

## CBT for Anxiety and Depression

Based on the idea that mood problems stem from irrational thoughts and that identifying and changing these distorted thought patterns can improve emotional symptoms. In cognitive-behavioral therapy, this theory is combined with the principles of behavioral therapy, which is aimed primarily at modifying specific problematic or unwanted behaviors.

- Short term (15-20 sessions)
- Present focused
- Simple, structured exercises to change distorted thoughts and inappropriate behaviors
- “Homework” assignments to practice and reinforce in new behaviors in everyday lives
- Motivation and willingness to put in hard work, both during and outside of the regular therapy sessions is important

Assess: presenting problem, history of problem, current coping methods, relevant investigations (other assessments), previous treatment, current involvement of other agencies (doctor), current medication, client’s expectations of treatment and motivation, personal targets of change (i.e., what do you expect to be able to do by the end of therapy?), other relevant details

### Anxiety and Depression

Most clinicians and researchers agree the anxiety and depression are actually two components of the same disorder. In fact, most mood disorders present as a combination of anxiety and depression. Surveys show that 60-70% of those with depression also have anxiety. And half of those with chronic anxiety also have clinically significant symptoms of depression. The genetics and biology related to anxiety and depression overlap.

Researchers say overreactivity of stress response send emotional centers in the brain into overdrive. Drugs used to treat depression (SSRIs) are also effective in reducing anxiety, from social phobia to panic to PTSD. There is a genetic component to both; family history is important to assess.

- Anxiety typically precedes depression
- Average age of onset for anxiety is childhood/adolescence
- Both overestimate risk and underestimate personal resources for coping
- Avoidant coping style is common (lack of social skills may be at root)
- Anxiety can be related to disposition or learned
- Both are typically treated at the same time; however, if depression is overwhelming, may need to address that first. Likewise, the anxiety may be a cause of the depression and if treated, the depression may be resolved.
- CBT empowers clients to take control and make changes—leading to long lasting results

Depression: mild depression = CBT, moderate to severe = CBT and medication

Negative thoughts become automatic which lead to depressive feelings and self-defeating behaviors. Changing thoughts and behavior helps alleviate depression.

- All or nothing thinking “If I can’t make dinner for my family, then I’m a bad person”
- Personalization: feeling irrational guilt for external events: “It’s my fault that my grandson’s soccer team didn’t win”
- Overestimating the negative “I was five minutes late for my appointment, so the doctor isn’t going to treat me anymore”
- Discounting the positive “The only reason my daughter visits me is because she feels she has to”

Step 1: Identify distorted thinking

Homework: Client can keep a log of negative thoughts and bouts of intense unhappiness throughout the week.

Purpose: Help client identify frequency of thoughts, situation triggers, and useful to monitor improvement in occurrence

Step 2: Client learns to replace distorted thoughts with rational ones; specifically, the client learns how to ask herself questions to test the validity of her thoughts. Client objectively analyzes thoughts until she feels she has control over them. Intellectual at first, but gains emotional resonance

Step 3: Make behavior goals and break down into manageable steps (i.e., staying in bed all day, overeating, becoming socially isolated)

Step 4: Positive reinforcement is given for healthy behavior changes

Anxiety:

A normal and essential response to stress that prepares a person for action in the face of danger.

- Can affect perceptual ability, learning, memory, appetite, sexual functioning and sleep.
- Can have internal or external triggers

What maintains anxiety:

- Avoidance: avoiding situations/people or self medicating with substances or another “crutch”
- Fear of fear—allows for anxiety to continue without the presence of a stressor
- Short-term reinforcement (avoidance, drinking, calling a friend)
- Catastrophic misinterpretation or prediction
- Hyperventilation or overbreathing—can be misinterpreted as symptom of fear, physical or mental illness
- Thinking bias: dichotomizing, overgeneralizing, inability to see positive, self blame

- Scanning or hypersensitivity: when you are afraid of something you search for it
- Performance anxiety: predicting the worst undermines confidence and ability to succeed
- Systematic maintaining factors: stressful work or home life

Focus on:

- 1) Controlling bodily symptoms
  - Relaxation
  - Controlled Breathing
- 2) Countering or controlling thoughts
  - Distraction
    - Physical Activity
    - Refocusing
    - Mental activity
  - Challenging thoughts

For panic attacks, controlled breathing should be focus before can counter or control thoughts.

References:

[http://www.johnshopkinshealthalerts.com/reports/depression\\_anxiety/379-1.html](http://www.johnshopkinshealthalerts.com/reports/depression_anxiety/379-1.html)

<http://www.psychologytoday.com/articles/200310/anxiety-and-depression-together>

Resources:

- Acceptance and Commitment Therapy for Anxiety Disorders by Georg H. Eifert and John P. Forsyth
- The Anxiety and Phobia Workbook by Edmund Bourne
- The Cognitive Behavioral Workbook for Anxiety: A Step-by-Step Program by Knaus and Carlson