from me. It is worth taking that small chance to have some of the things I want.”

Drive with no concern for safety at all (too much risk):

“There is no risk here; nothing bad could happen to me. I don’t need to be careful.”

No driving at all (complete protection):

“It is best to be safe and prevent bad things from happening at all costs.”

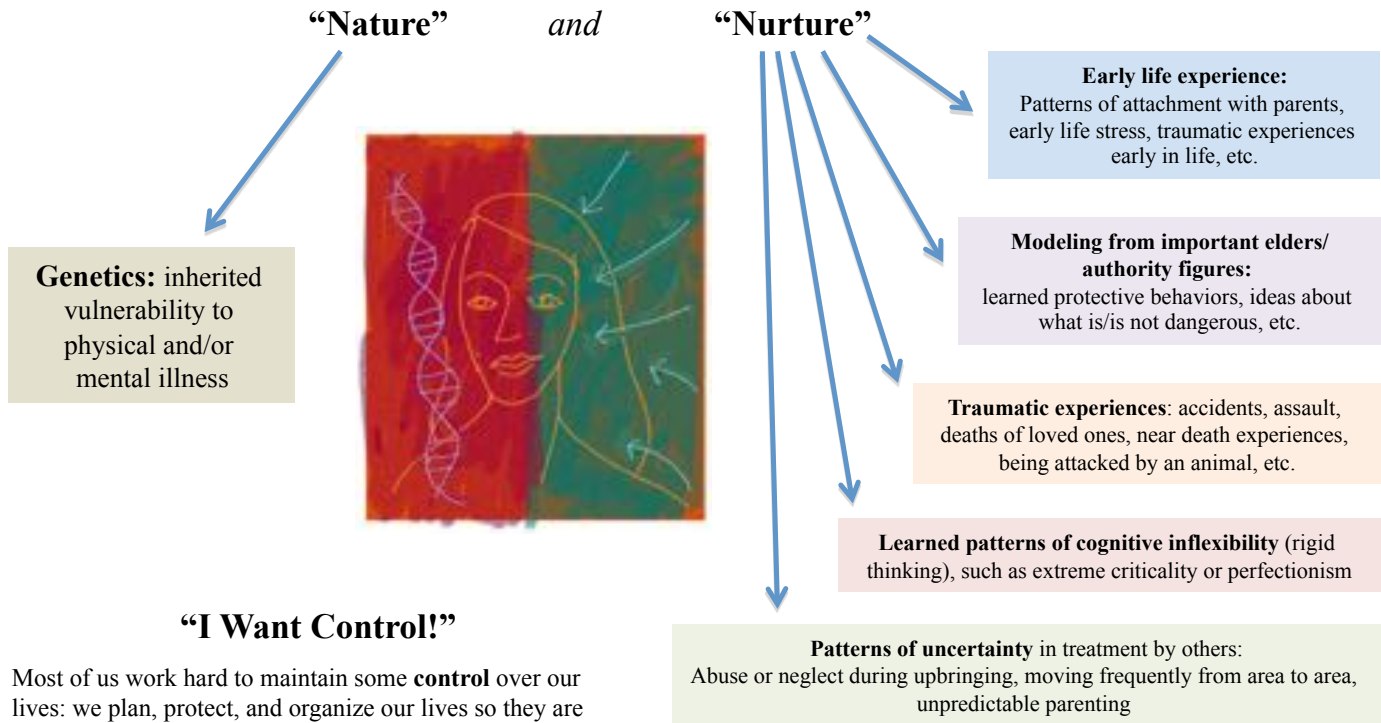
“I would rather not do that if it is going to make me feel anxious.”

“I want to take all precautions to be sure that everything will be OK.”

Fewer risks, more precautions, less freedom

Nature or nurture? Revisited...

In the “Anxiety 101” section of this manual we briefly discussed the causes of anxiety. While there are many factors that lead to an anxiety problem, we know that our vulnerability to anxiety is related to *both* “nature” and “nurture.” **Nature** is what we inherit from our parents: our genetics. **Nurture** is life experiences. **Risk factors** (genetics or experiences that make one more “at risk” for developing anxiety) are a mixture of these two basic elements. Below we list some of the most common risk factors for anxiety.



Most of us work hard to maintain some **control** over our lives: we plan, protect, and organize our lives so they are more predictable and feel safer.

While there are some things in our lives that we can successfully control, there are other things that we cannot. In fact, we may find that the more we try to control some things, the more this control eludes us.

One thing that is very hard to control completely is our body; sometimes it seems as if we experience a constant influx of pain, anxiety, emotion, and thought. The truth about these automatic impulses is that we cannot completely control them, no matter how hard we try. Once a thought comes into our head, it is there; once an emotion happens, it happens. As we have learned at times earlier in this manual, trying to get rid of thoughts and feelings often makes them last longer or grow in intensity. However, our *responses* to these impulses can **influence** how we experience the anxiety in the future. We use skills learned in CBT to influence the anxiety in this way.

