

Cognitive Therapy Skills

"The ancestor of every action is a thought."
~Ralph Waldo Emerson

In this module, we explore our **thoughts** and explain how they are closely linked to our emotions. We discuss how to identify, understand, and respond to our thoughts as a way to help us feel better.



We will help you **identify** the thoughts that are troubling to you and understand them as well as possible. We then discuss the basic techniques that we use to begin to respond to and modify these thoughts. We respond to thoughts by gathering facts, or "**evidence**," to see a situation as realistically and in as detailed a way as possible.

Later in the module we go into some detail to discuss the thoughts associated with two common types of anxiety:

- "The fear of fear" — **fear of the anxiety itself**—which is commonly associated with Panic Disorder. It is also a common part of all anxiety disorders.
- **Worry**— often part of "Generalized Anxiety Disorder" but also a common part of most anxiety problems.



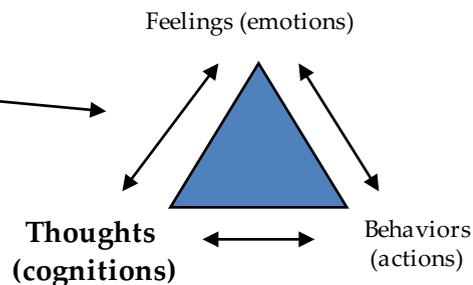
Join us as we learn to change our relationship with our thoughts with Cognitive Therapy Skills!

What are Cognitive Therapy Skills?

You may remember from “Group Guideposts” that thoughts, behaviors, and emotions influence one another.

Cognitive is a technical word used to describe anything related to *thoughts*. In this module, we explore how it is that our thoughts can lead to negative emotions, and what we can do about it.

Cognitive Therapy Skills involve **responding to** and **modifying** our **thoughts**—to help us cope better in our daily lives and feel less anxious.



How do Cognitive Therapy Skills Work?

The main goal of cognitive skills is to **gather evidence**. Like a detective, we look to uncover **facts** about something that has happened in the past or is happening right now.



By examining our thoughts, beliefs, and basic assumptions in detail, we can learn to make informed choices about issues that impact us. For example, we may find that **a thought is not completely true**; this helps us decrease our efforts to protect ourselves and lowers our anxiety. Another option is to take these facts and do something with them— to **problem solve**. Finally, these facts may help us understand that nothing can be done to change a situation; we work to **accept** this and let go of our efforts to control. In order to choose one of these options we use cognitive skills to understand thoughts and situations as well as possible.

Examining the Evidence

Scientists and detectives are good at asking the right questions to better understand a situation. With cognitive skills we learn which questions to ask to best explain an anxiety-producing situation. For example:

1. *What is the likelihood that this anxiety-producing event will happen?*
2. *If this event were to happen, how bad would it be? Would it be tragic?*
3. *What would I do if something bad happened? How would I handle it?*
4. *Is there any other explanation to account for what has happened?*
5. *Do I know all of the facts about this situation?*



😊 Put on your “happy face?”

Cognitive Therapy Skills are not just about “thinking positively.” While being aware of positives is a part of CBT, we want to gather all evidence, good and bad, to understand best how to cope with a situation.



For example, we know that driving on the highway has some risks associated with it. However, for most of us driving on the highway is a necessary part of everyday life. We are willing to take this risk because if we didn't our lives would be limited. A **positive** aspect of driving on the highway is that it helps us achieve our goals. A **negative** one is that under some circumstances it can be dangerous. When we examine the evidence, we find it's true that there are “two sides to every coin.”



Practice makes... the brain change?

When we modify thoughts, we actually change the brain! Practicing different types of thought patterns over and over actually rewires our brain so that new, more realistic and helpful patterns of thought can become more natural. This does not mean that our brains are permanently changed by thinking something new just once. It takes consistent practice to keep the brain functioning well, just like it takes consistent exercise to keep the body healthy. Cognitive skills can help us keep our brains healthy, if we are willing to stay well-practiced at it.



In the “**Anxiety Fuel**” section of the manual we discussed the “snowball effect” that is created when negative thoughts, avoidant or protective behaviors, and uncomfortable anxiety symptoms get mixed. Thoughts can serve to make our anxiety worse and even cause more problems for us, especially if they convince us to avoid what makes us anxious.



Let’s take our example of Bill, our friend from the **Exposure and Desensitization** module, who has a fear of public speaking. He has many negative thoughts about speaking in public that come up when he starts to work on his speech. These thoughts cause him to want to avoid anything connected with the speech: he may procrastinate and not prepare for the speech adequately or try to get out of the speech completely. Do any of the thoughts below sound familiar to you?



“What if someone notices I am nervous?”
 “People will laugh at me.”
 “I may even have to drop out of school.”

“I am going to screw this up.”
 “I am going to fail this class.”
 “I am not a good public speaker.”

Most of us can relate to Bill’s dilemma; when he has these thoughts it increases his anxiety and makes him want to avoid the speech even more.

When we look at our thoughts realistically and in a detailed way, we “throw water on our anxiety fire.” Responding to and modifying these negative thoughts so they are more realistic can help to keep us from triggering the anxiety over and over again. Most importantly, *they can help to keep us from avoiding things that are important to us.* For example, if Bill avoids his class, it could impact his grade, his program, and ultimately his career.

? **When should I use Cognitive Therapy Skills?**

Cognitive skills can help us with most types of anxiety problems. They work best when...

- ... we can identify negative thoughts that make us feel worse in certain situations
- ...anxiety is triggered by worries about the future and/or negative thoughts about ourselves

! **Important!**

For patients that have **Obsessive-Compulsive Disorder (OCD)**, some types of cognitive skills may *not* be helpful. You may remember from the Exposure and Desensitization module that OCD is best treated with **Exposure and Response Prevention**, a specific style of exposure treatment. If you have OCD it may be best to work with an individual or group therapist to learn which skills you can use to treat OCD. That being said, it could still be useful to practice the skills in this module to learn to handle daily stress and worry that may exist separate from the OCD.

“Unifying our Cognitive and Behavioral Forces”... revisited

In the section on **Exposure and Desensitization**, we discussed the importance of “unifying our cognitive and behavioral forces.”

Working with thoughts is just one part of our defense against anxiety; simply learning to think differently can be very helpful. However, we can’t underestimate the importance of behavior in maintaining our anxiety. For example, if we continue to *avoid* speaking in public, the anxiety is very likely to be there when we actually do go to make a speech, regardless of how we think. Unifying our forces means learning to use cognitive skills while practicing confronting our fears with action. As we will state often in this group, effective anxiety management means using lots of different “forces”—CBT skills— to battle anxiety.

Take home points:

Cognitive skills are one set of skills used in CBT. Our goal is to examine the evidence to uncover the facts, both positive and negative, about a situation. By understanding a situation better, we learn to think realistically about the likelihood of bad things happening; we also work to find ways to cope in case those things do happen.

Negative Automatic Thoughts

We all have them. Sometimes they pop into our heads uninvited. Sometimes they stick in our heads for hours. **Negative automatic thoughts** are negative thoughts that come automatically to us when we are feeling anxious, depressed, angry, frustrated; they can come any time we have a negative emotion.



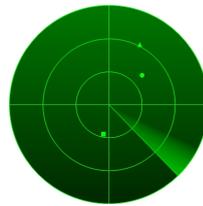
There are different types of negative automatic thoughts. **Worry** is related to fear that something bad might happen in the future. Most troubles with anxiety have some sort of worry attached. For example, the thought in the upper left corner of this page is a worry about what might happen if this person loses his or her job.

Another type of negative automatic thought is a negative statement about ourselves, other people, or the world at large. "I am an idiot" is a good example. It is not a worry, but rather a declarative statement; but it sure can make us feel bad! Often people with depression have these types of thoughts. Cognitive skills can work on these thoughts, too. In this manual, though, we'll be focusing primarily on the *anxiety*-related thoughts and worries.

Why do I have all of these negative thoughts?

You may remember from the "Anxiety Is..." section that the "fight or flight" response automatically causes negative thoughts. You may ask "Why do I think so many negative thoughts when I am anxious? When I am feeling relaxed I don't have these thoughts much at all." As we discussed earlier, there are good reasons we experience negative thoughts when we are anxious.

When we are anxious, the brain wants us to think about potentially dangerous things in our environment, in order to keep us safe. We want our anxiety radar to be sensitive if there is actual danger out there.



Imagine what would happen if we did not have negative thoughts when we were in danger... we probably wouldn't try to protect ourselves! If we really are in danger, it is helpful to have negative thoughts because we are more likely to try to stay safe if we think something is dangerous. The trouble is, sometimes we know that things are not dangerous, yet we have these thoughts anyway. That is why we use cognitive skills to help our brains get on board with what we know— that right now, we are safe.

"Chicken and Egg" revisited...

