

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?

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Step #2: Examine the evidence:

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- 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.
- 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.

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.

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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 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!

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.

"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.

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:

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!

“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!

“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.

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.

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.

5.1

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!

"Pros"

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!

"Cons"

1. Small chance of getting hurt or killed in an ! accident!
1. Costs associated with driving (gas, repairs, ! etc.)!

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

Fewer risks, more precautions, less freedom

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

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.

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.

"Nature" "Nurture"

Learned patterns of cognitive inflexibility (rigid

thinking), such as extreme criticality or perfectionism

Early life experience:

Patterns of attachment with parents,
early life stress, traumatic experiences
early in life, etc.

Patterns of uncertainty in treatment by others:

Abuse or neglect during upbringing, moving frequently from area to area,
unpredictable parenting

Modeling from important elders/
authority figures:

learned protective behaviors, ideas about
what is/is not dangerous, etc.

Traumatic experiences: accidents, assault,
deaths of loved ones, near death experiences,
being attacked by an animal, etc.

Genetics: inherited
vulnerability to
physical and/or
mental illness
and

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.

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.

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

...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.

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

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.

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!