It is for this reason that in CBT we frame anxiety management as an effort to *influence* the anxiety, through skills and adaptive responses to it, rather than to “control” it. Complete control is impossible, but at the least we can manage the symptoms of anxiety, which are likely to come up from time to time. Look at the quotations below to further understand this difference.

Influence	Control
<p><i>“While my decisions have a part to play in how things turn out, there are some things out of my control.”</i></p> <p><i>“I can’t prevent thoughts and feelings from happening, but my responses to these impulses can influence how I experience the anxiety in the future.”</i></p> <p><i>“Learning to cope with hardships is a part of life. I can respond well to make it the ‘best case scenario’, whatever happens.”</i></p>	<p><i>“If I work hard enough, I can make things just right.”</i></p> <p><i>“I need to be sure everything will be safe at all costs.”</i></p> <p><i>“If there is even the slightest chance something bad could happen I do not want to do it.”</i></p> <p><i>“I hope nothing bad happens today.”</i></p>

Exercise #1: “How I can balance my anxiety vulnerability with coping skills”

Vulnerability factors



(Check the ones that apply to you)

- Genetics** (family member with anxiety or depression)
- Traumatic experiences** (especially in early life)
- Modeling of important elders/authority figures** (how we learn what is/is not dangerous)
- Learned patterns of cognitive inflexibility** (rigid thinking such as extreme perfectionism)
- Patterns of uncertainty in treatment by others** (parents, elders, etc.)

Skills I can use to manage anxiety and balance my vulnerability

- Exposure skills** (confront anxiety to desensitize triggers and achieve aims)
- Cognitive skills** (challenging negative automatic thoughts)
- Relaxation strategies** (slow diaphragmatic breathing, mindfulness meditation, Progressive Muscle Relaxation, etc.)
- Self-care** (exercise, diet, sleep, manage illnesses, limit use of substances, etc.)
- Mastery and Pleasure** (time to enjoy activities, achieve life aims)
- Problem solving and acceptance skills** (adaptively address problems and accept things we cannot control)

Exercise #2: See the connection between stressful life events and anxiety/depression

Think about times in which you were particularly anxious or depressed and write them on the left. What external stressors were going on at the time? Write those on the right. While our own anxiety sensitivity is one factor in developing an anxiety problem, stress usually plays a role!

Time of life (e.g. “When I was 16”)	External stressors (e.g. grandfather passed away)



“Tug of War” Take Home Points:



Managing anxiety over the long term can feel like a “tug of war;” as we have experienced stress in the past, it is also likely to come up in the future. One important goal of CBT is to understand our vulnerability to anxiety and use coping skills to offset this vulnerability.

We all have to find our own balance of “risk” versus “protection” to achieve our life aims. While we all would like to be completely safe, there is always some risk in each decision we make. With CBT we learn what risks are worth taking to reach our aims.

Problem Solving and Acceptance: the “other” CBT Skills

When a problem arises, there many possible responses. As we have discussed throughout this manual, some responses to anxiety and problems can help to solve these problems; others can serve to make things worse. Below we describe three ways of addressing a problem. One approach may work best, or all three may apply. The “take home point” here is that all situations are different, and require different types of approaches to help you meet your life aims.

Adaptive Response #1: Problem solving (actions/behaviors)

Sometimes the best answer to a problem is working to “solve” the problem somehow—it is not a problem with our thinking or behavior, it is a problem with the external circumstances. For example, if someone is consistently aggressive or abusive of us, we may want to find a way to set firm limits with that person or leave the relationship altogether. There are many problem solving skills, some of which are outlined below:

- Exposure skills to address avoidance
- Assertively address interpersonal conflicts
- Take small steps to make progress on long-term projects
- Plan for the future
- Manage your time effectively
- many others...

Talk to your therapist or group leader about other behavioral skills to directly address problems that arise.

Adaptive Response #2: Get the facts (thinking)

Use cognitive skills to better understand the “facts” of a situation. Perhaps there is a problem, and perhaps there is not. Sometimes the first step is to understand the facts of a situation, and then decide whether or not to use problem solving skills (above) or accept things that are outside of our control (below). See the section on “Cognitive Therapy Skills.”

Adaptive Response #3: Accept what cannot be controlled (letting go)

There are times that we believe we should be able to control something, yet our consistent attempts to do so are met with failure. This “beating a dead horse” makes us more and more frustrated, angry, anxious, and depressed. Sometimes letting go of things we cannot control is necessary to prevent problems from getting even worse; we also lift some of the burden of failing over and over.