On page 10 we discussed the "chicken and the egg" phenomenon— anxiety can make a situation seem more dangerous, while a dangerous situation can also trigger anxiety. The same thing holds true for thoughts: negative automatic thoughts certainly can cause anxiety, while when we are anxious we are more likely to have these negative thoughts.



Anxiety



Negative Automatic Thoughts

Types of Negative Automatic Thoughts

Anxiety causes people to assume the worst. There are many different types of anxiety producing thoughts, and it is helpful to be aware of some of the kinds of thoughts that many people with anxiety experience.

- 1. Overestimating the likelihood of negative events happening:** One of the most common tendencies when we are anxious is to predict that dangerous things will happen in the future. We often imagine that something may happen, even when logically we know that it is not likely to happen. For example, Bill may predict that “everyone will think I am stupid if I make one mistake during my presentation.”
- 2. Catastrophizing:** This is a fancy way of saying that we predict things would be “horrible” or “awful” if something bad actually were to happen. We may predict that we would not be able to cope, and we may try to find ways to prevent it from happening to avoid catastrophe.
- 3. Beliefs that anxiety itself is dangerous:** We often have negative thoughts about the anxiety itself. We may predict that we will “go crazy,” “lose control,” not be able to function, have a heart attack, pass out, or suffocate when anxiety symptoms get more extreme.
- 4. Belief that one cannot tolerate discomfort, pain, or negative events:** We question our ability to cope with future events because of the anxiety: “If I can’t tolerate this, what will happen if something *really* bad happens?” We tell ourselves “I cannot take this” when we experience discomfort and/or pain.
- 5. Positive beliefs about worry:** Anxiety and worry often seem to have a protective function. We may say to ourselves “If I don’t worry about this it may actually happen.” Sometimes anxiety helps us get things done that we might otherwise avoid; we rely on it for motivation, even if it is uncomfortable at the same time.
- 6. Negative thoughts about ourselves, others, the world:** We make negative assumptions and blanket statements such as “I am a loser,” “Nobody will ever like me,” or “The world is a dangerous place.” These types of statements can make us feel more anxious, and more depressed, as well.

We all have some patterns of negative thinking, depending on our experience; but sometimes these patterns can get out of control. When these patterns are severe, an anxiety disorder may be at work. Each anxiety disorder has characteristic negative automatic thoughts associated with it. Here are some examples of negative automatic thoughts related to each disorder:

Diagnosis	Thoughts
Generalized Anxiety Disorder (GAD)	“I am going to lose my job. I may even end up homeless if that happens.”
Social Anxiety Disorder	“People don’t like me.” “People may notice my anxiety and think I am weak.”
Panic Disorder with Agoraphobia	“I will have another panic attack.” “This time I could have a heart attack.”
Specific Phobias	“The plane could crash... I will worry about this for the whole flight.”
Obsessive-Compulsive Disorder (OCD)	“If I do not count to four each time I feel anxious, something bad could happen to my husband.”
Post-Traumatic Stress Disorder (PTSD)	“The world is a dangerous place; there is nothing I can do to keep myself safe.” “A stronger person would have gotten over this by now”

Identifying Negative Automatic Thoughts

The first step to begin “restructuring” or responding to negative thoughts is to identify the thoughts that give us trouble. It’s as if we are putting a magnifying glass to our minds to learn more about how we think. Use the following tips to identify the thoughts you’ll start working on using cognitive skills. Once you have identified a thought, write these thoughts down using the **Daily Thought Record Worksheet**.



How to Identify Negative Automatic Thoughts

1. In the course of daily life, write down thoughts that come up when you are feeling anxious.
2. Sit quietly and try to imagine going into an anxiety producing situation: what thoughts come up?
3. Recall an event from the past that was anxiety-producing. What thoughts were going through your mind?
4. Role play an anxiety-producing event with a friend, family member, or therapist. Write down thoughts that come up during this exercise.

When Identifying Thoughts...

...phrase the thoughts in **the form of a statement**, and avoid “what if’s” and questions. For example, if the thought is “What if I lose my job?” it would be better to phrase it “I will lose my job.”

...**be specific** about the fear. It is better to break more general thoughts up into more manageable pieces. If the thought is “I feel like something bad is going to happen,” make a list of the specific things that you worry might happen. Write down the first negative automatic thoughts that come into your head. You might use the “Thought Cascade” approach, to the left, to learn more about what is scary to you.

...**notice the thoughts that seem to come up often** or are more impairing than others. You may want to begin with these when you start working on the thoughts.

Take home points:

*The first step of cognitive “restructuring” is to identify negative automatic thoughts and record them in the form of the statement. There are many techniques that can be used to do this, such as writing down thoughts in the course of daily life, visualizing anxiety-provoking situations, and using the **Thought Cascade** method.*

Exercise:

Use the techniques on this page to begin to identify some of your negative automatic thoughts. Use the **Daily Thought Record** and the **Thought Cascade Worksheet** to record them for later.

One Thing Leads to Another: The “Thought Cascade”

When we are feeling anxious, it is common to have a thought that leads to a more disturbing thought, which then leads to an even more disturbing thought, and so on, like this:

“I am going to lose my job.”



“I won’t be able to pay my bills.”



“I will lose my house and end up homeless.”



“I will die homeless and penniless”

Believe it or not, this “domino effect” of negative automatic thoughts is common. We can use this technique to uncover some of our most troublesome worries.

The "Thought Cascade" Worksheet

When we are feeling anxious, it is common to have a thought that leads to a more disturbing thought, which then leads to an even more disturbing thought, and so on. Believe it or not, this type of "domino effect" of negative automatic thoughts is common. We can use this technique to uncover some of our most troublesome worries. Once you find some that are particularly difficult or relevant for you, you can use the **Examining Thoughts Worksheet** to begin working on them.

To use this technique, first write down a thought in the form of a statement, as in the example below. Then ask yourself: "What would be so bad about that?" In other words, what other bad things might happen should the event happen?



<u>Example</u>
<u>"I am going to lose my job."</u>
↓
<u>"I won't be able to pay my bills."</u>
↓
<u>"I will lose my house and end up homeless."</u>
↓
<u>"I will die homeless and penniless"</u>

<u>Your thoughts</u>

↓

↓

↓

← What would be so bad if that happened?

← What other bad things might happen if this happens?

← What would be so bad if that happened?

<u>Your Thoughts</u>

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<u>Your Thoughts</u>

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<u>Your Thoughts</u>

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Cognitive Distortions

Have you ever seen one of those “fun-house” mirrors? While we know how we really look, what we see in the mirror looks different than what is real.

When we are anxious, the facts of a situation can become distorted, too. **Cognitive distortions** are patterns of thinking that are heavily influenced by our emotions. As you will see when you review the list of cognitive distortions, these distortions tend to follow certain patterns, and many of them overlap with others. Here are some “fun facts” about cognitive distortions:



1. Cognitive distortions tend to be extreme: there is often a “black-and-white” or “all-or-nothing” quality to these thoughts.
2. They tend to emphasize negatives at the expense of positives. As we mentioned earlier, we are programmed to think of negatives first when we feel anxious, because our bodies are trying to protect us.
3. They tend to be general instead of specific.



In the **Exposure and Desensitization** module we used the example of Jessica, our young friend with a fear of dogs. After she saw a news story about someone being bitten by a dog, she became afraid that she might get bitten herself. Some of her negative automatic thoughts might have been “All dogs are dangerous” or “I am going to get bitten by a dog if I get too close to one.” While it is true that dogs can occasionally be dangerous, there are qualities of these thoughts that are not true. We may call them “distorted” because of the extreme nature of the thoughts: “all” dogs are not dangerous and most dogs do not, in fact, bite the people with whom they come into contact.



What do I do when my negative automatic thoughts do *not* seem to be distorted?

Sometimes anxiety producing thoughts are not completely distorted. In fact, there is some truth to almost all of our thoughts. The worry “I am going to lose my job” may have some truth: it is always possible that one could lose their job. If one has determined that it is, in fact, likely that they will lose their job, we would say that this thought is *not* distorted. However, at this point we would want to use the **Thought Cascade** approach to get to some related thoughts, such as “If I lose my job I will end up homeless and destitute.” We would then want to look at possible distortions in that thought, and so on. As we will discuss more later, our main goal is to learn how likely it is that something bad will happen, while also learning how to cope when bad things do happen to us, so whether or not a thought is distorted, we still have work to do!

So, for the purpose of these exercises, record the *possible* distortion for each thought, even if you are convinced that the thought is not distorted.



Why is it important to understand cognitive distortions?

Understanding cognitive distortions is an important part of understanding our thoughts and preparing to work on them using cognitive therapy skills. By understanding some **common faulty patterns of thinking**, it is easier for us to notice our own patterns during the course of our daily lives. The more we notice these patterns, the more likely we are to be able to modify these thoughts and start feeling better.

