## How to Use Cognitive Behavioral Therapy Techniques for Anxiety Disorders

Last updated October 2023

## Introduction:

Cognitive behavioral therapy (CBT) is a highly effective approach for patients with anxiety disorders—but only if they demonstrate motivation and a commitment to complete therapeutic exercises and apply learned coping mechanisms.

**Overall Strategy:** Controlling our behaviors becomes challenging when we don't understand how our thoughts and emotions lead to them. CBT helps patients dismantle the chain of automatic negative thoughts (ANTs) that lead to distressing emotions, which subsequently trigger anxious behaviors. Your role will be to teach your patient strategies for challenging and changing these thoughts, refining their emotional responses, and identifying ways to prevent anxiety-ridden behaviors.

## Identify a Specific Anxiety-Inducing Incident to Begin Analysis

Begin by briefly explaining CBT to your patient. Then, ask them to detail a recent episode of anxiety: "Let's try to figure out what we can learn from what happened. Tell me more about the situation that led to your anxiety." For each situation, identify:

- ANTs
- Emotions
- Behavior

*Clinical vignette*: A 30-year-old woman who has been struggling with social anxiety had a panic attack during a work presentation. During the session, you identify that the trigger was the fear of judgment from her colleagues. The ANT was, "Everyone will laugh at me. They'll think I'm incompetent." The emotion was fear and panic, and the behavior was declining to do any more presentations, which threatens her job security. You intervene to demonstrate how her thoughts about her coworkers led directly to her fear and panic, and then help her challenge the accuracy of those thoughts. She agrees that her colleagues are generally supportive and understanding, and this balanced thought might have led her to ask for support rather than isolating herself in fear.

## Common ANTs and Other Cognitive Distortions in Anxiety Disorders

• Catastrophizing: A patient might think, "I'm going to mess up this presentation, and then I'll lose my job." Encourage a replacement thought, such as: "I am well-prepared for this presentation. Even if I stumble, it doesn't mean I'll lose my job."

Generalizing: An isolated incident of discomfort in a social setting can lead to thoughts like, "I'm always awkward in social situations. I'll never fit in." Guide them to understand that one incident does not define all future experiences.
Worry and rumination: Anxiety can fuel repetitive thoughts, such as "What if something goes wrong?" Educate that persistent worrying does not prevent adverse events. Teach them coping strategies like deep breathing, grounding exercises, or distraction techniques to break the cycle of rumination.

