

Cognitive Behavioral Therapy Fundamentals: Tools for Clients; Strategies for Clinicians

B. Nilaja Green, PhD

Clinical & Community Psychologist

Standpoint Wellness

Emory University MHTTC



Agenda

- Introduce CBT conceptualization of anxiety
- Review anxiety measures
- Introduce tools for treating anxiety & worry from CBT framework
- Discuss exposure interventions
- A note on mindfulness & CBT
- Discuss challenges with implementing CBT
- Conclusions & homework

Poll

- True or false: If we ignore our worries, we will not be prepared when unwanted things happen.
- True or false: 80% of what people worry about actually happens, so worry is generally helpful.
- Clients who worry all of the time...

BREATHING EXERCISE



Anxiety at a glance

According to the World Health Organization: **Anxiety disorders** are the world's most common mental disorders, affecting 301 million people in 2019.

The prevalence of anxiety disorders was higher among adult females compared to males.

Symptoms of anxiety often have onset during childhood or adolescence.

There are highly effective treatments for anxiety disorders.

Approximately 1 in 4 people with anxiety disorders receive treatment for this condition.

What can anxiety look like?

Difference between “anxiety” as emotion and “anxiety” as clinical disorder: signs of an anxiety disorder may include:

- excessive fear or worry about a specific situation (for example, a panic attack or social situation) or, in the case of generalized anxiety disorder, about a broad range of everyday situations.
- Symptoms are experienced over an extended period – at least several months.
- Usually, clients avoid the situations that make them anxious.

Other symptoms of anxiety disorders may include:

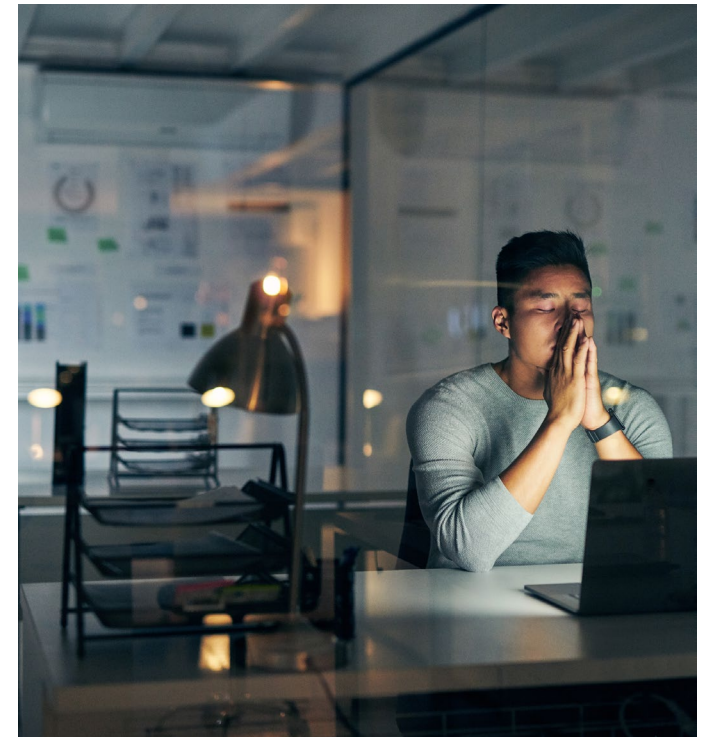
- trouble concentrating or making decisions
- feeling irritable, tense or restless
- experiencing nausea or abdominal distress
- having heart palpitations, sweating, trembling or shaking
- trouble sleeping
- having a sense of impending danger, panic or doom

What can anxiety feel like?

- <https://www.youtube.com/watch?v=fHWVv9yrCQo>

Anxiety and CBT

- Anxiety is related to fear
- Fear is a natural response to actual or perceived danger and is designed to keep us alive (a panic attack in the face of danger is not a “panic attack,” it is a normal fear response)
- Fear has biological correlates – increased blood flow, higher heart rate, digestion slows down, adrenaline released
- Long term impacts of anxiety can have negative physical ramifications
- Anxiety becomes problematic when we perceive danger where there is no threat
- CBT says clients with anxiety disorders overestimate threat and underestimate their ability to meet the apparent threat
- To help the anxious client: understand content of fears and their ineffective coping strategies



A note on fear



Fear activates our survival response system which gives us 4 possible responses

- **Fight**
 - Attempt to neutralize threat through directly challenging it
- **Flight**
 - If we do not believe we have resources to confront threat, we try to avoid it
- **Freeze**
 - We may become paralyzed in the face of a threat (disassociation can occur with this response)
- **Fawn**
 - Acting in an appeasing manner in order to decrease threat
 - These responses can be useful in the face of a threat and ensure or increase the chance of survival
 - These responses can worsen anxiety when no threat is present

