

Cognitive-Behavioral Therapy (CBT) Basic Group for Anxiety

Adult Patient Manual

Anxiety Management



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Acknowledgements

Cognitive-Behavioral Therapy (CBT) Group Program for Anxiety Patient Manual

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Acknowledgements

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Parts of this manual were broadly adapted and integrated from the following sources about anxiety, Cognitive-Behavioral Therapy, and group psychotherapy:

Barlow, D.H. & Craske, M.G. (2007). *Mastery of your anxiety and panic, 4th Ed.* New York: Oxford.

Beck, J.S. (2011). *Cognitive therapy: Basics and beyond (2nd ed.)*. New York: Guilford Press.

Craske, M.G., Antony, M.M. & Barlow, D.H. (2006). *Mastering your fears and phobias, 2nd Ed.* New York: Oxford.

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Craske, M.G., Treanor, M., Conway, C., Zbozinek, T. Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behaviour Research and Therapy*, 58, 10-23.

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Hope, D.H. & Heimberg, R.G. (2010). *Managing social anxiety: A Cognitive-Behavioral Approach. 2nd Ed.* New York: Oxford.

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Cognitive-Behavioral Therapy (CBT) Basic Group for Anxiety

Group Guideposts



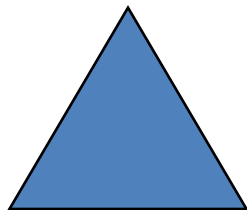
What is this group all about?

- Our group is an introduction to the basic concepts and skills of CBT.
- There are four sessions, each with a different topic.
- You can attend these in any order you like.
- Each session 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 or with a therapist in the community.

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 principle that cognitions (thoughts), behaviors (actions/choices) and emotions (feelings) all affect each other. Being aware of and changing how we act, think, and respond to emotions can help us keep anxiety from controlling our lives.

Feelings (emotions)



Thoughts (cognitions)

Behaviors (actions)

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 and Mindfulness (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 learn to manage it!

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.

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

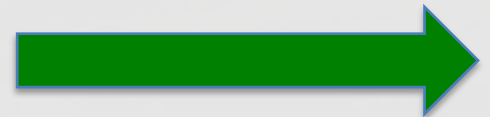
This manual includes a lot of information on anxiety and CBT—more than we have time to cover in the group sessions. You will get the most out of this group if you **take notes during the group** and then **review the manual between sessions**. Remember that different people get benefit from different 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 Iii: 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, 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.





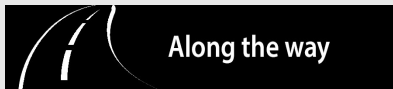
See this as **just one piece of the puzzle** in your process of better understanding yourself and moving toward what you want in your life. Get all you can out of it and then make efforts to find out what other types of work could be helpful. For example, maybe you did a great deal of work on managing your anxiety 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 anxiety from different angles. There is no one “silver bullet” that will change anxiety all by itself. Usually a “combination treatment,” or mixed approach is what works best to make anxiety better. This also means putting in some effort to understand different ways to manage your anxiety.

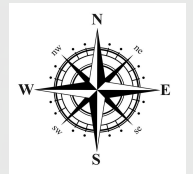
Practice skills over, and over, and over. It usually takes time for changes in our behavior and thinking to lead to us feeling better. Like learning a musical instrument, we are practicing new ways of doing things that will feel “clunky” at first, and become more comfortable over time.

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



Expect **ups and downs** during the process. Think of it as “2 steps forward, 1 step back.” Try not to get 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 to feel 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 clinician’s with whom you are working. Maybe they think it is “anxiety” and you think it is something else. Try to clarify this with your clinicians.



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.