So here they are! Read through the list of cognitive distortions on the next page, and circle the numbers of those that you suspect may apply to you. →

Examples of Cognitive Distortions



1. **Black-and-White Thinking**: We see things, events, and people as perfect or terrible, all good or all bad. We say “always” or “never” often, not seeing the “grey zone” that is almost always there.
2. **Catastrophizing**: We react to a disappointment or failure as though it means the end of the world.
3. **Jumping to Conclusions**: We assume the worst without checking the evidence. We decide that someone dislikes us, but we don't check it out; or we predict that terrible things will happen even when there is no evidence for this.
4. **Ignoring the Positive**: We don't pay attention to positive experiences, or we reject them or say they somehow “don't count.”
5. **“My Fault!”**: We take blame or responsibility for things outside of our control, or are not our job.
6. **“Shoulds:”** We criticize ourselves or other people with ideas about what absolutely “should” be done without considering where we get this idea. We ignore the reasons we might have done what we did, or think we could have had knowledge we couldn't have actually had. “Shoulds” sometimes leave us feeling inadequate despite our attempts to be self-motivating.
7. **Magnifying and Minimizing**: We define ourselves by our shortcomings and minimize our strengths.
8. **Labels**: Instead of focusing on peoples' behaviors, we make blanket statements: “I am such an idiot” or “He's such a jerk.”
9. **Perfectionism**: We believe that all mistakes are bad and to be avoided. Because of this, we don't take the necessary risks to be successful. We may also try to control all circumstances and make them fit what we think is right.
10. **Reasoning From Our Emotions**: We believe that because we feel a certain way, that indicates the truth about a situation, and we may even act accordingly even if it hurts us in the long run.

Examining the Evidence

“Restructuring” Negative Automatic Thoughts



Imagine you are a scientist studying the causes of pollution in a local river. How would you approach this? What types of questions would you ask to uncover the truth? You might look at local industry, plant populations, or invasive species as potential causes. You might look closely at samples of the water to determine what types of pollutants are in the water. You’d want to get as much information as you could to be sure you were right about what you find.

Scientists know that there are many possible explanations for an event or phenomenon. They spend countless hours trying to prove or disprove their hypotheses about what is happening and why it happens. To do this, they set up experiments; ultimately the goal is to find the best possible explanation for something. They might ask questions like: “What are all the possible explanations for this event? Are there any other possibilities?”

Now imagine this scenario: you are walking down the street or hallway and you see someone you know fairly well. You look at them to say hello and they look away and say nothing in return. What types of interpretations might you have about this event? Perhaps you might think “They must not like me-- if they did they would have said hello to me,” or “They must be mad at me.”

What if we replaced these knee-jerk reactions with a more scientific approach? We could look for other explanations, just like the scientist. What are some other explanations to why this person did not look at you and say hello? List some here:

1. _____
2. _____
3. _____

What you just did is a simple example of **examining the evidence**, the most important element of **cognitive restructuring**, a common cognitive therapy skill. “Restructuring” a thought means gathering evidence to see a situation more completely and realistically, which can help us feel better.

Cognitive Restructuring: Basic Questions

When working on our anxiety-related negative automatic thoughts, we look at different **lines of evidence** for each problem, to get closer to the truth about that situation. We call the answer to these questions the **rational response**. We typically start with two basic lines of evidence when addressing anxiety-producing thoughts:

1. How likely is it that this event will happen?

Research has shown that when people are anxious they typically **overestimate** the likelihood that something bad will happen. For example, we may worry about the possibility of losing our job because the economy weakens, without knowing the details of how it specifically impacts our company. We may predict that we are on the flight that will crash into the ocean. To get some more details about the likelihood of something bad happening, we ask questions like:

- What percentage likelihood is it that this event will happen? Am I 100% sure? 50% sure?
- What evidence do I have that this is likely to happen in the future?
- Is there any evidence that it is not likely?
- How many times have I predicted this would happen? How many times has it actually happened?

Our goal here is not to try to prove that this event will not happen; instead we try to **make a realistic assessment of how likely something is**.

2. If it did happen, how bad would it be? Would I be able to cope? What would I *do* if this happened?

We also know that, when we are anxious, we tend to **catastrophize**. This simply means that we tend to blow out of proportion how bad something would be if it did happen. We often predict that we would not be able to handle a negative event if it occurred. We also don’t think much about what we would actually *do* if this event happened. For example, most people, if faced with the challenge of losing their job, would eventually get back out and start looking for another job. Often we do not think this far ahead; we stop after the thought about how bad it would be for something to happen and we focus on *preventing* that thing from happening.

To look at this question, we might ask ourselves how bad it would really be if this happened. What would we do if the event happened? How we might be able to cope with it and move on? If it did happen, what would be the worst consequence? By looking at this basic question in a more detailed way, we may find that we *could* cope if this unfortunate event actually did happen.

The Gambler: Predicting Ourselves Anxious

Are you a gambler? Think of the last time you made a bet with someone. How much did you bet? How confident did you have to feel in order to make that bet? 100% sure? 50% sure? You may know that people that bet on horse races often look at the odds a certain horse has to win before placing their bet. People like to know how likely it is that they will win, or lose, money before making their decision.



We don't often use the same system to gauge the chances of a negative event happening in our lives. Research has shown that when people are anxious they typically **overestimate** the likelihood that something bad will happen. It would be like betting all our money that the underdog horse is going to win, because we are feeling lucky that day.

This style of negative thought features **predictions**. You may remember from the page on **Cognitive Distortions** that this is also called "Fortune Telling." When it comes to anxiety, we will find it is better to get all the information before betting that something will happen. We look at different **lines of evidence** to get to the key question:

"How likely is it that this negative event will happen?"

Remember, we are looking at any evidence, not just evidence disputing our fear. Some lines of evidence are:



- What percentage likelihood is it that this event will happen? Am I 100% sure? 50% sure?
- What evidence do I have that this is likely to happen in the future?
- Is there any evidence that it is not likely?
- How much money would I bet that this will happen?
- How many times have I predicted this would happen? How many times has it actually happened?

Exercise

Think of a fear you have about the future. Use the techniques on earlier pages to identify a thought that is particularly difficult. For now, focus on predictions, thoughts like "I will lose my job" or "She will reject me." Write it on the left. Remember to phrase it in the form of a statement. On the right, write the answers to the questions listed above.

Thought (prediction)

Answers to questions above (rational response)

When you are finished, you should have a good idea of the likelihood that this event will happen. Sometimes we realize that this event really is not likely, and we determine that it is not worth the effort trying to protect ourselves or fix the problem. Then we can remind ourselves of this evidence when we get that thought.

Of course, sometimes bad things actually **do** happen. If it really is likely that something bad could happen, we go to the next important question: "If something bad did happen, how bad would it be?" We discuss this on the next page. Remember that the purpose of the material above is to make a realistic assessment of how likely something is. This is one important part of **examining the evidence**.

Catastrophizing: "That would be horrible!"

Imagine that someone called you on the phone and said "Come home quick-- something horrible has happened!" What types of events would you think may have happened? List a few possibilities here:

1. _____
2. _____
3. _____

Most people would define "horrible" events as "catastrophic" or "life changing." Think about some of the thoughts and worries you identified on earlier pages. How do they compare with the events listed above?

We know from research that when people are anxious, they tend to **catastrophize**: they blow out of proportion how bad something would be if it happened. Because of this, a big part of cognitive restructuring is getting more evidence to answer the question:

"How bad would it be if this event did happen?"



What if horrible things really have happened, or could happen, to me?



Of course, sometimes horrible things do happen, and when they do, it is likely we will experience some anxiety about these events. In fact, we all should expect that we will be confronted with very difficult circumstances at some point in our lives; after all, there is no way to prevent bad things from happening forever!

When horrible things happen, we have to find ways to grieve our losses and learn to **cope** so that we can eventually move on with our lives. An important part of CBT is learning to cope better when bad things really do happen.



The "Catastro-meter"

Have you ever had the thought, "I know it is not likely that it will happen, but if it did, it would be terrible." It can be helpful to look more closely at a potentially difficult event to determine how bad the event would be, and how we would cope if that event did happen.

Let's use the "**catastro-meter**" to rate different types of challenging events to measure how catastrophic these events would be if they happened. Rate each of these events on a scale of 0-10 in terms of how hard it would be to cope with the event:

0= would have no trouble coping at all

3=would have a few bad days as a result, but recover pretty quickly

5=would take substantial time to recover, but no doubt it would happen

7-8=would be impaired for a while

10=would fall apart, go crazy, never recover

____ Argument with friend or loved one

____ Death of a loved one

____ Get injured in a car accident

____ Loss of job

____ Heard someone said something mean about you

____ Home gets flooded

____ _____ (insert your own here)

____ _____ (insert your own here)

One goal of this exercise is to notice the difference between different types of negative events. We can learn that not all bad events have the same degree of severity.



