

An Introduction to Cognitive Behavioral Therapy for Anxiety Disorders

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Origins of Cognitive Behavioral Therapy

- From the behavioral psychology tradition
- Leading proponents were Aaron Beck and Albert Ellis
- 1960s were the starting point and began with the treatment of unipolar depression

CBT: Thoughts and Feelings

- Focused form of psychotherapy based on a model suggesting that psychiatric/psychological disorders involve dysfunctional thinking
- The way an individual feels and behaves is influenced by the way they structure their experiences

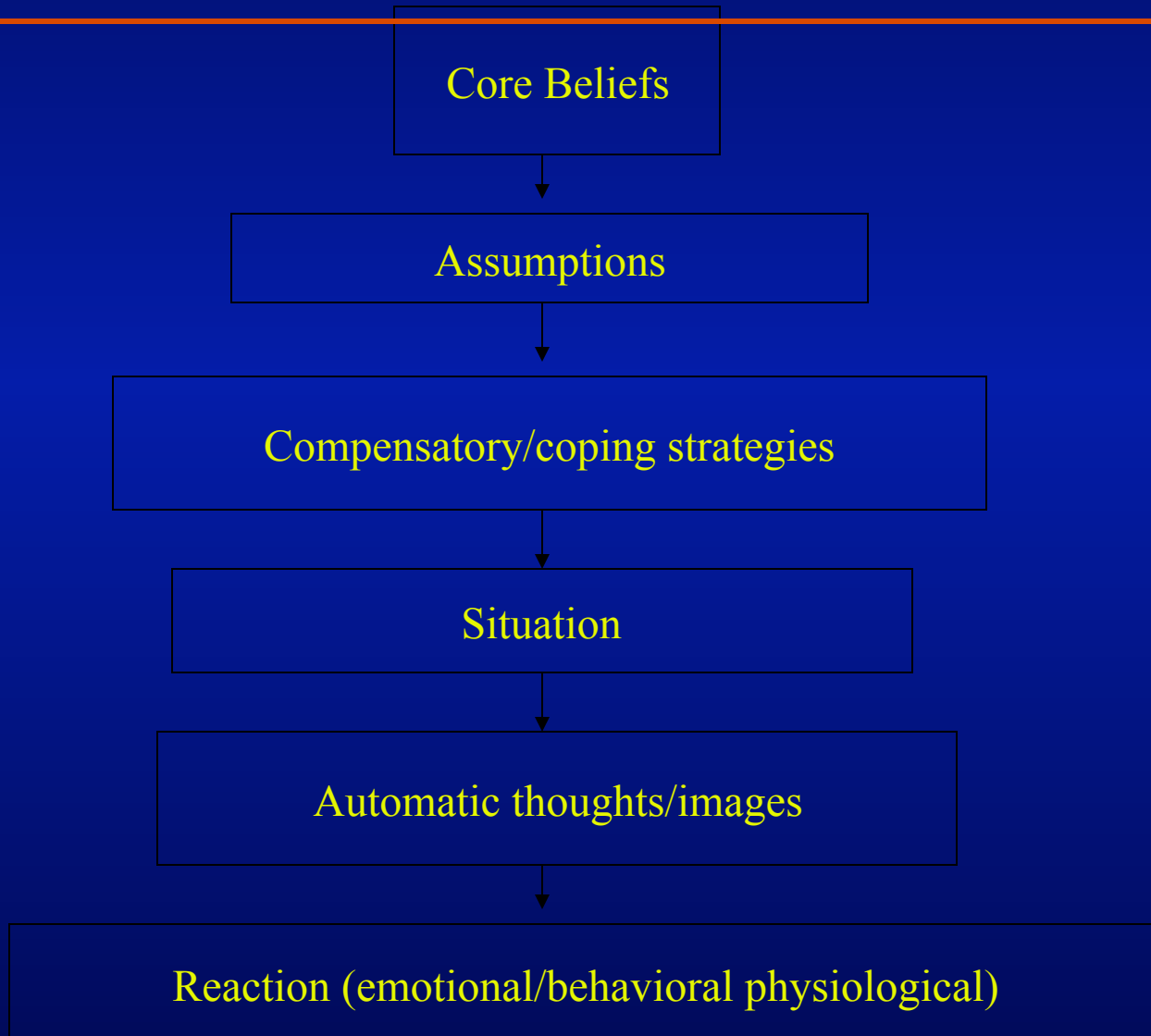
The Rationale Behind CBT

- Modifying dysfunctional thinking provides improvements in symptoms. Modifying dysfunctional beliefs that underlie dysfunctional thinking leads to more durable improvement.
- Therapy is driven by a cognitive conceptualization and uses a variety of strategies.