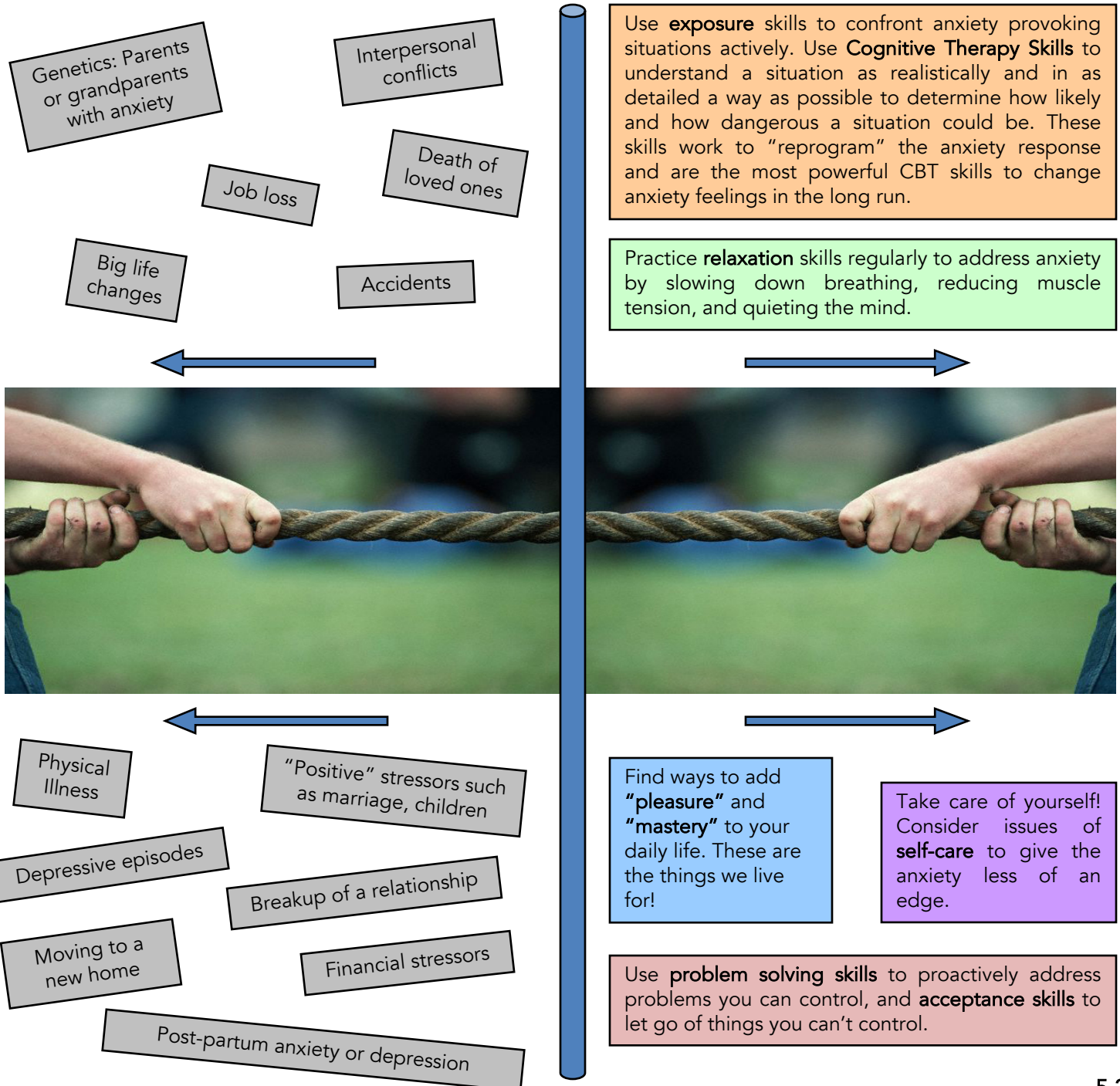
Tug of War: Managing Anxiety Over the Long Term

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 **copying 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 getting into an accident 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"

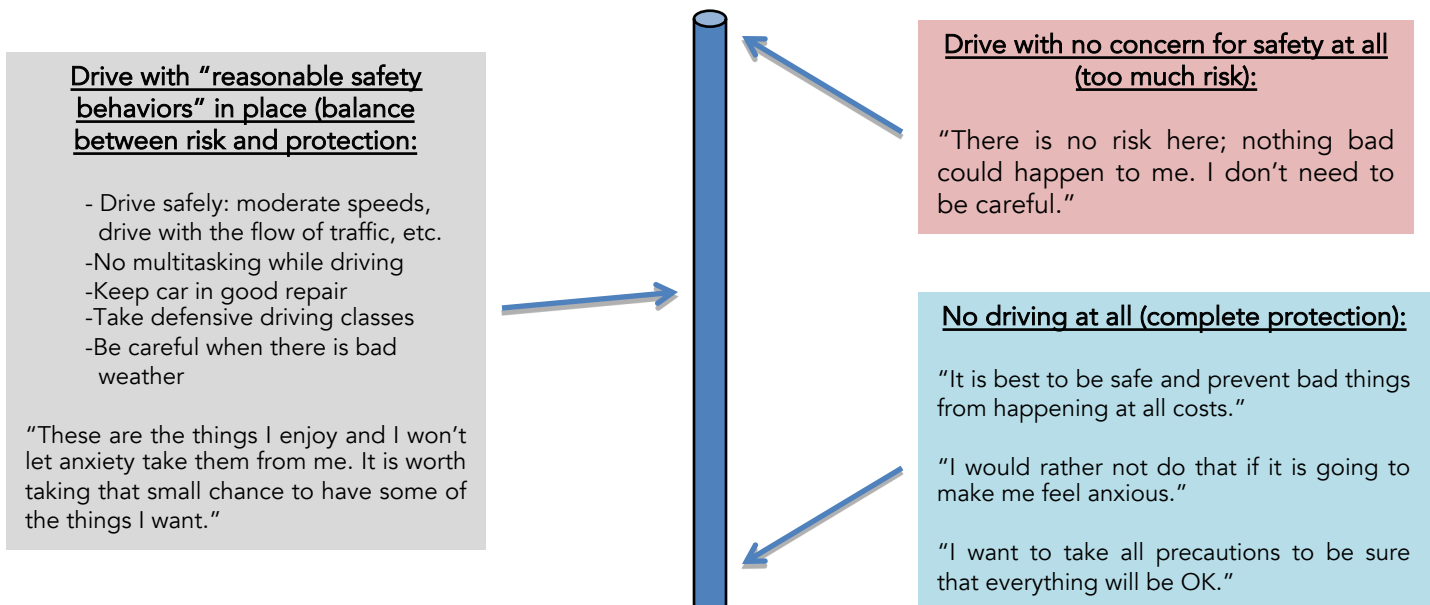
1. Small chance of getting hurt or killed in an accident
2. Costs associated with driving (gas, repairs, etc.)

