



CBT for Anxiety

John Ludgate Ph.D.

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CBT for Anxiety

John Ludgate Ph.D.



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CBT for Anxiety

JOHN LUDGATE, PH.D, F.A.C.T.
CBT CENTER OF WNC

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Models of anxiety

- ▶ Biological: ANS dysfunction
Biochemical imbalance
- ▶ Psychodynamic: unconscious impulses
threatening to become conscious (Freud, 1926)
- ▶ Behavioral: Conditioning model (Wolpe, 1969)
Failure to habituate (Mowrer, 1947)
- ▶ CBT: Self-instructional (Meichenbaum, 1977)
Anxiety management
Cognitive (Beck et al, 1985)

Slide 1

- JL2** Welcome
John Ludgate, 5/2/2018
- JL3** Who am I
John Ludgate, 5/2/2018
- JL4** 1 in 5 5% clicial disorder ist female 2nd men
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- JL5** Frequently present and you have expericne of this
John Ludgate, 5/2/2018
- JL6** If my expericne is same 50% on given day
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- JL7** Preview of what is in this presentation
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- JL9** Boooks to recommend
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Slide 2

- JL8** John Ludgate, 5/2/2018
- JL10** Will talk mostly about Beck model since it has most evidence to support it model and treatment
John Ludgate, 5/2/2018
- JL42** John Ludgate, 5/3/2018

JL11

COGNITIVE BEHAVIORAL MODEL OF ANXIETY

$$\text{ANXIETY} = \frac{\text{RISKS}}{\text{RESOURCES}}$$


CBT= REDUCE RISK + INCREASE RESOURCES

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JL14

Risk in specific anxiety disorders

GAD	Not being certain of outcomes/any bad outcome
OCD	Harm to self or others
Panic disorder	Physical or emotional catastrophe (dying, loss of control, going crazy)
Social phobia	Focus of attention, embarrassment
Specific phobia	Harm/danger to oneself

In each disorder perception of one's own coping resources to deal with this threat or danger is diminished also.

Slide 3

JL11 Give example me nervous re public speaking

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Slide 4

JL12 Content specificity idea Anxious thinking what if depressed different

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JL13 Risk is different in each anxiety disorder,, give example of panic

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JL14 Fear of uncertainty as a factor and tx for this

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Effectiveness of CBT with Anxiety Disorders

Panic Disorder

- * 75-90% panic-free at end of tx compared to 70% with Imipramine, 50% with Xanax
- * Relapse (1yr): CBT 0-16%, Meds 25-40%

Agoraphobia:

- ▶ 80% improved at end of tx, 96% of responders in remission at 2yr follow-up

Generalized Anxiety Disorder

- * 77% no longer meet criteria at end of CBT
- * 50-60% maintained at follow up

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Social Phobia:

- * 75% response rate with CBT (same as medication)
- * Relapse rate: CBT 0%, Meds 33%

Obsessive Compulsive Disorder

- * Exposure & Response Prevention (ERP)
70-80% response rate,
- * 75% maintained response at 30 months
- * More strictly CBT approach same initial response

Slide 5

JL15 Hoffman 2014 showed CBT to be highly effective for anxiety

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JL16 adults and kids

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JL17 Also ACT studied and evidence based,,,describe model and differences

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JL18 Note relapse rate,,,, an advantage for CBT,,,use skills on own

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Slide 6

JL1 Welcome

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JL19 Again relapse rate lower than other OCD often relapse

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JL20 12 sessions usually

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JL21 but can be 3-4

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JL22 Also clinical effectiveness studies about 70%

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CBT with Anxiety: Strategies

- ▶ Explore beliefs about worry: perceived benefits and costs of worry
- ▶ Review evidence regarding worry beliefs
- ▶ De-catastrophize
- ▶ Worry control technique
- ▶ Distraction and refocusing
- ▶ Relaxation and autonomic arousal-reduction methods

Cognitive techniques

- ▶ Evidence review
- ▶ Generating alternatives
- ▶ Re-estimating probabilities & de-awfulizing
- ▶ Costs-benefits of thoughts
- ▶ Behavioral experiments

Slide 7

JL23 Metacognitive very important

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JL24 demonstrate decatastrophizing

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JL25 demonstrate worry control

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JL26 how to distract not just desirable

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Slide 8

JL41 Examples

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Arousal Reduction Methods

Purpose: To assist patients in managing high levels of autonomic over arousal.