Another common tendency we have when we are anxious is to underestimate our ability to **cope** with difficult events. We may think that we will not be able to handle the emotions associated with a challenging event. Think back to some difficult events you have had in the past. How did you handle them? How long did it take to get over them? Pick a few events and do the following exercise to get some evidence about your ability to cope with tough circumstances.

Past tough event	What I did to cope	How long it took to overcome this and move on

Were you able to cope? Have you moved on from these events, or are you still mired in their consequences? If you were able to cope, this may give you some good evidence that you are better at coping than you thought you were. If you feel you were not able to cope, a part of the work you do in therapy could be to work on developing some coping skills to better handle future negative events. Many of the techniques we learn in Cognitive-Behavioral Therapy can be helpful to learn to cope with difficult events.

Based on your written examples on the last two pages, do the following exercise, gathering evidence about how bad the predicted event would be, as well as whether or not you could find a way to cope with it. Remember, we are trying to look at the situations realistically, so there should be both positive and negative evidence.

Exercise

Think of a prediction about the future that leads to anxiety. Do the exercise on page 48 to determine if it is likely that it will happen. If you determine that it is likely it will happen, or you worry that it would still be horrible if it did happen, write the thought on the left, below. Remember to phrase it in the form of a statement. On the right, write the answers to the questions (lines of evidence) listed here.

- If this happened, would it be horrible?
- What are the likely consequences of this happening?
- If it did happen, would I be able to cope?
- If it did happen, what would I do?
- Would I always be affected by this, or would I eventually get over it?

Thought (prediction)

Answers to questions above (rational response)

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Examining Thoughts, Written Method

Over the last three pages, we discussed the two main questions we ask when trying to learn more about an anxiety provoking situation. Once we know which questions to ask, we must start to **record our evidence** to build a strong, realistic argument. When we are beginning to use cognitive restructuring, it is helpful to **write down** our thoughts, distortions, and evidence until we get the hang of it. Here is one method we use to do this is.

You will notice in the example below that this approach uses the skills of identifying thoughts and thought distortions that we practiced on previous pages. We add the “rational response” in the third column. The evidence we gather there is what we will use to remind ourselves of the truth about the situation when we are feeling anxious.



Get out that pen and paper!

Research shows that people who write things down as part of CBT practice do better than those that try to do it all in their heads. While it does involve more work (and may seem like going back to school), we hope you will give it a try at first, until the skills become more natural.

Take thoughts identified using techniques in the “Identifying Negative Automatic Thoughts” section and write them here.

Use what you learned from the section “Cognitive Distortions” to identify any possible thought distortions.

Gather evidence for and against your negative automatic thoughts using multiple **lines of evidence**.

Thought	Possible Distortion	Rational Response
↓	↓	↓
<i>She didn't say much of a hello. She must hate me.</i>	<i>Jumping to conclusions</i>	<i>It is possible he was thinking about other things and does not hate me. In fact he did ask me to lunch last week... etc.</i>
<i>I have no friends. No one likes me.</i>	<i>Black-and-white thinking</i>	<i>Not true! Jim is my friend. John and Joe talk to me a lot, they seem to like me. I could join the company team and make more friends, etc.</i>
<i>I'll never find a wife. I'll always be alone.</i>	<i>Jumping to conclusions</i>	<i>Wait! I am not alone now; I have some friends. I would like more dates; maybe I could join a dating service, etc.</i>
<i>She must think I'm an idiot.</i>	<i>Labels</i>	<i>True, she may say no but she may say yes. I will miss out for sure if I do not try, etc.</i>
<i>If she says no it will be awful!!</i>	<i>Magnification</i>	<i>Sure, it would hurt but probably not forever. If I practice getting rejected it may help me worry less about it, etc.</i>



Important: Gather lots of evidence!

You may have noticed the “etc.” after each rational response in the examples above. What we are trying to communicate is the importance of gathering *as much detailed evidence as possible*. For each negative automatic thought, we may have as many as 7 to 10 facts listed. We use multiple lines of evidence to do this. Each “**line of evidence**” aims to help us illuminate a certain aspect of a situation. For example, one common line of evidence is one’s own personal experience, examined in detail. Another might be the perspective of friends and family.

On the following pages we look at specific types of anxiety, such as panic, and the lines of evidence we can use to help us gather evidence about these issues. Use the **Examining Thoughts Worksheet** on the next page to record the evidence you gather.



Examining Thoughts Worksheet

Take thoughts identified using techniques in the “Identifying Negative Automatic Thoughts” section and write them here.

Use what you learned in the “Cognitive Distortions” section to identify any possible thought patterns. ↓

Gather evidence for and against your negative automatic thoughts using multiple “lines of evidence.” ↓

Thought ↓	Possible Distortion(s) ↓	Rational Responses ↓
		<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9.

Thought	Possible Distortion(s)	Rational Responses
		<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9.

Tips:

- Remember to phrase each thought in the form of a statement.
- You should have between 7 and 10 facts in the “rational response” column for each thought.
- Copy this page to use for other thoughts (some extra pages are included at the end of the manual).
- Carry it with you and bring it out each time you have the thought, to remind yourself of the facts.

“The only thing we have to fear is fear itself”

How to work on negative thoughts about anxiety and panic attacks



Have you ever heard of the speech President Franklin Roosevelt made in 1933 about the economy? In the midst of one of the most difficult periods in the nation’s history, he said: “The only thing we have to fear is fear itself.” Sometimes our reaction to negative events is fearful, which ends up causing more problems. For example, when the stock market crashes as it did in 1929 and 2008, people become afraid they will lose more and pull their money out of the stock market and banks. This, in turn, causes even more trouble for the economy.

Similarly, our own fearful reactions to our body’s “fight or flight” response, its attempt to try to keep us safe, can make our anxiety much worse. In this case, the “fear of fear” is really the “fear of anxiety.” This means that we:

- Are afraid of having anxiety symptoms
- Believe the anxiety symptoms will be intolerable and/or last forever
- Worry that others will notice our anxiety symptoms
- Try to get rid of, push away, or distract from the anxiety

Earlier we discussed how anxiety can be triggered by something in the world or in our minds. Once the anxiety related to a trigger becomes severe, we begin to **fear the anxiety symptoms themselves**. We may try to avoid anything that makes us feel anxious, or try to protect ourselves against the anxiety.

We also have **negative thoughts about the anxiety** itself. In the section entitled “Anxiety Fuel” we learned that our thoughts can make anxiety worse. These thoughts often sound like this:

- “If that happens I will have anxiety; I won’t be able to tolerate that.”
- “This anxiety will never end.”
- “If I have anxiety or a panic attack, I could have a heart attack, faint, suffocate, go crazy, or even die.”

As we discussed before, these thoughts can create a “snowball effect” of thoughts and anxiety symptoms acting on one another, so our brain really thinks we are in danger! In CBT, we learn to step in and restructure these thoughts so they cannot continue to make our anxiety worse.



“I hate this anxiety!”

Have you ever **tried to stop** feeling anxious? How does it work? We may think that getting angry and frustrated about the anxiety may somehow get it to go away. But what is your experience? Does it go away?

Typically when we try to push anxiety away, it comes back even stronger, just like scratching an itch repetitively leads to the itch getting redder, itchier, and more swollen.

Perhaps we could take a different approach: instead of pushing thoughts away, we learn to restructure them when they come up to make them less scary. This way, we don’t have to spend so much energy pushing the thoughts away, and we can feel better in case they do come. **Learning not to avoid unpleasant thoughts** is an important part of CBT.



On the next page we learn ways to fight the “fear of fear” by learning to talk back to each of these anxiety fueling thoughts. On the following pages we outline some effective **lines of evidence** to use when battling these troubling thoughts.

Of course, anxiety is uncomfortable, and we don't want you to have to experience it. Sometimes, however, negative thoughts about the anxiety and the avoidance that comes with them can serve to make our anxiety much worse. Let's look at a few common thoughts that often fuel this "fear of fear." Here we clearly define the thought that gives us trouble and look at different "lines of evidence" we might use to better understand the anxiety.

"If that happens I will have anxiety; I won't be able to tolerate that feeling."

Line of evidence #1: Past experience

- How many days have I experienced anxiety in your life?
- Of those days, how many times did I think "I can't tolerate this?"
- How did it work out? Did I get through it?
- How many times did I not get through it? What did I do?
- What is more important, how I feel, or how I respond to adversity?
- Was it intolerable, or was it really uncomfortable? Is there a difference?

Line of evidence #2: The future with or without anxiety

- What would it be like not to have this anxiety?
- Do I think it is worth it to work on minimizing the anxiety, using whatever methods necessary?
- Am I willing to do this for the future, even if it means feeling some discomfort now?
- Is it really best to be completely anxiety free? Is this realistic?

Line of evidence #3: Likelihood of experiencing some pain in the future

- Is it likely that I will experience some pain in the future? Is it possible to prevent pain completely?
- Is it best to try to avoid pain and discomfort completely, or to learn to cope with pain and discomfort in order to make it less unbearable?

