Now that we’ve learned about many of the skills you’ll see in CBT, let’s talk about how to put them all together. This section uses the analogy of a “tug of war” to describe our battle with anxiety and stress over time. The information in this section helps us approach treatment of anxiety in a realistic, effective way. This especially applies to treatment of anxiety over long periods of time—periods in which it is inevitable that we will experience stress of some sort or another.

We talk about the balance between risk and protection that underlies each decision we make, and how these decisions make us more or less vulnerable to anxiety. We also spend time in this section discussing what “causes” anxiety, the risk factors that make us more vulnerable to it, including genetics and stress.

We briefly discuss some “other” CBT skills for anxiety, problem solving and acceptance skills.

At the end of this section we also describe the CBT treatment options available to you at the University of Michigan Anxiety Disorders Clinic to help you with the next steps in your journey to free yourself from anxiety.

“Courage is resistance to fear, mastery of fear—not absence of fear.”
~Mark Twain
**Tug of War:**
Managing anxiety over the long term

Think back to the last time you had a “tug of war” at a fair or on the beach. Your team has some influence on the outcome; but the other team may (or may not…) make things hard for you to achieve your aim.

Managing anxiety over the long term can sometimes feel like a “tug of war.” Despite our attempts at creating a happy, comfortable life, there is always the possibility that some “external stressor,” like an accident, job loss, or interpersonal conflict, could arise. One important goal of CBT skills is to give us confidence that we can cope with these unexpected stressors when they happen.

The opponent in a game of “tug of war” is as integral to the game as stress is to our lives. And just as it is in the game, we can only win if we participate. Participation in the game of life means accepting stress and finding ways to manage it to achieve our life aims. The diagram below may help you to understand how to use CBT skills to assist you in your “tug of war” with stress.

To the left are stressors that are often outside of our control; on the right are the coping skills we need to keep the anxiety from interfering with our life aims.

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Use **exposure** skills to confront anxiety provoking situations actively. Use **Cognitive Therapy Skills** to understand a situation as realistically and in as detailed a way as possible to determine how likely and how dangerous a situation could be. These skills work to “reprogram” the anxiety response and are the most powerful CBT skills to change anxiety feelings in the long run.

Practice **relaxation** skills regularly to address anxiety by slowing down breathing, reducing muscle tension, and quieting the mind.

Find ways to add **“pleasure”** and **“mastery”** to your daily life. These are the things we live for!

Take care of yourself! Consider issues of **self-care** to give the anxiety less of an edge.

Use **problem solving skills** to proactively address problems you can control, and **acceptance skills** to let go of things you can’t control.
Another way to look at our battle with stress and anxiety is to try to balance a normal desire for protection with a hope of achieving certain life aims. This may seem like an abstract concept, so let’s look at some specific examples of balancing risk with life aims.

**Should I take the chance? Or…**

How often do you drive or ride as a passenger in a car? Probably every day! Automobiles have changed how we live our lives; they are convenient and help us achieve our life aims quickly and efficiently. It is hard to imagine living without them.

Of course, driving or riding in a car involves some risk. According to the United States Department of Transportation, there is a 1 in 84 chance of being killed in an automobile accident at some point in our lives. So why do we take this risk?

It must be worth it to take this chance. We take the small risk of getting into an accident in order to take advantage of the benefits automobile travel can afford us. Of course, the fact that it is relatively unlikely certainly helps!

Every day we take risks to reach our life aims. While we probably aren’t noticing this process, we have “pros and cons” playing in our head about most decisions we make. Check out the example below:

<table>
<thead>
<tr>
<th>Pros and Cons: Driving or riding in a car</th>
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</thead>
<tbody>
<tr>
<td><strong>“Cons”</strong></td>
</tr>
<tr>
<td>1. Small chance of getting hurt or killed in an accident</td>
</tr>
<tr>
<td>1. Costs associated with driving (gas, repairs, etc.)</td>
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<td></td>
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</tbody>
</table>

As the above example illustrates, our lives are filled with decisions about when to take risks and when to protect ourselves. Usually we are trying to find a balance between protection and risk. We try to have as much as we can without increasing the chance of harm too much. There are many options. Below, we illustrate this continuum and decisions we make that move us more toward risk (and more freedom) or protection (and less freedom). It is our choice to decide how much risk to take most people try to find a reasonable balance between risk and protection.

**Greater risks, fewer precautions, more freedom, better quality of life**

**Drive with “reasonable safety behaviors” in place (balance between risk and protection):**

- Drive safely: moderate speeds, drive with the flow of traffic, etc.  
- No multitasking while driving  
- Keep car in good repair  
- Take defensive driving classes  
- Be careful when there is bad weather

“These are the things I enjoy and I won’t let anxiety take them from me. It is worth taking that small chance to have some of the things I want.”