Generalized Anxiety Disorder – GAD-7 Brief anxiety measure

GAD-7 Anxiety

Over the <u>last two weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals _____ + _____ + _____ + _____ =
Total score _____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

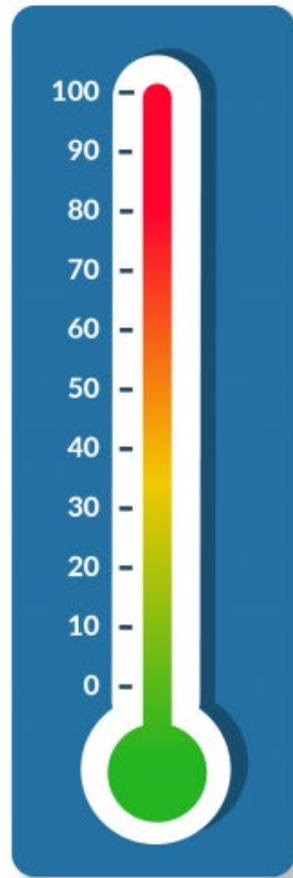
Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of “not at all,” “several days,” “more than half the days,” and “nearly every day.” GAD-7 total score for the seven items ranges from 0 to 21.

Copyright © 1999 Pfizer Inc. All rights reserved. Spitzer, R. L., Kroenke, K., Williams, J. B. W., Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. Archives of Internal Medicine, 166(10), 1092-1097.

Subjective Units of Distress (SUDs) SUDs Thermometer (Centre for Clinical Psychology)



- 100** Highest anxiety/distress that you have ever felt.
- 90** Extremely anxious/distressed.
- 80** Very anxious/distressed; can't concentrate. Physiological signs present.
- 70** Quite anxious/distressed; interfering with functioning. Physiological signs may be present.
- 60** Moderate-to-strong anxiety or distress.
- 50** Moderate anxiety/distress; uncomfortable, but can continue to function.
- 40** Mild-to-moderate anxiety or distress.
- 30** Mild anxiety/distress; no interference with functioning.
- 20** Minimal anxiety/distress.
- 10** Alert and awake; concentrating well.
- 0** No distress; totally relaxed.

**Beck
Anxiety
Inventory –
II
Beck,
Epstein,
Brown &
Steer (1988)**

	Not at all	Mildly, but it didn't bother me much	Moderately – it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding / racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3