"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

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**.

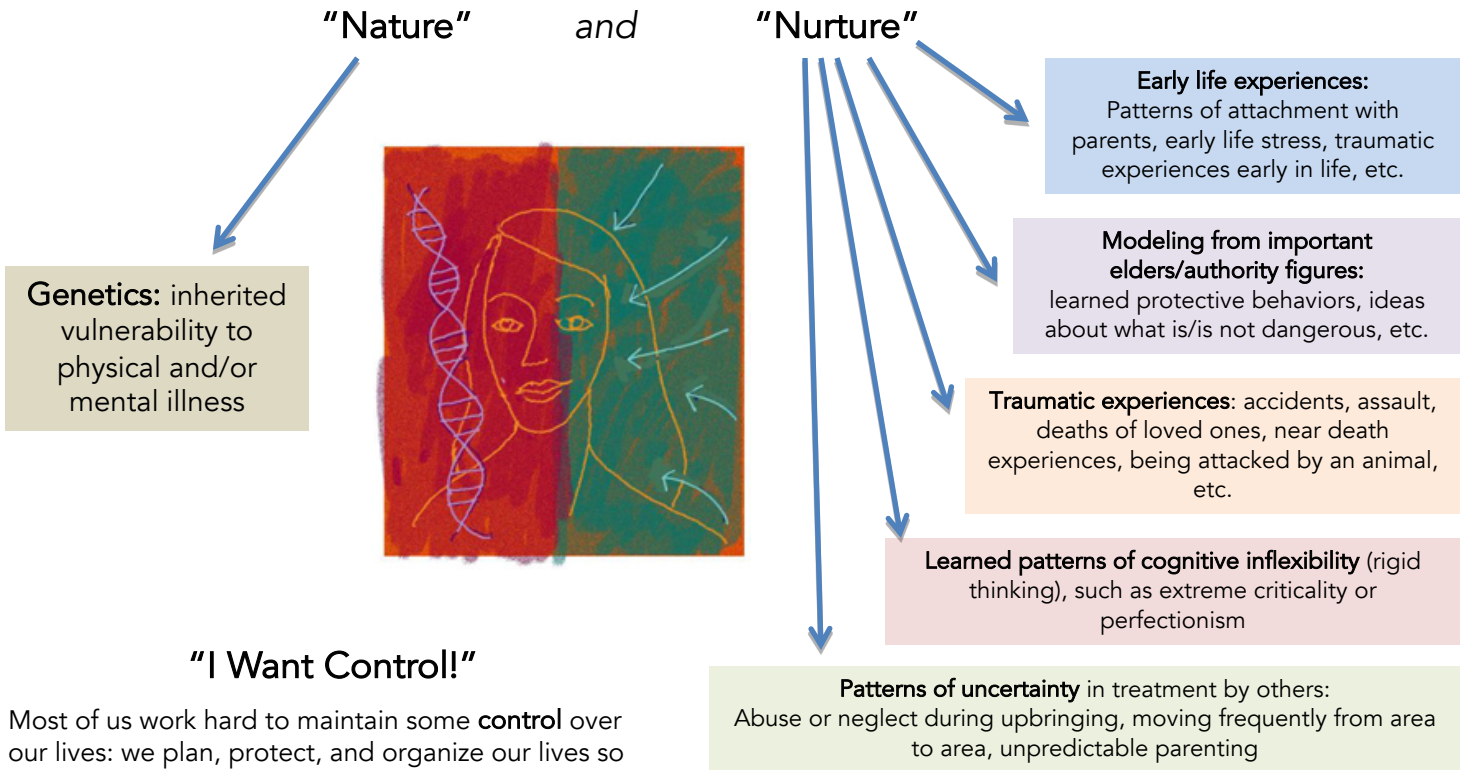
Greater risks, fewer precautions, more freedom, better quality of life



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 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

"While my decisions have a part to play in how things turn out, there are some things out of my control."

"If I work hard enough, I can make things just right."

"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 need to be sure everything will be safe at all costs."

"Learning to cope with hardships is a part of life. I can respond well to make it the 'best case scenario', whatever happens."

"If there is even the slightest chance something bad could happen I do not want to do it."

"I hope nothing bad happens today."

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, 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 are 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 that each plan would 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.

What can CBT Treatment Look Like?

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. 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.

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