**Drive with no concern for safety at all (too much risk):**

“There is no risk here; nothing bad could happen to me. I don’t need to be careful.”

**No driving at all (complete protection):**

“It is best to be safe and prevent bad things from happening at all costs.”

“I would rather not do that if it is going to make me feel anxious.”

“I want to take all precautions to be sure that everything will be OK.”

**Fewer risks, more precautions, less freedom**
In the “Anxiety 101” section of this manual we briefly discussed the causes of anxiety. While there are many factors that lead to an anxiety problem, we know that our vulnerability to anxiety is related to both “nature” and “nurture.” Nature is what we inherit from our parents: our genetics. Nurture is life experiences. Risk factors (genetics or experiences that make one more “at risk” for developing anxiety) are a mixture of these two basic elements. Below we list some of the most common risk factors for anxiety.

**Nature** and **Nurture**

**Early life experience**: Patterns of attachment with parents, early life stress, traumatic experiences early in life, etc.

**Genetics**: Inherited vulnerability to physical and/or mental illness

**Modeling from important elders/authority figures**: Learned protective behaviors, ideas about what is/is not dangerous, etc.

**Learned patterns of cognitive inflexibility** (rigid thinking), such as extreme criticality or perfectionism

**Traumatic experiences**: Accidents, assault, deaths of loved ones, near death experiences, being attacked by an animal, etc.

**Patterns of uncertainty** in treatment by others: Abuse or neglect during upbringing, moving frequently from area to area, unpredictable parenting

While there are some things in our lives that we can successfully control, there are other things that we cannot. In fact, we may find that the more we try to control some things, the more this control eludes us.

One thing that is very hard to control completely is our body; sometimes it seems as if we experience a constant influx of pain, anxiety, emotion, and thought. The truth about these automatic impulses is that we cannot completely control them, no matter how hard we try. Once a thought comes into our head, it is there; once an emotion happens, it happens. As we have learned at times earlier in this manual, trying to get rid of thoughts and feelings often makes them last longer or grow in intensity. However, our responses to these impulses can influence how we experience the anxiety in the future. We use skills learned in CBT to influence the anxiety in this way.

It is for this reason that in CBT we frame anxiety management as an effort to influence the anxiety, through skills and adaptive responses to it, rather than to “control” it. Complete control is impossible, but at least we can manage the symptoms of anxiety, which are likely to come up from time to time. Look at the quotations below to further understand this difference.

**Influence**

“While my decisions have a part to play in how things turn out, there are some things out of my control.”

“I can’t prevent thoughts and feelings from happening, but my responses to these impulses can influence how I experience the anxiety in the future.”

“Learning to cope with hardships is a part of life. I can respond well to make it the ‘best case scenario’, whatever happens.”

**Control**

“If I work hard enough, I can make things just right.”

“I need to be sure everything will be safe at all costs.”

“If there is even the slightest chance something bad could happen I do not want to do it.”

“I hope nothing bad happens today.”
Exercise #1: “How I can balance my anxiety vulnerability with coping skills”

Vulnerability factors

(Click the ones that apply to you)

☐ Genetics (family member with anxiety or depression)
☐ Traumatic experiences (especially in early life)
☐ Modeling of important elders/authority figures (how we learn what is/is not dangerous)
☐ Learned patterns of cognitive inflexibility (rigid thinking such as extreme perfectionism)
☐ Patterns of uncertainty in treatment by others (parents, elders, etc.)

Skills I can use to manage anxiety and balance my vulnerability

☐ Exposure skills (confront anxiety to desensitize triggers and achieve aims)
☐ Cognitive skills (challenging negative automatic thoughts)
☐ Relaxation strategies (slow diaphragmatic breathing, mindfulness meditation, Progressive Muscle Relaxation, etc.)
☐ Self-care (exercise, diet, sleep, manage illnesses, limit use of substances, etc.)
☐ Mastery and Pleasure (time to enjoy activities, achieve life aims)
☐ Problem solving and acceptance skills (adaptively address problems and accept things we cannot control)

Exercise #2: See the connection between stressful life events and anxiety/depression

Think about times in which you were particularly anxious or depressed and write them on the left. What external stressors were going on at the time? Write those on the right. While our own anxiety sensitivity is one factor in developing an anxiety problem, stress usually plays a role!