How to take action to solve a problem

1. Write down clearly what the problem is.
2. Brainstorm about ways to solve the problem, even “ridiculous” ways, writing down all possibilities.
3. Rank the possible solutions in order, from best to worst. Think “how likely is it for this approach to work?”
4. Decide on a plan of action for each reasonable solution. Rate how probable it would be each each plan to work.
5. Pick the most reasonable plan and put the plan into action. If it doesn’t work, go to the next best solution and try that one. Continue to try until you solve the problem.

How do I know what to do to make it better?



Sometimes it is difficult to know which approach to take to make a situation better. While it is ultimately an individual decision, one that may take trial and error, therapy is a place to work out some of these difficult choices. The various skills in CBT are meant to help us get some clarity around some of these decisions. While we don’t have room in this manual to discuss in detail how to make these decisions, this is something to discuss with your group or individual therapist as you move through treatment.

CBT Treatment at the University of Michigan Anxiety Disorders Clinic

Cognitive-Behavioral Therapy is an effective, evidence-based treatment that has been proven to have an impact on anxiety in both the short and long term. Our clinic specializes in delivery of this intervention to people like you, who want anxiety to stop interfering with their lives. Below we explain some of what to expect from CBT treatment.

Cognitive Behavioral Therapy...

...is **regular**. It works best when you come to treatment once per week for most of the treatment course. It is common to go to once every other week or once a month once the symptoms have been reduced and you have entered the “maintenance” period of treatment.

...typically **lasts for between 12 and 16 sessions**. Depending on the problem, it may take more or less. This is not a treatment that is meant to last for significant amounts of time.

...is **structured**. This is not the style of therapy in which one comes into the session only to “vent” or have someone with whom to talk. The treatment is focused specifically on treatment aims, which usually include reducing the impact of anxiety on our lives and feeling better, by learning skills and techniques to respond to anxiety when it arises.

...has a **variety of skills**. As you may have noticed from this manual, there are different ways to manage an anxiety problem. Most people find it helpful to use a variety of skills, instead of searching for just one “silver bullet.” *There is most likely not just one answer to your anxiety problem.* However, the anxiety symptoms can usually be managed well if one practices *multiple skills* repetitively over time and incorporates them into the flow of daily life.


...requires **practice**. Call it homework, daily practice, or whatever you choose. Regardless, it takes daily repetition to learn skills and retrain one’s anxiety response. A rule of thumb is to expect to spend **about one hour a day** practicing CBT in between sessions. We want you to feel better outside of sessions and after you finish treatment, not just while you are at our clinic.

...**depends on follow-through**. The most important factor in whether or not treatment works is the amount of work you put into it. Consider it an investment in a future with more freedom and flexibility.

...is **collaborative**. Individual and group CBT are structured, but are also centered around *your* life aims. The patient and therapist work together to define treatment targets, adapt skills to the patient’s unique circumstances, and troubleshoot as barriers arise. If certain skills do not work, it is common to try others. If something does not seem to be working, one can discuss this with the therapist or group leader. Communication is an important part of CBT.

...is **evidence-based**. This means that the concepts and skills are based on scientifically-validated concepts, and the interventions have been tested to be sure they are helpful.



On the next page we discuss the different treatment options at this clinic to continue with CBT once you finish the basic group. 

What do I do after the CBT Basic Group for Anxiety?

Option 1: Cognitive-Behavioral Therapy Treatment Groups

A popular option for the next step in treatment is our CBT Treatment Groups, which takes the skills we discussed in the Basic Group one step further. These groups focus on the two main skill sets of CBT, Exposure and Desensitization and Cognitive Therapy Skills. Individuals that take part in these groups are asked to share with the group their treatment targets and anxiety triggers, while designing cognitive and behavioral interventions to address specific problems. Patients are expected to practice skills in between sessions.

Each group meets for one month of weekly sessions at a time, and the two groups alternate months. For example, the Exposure group may meet in January for four sessions, and the Cognitive Therapy Skills group meets in February for the same amount. This pattern repeats. If a patient wishes to take part in both groups they may, and they are encouraged to repeat groups to get more experience and practice with CBT skills.

The Exposure and Desensitization groups are ideal for patients with panic disorder, agoraphobia, social anxiety, obsessive-compulsive disorder, and specific phobias. Patients with generalized anxiety disorder are encouraged to attend this group, but may find the most benefit from the Cognitive Therapy Skills group.

The Cognitive Therapy Skills group is ideal for chronic worry, generalized anxiety disorder, social anxiety, panic disorder, and specific phobias. Patients with Obsessive-Compulsive Disorder (OCD) may find this group helpful, but the primary mode of treatment for OCD is exposure.