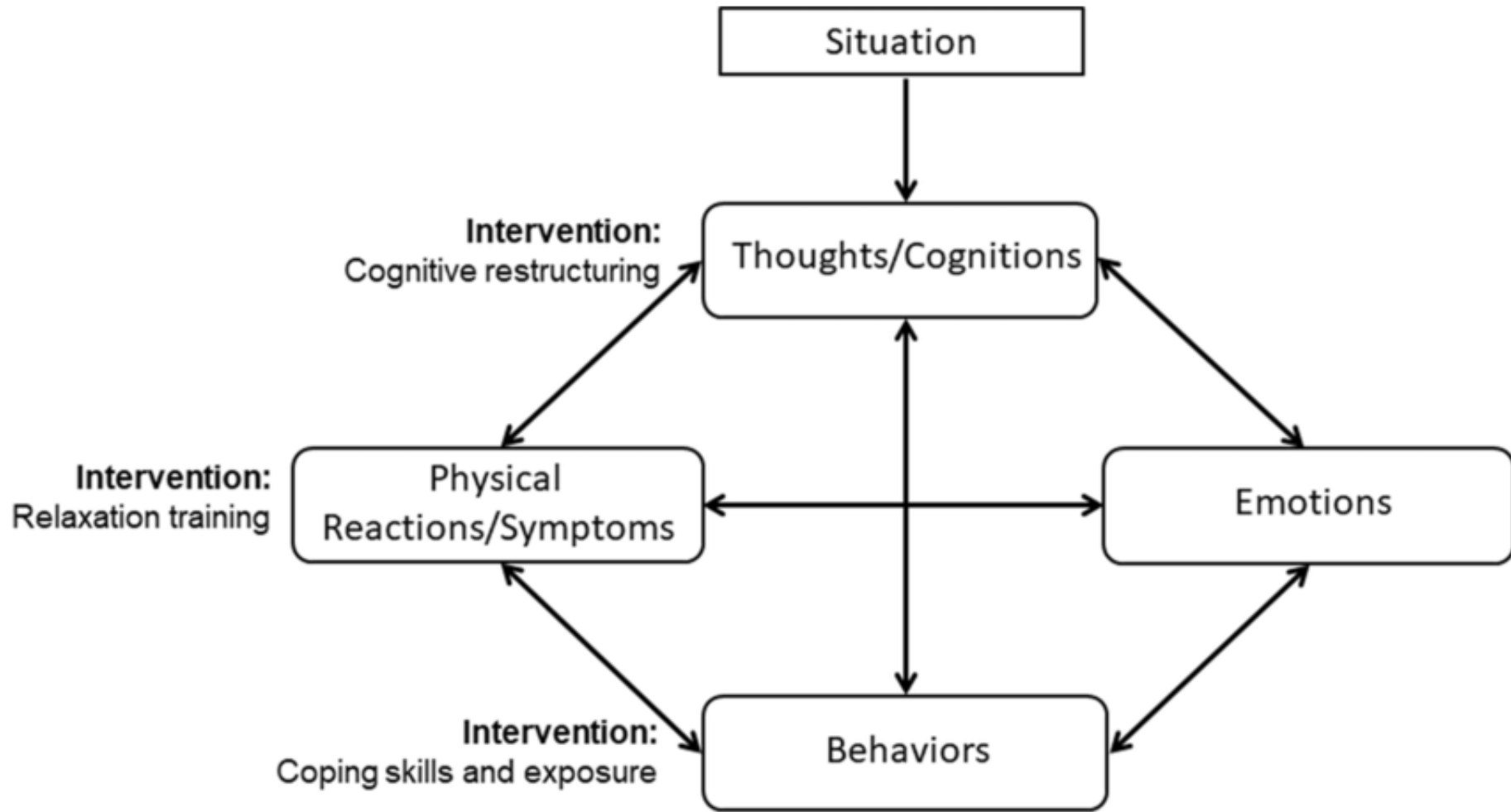
Anxiety & specific fears



Although the underlying components of anxiety disorders are the same, specific disorders often speak to specific fears.

- Phobias – fear of specific objects, experiences i.e. spiders, social situations
 - Beyond the stated fear, check out what is underneath it – fear of being dirty/contaminated, humiliation, judgment,
- Generalized Anxiety Disorder
 - Fear of being out of control
- Social anxiety
 - Fear of rejection, abandonment
- Panic Disorder –
 - Fear of bodily sensations – out of control, “losing my mind,” heart attacks/death
- Post Traumatic Stress Disorder (PTSD)
 - Reexperiencing the traumatic event
- Obsessive Compulsive Disorder (OCD)
 - Fear of acting on impulses, fear of unwanted things happening

The Model



Cognitive Restructuring

- The Probability Error
- The Catastrophic Error
- The Resource Error
- Managing Worry
- Mindfulness



The Probability Error

- Anxiety can make it difficult for clients to distinguish between what is likely/probable vs. what is possible (Nearly everything is possible but *possible does not equal probable*)– weather example
- Can use thought challenging techniques to help clients find evidence for or against their thoughts (notice that often clients look for negatively biased or confirmatory “evidence”
 - Other thoughts are not evidence
 - Evidence should “hold up in a court of law”
- Can use Socratic questioning – panic disorder and heart attack example
- Can use exposures (especially with OCD or phobias) – spider example

The Catastrophic Error

- Clients with anxiety tend to focus on the worst- case scenario
- Often the catastrophe is not in the present but in what “could happen” in the future but sometimes they reach back to what “could have happened”
 - (Mindfulness) Often encouraging clients to focus on the present challenges catastrophizing
- Focusing on the possibility of the catastrophe often amplifies the challenges of managing the present
- Help clients examine the best, worst and most likely outcomes
- Help clients walk through the worst outcome and help them see that they would likely survive it
 - Sometimes clients are not sure what this worst-case scenario is – can be very helpful to help them define this – ambiguity breeds anxiety
- Mindfulness can help – accepting that unwanted things happen that we cannot control – we can’t plan for every possible catastrophe

The Resource Error

- Clients may believe they do not have the tools to manage their anxiety
- Clients have anxiety over the possibility that they may experience anxiety
- Client may believe that they cannot continue with actions while they are feeling anxious
- Clients may avoid anxiety provoking situations because they fear not having the resources to manage the situations
- Worry is a type of avoidance
 - Of action, emotion, change
 - Can be productive or unproductive
- Behavioral techniques are key in helping clients to strengthen and develop their own resources
- Clients may have utilized resources effectively without realizing it

The Worry Cure (Leahy, 2005)



- Worry is a kind of Cognitive Avoidance strategy
- We often are not worrying about the things we are doing, we are usually doing OR worrying
- Worry evolved as a survival mechanism
- Worry can be used to solve problems
- Worry can make us believe that we are controlling uncertainty
- Worry can be a way to seek reassurance
- Worry can be seen as a prevention strategy