<table>
<thead>
<tr>
<th>Time of life (e.g. “When I was 16”)</th>
<th>External stressors (e.g. grandfather passed away)</th>
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“Tug of War” Take Home Points:

Managing anxiety over the long term can feel like a “tug of war;” as we have experienced stress in the past, it is also likely to come up in the future. One important goal of CBT is to understand our vulnerability to anxiety and use coping skills to offset this vulnerability.

We all have to find our own balance of “risk” versus “protection” to achieve our life aims. While we all would like to be completely safe, there is always some risk in each decision we make. With CBT we learn what risks are worth taking to reach our aims.
Problem Solving and Acceptance: the “other” CBT Skills

When a problem arises, there many possible responses. As we have discussed throughout this manual, some responses to anxiety and problems can help to solve these problems; others can serve to make things worse. Below we describe three ways of addressing a problem. One approach may work best, or all three may apply. The “take home point” here is that all situations are different, and require different types of approaches to help you meet your life aims.

Adaptive Response #1: Problem solving (actions/behaviors)

Sometimes the best answer to a problem is working to “solve” the problem somehow—it is not a problem with our thinking or behavior, it is a problem with the external circumstances. For example, if someone is consistently aggressive or abusive of us, we may want to find a way to set firm limits with that person or leave the relationship altogether. There are many problem solving skills, some of which are outlined below:

- Exposure skills to address avoidance
- Assertively address interpersonal conflicts
- Take small steps to make progress on long-term projects
- Plan for the future
- Manage your time effectively
- many others…

Talk to your therapist or group leader about other behavioral skills to directly address problems that arise.

Adaptive Response #2: Get the facts (thinking)

Use cognitive skills to better understand the “facts” of a situation. Perhaps there is a problem, and perhaps there is not. Sometimes the first step is to understand the facts of a situation, and then decide whether or not to use problem solving skills (above) or accept things that are outside of our control (below). See the section on “Cognitive Therapy Skills.”

Adaptive Response #3: Accept what cannot be controlled (letting go)

There are times that we believe we should be able to control something, yet our consistent attempts to do so are met with failure. This “beating a dead horse” makes us more and more frustrated, angry, anxious, and depressed. Sometimes letting go of things we cannot control is necessary to prevent problems from getting even worse; we also lift some of the burden of failing over and over.

How do I know what to do to make it better?

Sometimes it is difficult to know which approach to take to make a situation better. While it is ultimately an individual decision, one that may take trial and error, therapy is a place to work out some of these difficult choices. The various skills in CBT are meant to help us get some clarity around some of these decisions. While we don’t have room in this manual to discuss in detail how to make these decisions, this is something to discuss with your group or individual therapist as you move through treatment.
Cognitive-Behavioral Therapy is an effective, evidence-based treatment that has been proven to have an impact on anxiety in both the short and long term. Our clinic specializes in delivery of this intervention to people like you, who want anxiety to stop interfering with their lives. Below we explain some of what to expect from CBT treatment.

Cognitive Behavioral Therapy…

…is **regular**. It works best when you come to treatment once per week for most of the treatment course. It is common to go to once every other week or once a month once the symptoms have been reduced and you have entered the “maintenance” period of treatment.

…typically **lasts for between 12 and 16 sessions**. Depending on the problem, it may take more or less. This is not a treatment that is meant to last for significant amounts of time.

…is **structured**. This is not the style of therapy in which one comes into the session only to “vent” or have someone with whom to talk. The treatment is focused specifically on treatment aims, which usually include reducing the impact of anxiety on our lives and feeling better, by learning skills and techniques to respond to anxiety when it arises.

…has a **variety of skills**. As you may have noticed from this manual, there are different ways to manage an anxiety problem. Most people find it helpful to use a variety of skills, instead of searching for just one “silver bullet.” There is most likely not just one answer to your anxiety problem. However, the anxiety symptoms can usually be managed well if one practices **multiple skills** repetitively over time and incorporates them into the flow of daily life.

…requires **practice**. Call it homework, daily practice, or whatever you choose. Regardless, it takes daily repetition to learn skills and retrain one’s anxiety response. A rule of thumb is to expect to spend **about one hour a day** practicing CBT in between sessions. We want you to feel better outside of sessions and after you finish treatment, not just while you are at our clinic.

…depends on **follow-through**. The most important factor in whether or not treatment works is the amount of work you put into it. Consider it an investment in a future with more freedom and flexibility.

…is **collaborative**. Individual and group CBT are structured, but are also centered around your life aims. The patient and therapist work together to define treatment targets, adapt skills to the patient’s unique circumstances, and troubleshoot as barriers arise. If certain skills do not work, it is common to try others. If something does not seem to be working, one can discuss this with the therapist or group leader. Communication is an important part of CBT.

