

COGNITIVE BEHAVIOURAL THERAPY and ANXIETY

Introduction

Cognitive Behaviour Therapy has been shown to be a very effective treatment for Anxiety problems. Further CBT based strategies have been successfully used in the form of Self-Help manuals. When combined with medication, CBT has been shown to be useful in preventing relapse once medication is reduced or ceased.

What is CBT?

Cognitive Behaviour Therapy (CBT) is based on the theory that, how a person thinks about a situation and what they do has a significant influence on how they feel. In the case of anxiety these thoughts typically involve a threat to the individual's health, financial or social situation. This theme of "threat or danger" is critical in understanding anxiety symptoms.

In the case of Panic Attacks, the thoughts usually involve some physical illness (heart attack, brain tumour) or some fear of loss of control (going mad, losing control in public). The individual interprets their physical sensations during an episode (the symptoms of anxiety) as evidence to support the idea that something bad is about to happen. Accordingly they take some evasive action (eg avoid the situation) or approach the situation with great care and using some form of safety mechanism (mobile phone to call for help, drink to deal with dry mouth, medication within easy reach).

In General Anxiety Disorder (GAD) the thoughts can often be more elusive and less circumscribed but the theme of danger continues. One of the most common symptoms of this type of anxiety is constant worry. In this context worry can be seen as behaviour aimed at relieving the individual from anxiety. However worry is a poor substitute for problem solving. In worry the individual never really follows a systematic approach to their problem and hence is unlikely to arrive at an achievable solution.

In all cases of anxiety it is crucial to look beyond the presenting symptom and search for the underlying perceived threat. Once this has been achieved a number of strategies can be utilised to challenge this assumption of danger (problem solving, helpful thinking, graded exposure).

CBT is a relatively short term, problem focussed and evidence based approach to psychological problems. As such, some of its strategies lend themselves to be used both in a self-help context and in a context where limited time is available for therapy (such as in a traditional GP practice). Further, although there are different levels of CBT practice many of the fundamental strategies can be learned without the need for previous skills and knowledge in the area.

Key CBT Strategies

1. Controlled Breathing Exercise

Anxiety may take the form of general worry, obsessive thinking or panic attacks. Increased rate of breathing is a common symptom of anxiety and can in itself lead to hyperventilation and its associated symptoms (light-headedness, dizziness, pins and needles). Learning to control breathing rate is a common and effective strategy in the treatment of anxiety disorders.

Monitoring Breathing Rate

At rest the average person needs only 10-12 breaths per minute. If the breathing rate is greater than 10-12 breaths per minute, the individual could be encouraged to reduce his or her rate of breathing.

- *Ask the individual to count how many breaths he or she takes in one minute.*
- *Breathing in and then out is counted as one breath.*

It will also be useful for the individual to monitor his or her breathing rate at other times, particularly during times of stress or anxiety. Ask the individual to keep a record of his or her breathing rate at various times and the activities engaged in at those times.

In the Controlled Breathing exercise the patient is given instructions on how to monitor and control their breathing rate.

2. Relaxation

A useful form of relaxation is the progressive muscle relaxation technique. This technique involves:

- *Tensing the muscles so as to recognise the feeling of tension*
- *Relaxing the muscles so as to feel tension flowing out of the body*

The steps involved in the exercise are outlined in the handout provided. Additionally, many music stores sell audio tapes that lead the listener through similar exercises while listening to soothing music.

For maximum benefit, the patient is instructed to be an active participant, committed to **daily practice for two months or longer**

In addition to regular relaxation sessions, a simplified version of the exercise can be used throughout the day *in any situation* whenever the individual notices tension in any particular muscle group (e.g., the abdomen or the shoulders). Targeted muscle relaxation can help maintain lower tension levels throughout the day.

Other forms of relaxation may also be helpful and include meditation, hypnosis, yoga, or tai chi. Some people also find aerobic exercise (e.g., swimming or jogging) of great benefit. Patients are encouraged to find a form of relaxation that **works for them** and use that routine **regularly**.

3. *Thought Monitoring and Challenging*

Assisting a patient to monitor and examine their thoughts for inconsistencies and lack of supportive evidence and, where appropriate evaluating these thoughts to arrive at a more realistic perspective, has been demonstrated to be an important part of overcoming anxiety and preventing relapse.