Methods:

- ▶ Progressive Muscle Relaxation
- ▶ Applied Relaxation
- ▶ Breathing Retraining
- ▶ Guided Imagery
- ▶ Mindfulness and related techniques

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Other CBT strategies

- ▶ Problem solving
- ▶ Exposure
- ▶ Skill development (social skills, communication, assertiveness)
- ▶ Activity scheduling
- ▶ Emotion regulation
- ▶ Acceptance

Slide 10

JL27 Give example of problem solving

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JL28 Example of exposure tx ; to situation to feeling

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JL29 Acceptance v experiential avoidance

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JL30 Go over handout in some detail which puts it all together you have done in session now homework

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CBT for Anxiety in Children

- ▶ Education regarding anxiety: mental & physical symptoms
- ▶ Establish personal cue system for anxiety
- ▶ Determine situational components of anxiety
- ▶ Identify anxious thinking through:
 - Interview
 - Play
 - Cartoons\stories
 - Modeling
 - Scales

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CBT for anxiety in children cont.

- ▶ Connect thoughts and feelings
- ▶ Modify anxious thinking by;
 - reassessing probabilities\decatastrophizing
 - behavioral experiments
 - flash cards
 - modeling\superhero role-play
- Relaxation training training\arousal reduction methods
- Behavior change\skills training
- Exposure\desensitization

Slide 11

JL31 Psychodoped helpful,,,, normalize use words familiar to them

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JL32 With younger play can identify fears ,,,,boks on combining CBt and play therapy

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JL33 Thought bubbles

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Slide 12

JL36 Examples from children

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JL37 Sadam Husein bombing school

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JL38 Mom dying


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JL39 Blow out cnadle/blow bubbles

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JL40 Robot to rag doll

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- ▶ Thank you for your time today
 - ▶ I hope this brief outline of some of the CBT strategies which have been found to be effective in the treatment of anxiety has been helpful and instructive
 - ▶ For further information, the book list enclosed will be a helpful way to increase knowledge of the CBT model and Cognitive Behavioral Treatment methods for anxious adults and children
 - ▶ For developing skills in CBT for anxiety disorders and for a number of other clinical populations, consider an online 19 hour intensive CBT training course developed by PESI and conducted by John Ludgate, Ph.D. Go to PESI.COM for more information.
 - ▶ If you have questions feel free to e-mail me
jludgate@behaviortherapist.com

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MATERIALS PROVIDED BY

John Ludgate, Ph.D., is a licensed clinical psychologist who has worked as a psychotherapist for almost 30 years. He is a Founding Fellow of the Academy of Cognitive Therapy. His practice, which involves work in both a private practice and in an outpatient psychiatric center, consists largely of treating clients referred with mood problems and/or anxiety conditions. He is currently working at the Cognitive-Behavioral Therapy Center of Western North Carolina in Asheville, North Carolina.

John is a native of southern Ireland and obtained a Master Degree in Clinical Psychology from the University of Edinburgh in Scotland, and a Ph.D. from Trinity College, Dublin, Ireland in 1990. He trained at the Center for Cognitive Therapy in Philadelphia under Dr. Aaron Beck, the founder of Cognitive Therapy, obtaining a Post-Doctoral Fellowship in Cognitive Therapy from the University of Pennsylvania in 1986. He subsequently became Assistant Director of Training at Dr. Beck's Center.

In the early 1990s, Dr. Ludgate was a research clinical psychologist at the University of Oxford in England and served as cognitive therapist in several outcome studies of panic disorder, agoraphobia, social phobia and hypochondriasis. In 2009 he authored *Cognitive Behavioral Therapy and Relapse Prevention for Depression and Anxiety* published by Professional Resources Press and was co-editor with Wright, Thase and Beck of *Cognitive Therapy with Inpatients: Developing a Cognitive Milieu* published by Guilford Press in 1993. His newest book is *Overcoming Compassion Fatigue*, co-authored with Martha Teater, and was published by PESI Publishing & Media in 2014. He has written numerous journal articles and book chapters in the field of Cognitive Behavior Therapy for Anxiety and Depression. He has presented many seminars and workshops on cognitive behavioral approaches, both nationally and internationally.

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