Patients with a primary diagnosis of Post-Traumatic Stress Disorder (PTSD) are encouraged to pursue individual therapy, which typically involves an exposure-based mode of treatment called Prolonged Exposure for PTSD. Talk to your referring clinician or group leader about this option if you are interested.

Option 2: Individual Cognitive Behavioral Therapy

If treatment groups are not the best option for you, another option is individual therapy. Individual CBT therapy is recommended if you cannot attend the CBT Treatment Groups due to a schedule conflict. Also, some anxiety problems are best treated in individual therapy. If you have a question about whether to attend groups or individual therapy, talk to your CBT Basic Group leader or the clinician that referred you to the group. If it is determined that individual therapy would be most helpful for you, we will discuss your case in the Anxiety Team Meeting on the following Monday and get back to you with our recommendations and referral options.

Option 3: Some other form of psychotherapy

CBT is not for everyone. If after you complete this group you realize that you are not interested in group or individual CBT, talk to your referring clinician about other therapy options. Some of these options include group and individual therapy aimed at addressing such problems as relationship issues, depression, and Bipolar Disorder. Whatever your problem, the best option is to discuss what you are looking for with the clinician that worked with you at your initial evaluation. You can also ask your Basic Group Leader for advice about this. For some, we recommend a one-session “therapy evaluation” with an experienced clinician to help make decisions about the next steps in treatment with us.

Option 4: Individual therapy evaluation

For some, especially anyone that is confused about which direction to go with their treatment, we recommend a one-session “therapy evaluation” with an experienced clinician to help make decisions about the next steps in treatment with us. Let us know if you are interested in this option.

What about medication?



Research suggests that the most effective treatments for anxiety often involve a combination of therapy with some sort of psychotropic medication, usually an antidepressant. Sometimes a medication can be helpful in reducing some of the most painful anxiety symptoms in order for a patient to better take advantage of therapy. That being said, medication is not typically a “cure” by itself, but can be used in combination with other forms of treatment to manage anxiety. Your psychiatrist or nurse practitioner is the expert on this subject. If you have not had a medication evaluation, you can tell the person who referred you to this group or your group leader that you are interested in exploring this option. Just let us know!

Congratulations!

Congratulations on finishing the CBT Basic Group for Anxiety! We hope the group was helpful in explaining the basics of CBT and preparing you for the next steps in your treatment. Please let us know if there is anything we can do to help you with these next steps in treatment.

Your understanding of the material in this manual before the next steps of treatment will enhance your response to CBT treatment. If you haven't already, try some of the exercises in the manual to further clarify your treatment aims and start seeing how these skills may be helpful for you.

Also, see the "Resources" section for further reading and other media on anxiety and CBT.

Good luck with your treatment!