"This anxiety will never end."

Line of evidence #1: Personal experience

- I can think back to an event in which I felt anxious. How long did it last?
- Did the severity of the feelings change during the episode at all?
- If and when the event ended, how did I feel?

Line of evidence #2: Our body is programmed to "turn off" the "fight or flight" response after about 10 minutes

- Review the evidence from the "Just count to ten" section, below.



Just count to ten!

Has anyone ever told you to "count to ten" when you have a strong emotion, to let yourself calm down a bit? Have you ever tried it? For some of us, it seems hard to believe that just giving yourself the count of ten could help us feel better. After all, sometimes it really feels like the anxiety will never end!

The truth is, our bodies are not programmed to allow anxiety to last forever. In fact, once the anxiety response is triggered, it is programmed to *last only around 10 minutes*. That's right! So why does it seem to go on and on?

As we discussed in the "Anxiety Fuel" section, the main reason this anxiety stays around is that the "fight or flight" response **continues to get triggered** again and again. Repetitive negative thoughts are one way this "snowball effect" happens. However, if we do *not* retrigger the anxiety by thinking about it over and over or trying hard to protect ourselves, the anxiety response is **programmed to turn off**. So the truth is, anxiety will not last forever, if we give it a chance to shut down. This is why even just "counting to ten" can be helpful. We can practice this technique of "**emotion regulation**" by reminding ourselves to "ride out" the anxiety without acting on it or trying to fix it, to give it a chance to come down on its own.

As important as this is, it does not mean our *only* job is to learn to "ride out" panic and anxiety. Over the long run we can work to **reprogram our thoughts** using cognitive therapy skills so the anxiety gets triggered—and retriggered—much less.

“What about this panic?!”

Sometimes our “fear of fear” can reach panic proportions; our heart races, we get dizzy and lightheaded, there is pressure in the chest and the feeling of choking, racing thoughts, and a sense of dread and doom. Because these symptoms are so intense, it is understandable that one might worry that they could get worse. There are typically four “catastrophic” predictions that we make when feeling panic. Let’s look at them more closely, one at a time.

Common panic thought #1: “I will have a heart attack.”

Line of evidence #1: Personal history

It is easy to understand why it feels like we are having a heart attack during a panic attack, especially because the heart beats strong and hard, there is often tightness in the chest, as well as feelings of dread and doom. Let’s look at this prediction in more detail, in order to at least get a sense of the likelihood of having a heart attack when we feel panicky.

- How many panic attacks have I had in the past?
- How many of these panic attacks were accompanied by predictions that I could have a heart attack?
- How many heart attacks connected with panic attacks have I had?
- Have I been a good predictor of heart attacks in the past?
- Have I gotten any medical tests to assess my current risk of having a heart attack? What have the doctors told me?
- Given my history with panic attacks versus my history with heart trouble, is it more likely this is a panic attack, or a heart attack?

Line of evidence #2: Clinic history/research

- See “Can I have a heart attack during a panic attack?” to the right.

Line of evidence #3: Difference between heart attacks and panic attacks

- Are there any differences between heart attacks and panic attacks and how they feel? (See “Is it a heart attack, or panic,” below)



Could I have a heart attack during a panic attack?

This is one of the most common thoughts people have during panic attacks; it is a thought that could land you in an emergency room, only to be told “you are fine” when the medical tests come back. While many predict that they may have a heart attack during a panic attack, we have no evidence that there is any connection between panic attacks and heart attacks. Senior clinicians in our clinic and others like it around the country nearly always report that they have never seen a heart attack that was caused by panic. This means that in thousands of patients, with possibly millions of panic attacks, there are few to no reports of panic attacks leading to heart attacks. This means the chance of a heart attack occurring during your next panic attack is very, very small. Do you think it might be helpful to remind yourself of this the next time you feel some panic?



“Is this a heart attack, or panic?”

Symptoms of a heart attack and panic are very similar. Common symptoms of a heart attack are uncomfortable pressure, fullness, squeezing or pain in the center of the chest lasting more than a few minutes, and mild to intense pain spreading to the shoulders, neck or arms. It may feel like pressure, tightness, burning, or heavy weight. It may be located in the chest, upper abdomen, neck, jaw, or inside the arms or shoulders. Chest discomfort with lightheadedness, fainting, sweating, nausea or shortness of breath is also common, along with anxiety, nervousness and/or cold, sweaty skin, increased or irregular heart rate and a feeling of impending doom. Sound familiar? Many of these symptoms are the same as those listed in the “Anxiety Is...” section on page 7.

One thing that separates panic from heart attacks is that panic attacks tend to improve with movement and exercise, while heart attack symptoms get worse under those conditions. Also, panic tends to reach its peak within 10 minutes and then predictably decline gradually over time. A heart attack will not get better over time. Of course it is important to be aware of potential physical problems, especially if there is a history of heart disease. But given the fact that the symptoms are so similar, we must go with our best bet, given our family history of heart disease, age, and knowledge about our heart health. The best way to solve this dilemma is to get treatment for panic; if panic is not a problem, we’ll have a better idea of whether or not we are in danger of having a heart attack.



Common panic thought #2: "I will suffocate."

Line of evidence #1: Personal history

- How many panic attacks have I had in the past?
- How many of these panic attacks were accompanied by predictions that I would suffocate?
- Have I ever suffocated due to a panic attack?
- Have I been a good predictor of suffocation in the past?

Line of evidence #2: Possibility of suffocating when having panic

- See "I can't get enough air!" below.

"I can't get enough air!"

During a panic attack, the feeling of smothering and tightness in the chest often leads to the worry that one will not get enough oxygen and suffocate. What we find, however, is that when one is panicking, they are actually getting **too much oxygen** by breathing very quickly. This "over-oxygenation" is hyperventilation, which makes one feel dizzy and lightheaded. Suffocation occurs when the body does not get enough oxygen. It is highly unlikely that panic will lead to suffocation.

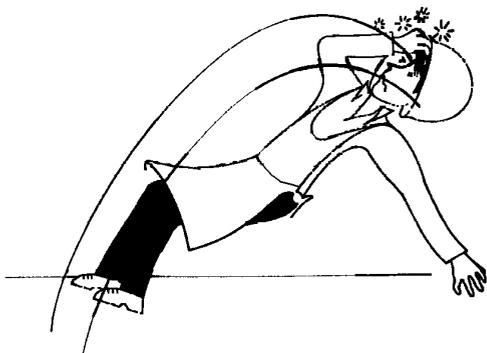
Common panic thought #3: "I will faint."

Line of evidence #1: Personal history

- How many times have I fainted in the past? Have I been evaluated to determine if I have a medical problem that might lead to fainting?
- How many panic attacks have I had that were associated with fainting spells in which I actually passed out and *lost consciousness*?
- If I did pass out, how bad would it be? Would I be able to cope in the unlikely event that I did pass out? Would it be a catastrophe?

Line of evidence #2: Compatibility between panic attacks and fainting

- See "Fainting, panic, and blood pressure" to the right.



Fainting, panic, and blood pressure

The idea that we might faint during a panic attack is common, because anxiety causes dizziness, lightheadedness, tunnel vision, and other strange sensations that make us feel like we are going to faint. That being said, it is very rare for a person to pass out during an anxiety attack. This is because **during panic attacks and periods of high anxiety blood pressure is elevated; when we pass out, it is due to a drop in blood pressure.**

Some people have a type of anxiety called **blood/injury/illness phobia**, in which passing out is common. If you think you might have this condition, or if you have passed out multiple times in the past, discuss this with your doctor or therapist; there are ways to deal with this tricky combination of anxiety and fainting.

If you do not have a predisposition to fainting, it is **highly unlikely that you will pass out during a panic attack.** During a panic attack you might remind yourself that it will *feel* like you will pass out, but it is most likely that you will simply continue to feel dizzy and lightheaded until the panic subsides.

Common panic thought #4: "I could go crazy!"

Line of evidence #1: Personal history

- How many panic attacks have I had in the past?
- How many of these panic attacks were accompanied by predictions that I would "go crazy" or "lose it?"
- Have I ever "gone crazy" or "lost it" due to a panic attack?
- Have I been a good predictor of "going crazy" in the past?

Line of evidence #2: Define "going crazy" and "losing it."

- What does this mean? Am I worried about having "crazy" thoughts or feelings? Am I worried about *doing* something "crazy?"
- Is there something specific I am worried I might *do* (e.g. hurt myself or someone else, make a scene, etc.)? If so, what are the chances I would actually do this?
- What can I do when I am feeling panicky to prevent any erratic and/or harmful behaviors?

Line of evidence #3: Clinic history

- What is my clinician's experience with this? How many of this clinician's patients have "gone crazy" or "lost it" as a result of panic attacks?