Tips to Help clients manage worry

- Mindfulness & Acceptance– become aware of worry thoughts
- Decide if worries are productive or unproductive
- Problem solve worries if productive
- Designate worry time
- Cognitive Restructuring
- Create lives with fulfillment and health in mind

A note on mindfulness as a cognitive technique



- Mindfulness can be useful as a cognitive technique
 - Release attachment to stories
 - Releases energy directed towards challenging thoughts
- Mindfulness is not a relaxation technique
- Mindfulness allows clients to meet the present moment, as it is, without judgment, with awareness, curiosity and compassion
- Mindfulness can increase client capacity to manage distressing emotions
- Mindfulness can increase client capacity for acceptance



Exposure Based Strategies

Why Exposure?

- Anxiety and worry are often not addressed by cognitive restructuring alone
- Exposure allows for the client to reduce their reliance on ineffective coping strategies
- Gives clients opportunity to test out fear hypotheses and continue to challenge anxious thoughts
- Strengthens self confidence & client resources
- Provides clients chance to expose themselves to anxiety without reliance on safety behaviors

Types of Exposure

- **Imaginal**
 - Using imagination to re-experience situations or to rehearse
- **Virtual**
 - Technology assisted exposure techniques
- **In Vivo**
 - Real-life exposure to situations that trigger anxiety responses (often combined with response prevention)
- **Interoceptive**
 - Intentionally inducing feared bodily sensations, i.e. shortness of breath, rapid heart beat, etc. (used especially for panic disorder)

Exposure Steps

- Identify specific situations that trigger clients
- Discuss exposure rationale and how avoidance maintains symptoms
- Remind clients that exposure is successful when/because they face their fears
- Choose best type of exposure
- Discuss likely outcomes of exposure
- Develop hierarchy to include SUDs ratings prior to beginning exposures
- Explain the tracking form
- Process outcome of exposures (be sure to address in session because clients may avoid)
- Practice!!

Tool – Exposure Tracking Log

Exposure Tracking Log

Exposure exercise:

Safety behaviors to avoid (distraction, self-reassurance, counting, etc.):

Subjective Units of Distress Scale (SUDS)

100 = extreme anxiety
50 = significant anxiety
0 = no anxiety

Reminders

Complete the exercise in an environment with minimal distractions.

Continue until the peak SUDS rating reduces by at least half.

Exposure Tracking Log

Date & Time	Exercise Length	SUDS Rating (0-100)			Notes
		Beginning	Peak	End	

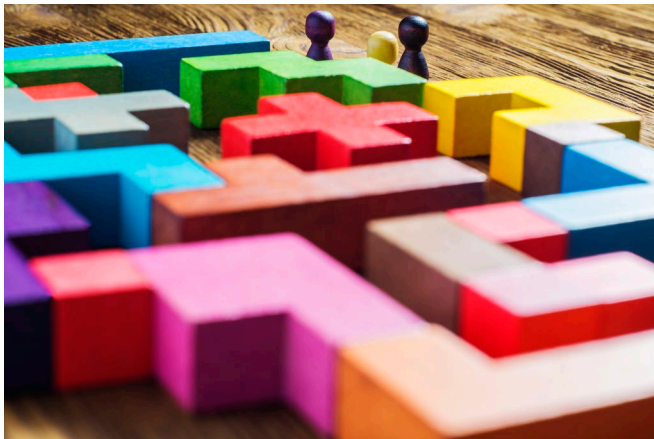
Progressive Muscle Relaxation

(<https://www.youtube.com/watch?v=G97zCvE6BIU&t=1s>)



1. Begin with the breath
2. Tighten on muscle group for at least 10 seconds
 1. Usually begin with forehead, then aspects of face, neck, shoulders, arms, fists, chest, stomach, hips, thighs, calf muscles and then feet
3. Completely relax one muscle group before proceeding to the next
4. Tighten the next.
5. Tighten and release muscles until the client has moved from head to toe
6. Can do a short or longer version of exercise

Challenges to Implementation



- Therapist comfort in “teacher role”
- Maintaining structure of session
- Clients may find structure constraining
- Clients may not have clearly identified goals
- Clients may feel undermined by some of the techniques, i.e. Socratic questioning
- Clients may feel unmotivated to complete homework (may feel overwhelmed)
- Clients may feel very attached to thoughts
- Lack of belief in process/intervention

Thank you!
Questions?

B.Nilaja Green, PhD

470.659.0607

drbnilaja@standpointwellness.com

www.standpointwellness.com