…is **evidence-based**. This means that the concepts and skills are based on scientifically-validated concepts, and the interventions have been tested to be sure they are helpful.

On the next page we discuss the different treatment options at this clinic to continue with CBT once you finish the basic group.
CBT Treatment in the University of Michigan Anxiety Disorders Clinic, con.

**What do I do after the CBT Basic Group for Anxiety?**

**Option 1: Cognitive-Behavioral Therapy Treatment Groups**

A popular option for the next step in treatment is our CBT Treatment Groups, which takes the skills we discussed in the Basic Group one step further. These groups focus on the two main skill sets of CBT, Exposure and Desensitization and Cognitive Therapy Skills. Individuals that take part in these groups are asked to share with the group their treatment targets and anxiety triggers, while designing cognitive and behavioral interventions to address specific problems. Patients are expected to practice skills in between sessions.

Each group meets for one month of weekly sessions at a time, and the two groups alternate months. For example, the Exposure group may meet in January for four sessions, and the Cognitive Therapy Skills group meets in February for the same amount. This pattern repeats. If a patient wishes to take part in both groups they may, and they are encouraged to repeat groups to get more experience and practice with CBT skills.

The Exposure and Desensitization groups are ideal for patients with panic disorder, agoraphobia, social anxiety, obsessive-compulsive disorder, and specific phobias. Patients with generalized anxiety disorder are encouraged to attend this group, but may find the most benefit from the Cognitive Therapy Skills group.

The Cognitive Therapy Skills group is ideal for chronic worry, generalized anxiety disorder, social anxiety, panic disorder, and specific phobias. Patients with Obsessive-Compulsive Disorder (OCD) may find this group helpful, but the primary mode of treatment for OCD is exposure.

Patients with a primary diagnosis of Post-Traumatic Stress Disorder (PTSD) are encouraged to pursue individual therapy, which typically involves an exposure-based mode of treatment called Prolonged Exposure for PTSD. Talk to your referring clinician or group leader about this option if you are interested.

**Option 2: Individual Cognitive Behavioral Therapy**

If treatment groups are not the best option for you, another option is individual therapy. Individual CBT therapy is recommended if you cannot attend the CBT Treatment Groups due to a schedule conflict. Also, some anxiety problems are best treated in individual therapy. If you have a question about whether to attend groups or individual therapy, talk to your CBT Basic Group leader or the clinician that referred you to the group. If it is determined that individual therapy would be most helpful for you, we will discuss your case in the Anxiety Team Meeting on the following Monday and get back to you with our recommendations and referral options.

**Option 3: Some other form of psychotherapy**

CBT is not for everyone. If after you complete this group you realize that you are not interested in group or individual CBT, talk to your referring clinician about other therapy options. Some of these options include group and individual therapy aimed at addressing such problems as relationship issues, depression, and Bipolar Disorder. Whatever your problem, the best option is to discuss what you are looking for with the clinician that worked with you at your initial evaluation. You can also ask your Basic Group Leader for advice about this. For some, we recommend a one-session “therapy evaluation” with an experienced clinician to help make decisions about the next steps in treatment with us.

**Option 4: Individual therapy evaluation**

For some, especially anyone that is confused about which direction to go with their treatment, we recommend a one-session “therapy evaluation” with an experienced clinician to help make decisions about the next steps in treatment with us. Let us know if you are interested in this option.

**What about medication?**

Research suggests that the most effective treatments for anxiety often involve a combination of therapy with some sort of psychotropic medication, usually an antidepressant. Sometimes a medication can be helpful in reducing some of the most painful anxiety symptoms in order for a patient to better take advantage of therapy. That being said, medication is not typically a “cure” by itself, but can be used in combination with other forms of treatment to manage anxiety. Your psychiatrist or nurse practitioner is the expert on this subject. If you have not had a medication evaluation, you can tell the person who referred you to this group or your group leader that you are interested in exploring this option. Just let us know!
Congratulations on finishing the CBT Basic Group for Anxiety! We hope the group was helpful in explaining the basics of CBT and preparing you for the next steps in your treatment. Please let us know if there is anything we can do to help you with these next steps in treatment.

Your understanding of the material in this manual before the next steps of treatment will enhance your response to CBT treatment. If you haven’t already, try some of the exercises in the manual to further clarify you treatment aims and start seeing how these skills may be helpful for you.

Also, see the “Resources” section for further reading and other media on anxiety and CBT.

Good luck with your treatment!