Line of evidence #4: Relationship between panic and psychosis or schizophrenia

- See "Could I 'lose it?'" below.



Could I "lose it?"

Often folks with extreme anxiety and panic worry that eventually they will "lose it," and lose touch with reality or do something extreme. "Losing it" is often equated with "going crazy" or becoming psychotic, which means that a person loses touch with reality. So is it possible? Based on current research, there is no evidence that anxiety and panic are directly causative of disorders that include psychosis, such as schizophrenia and bipolar disorder. If you do not have a history of one of these illnesses, panic is not likely to lead you there. We can remind ourselves, "This feels very uncomfortable, but I am not going crazy; this is my body's attempt to protect me."

If you are worried about doing something harmful or have a history of erratic behavior during panic attacks, it may be helpful to talk to a therapist about ways to cope with these difficult feelings so we can keep ourselves and others safe.

Common panic thought #5: "This panic will hurt me in the long run."

Line of evidence #1: Pros and cons: aggressive treatment versus avoiding panic

- What will happen if I continue to avoid the sensations of panic? Will the panic get better?
- If the panic does not get better by avoiding, is it possible that continuing to take this approach could hurt me even more in the long run?
- Is it better to avoid in order to feel safe now, or to accept that it will be uncomfortable now so I can feel better in the long run?
- See "long term effects of anxiety," below.

Long term effects of anxiety

It is true that chronic, uncontrolled anxiety causes stress on our bodies, which can make us more susceptible to illness and chronic health conditions.

One way to view this dilemma is to assess how well our methods of treating the anxiety have worked; if they have not worked, is it likely that they will work in the future? If not, we could be increasing the lifespan of the anxiety, which could cause even more stress in the long run. Addressing the anxiety through treatment, while it may cause some stress in the short term, may reduce stress in the long term. It is common to find that "short term pain" can offer us "long term gain."

“The only thing we have to fear is fear itself”

Take Home Points



- *A common type of anxiety has to do with “fear of fear,” which is fear of the anxiety symptoms themselves.*
- *While this type of anxiety is a defining feature of Panic Disorder, it is also common in other types of anxiety.*
- *It is common to feel frustrated when we feel anxious. Our attempts to rid ourselves of the anxiety may not work, which causes more anxiety and frustration.*
- *Often our thoughts about anxiety are negative and make the problem worse. Common thoughts related to anxiety include worries that panic will cause a heart attack, suffocation, fainting, going crazy, or long-term harm to the body.*
- *In the short term, it is helpful to learn to “ride out” episodes of anxiety so that we do not “fuel” the anxiety. We remind ourselves that anxiety is “uncomfortable, but not dangerous,” and that episodes of anxiety are meant to last only about 10 minutes, if we do not trigger it again.*
- *In the longer term, we use cognitive skills to address these thoughts, using lines of evidence such as personal history and pros and cons to treat these thoughts when they come up in the course of daily life.*

Exercise*

1. If you have not done so already, use the techniques in the “Identifying Negative Automatic Thoughts” section to identify thoughts about the anxiety itself that may fuel your anxiety.
2. Use the “lines of evidence” to examine the evidence about your anxiety.
3. Use the “Examining Thoughts Worksheet” to write down the thoughts, possible cognitive distortions, and evidence you find.
4. Remind yourself of this evidence in the morning before you start your day. When you experience anxiety during the course of the day, remember to “ride out” the anxiety without reacting to it; use the “Examining Thoughts Worksheet” to remind yourself of the evidence. Remember, it takes repetition to retrain the brain!

Important!

Restructuring thoughts related to our “fear of fear” is just *one part* of our overall treatment. It may also be helpful to use these skills to address other types of thoughts, such as everyday worries and/or negative thoughts about social situations. We may also need to use behavioral skills such as exposure or relaxation skills. Most people find that a **combination** of methods and skills works best in managing anxiety over the long term.

*If you suffer from Panic Disorder, talk to your treatment group leader or individual therapist about starting a structured CBT treatment. This treatment will combine these cognitive skills with exposure skills, among other things. Experimenting with these skills now may have some benefit, but a structured treatment is typically necessary to treat a full-blown case of Panic Disorder successfully.

“Don’t worry...”

Cognitive Skills for Daily Worry and Generalized Anxiety



When we are worried, people want to reassure us— “Don’t worry...” they say. Of course, just “not worrying” is much more easily said than done! Trying to control worry can be challenging and frustrating.

Generalized Anxiety Disorder (GAD) is the technical term for the condition in which we experience uncontrollable worry. One fearful thought is replaced by another. After awhile, it may seem that we worry about just about everything.

Repetitive, automatic negative thoughts (worry) about the future is the hallmark characteristic of Generalized Anxiety Disorder. The “triggers” of anxiety are the thoughts themselves. Because thoughts are such a big part of GAD, cognitive skills are a primary component of treatment for this problem.

There are two basic types of worries common in GAD. One type is worry about bad things happening to us or the people close to us. According to anxiety researchers, this is called “Type I” worry. “Type II” worry is *worry about the worrying itself*, which is almost always a part of GAD, and resembles the “fear of the fear” we discussed earlier. In order to treat GAD effectively, it is best to address both types of worries. Observe the examples below to clarify these important aspects of GAD.

Type I Worry

(Worry about bad things happening to us or people we care about)

Examples:

- “I am going to lose my job.”
- “My children will get sick or be hurt.”
- “I am not going to pass this test.”
- “Our country could be attacked by a terrorist.”
- “I am going to end up homeless on the street.”

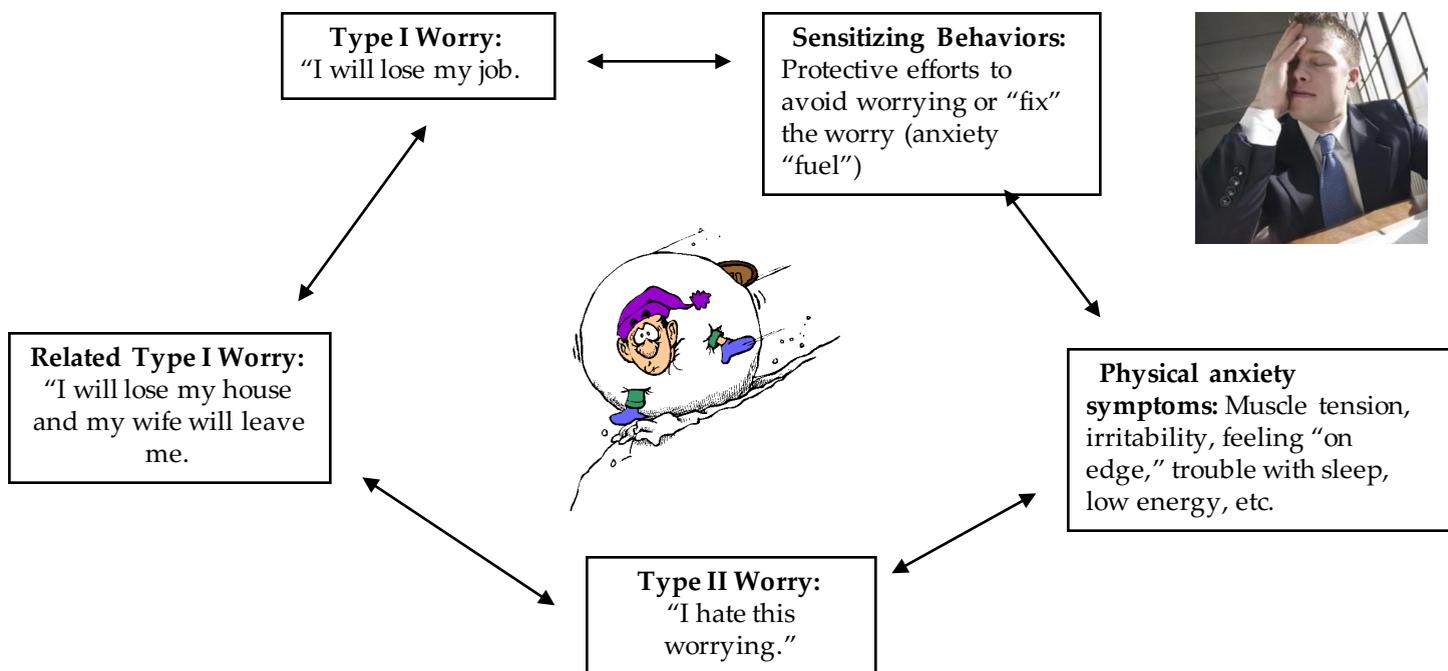
Type II Worry

(Worry about the worry and anxiety itself)

Examples:

- “I will never stop worrying.”
- “I can’t tolerate this anxiety.”
- “I must find a way to stop worrying.”
- “If I keep worrying like this I will eventually go crazy.”
- “Maybe this worry will overcome me and I’ll be trapped inside of it forever.”
- “I am causing harm to my mind and body by worrying all the time.”
- “I hate the way this anxiety feels.”