Fundamental Goals of CBT

- To challenge the thoughts about a particular situation by identifying the cognitive traps
- help the patient to identify less threatening alternatives
- to test out these alternatives in the real world
- to challenge the assumptions that lead to negative automatic thoughts (NATs)

The Cognitive Model



Negative Automatic Thoughts (NATs)

- Negative thoughts about yourself, your world, or your future
- Are not given the same consideration as other thoughts but rather are assumed to be true

From Experiences to NATs

- Early experiences lead people to develop core beliefs
- From core beliefs unhelpful assumptions are generated that organize perception and govern behavior
- Critical incident triggers the assumptions
- Leading to negative automatic thoughts (NATs) which influence the reactions of mood, behavior and physiology

Major Subtypes of NATs

- Negative view of the self (e.g., I'm unlovable, ineffective)
- Negative view of the future (e.g., nothing will work out)
- Negative view of the world (e.g., world is hostile)

Examples of NATs

Catastrophizing - extreme consequences of events

All or nothing - seeing things in black and white
- no grey areas

Emotional reasoning - if I feel it, it must be true

Identifying NATs

- Encourage the client to notice what is going through their mind when they have a strong reaction to a situation
- Link this thought to an emotion and rate the emotion
- Thought is an interpretation of the situation and it is this thought that governs the emotional response
- The thought with the highest emotional rating is the NAT.

Questions for Challenging NATs

- Am I getting things out of proportion?
- What happened the last time I was in this situation?
- What would other people think in this situation?
- Are my thoughts predicting the future in an unhelpful way?
- What is the evidence for and against this thought
- Am I trying to read other people's minds?
- Is this just another example of my typical negative thinking?

Identifying Assumptions and Core Beliefs

- “If..., then...”
- Downward arrow
 - If this thought is true, what’s so bad about that?
 - What’s the worst part about that?
 - What does it mean to you? About you?

The Downward Arrow

- Technique to identify underlying assumptions and core beliefs that drive the NAT's
- Explore what the NAT means to the individual (if that were true what would that mean?)
- Can also ask the client to complete the following statements:
 - I am...
 - Others are...
 - The world is...

Helpless Core Beliefs

- I am inadequate, ineffective, incompetent, can't cope
- I am powerless, out of control, trapped
- I am vulnerable, likely to be hurt, weak, needy
- I am inferior, a failure, a lower, not good enough, defective, don't measure up.

Unlovable Core Beliefs

- I am unlikable, unwanted, will be rejected or abandoned, always be alone
- I am undesirable, unattractive, ugly, boring, have nothing to offer
- I am different, defective, not good enough to be loved by other, a nerd

Worthless Core Beliefs

- I am bad, irresponsible, worthless
- I am dangerous, toxic, evil, inhuman.

Behavioral Interventions for anxiety

- Relaxation techniques, e.g. meditation.
abdominal breathing
- Exercise, diet (eg, limiting or eliminating
caffeine, alcohol), good sleep hygiene
- Allocate “worry time”
- Avoiding avoidance

CBT for OCD: Cognitive Restructuring

- The goal is to provide patients with some flexibility in how they view their triggers and how they interpret their intrusive thoughts
- Alternative interpretations of intrusive thoughts are provided rather than disconfirming OCD appraisals
- The argumentative stance (debating the validity of intrusive thoughts) are avoided.

CBT for OCD: Exposure and Response Prevention

- **EXPOSURE:** The client is exposed to the objects/ideas which produce anxiety. For example, touching dirty objects.
- **RESPONSE PREVENTION:** Preventing the client to engage in compulsive acts such as washing.

Cognitive-behavioral Treatment of Phobias

- involves graduated exposure to feared stimulus
- Increase feelings of safety, by challenging negative thoughts related to feared stimulus
- Relaxation techniques employed during exposure tasks

Cognitive-behavioral Treatment of PTSD

- graduated exposure to trauma-related stimuli
- Increase feelings of safety, by challenging negative thoughts related to trauma
- Foster positive coping skills
- Cognitive-behavior therapies are highly effective for PTSD

CBT for Panic Disorder

- considered first line treatment for PD
- self-monitoring of symptoms -panic monitoring
- breathing retraining/relaxation techniques
- cognitive restructuring to correct catastrophic misinterpretations of bodily sensations
- exposure therapy -> self-inducing physiological sensations of panic (shortness of breath, increased heart rate, dizziness)