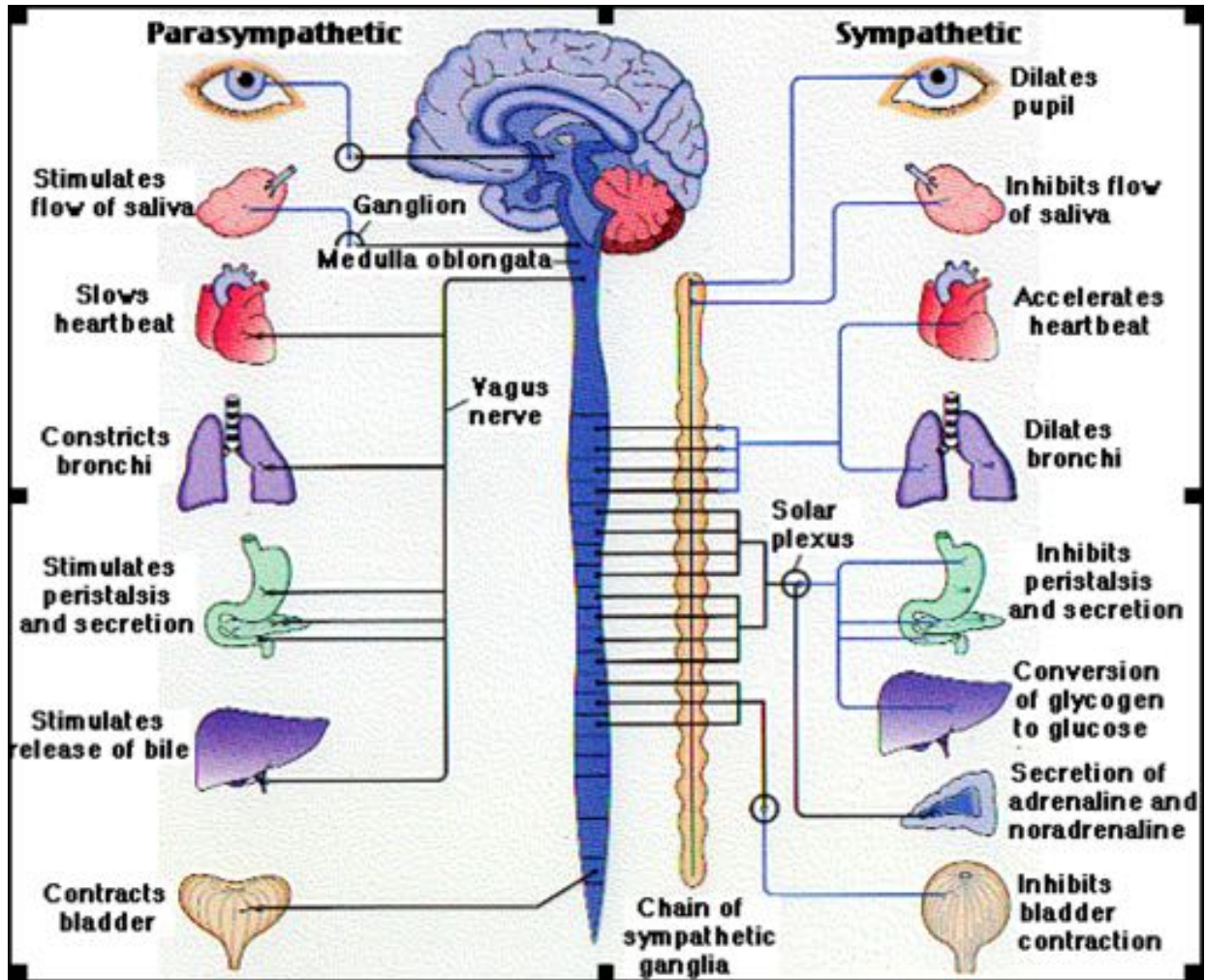


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Appendix I

The Biology of "Fight or Flight"



Appendix II: Cognitive-Behavioral Therapy Resources for Anxiety Workbooks and Self-help Books by Disorder

Comprehensive Self-help Workbooks for All Anxiety Disorders:

- Bourne, Edmund: *The Anxiety & Phobia Workbook* (Fourth Edition)
- Bourne, Edmund: *Coping with Anxiety: 10 Simple Ways to Relieve Anxiety, Fear & Worry*
- Burns, David: *When Panic Attacks: The New Drug-Free Anxiety Therapy That Can Change Your Life*
- Davis, McKay, Eshelman: *The Relaxation and Stress Reduction Workbook*
- Farchione, Fairholme, Ellard, Barlow, Boisseau, Allen, May: *Unified Protocol for Transdiagnostic Treatment of Emotional Disorders* (workbook) from the "Treatments That Work" series
- Ramirez-Basco, Monica: *Never Good Enough: How to Use Perfectionism to Your Advantage Without Letting it Ruin Your Life*
- Smits, Jasper and Otto, Michael: *Exercise for Mood and Anxiety Disorders*
- Otto, Pollack, Barlow: *Stopping Anxiety Medication: Panic Control Therapy for Benzodiazepine Discontinuation*

Generalized Anxiety Disorder

- Craske, Michelle and Barlow, David: *Mastery of Your Anxiety and Worry* (workbook) from the "Treatments That Work" series
- Brantley, Jeffrey: *Calming Your Anxious Mind: How Mindfulness and Compassion Can Free You from Anxiety, Fear, and Panic*
- Davis, McKay, Eshelman: *The Relaxation and Stress Reduction Workbook*
- Ramirez-Basco, Monica: *Never Good Enough: How to Use Perfectionism to Your Advantage Without Letting it Ruin Your Life*
- Benson, Herbert and Proctor, William: *Relaxation Revolution: Enhancing Your Personal Health Through the Science & Genetics of Mind Body Healing*
- Lackner, Jeffrey: *Controlling IBS the Drug-free Way: A 10-step Plan for Symptom Relief*

Post-Traumatic Stress Disorder

- Foa, Edna: *Reclaiming Your Life From a Traumatic Experience* (workbook) from the "Treatments That Work" series
- Hickling, Edward, and Blanchard, Edward: *Overcoming the Trauma of Your Motor Vehicle Accident* (workbook) from the "Treatments That Work" series
- Olasov, Barbara and Foa, Edna: *Reclaiming Your Life After Rape: Cognitive-Behavioral Therapy for Posttraumatic Stress Disorder* (workbook) from the "Treatments That Work" series
- Williams, Mary Beth and Poijula, Soili: *The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms*
- Follette, Victoria and Pistorello, Jacqueline: *Finding Life Beyond Trauma: Using Acceptance and Commitment Therapy to Heal from Post-Traumatic Stress and Trauma-Related Problems*
- U.S Department of Health and Human Services: *Directory of Services and Resources for Survivors of Torture*