These two types of worry, uncomfortable feelings, and our responses to the worry create a “snowball effect” of anxiety that makes us feel worse and worse over time:



Below we give some examples of negative automatic thoughts common with Generalized Anxiety Disorder and outline ways to begin to restructure these thoughts, using some of the techniques we learned earlier in this module, such as “defining terms,” using the Thought Cascade approach, and examining the evidence. Use the Examining Thoughts worksheet to record some of the facts you gather from the “lines of evidence” below.

Generalized Anxiety Disorder Example #1:

“I am going to lose my job.”



Step #1: Identify the potential cognitive distortions: Examples may be: “Magnification” or “Jumping to Conclusions”

Step #2: Examine the evidence:

Line of evidence #1 (likelihood): *Right now, are there reasons to believe that I will lose my job?*

- Firstly, what has happened to make me believe I may lose my job? Have there been rumors going around? Have I heard anything about my job being in jeopardy?
- Have I gotten any feedback from supervisors about my performance? Positive? Negative? Have there been performance evaluations? How did I do?
- How likely is it that I will lose my job? 100% likely? 50% likely? (assign a percentage to your chances)

Line of evidence #2 (likelihood): *My past job performance*

- Have I ever gotten fired from a job before?
If so, is there any direct evidence that I got fired because of my job performance? Are there any other factors that may have contributed to this? What were the circumstances at the time? Do they at all differ from the circumstances now?
- **If not**, how does this fit with the idea that I am likely to get fired now? Are the circumstances now the same or different?
- Have I ever worried about getting fired because of my job performance before? What has happened? Have I been a good predictor of getting fired in the past?
- Have I gotten feedback from supervisors in the past assessing my job performance? What were the results?

Line of evidence #3: *If it is likely that I will lose my job, how bad would that be?*

- If this happened, what would I do? Would I give up? Would I continue to look for jobs?
- Are there other possibilities?
- Is it likely that the people closest to me would be frustrated with me and disrespect me, or are they likely to be supportive?
- When other people lose their job, what do you think of them? Do you tend to feel critical of them, or do you chalk this up to misfortune or some other factor?
- If there are things I could improve in order to reduce the likelihood of losing a job in the future, what would they be?
- What have I done in the past when I was faced with adversity? Did I find a way to cope? How did things turn out?

Step #3: Write down the evidence gathered on a copy of the Examining Thoughts Worksheet, or list the evidence on a note card. Carry this with you and take it out when this thought occurs in your daily life. Remind yourself of the facts of the situation and then continue with your day.

Step #4: Use the “Thought Cascade” approach to uncover other thoughts related to this thought, especially if you determine that it is likely that you will lose your job. Ask “If I did lose my job, what would be bad about that? What would be the consequence?” Use the same techniques to examine the evidence around the other thoughts.

Step #5: Use problem solving techniques to determine if the situation can be improved.

Step #6: Use acceptance skills to let go of effort to fix things you cannot change.

Generalized Anxiety Disorder Example #2:

“What if something bad happens to one of my children?”

Step #1: Phrase the thought in the form of a statement and define “something bad happens.”

- Specify: “My child will get hurt” or “He will be made fun of at school,” etc.

Step #2: Identify the potential cognitive distortions:

- Examples may be: fortune telling, magnification.

Step #3: Examine the evidence:

Line of evidence #1 (likelihood): *How likely is it that this will happen to my child?*

- Has something like this happened to my child in the past?
- Have I heard of this happening to children in the past? How common is this? Are there statistics available on how likely this is?
- Have I predicted that this would happen before? What did I think about my prediction later? Did it seem just as urgent? How good a predictor am I of this happening?

Line of evidence #2: *If this did happen, how might we cope with it?*

- If this happened, what would I do?
- Have we dealt with difficult circumstances in the past? How did I cope then? If something really bad happened, did we eventually recover, at least partially, and continue to live our lives? What could we do to cope?
- Are others resilient enough to cope with a difficult event like this and continue to live their lives?

Line of evidence #3: *Pros and cons: Protection versus allowing children to live life fully*

- Look at the pros and cons of keeping a child protected from all danger. List these on a piece of paper.
- Look at the pros and cons of allowing a child to live a life without so much protection. List these.
- Consider the following questions:
 1. Is it possible that trying to protect against all danger could leave a child less able to cope with the normal risks we all have to accept in our daily lives?
 2. Could allowing children to live with some risk make them stronger and more able to flourish?
 3. Is there any way to protect against all possible dangers?
 4. Does this worry help me protect against these things?
 5. How does my worry affect my children? Does it help them to feel safe and secure?
 6. Are there things I can do to keep my child adequately protected while also helping them feel confident, competent, and able to cope with adversity?

Step #4: Write down the evidence gathered on a copy of the Examining Thoughts Worksheet, or list the evidence on a note card. Carry this with you and take it out when this thought occurs in your daily life. Remind yourself of the facts of the situation and then continue with your day.

Step #5: Use problem solving techniques to determine if things can be done to improve safety. Be aware of efforts to overprotect in ways that way interfere with your child’s life.

- Try to find a balance of “protection” with “living life” that works for you. Determine which precautions make sense and which achieve little in the way of protection, and instead interfere with your child’s ability to develop and flourish.

Step #6: Write down results of this examination on a note card and carry it with you. When you feel worried or the need to try to take some precaution, review what makes the most sense for the long-term benefit of your child.

Step #7: Use acceptance skills to let go of effort to fix things you cannot change.



Generalized Anxiety Disorder Example #3: "I am going to get a bad grade on this test."



Step #1: Define terms

- Ask yourself: "What is a 'bad' grade? Is it failing? Is it a "C"? Is it a "B"?"

Step #2: Identify potential cognitive distortions

- Examples may be: fortune telling and all-or-nothing thinking.

Step #3: Examine the evidence:

Line of evidence #1: (likelihood) *How likely is it that I will get a bad grade on this test?*

- How have I performed on tests in the past?
- Have I ever predicted I would perform poorly on a test before? How did the test turn out? Write down the results of the last 5 tests you can remember. Did these tests come with predictions of getting a bad grade? How did they turn out?
- Is this class any different than other classes?

Line of evidence #2: *If I did get a bad grade on this test, what would be the consequences?*

- If this happened, what would I do? Would I give up, or keep trying?
- Have I ever done poorly on a test in the past? What were the consequences of this? How did this test score affect my overall grade?
- Is it likely that getting a bad grade on this test will significantly impact my ability to achieve my long term academic goals?

Line of evidence #3: *Preparedness*

- Have I prepared for this test?
- How does my performance on tests in the past align with my preparedness? Was I ever unprepared for a test on which I performed poorly? How have I performed when I prepare adequately?
- Does anxiety ever interfere with my ability to remember facts? Do I have trouble concentrating?

Step 4: Address "worry about anxiety" (type II worry)

- Often when we worry about tests or other performance situations, there is a concern that the anxiety will make us perform poorly or people will notice it. We do not have time to address this in this manual; however, this is an important issue to address with your group leader or individual therapist.

Step #5: Use the "Thought Cascade" approach to uncover other thoughts related to this thought. Ask "If I did get a bad grade, what would be so bad about that? What would be the consequence?" Use the same cognitive techniques to examine the evidence around the other thoughts.

Step #6: Uncover core beliefs

- Ask: "Is it possible that my concern about getting a bad grade is related to having unrealistic expectations for myself? Do I ever think that I must be perfect or get an 'A' on every test?"

Step #7: Behavioral techniques

- Use problem solving techniques to determine if the situation can be improved. Is there anything I can do to improve my study habits? Could I practice taking tests to become more comfortable with the anxiety? Do I have good test taking skills?
- Are there any "safety behaviors" or protective behaviors I am using that may actually be making we perform more poorly on tests? For example, do I ever second guess myself repetitively about answers and change them? Do I take more time than necessary deciding on answers?
- Along with cognitive techniques, use exposure skills to get practice taking tests and address avoidance or protective behaviors that may be making the anxiety worse over time.

Step #8: Use acceptance skills to let go of effort to fix things you cannot change. For example, we do not know exactly what questions will be on every test, and it may be healthiest to accept that we may get some questions wrong.

Generalized Anxiety Disorder Example #4:

“This worry will never end” or “This worry will make me go crazy” (Type II worry)

Step #1: Identify potential cognitive distortions

- Examples may be fortune telling and magnification.

Step #2: Examine the evidence:

Line of evidence #1: (likelihood) *Past experience*

- How has my anxiety and worry fluctuated over the years? Have I ever had times in which I felt better? Was it true that the anxiety lasted forever?
- Have I ever gone “crazy” as a result of worry?