One of the important effects anxiety has on a person is to change the way they think about things. They focus on a threat of danger of some form. The person with anxiety has a tendency to look at the negative side of things, to see all the things that have gone wrong in the past and the things that could go wrong in the future.

This section is one that further training will make significantly easier. It may be necessary to refer to a specialist trained in CBT.

4. *Graded Exposure*

If the phobic avoidance is mild the following principles may be applied:

Principles of Graded Exposure

1. Provide training for the controlled breathing and relaxation exercises. These exercises can be used before starting each step of the graded exposure hierarchy to ensure that the individual is calm and relaxed at the beginning of each session. Controlled breathing and targeted muscle relaxation can then be used in the feared situation.
2. Help the individual plan a series of steps for the graded exposure hierarchy. The first step is one that causes little anxiety, while the last step is one that causes maximum anxiety (see sample plan on the following page). The individual can plan these steps at home and bring them in to the next consultation for discussion.
3. Help the individual identify any exaggerated fears that occur in each situation (e.g., *"I will faint"*) and decide what is more likely to happen (e.g., *"I am anxious but I am unlikely to faint"*).
4. Encourage the individual to practise the **first** step of the hierarchy. He or she does not move on to the next step until the previous step has been mastered with minimum anxiety. Continue this process until the person can manage all situations in the hierarchy.
5. Identify a friend or family member who can provide support and encouragement.
6. Encourage the individual to **avoid using alcohol or drugs** to cope with feared situations.
7. If fears continue after the above methods have been tried, **seek consultation** from someone who has specialised training in the behavioural principles of graded exposure.

Sample Graded Exposure Plan

Problem: *Panic attacks and fear of leaving the house*

After mastering the controlled breathing and relaxation exercises, the individual could embark on the plan below (developed in conjunction with the individual according to his or her specific fears).

It is important to ensure the individual uses the slow breathing and relaxation exercises before and during each step, and especially when panic attacks occur. The individual is instructed to persevere at each step until the step can be performed with minimum anxiety. Only then does the individual move on to the next step.

1. Sit on the front verandah for 20 minutes (anxiety rating 3/10).
2. Walk to the letterbox to collect the mail then remain in the front garden for 20 minutes (anxiety rating 4/10).
3. Walk around the block once (anxiety rating 5/10).
4. Walk around the block twice (anxiety rating 6/10).
5. Walk up to the post office at 10 am when it is not busy and buy a stamp (bring stamp in for inspection) (anxiety rating 7/10).
6. Catch a bus to the shopping centre, get out and wait for the next bus, then return home (bring bus tickets in for inspection) (anxiety rating 8/10).
7. Catch a bus to the shopping centre, go to the florist, buy a bunch of flowers as a reward, walk around the centre for another 15 minutes, then return home (anxiety rating 9/10).
8. Catch a bus to the shopping centre on a Saturday morning, catch lift up to car park then escalator to come down again, go to supermarket and buy 16 items from shopping list (retain docket), then return home (anxiety rating 10/10).

Overcoming Problems during Graded Exposure

Consider the following questions if problems are encountered during graded exposure therapy:

Is the individual trying to progress too quickly or too slowly?

Tasks that are too easy are not rewarding and tasks that are too difficult are demoralising. The secret to success is *regular and gradual* progress.

Has the individual had enough practice at this step?

It is important that the individual masters the present step before moving on to a more difficult step. Some steps are more difficult than others hence the individual may need to progress more slowly at times. Moving on without sufficient practice can lead to loss of self-confidence and motivation if the individual experiences a setback at the next step.

Is the increase in difficulty between steps too great?

If so, intermediate steps may need to be added so that the increase in difficulty is more manageable.

Is the individual using breathing control and the relaxation method PRIOR TO AND DURING the exposure exercises?

These techniques will help the individual feel calmer and more in control. However, these techniques require practice so it is sensible for the individual to master these techniques before commencing with the exposure exercises.

Is the individual identifying exaggerated fears and replacing these fears with thoughts about more likely outcomes?

Encourage individuals to ask themselves questions such as:

"What EVIDENCE is there that a particular event or response is going to happen?"