Specific Phobias

- Antony, Craske, and Barlow: *Mastering Your Fears and Phobias* (workbook) from the "Treatments That Work" series
- Ridley, Layne: *White Knuckles: Overcoming the Fear of Flying*
- Brown, Duane: *Flying Without Fear: Effective Strategies to Get Your Where You Need to Go*

Panic Disorder and Agoraphobia

- Barlow, David and Craske, Michelle: *Mastery of Your Anxiety and Panic* (workbook) from the "Treatments That Work" series
- Carbonell, David: *Panic Attacks Workbook: A Guided Program for Beating the Panic Trick*
- Wilson, Reid: *Don't Panic: Taking Control of Anxiety Attacks* (3rd Edition)

Obsessive-Compulsive Disorder

- Hyman, Bruce and Pedrick, Cherry: *The OCD Workbook: Your Guide to Breaking Free from Obsessive-Compulsive Disorder*
- Foa, Edna and Kozak, Michael: *Mastery of Obsessive-Compulsive Disorder: A Cognitive-Behavioral Approach* (workbook) from the "Treatments That Work" series

Social Anxiety Disorder

- Hope, Heimberg, Turk: *Managing Social Anxiety* (workbook) from the "Treatments That Work" series
- Rapee, Ronald: *Overcoming Shyness and Social Phobia: A Step-by-Step Guide*
- Markway, Carmin, Pollard, & Flynn: *Dying of Embarrassment*
- Antony, Martin and Swinson, Richard: *The Shyness and Social Anxiety Workbook: Proven, Step-by-Step Techniques for Overcoming Your Fear*
- Erika Hilliard: *Living Fully With Shyness and Social Anxiety: A Comprehensive Guide to Gaining Social Confidence*
- Soifer, Zqourides, Himle, Pickering: *Shy Bladder Syndrome: Your Step-by-Step Guide to Overcoming Paruresis*
- Fine, Debra: *The Fine Art of Small Talk*

Appendix II: Cognitive-Behavioral Therapy Resources for Anxiety Workbooks and Self-help Books by Disorder (con.)

Impulse Control Disorders:

(Trichotillomania (compulsive hair pulling), skin picking, pathological gambling, compulsive stealing, pyromania/ fire setting, compulsive buying)

Penzel, Fred: *The Hair-Pulling Problem: A Complete Guide to Trichotillomania*

Grant, Donahue, Odlaug: *Overcoming Impulse Control Problems* (workbook) from the “Treatments That Work” series

Ladouceur, Robert, and Lachance, Stella: *Overcoming Your Pathological Gambling* (workbook) from the “Treatments That Work” series

Woods, Douglas, and Twohig, Michael: *Trichotillomania: An ACT-enhanced Behavior Therapy Approach* (workbook) from the “Treatments That Work” series

Shulman, Terrence: *Something for Nothing: Shoplifting Addiction and Recovery*

Hoarding

Neziroglu, Bubrick, & Yaryura-Tobias: *Overcoming Compulsive Hoarding: Why You Save & How You Can Stop*

Steketee, Gail, and Frost, Randy: *Compulsive Hoarding and Acquiring* (workbook) from the “Treatments That Work” series

Tolin, Frost, Steketee: *Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding*

Frost, Randy and Steketee, Gail: *Stuff*

Body Dysmorphic Disorder

Claiborn, James and Pedrick, Cherry: *The BDD Workbook*

Health Worries/Hypochondriasis

Asmundson, Gordon J.G. and Taylor, Steven:

It's Not All in Your Head: How Worrying About Your Health Could Be Making You Sick— and What You Can Do About It

Attention Deficit/Hyperactivity Disorder (ADHD) in Adults

Sprich, Safren, Perlman, Otto: *Mastering Your Adult ADHD* (workbook) from the “Treatments That Work” series

Depression and Bipolar Disorder

Burns, David: *Feeling Good: The New Mood Therapy*

Burns, David: *The Feeling Good Handbook*

Gilson, Freeman, Yates, Freeman: *Overcoming Depression* (workbook) from the “Treatments That Work” series

Otto, Reilly-Harrington, Knauz, Henin, Kogan, Sachs: *Managing Bipolar Disorder* (workbook) from the “Treatments That Work” series

Rohan, Kelly: *Coping with the Seasons: A Cognitive-Behavioral Approach to Seasonal Affective Disorder* (workbook) from the “Treatments That Work” series

Williams, Teasdale, Segal, and Kabat-Zinn: *The Mindful Way Through Depression: Freeing Yourself From Chronic Unhappiness*

Appendix III: Cognitive-Behavioral Therapy Resources for Anxiety

Other Resources

Books on Anxiety Disorders (informational)

Anxiety Disorders and Mental Health (general)