Line of evidence #2: *Ability to function with anxiety*

- Have I been able to function at times, at least well enough to accomplish some of my goals, even with the anxiety and worry?
- Does the anxiety make me avoid things? (If so, this could contribute to the idea that you “can’t function.” Consider exposure skills to practice functioning better with anxiety to manage it and still achieve some of your life aims)

Line of evidence #3: *Anxiety is uncomfortable, not dangerous*

- See “Anxiety is...” & “Could I lose it” (in the previous section on panic disorder) to remind yourself about the danger of anxiety. Although anxiety is uncomfortable and does put stress on the body, remind yourself that it is not dangerous and does not lead to “going crazy” or becoming psychotic.

Step #3: Emotion regulation and “acceptance of emotion” skills

- Remember that trying to “fix” or avoid anxiety reinforces the anxiety.
- Remind yourself: “Trying to get rid of this anxiety or avoid it will just make it worse. I can accept and tolerate this anxiety feeling and allow it to happen. I can then try to learn the facts about this situation. I can do things that will help me reach my goals, instead of spending time trying so hard to get rid of this anxiety.”

Step #4: Work on other “Type I” worries (everyday worries about bad things happening) that may contribute to this worry, as in examples 1-3 on the previous three pages.

Note: see “The only thing we have to fear is fear itself” for more help with “worry about worry,” especially if worry has led to panic attacks.

Generalized Anxiety Disorder Example #5:

“If I worry, it will help me be safe.” “If I don’t worry, it is more likely something bad will happen.”
“Worrying helps me accomplish things and solve problems.”

Step #1: Examine the evidence:

Line of evidence #1: *Past experience*

- Has worrying helped me prevent catastrophe in the past? Does it protect me?
- Is it necessary for me to worry to be safe, or could I stay safe even without this anxiety?
- Have I ever accomplished a lot without worry?

Line of evidence #2: *Pros and cons of worrying to stay safe versus living with some risk*

- What are the good things about worrying to stay safe? What are the problems that this worrying creates in my life?
- What are the good things about letting go of the worry? Are there any potential downfalls to this?
- Do I like this worry? Do I want to continue to live with it? Would life be better without it, even if I had to accept some risks?

Step #2: Identify negative automatic thoughts and examine the evidence around the *specific* problems happening at this time.

Step #3: Use **problem solving skills** to best find a solution to a problem. If there is no feasible solution, use **acceptance skills** to let go of attempts to control what cannot change.

“Don’t worry...” Cognitive Skills for Daily Worry and Generalized Anxiety

Take Home Points



- *Generalized Anxiety Disorder (GAD) is characterized by uncontrollable worry about multiple areas of one’s life.*
- *The two types of worry are worry about bad things happening to ourselves and people close to us (type I worry) and worry about the worry itself (type II worry), both of which contribute to chronic anxiety symptoms.*

• *Worries, related worries, frustration and worry about the anxiety, attempts to fix or avoid the anxiety, and physical anxiety symptoms create the “snowball effect” that makes the anxiety worse, both in the moment and in the long run.*

• *Since thoughts are the primary “triggers” of anxiety in GAD, cognitive therapy skills are an important part of treatment for this concern. We use “lines of evidence” to gather facts about the situation; we look at the likelihood of bad things happening as well as ways to cope with the consequences of them happening.*

• *Problem solving and acceptance skills are also used to address GAD’s negative automatic thoughts.*

Exercise

1. If you have not done so already, use the techniques in the section on “Identifying Negative Automatic Thoughts” about the future (type I worry), or thoughts about the worry itself (type II worry).
2. Use the examples on previous pages as a guide to ask questions about these thoughts and examine the evidence.
3. Use the “Examining Thoughts” worksheet to write down the thoughts, possible cognitive distortions, and evidence you find. You can also write down the evidence on a note card and carry it with you.
4. Remind yourself of this evidence in the morning before you start your day. When these thoughts pop up during the course of the day, take out the “Examining Thoughts” worksheet or the note card to remind yourself of the evidence. Remember, it takes repetition to retrain the brain!

“Unifying Your Forces:” other CBT skills for Generalized Anxiety

On the previous four pages there are examples of specific thoughts that occur when people worry. While thoughts are an important part of generalized anxiety, there are other factors that influence how anxious we are on a daily basis. One factor is our core beliefs and ideas about the world, called “core schemas.” Thoughts such as “I must always give 110% to everything in my life” and “People that make less than \$100,000 a year are failures” are examples of core schemas that may be helpful to modify. Modification of core schemas are a part of CBT that could be helpful for you.

There are also factors, other than the way we think, that can contribute to generalized anxiety. Examples are the goals we set (and whether or not we are reaching them) and how busy we are. Setting reasonable, achievable goals and managing our time effectively are often addressed in a course of CBT.

Common Thoughts about Anxiety and its Treatment

The following are common thoughts that many people have about their own anxiety. Some of these thoughts make it hard to move forward to address the anxiety problem assertively. Check any of the thoughts below that you may have from time-to-time. If there are others you experience that are not listed below, write them in the provided box below. Part of CBT is looking at these thoughts, so be sure to bring them up to your therapist or group leader when you start the active phase of treatment following the group.

Thoughts about anxiety being outside of one's control

- "My anxiety just happens, and I have no control over it."
- "I am completely frozen by my anxiety and can't do anything about it."
- "My anxiety is different than everyone else's."
- "I can't control my anxiety."

Pessimistic predictions about treatment

- "This anxiety will never go away."
- "I haven't gotten better yet, so it won't happen."

Unrealistic expectations about the speed of improvement

- "I want the anxiety to go away right now. I want a cure."
- "I want this to happen right now."
- "I don't have time to spend on this."

Deficiencies in knowledge

- "I don't understand."
- "I don't even know why it happens."
- "I don't understand how this could be helpful for me."

Worry/anxiety/panic is harmful

- "Treating anxiety by having to think about it will cause harm to me."
- "Worry is harming me."
- "If I have anxiety during treatment I won't be able to handle it."
- "If I open this can of worms, it will never close."
- "It will just be too overwhelming."
- "Anxiety will never end if I let it happen."
- "If I don't control my thoughts and emotions they will take over and never end."
- "If I allow myself to worry it will get out of control."
- "If I treat my panic by challenging the anxiety, I will have a heart attack, suffocate, go crazy, or faint."

Positive beliefs about anxiety/worry

- "Anxiety helps me: if I get rid of it, I will not perform as well, or fail."
- "Worries help me solve problems."
- "Anxiety and worry makes me perform better."



Other thoughts about anxiety or treatment I have, not listed above:

“ _____ ”

“ _____ ”

“ _____ ”

“ _____ ”

“ _____ ”

Cognitive Therapy Skills

Summary



Cognitive Therapy Skills are one set of skills used in CBT. They are based on the idea that our thoughts can affect how we feel.

We learned what cognitive therapy skills are and how they work: we gather **evidence** to understand a situation as realistically and in as detailed a way as possible.



Cognitive Therapy Skills are not just “thinking positive.” In fact, some situations *are* really bad. Our goal is to **Examine the Evidence** and practice reminding ourselves of this evidence when we are in a challenging situation, in order to cope better with that situation.

Cognitive skills are best **used in combination with behavioral skills** such as exposure. If we can understand how dangerous a situation is, we can make good decisions about whether or not it would improve our lives if we were to stop avoiding a situation or over-protecting ourselves, which can be limiting.

We learned how to identify **Negative Automatic Thoughts** and the “worst-case scenario” thoughts that are often connected with them. Identifying Negative Automatic Thoughts is the first important step in using Cognitive Therapy Skills.

We learned about **Cognitive Distortions**, such as “All-or-Nothing Thinking,” which are unhelpful patterns of negative thinking. Sometimes it can be helpful to understand whether or not we have some of these patterns in order to more effectively battle our Negative Automatic Thoughts.

We **Examine the Evidence**, using techniques to understand two important questions:

1. *How likely is it that something bad will happen?*
2. *If it did happen, how bad would it be? What would I do if it happened? How might I cope?*

The **Examining Thoughts Worksheet** is one tool that can help us organize the evidence we gather when we are first learning cognitive skills. Writing down evidence about a thought helps us see things more objectively and remind ourselves of information that is hard to remember when we are feeling anxious. Eventually, we hope to be able to remind ourselves of the evidence quickly in the course of daily life, without needing these types of aids.

One important part of an anxiety problem is fear of the anxiety itself; because anxiety feels so bad and makes it hard to accomplish our aims, we worry about having it. We also may start wondering if the anxiety could harm us in some way; these thoughts about the anxiety can make the anxiety even worse. We dispute some of these thoughts to **battle the “fear of fear.”**

Worries are a common part of anxiety, and we give examples of how to battle these worries using cognitive skills. “I’m going to lose my job” and “What if something happens to one of my children?” are examples.

Problem solving, acceptance skills, setting achievable goals, and managing time effectively are other important factors that can reduce anxiety. We combine cognitive therapy skills, relaxation skills, and exposure skills with these other skills to manage GAD and chronic worry.

Notes

Notes