"REALISTICALLY, what is the WORST thing that can happen? "What if.... DOES happen? Will it really be so bad? What is MORE LIKELY to happen?"

Remember that setbacks DO occur.

If a setback occurs it may be helpful for the individual to return to a previous step at which he or she feels more comfortable. It will also be helpful to encourage the individual to view the setback in a positive light.

5. Problem Solving

The problem-solving model is a common strategy in a CBT orientated approach. It is by no means unique to it, as this model is widely used across a range of areas. A number of studies have demonstrated that, using a Problem Solving approach, GPs can make a significant impact on their patients' anxiety symptoms.

Problem solving is a powerful alternative to the anxiety patient's worry. For Generalised Anxiety Disorder it is especially helpful.

How to help patients help themselves?

The above strategies are skills the patient needs to learn. Knowledge of the skill is unlikely to be effective unless the patient uses the skill in their everyday situations. This means the patient needs to be an active participant in the treatment of his/her symptoms.

Passivity is not an uncommon feature of patients presenting with anxiety/depression. Orientating the patient to Self-Help will be crucial. To do this one can emphasise that the patient plays an important role in therapy and that any medication prescribed is largely designed to help the patient help themselves.

Giving the patient clear instructions on what you expect them to do with the CBT material will be important. When the patient next attends, asking the patient for their homework should be high on the agenda for that session. Discussing how they went with the homework and examining what problems arose in completing it, will continue to emphasise to the patient that self help is important and expected from their treating Doctor. This should all be done in a supportive, understanding manner.

It will also be important that you become familiar with the patient material. It will be hard to convince the patient that these strategies are worthwhile, if they gain the impression you have not spent the time to learn about them yourself.

Trouble Shooting the Strategies

The tables below are an attempt to identify some of the common pitfalls patients experience in trying to learn and apply these strategies along with some suggested solutions.

TROUBLE SHOOTING PROBLEM SOLVING in ANXIETY

<i>Problem</i>	<i>Possible causes</i>	<i>Suggested solutions</i>
Individual unable to generate possible solutions to selected problem	<ol style="list-style-type: none"> 1. Chosen problem is vague and poorly defined 2. Chosen problem is too hard 3. Individual may be analysing solutions with regards to their usefulness rather than concentrating on generating all possible solutions 	<ol style="list-style-type: none"> 1. Return to problem definition and attempt to define problem in more specific manner. 2. Attempt easier problem or breakdown problem into smaller problems 3. Reinforce idea of generating all possible solutions without evaluating each at this stage. Encourage this by suggesting some of your own to add to list
Individual has negative “Yes but” approach to all possible solutions	<ol style="list-style-type: none"> 1. Negative thinking style 2. Negative expectations 3. Lack of motivation 	<ol style="list-style-type: none"> 1. Attempt Straight Thinking Module 2. Encourage a “Have a go and see” attitude
Individual unable to apply chosen solution	<ol style="list-style-type: none"> 1. Solution beyond their capacity 2. Solution requires participation of others 	<ol style="list-style-type: none"> 1. Choose easier solution or easier problem 2. Enlist help of others or choose alternative solution which requires less from others

TROUBLE SHOOTING HELPFUL THINKING in ANXIETY

<i>Problem</i>	<i>Possible causes</i>	<i>Suggested solutions</i>
Individual unable to identify thoughts	1. Unfamiliarity of task	1. Ask what was going through your head at the time? What did you think was going to happen to you?
Individual places feeling in thoughts column eg I was upset	1. Unfamiliarity of task	1. Ask what was it about X that upset you?
Individual places thought in feeling column eg I felt like a failure	1. Unfamiliarity of task	1. Ask how does it feel being a failure?
Individual generates positive thinking in place of realistic alternative thought	1. Individual confuses task. Perceives the need to generate positive thought rather than realistic thought	1. Reinforce positive thinking of little value. Rather need to generate alternative thought based on evidence which is at least to some degree believable to the individual
Individual unable to come up with evidence to support thought	1. Unfamiliarity with task	1. How would you prove this to someone else?
Individual insists there is only one way of perceiving situation in question	1. Rigid, Black and White thinking style	1. Ask how someone else might perceive it? Ask what benefits there may be from perceiving it differently?