Ross, Jerilyn and Carter, Rosalynn: *Triumph Over Fear: A Book of Help and Hope for People with Anxiety, Panic Attacks, and Phobias*
Schwartz, Jeffrey and Begley, Sharon: *The Mind and the Brain: Neuroplasticity and the Power of Mental Force*

Obsessive Compulsive Disorder

Osborn, Ian: *Tormenting Thoughts and Secret Rituals*
Baer, Lee: *The Imp of the Mind: The Silent Epidemic of Obsessive Bad Thoughts*

Posttraumatic Stress Disorder

Phillips, Suzanne and Kane, Dianne: *Healing Together: A Couple's Guide to Coping with Trauma and Post-traumatic Stress*
Orange, Cynthia: *Shock Waves: A Practical Guide to Living with a Loved One's PTSD*
Paulson, Daryl and Krippner, Stanley: *Haunted by Combat: Understanding PTSD in War Veterans Including Women, Reservists, and Those Coming Back from Iraq*
Judith Herman: *Trauma and Recovery*

Body Dysmorphic Disorder

Phillips, Katharine: *The Broken Mirror: Understanding and Treating Body Dysmorphic Disorder*

Social Phobia

Swiggett, Chelsea Rae: *My True Story of Fear, Anxiety and Social Phobia (Louder Than Words)*
Cunningham, Terry: *The Hell of Social Phobia: One Man's 40 Year Struggle*

Panic Disorder

Berman, Carol: *100 Questions and Answers about Panic Disorder (2nd Edition)*

Books on Mindfulness

Kabat-Zinn, Jon: *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness.*

Williams, Teasdale, Segal, and Kabat-Zinn: *The Mindful Way Through Depression: Freeing Yourself From Chronic Unhappiness*

Support Groups in Michigan

Obsessive-Compulsive Disorder

Ann Arbor OCD Support Group
1st Thursday of each month 1:00-2:30
Community Support & Treatment Services (CSTS)
2140 E. Ellsworth Rd., Ann Arbor, MI
Contact Jim: 734-477-0326, jhm420@juno.com
OR
Jeannie at 734-761-4629,
michiganlady64@gmail.com

Depression and bipolar

Support Groups for patients and families of persons with depression or bipolar disorder
UM Depression Center, Rachel Upjohn Building,
4250 Plymouth Rd., Ann Arbor
2nd and 4th Wednesdays of each month,
7:00pm-8:15pm

Listing of other Michigan Support Groups:

<http://www.anxietypanic.com/michigan.htm>

Other Mental Health Resources

General

National Alliance on Mental Illness (NAMI): <http://www.nami.org/>
Treatments That Work: http://www.oup.com/us/companion_websites/umbrella/treatments/?view=usa
Michigan Mental Health Networker: <http://www.mhweb.org/>

Hoarding

Children of Hoarders: <http://childreinhoarders.com/wordpress/>

Washtenaw County Hoarding Task Force
Info: <http://www.hoardingtaskforce.org/taskforces/the-hoarding-task-force-of-washtenaw-county>
Contact: Harriet Balakar at 734-998-9355

Social Anxiety Disorder

Toastmasters: <http://www.toastmasters.org/>

University of Michigan Anxiety Disorders Clinic, Department of Psychiatry, Rachel Upjohn Building
4250 Plymouth Road, Ann Arbor, MI 48109; Phone: 734-764-0231; <http://www.psych.med.umich.edu/anxiety/clinic.asp>

Anxiety Disorder Foundations and Associations

Anxiety Disorders Association of America: www.adaa.org
Obsessive-Compulsive Foundation: www.ocfoundation.org
Agoraphobics in Motion: www.aim-hq.org
Social Phobia/Social Anxiety Association: <http://www.socialphobia.org/>
Social Anxiety Institute: <http://www.socialanxietyinstitute.org>
Posttraumatic Stress Disorder Association: <http://www.ptsdassociation.com>
African American Post Traumatic Stress Disorder Association: <http://www.aaptsdassn.org>
Heal My PTSD, LLC: <http://healmyptsd.com>



Appendix IV: “This is so much information! Where do I start?”

Wondering where to start? We know this is a lot of information to consume at once, so refer to the information below to focus your reading on the specific problems with which you are dealing.

