Cognitive-Behavioral Therapy for Anxiety and Depression

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What Is Anxiety?

• “A feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome” (google.com)

• Anxiety is normal

• Anxiety can be useful
What Is an Anxiety Disorder?

• High degree of anxiety ...
  – ... that is significantly distressing ...
  – ... and/or interferes with a person’s functioning
• Mismatch between fear and reality
• Most common group of diagnoses
  – Per year: About 1 of 6 people
  – Lifetime: More than 1 of 4 people
• Significant biological component
  – Brain correlates
  – Genetic influences
Anxiety and Related Disorders

- **Specific phobia** (8.7% 12-month prevalence)
  - Excessive fear of specific object or situation
  - Fear interferes with person’s normal routine
Anxiety and Related Disorders (cont.)

• Social phobia (6.8%)
  – Fear of social or performance situations
  – Afraid of doing something embarrassing
  – Interference
  – At least 6 months
Anxiety and Related Disorders (cont.)

• Panic disorder (2.7%)
  – Recurrent, unexpected panic attacks
    • Bouts of intense fear + symptoms like:
      – Racing heart, shortness of breath, sweating
  – Concern about having more attacks
  – Change in behavior
• Generalized anxiety disorder (GAD) (3.1%)
  – Excessive, uncontrollable worry
  – Tension, concentration problems, etc.
Anxiety and Related Disorders (cont.)

- Obsessive-compulsive disorder (OCD) (1.0%)
  - Distressing thoughts (O)
  - Neutralizing behaviors (C)
Anxiety and Related Disorders (cont.)

- Posttraumatic stress disorder (PTSD) (3.5%)
  - Re-experiencing
  - Avoidance
  - Negative thoughts/moods
  - Arousal
  - > 1 month
What Is Depression?

- Feeling down and/or uninterested in activities
- Can affect all aspects of a person’s life
  - Thoughts
  - Feelings
  - Energy
  - Appetite
  - Motivation
  - Sleep
- More than “feeling really sad”
- Can be life threatening
Awareness & Stigma

• Effective treatment requires awareness
• Psychiatric diagnoses vs. medical conditions
• Individuals who struggle with anxiety or depression may feel shame about their condition
• Families may struggle to accept, or feel embarrassed by, loved one’s diagnosis
• These factors may delay effective treatment, prolong suffering
What Is Cognitive-Behavioral Therapy?

THOUGHTS

FEELINGS

BEHAVIORS
Example: Panic Disorder

THOUGHT: “I’ll have a panic attack and faint.”

FEELINGS: Fear, Dread

BEHAVIOR: Avoiding places where panic is likely
Avoidance

• Maintains anxiety
  – Prevents new learning
  – Is negatively reinforcing
    • Feels good in short term
  – Undermines self-efficacy

• Contributes to depression
  – Prevents positive experiences
CBT for Panic Disorder

- Cognitive: Address **thoughts** that maintain panic disorder
- Behavioral: Address **behaviors** that maintain panic disorder
- Both effectively addressed via **exposure**
Example: PTSD

THOUGHT:
“The world is dangerous.”
“I’m weak.”

FEELINGS:
Fear, guilt, shame

BEHAVIOR:
Avoiding going out
CBT for PTSD

• Imaginal exposure
  – Revisiting the trauma memory
• In vivo exposure
• Examining trauma-related beliefs

Thoughts

Feelings

Behaviors

9  Passenger in car, rush hour
8  Passenger in car, middle of day
7  Driving own car, rush hour
6  Driving own car, middle of day
5  Riding the bus
4  Sitting in a parked car
Example: OCD

**THOUGHT:**
“If I don’t re-wash my hands I’ll always feel anxious.”

**FEELINGS:**
Anxiety, dread, fear

**BEHAVIOR:**
Repeatedly washing hands
CBT for OCD

- Exposure and response prevention (ERP)
  - Do the opposite of what OCD says
    - E: Touch “dirty” things
    - RP: Don’t wash afterward
  - In vivo exposure
  - Imaginal exposure

10 Using a public restroom
9 Touching the toilet seat
8 Touching the back of the toilet
7 Letting pant cuffs touch bathroom floor
6 Touching doorknobs
5 Touching the bathroom sink
4 Touching the kitchen sink
Example: Depression

THOUGHT: “Nobody likes me.”

FEELINGS: Sadness, loneliness

BEHAVIOR: Staying home
CBT for Depression

- Behavioral activation
- Cognitive restructuring

**Form 1. Daily Monitoring**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Enjoyment (0-10)</th>
<th>Importance (0-10)</th>
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</thead>
<tbody>
<tr>
<td>5-6 am</td>
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**Form 2. Life Areas, Values, and Activities Inventory**

*Life Area (1/5): Relationships*

<table>
<thead>
<tr>
<th>Value</th>
<th>Enjoyment (0-10)</th>
<th>Importance (0-10)</th>
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<tbody>
<tr>
<td>Activity 1</td>
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<td>Activity 5</td>
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</table>

Overall Mood for the day (0-10) _____
<table>
<thead>
<tr>
<th>Situation</th>
<th>Emotions</th>
<th>Automatic Thought(s)</th>
<th>Rational Response</th>
<th>Outcome</th>
</tr>
</thead>
</table>
| Friend said he wasn't available to have lunch with me | sad (8) hurt (9) | • He doesn't care about me.  
• Nobody wants to hang out with me.  
• I'm such a loser.  
• He called me yesterday to see how I was doing.  
• I know he's working on a big deadline.  
• Several people have invited me out recently.  
People value my friendship. | | |
| | | • Sad: 2  
• Hurt: 0 | | Felt happier and not like a loser | |
| | | • Called another friend and had lunch | | | |
| | | | | | |
CBT Is Short-term

- Typically 12-20 treatment sessions
- Focus on present
  - Makes rapid improvement possible
- Tracking symptoms to monitor progress
CBT Is Highly Collaborative

• Patient and therapist work closely together to develop treatment plan
  – While therapist is expert on treatment, patient is expert on his/her experiences
• Goal: become one’s “own therapist”
CBT Is Highly Effective

- On average, CBT better than other therapy for anxiety
- CBT advantage ranges from small/medium (panic) to very large (OCD)
  - Average person in CBT for OCD does better than ~90% of individuals in control conditions
  - Average person in CBT for panic disorder does better than ~64% of individuals in control conditions

0.2 = small difference
0.5 = medium difference
0.8 = large difference

CBT for Depression: Efficacy

• As effective as antidepressant medication (e.g., DeRubeis et al., 1999)

• Prevents relapse (e.g., Hollon et al., 2005)

• Combined treatment may be superior
Mindfulness-Based Approaches

- Roots in Eastern religions
- Relatively recent development
- Training in present, nonjudgmental focus
  - Anxiety is generally future-oriented
  - Depression is often past-focused (rumination)
- Developing new relationship with one’s thoughts
- Effective in treating anxiety
- Prevents depression relapse

Mind Full, or Mindful?

Finding a Cognitive-Behavioral Therapist

• Association for Behavioral and Cognitive Therapies (ABCT) Find a Therapist website:
  – www.abct.org/Members/wMember.cfm?action=xFAT

• International OCD Foundation Find Providers:
Thank you