Generalized Anxiety Disorder

Sections to review, in order of importance:

1. Anxiety 101
2. Cognitive Therapy Skills
3. Relaxation
4. Anxiety Management
5. Exposure

Panic Disorder with Agoraphobia

Sections to review, in order of importance:

1. Anxiety 101
2. Cognitive Therapy Skills
3. Exposure
4. Anxiety Management
5. Relaxation

Obsessive-Compulsive Disorder

Sections to review, in order of importance:

1. Anxiety 101
2. Exposure
3. Cognitive Therapy Skills
4. Anxiety Management
5. Relaxation

Social Anxiety Disorder

Sections to review, in order of importance:

1. Anxiety 101
2. Cognitive Therapy Skills
3. Exposure
4. Relaxation
5. Anxiety Management

Posttraumatic Stress Disorder

Sections to review, in order of importance:

1. Anxiety 101
2. Exposure
3. Cognitive Therapy Skills
4. Relaxation
5. Anxiety Management

Specific Phobias

Sections to review, in order of importance:

1. Anxiety 101
2. Cognitive Therapy Skills
3. Exposure
4. Relaxation
5. Anxiety Management

Appendix V: Anxiety Inconvenience Review Worksheet

Some people ask themselves “is it worth it to put in some hard work to get my anxiety under control?” This is a personal choice, and everyone has different reasons for working on their anxiety. One way to help answer this question is to examine different parts of your life and how the anxiety impacts them.

First, let’s make a list of the different parts of your life that are important to you. Some examples are below.

<u>Areas of my life that are important to me are:</u>	<u>How important (0-10)</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____

- Sample important life areas:**
- Family
 - Friends
 - Social life
 - Work/career
 - School
 - Leisure
 - Hobbies
 - Spirituality/religion
 - Volunteering/giving back
 - Physical health
 - Mental health
 - Free time
 - Others...

<u>Life area:</u>	<u>How anxiety interferes with my goals in this area:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Blank page

Remember to tear out this page after you have filled out the “Anxiety Inconvenience Review Form” and put it somewhere you can see it easily as you go through your day.

Worksheets (additional copies)

- Exposure Tracking Form
- Examining Thoughts Worksheet

Exposure Tracking Form

Exposure task: _____

Amount of time each day and how often: _____

Safety behaviors or rituals to eliminate: _____

Other guidelines: _____

Subjective Units of Distress Scale (SUDS)

0= no anxiety at all; completely calm

3= some anxiety, but manageable

5= getting tough; wouldn't want to have it all the time

7-8= severe anxiety that interferes with daily life

10 = worst anxiety you've ever felt

Day/Date	Length of time		* SUDS (0-10)			Comments
	Start	Stop	Beginning	Middle	End	

Exposure Tracking Example

Exposure task: *Performing my presentation for friends*

Day/Date	Length of time		SUDS (0-100)			Comments
	Start	Stop	Beginning	Middle	End	
4/15	10:15 am	11:15 am	5	8	4	
4/16	2:00 pm	3:00 pm	3	8	3	
4/17	5:30 pm	6:30 pm	1	9	4	<i>Last train of thought</i>
4/18	5:30 pm	6:30 pm	1	5	2	
4/19	10:00 am	11:00 am	0	4	1	
4/20	6:00 pm	7:00 pm	0	3	1	
4/21	10:15 am	11:15 am	0	2	.5	

Exposure Tracking Form

Exposure task: _____

Amount of time each day and how often: _____

Safety behaviors or rituals to eliminate: _____

Other guidelines: _____

Subjective Units of Distress Scale (SUDS)

- 0= no anxiety at all; completely calm
- 3= some anxiety, but manageable
- 5= getting tough; wouldn't want to have it all the time
- 7-8= severe anxiety that interferes with daily life
- 10 = worst anxiety you've ever felt

Day/Date	Length of time		* SUDS (0-10)			Comments
	Start	Stop	Beginning	Middle	End	

Exposure Tracking Example

Exposure task: *Performing my presentation for friends*

Day/Date	Length of time		SUDS (0-100)			Comments
	Start	Stop	Beginning	Middle	End	
4/15	10:15 am	11:15 am	5	8	4	
4/16	2:00 pm	3:00 pm	3	8	3	
4/17	5:30 pm	6:30 pm	1	9	4	<i>Last train of thought</i>
4/18	5:30 pm	6:30 pm	1	5	2	
4/19	10:00 am	11:00 am	0	4	1	
4/20	6:00 pm	7:00 pm	0	3	1	
4/21	10:15 am	11:15 am	0	2	.5	

Examining Thoughts Worksheet

Take thoughts identified using techniques in the “Identifying Negative Automatic Thoughts” section and write them here.

Use what you learned in the “Cognitive Distortions” section to identify any possible thought patterns. ↓

Gather evidence for and against your negative automatic thoughts using multiple “lines of evidence.”

↓ Thought	↓ Possible Distortion(s)	↓ Rational Responses
		<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9.

Thought	Possible Distortion(s)	Rational Responses
		<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9.

Tips:

- Remember to phrase each thought in the form of a statement.
- You should have between 7 and 10 facts in the “rational response” column for each thought.
- Copy this page to use for other thoughts (some extra pages are included at the end of the manual).
- Carry it with you and bring it out each time you have the thought, to remind yourself of the facts.

Examining Thoughts Worksheet

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