

# Cognitive-Behavioral Therapy (CBT) Basic Group for Anxiety

Adult Patient Manual Excerpt

Anxiety 101



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# Acknowledgements

Cognitive-Behavioral Therapy (CBT) Group Program for Anxiety Patient Manual

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# Acknowledgements

## Cognitive-Behavioral Therapy (CBT) Group Program for Anxiety Patient Manual

Parts of this manual were broadly adapted and integrated from the following sources about anxiety, Cognitive-Behavioral Therapy, and group psychotherapy:

Barlow, D.H. & Craske, M.G. (2007). *Mastery of your anxiety and panic, 4<sup>th</sup> Ed.* New York: Oxford.

Beck, J.S. (2011). *Cognitive therapy: Basics and beyond (2<sup>nd</sup> ed.)*. New York: Guilford Press.

Craske, M.G., Antony, M.M. & Barlow, D.H. (2006). *Mastering your fears and phobias, 2<sup>nd</sup> Ed.* New York: Oxford.

Craske, M.G. & Barlow, D.H. (2006). *Mastery of your anxiety and worry, 2<sup>nd</sup> Ed.* New York: Oxford.

Craske, M.G., Treanor, M., Conway, C., Zbozinek, T. Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behaviour Research and Therapy*, 58, 10-23.

Davis, M., Eshelman, E.R. & McKay, M. (2008). *The relaxation & stress reduction workbook, 6<sup>th</sup> ed.* Oakland: New Harbinger.

Foa, E.B., Yadin, E. & Lichner, T.K. (2012). *Exposure and Response (Ritual) Prevention for Obsessive-Compulsive Disorder, 2<sup>nd</sup> Ed.* New York: Oxford.

Hope, D.H. & Heimberg, R.G. (2010). *Managing social anxiety: A Cognitive-Behavioral Approach. 2<sup>nd</sup> Ed.* New York: Oxford.

LeDoux, J. (2015). *Anxious: Using the brain to understand and treat fear and anxiety.* New York: Penguin Books.

Rothbaum, B. & Foa, E.B. (2007). *Prolonged Exposure Therapy for PTSD: Emotional processing of traumatic experiences.* New York: Oxford.

# Cognitive-Behavioral Therapy (CBT) Basic Group for Anxiety

## Group Guideposts



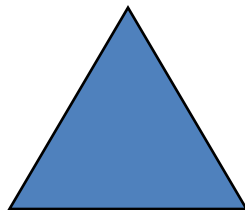
### What is this group all about?

- Our group is an introduction to the basic concepts and skills of CBT.
- There are four sessions, each with a different topic.
- You can attend these in any order you like.
- Each session will cover just some of these CBT skills. If you have questions during the group, please ask! It is also possible any confusion you have at the beginning will clear up as you continue to attend the sessions.
- This group is not meant to fix your anxiety completely. We want to give you a chance to try out some of these techniques and understand your anxiety better. When you get done with this group you may want to continue with group or individual CBT treatment here or with a therapist in the community.

### What is Cognitive-Behavioral Therapy?

Cognitive-Behavioral Therapy (CBT) is a short-term, **evidence-based** treatment for many problems, including anxiety. It is based on the principle that cognitions (thoughts), behaviors (actions/choices) and emotions (feelings) all affect each other. Being aware of and changing how we act, think, and respond to emotions can help us keep anxiety from controlling our lives.

Feelings (emotions)



Thoughts (cognitions)

Behaviors (actions)

### Weekly Group topics:

#### **Anxiety Vulnerability Management** (week 1)

Do you ever think you have more anxiety than other people? Find out why and learn how to use CBT skills to fight your anxiety over the long term.

#### **Relaxation and Mindfulness** (week 2)

Just relax! What to do and when to try relaxation strategies to help make you feel less stress and tension in your daily life.

#### **Exposure and Desensitization** (week 3)

“Avoid avoidance:” how our behaviors can make anxiety worse, and the surprising way to learn to manage it!

#### **Cognitive Therapy Skills** (week 4)

Our thoughts matter! Learn ways our thoughts can change how we feel and influence what we do. Turn thoughts into your ally, instead of your enemy.

### We want to be sure that our treatment is effective!

**Evidence-based** means that there is scientific evidence to show that something works.

CBT is an evidence-based treatment that has been studied and shown to be effective in hundreds of scientific experiments.

While there is no 100% guarantee that CBT will work for you, it is likely that with practice and hard work you will receive benefit from these techniques.

### How to use this manual

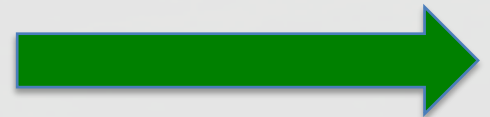
This manual includes a lot of information on anxiety and CBT—more than we have time to cover in the group sessions. You will get the most out of this group if you **take notes during the group** and then **review the manual between sessions**. Remember that different people get benefit from different CBT skills, so we expect that you will use the skills that work and let go of the rest. We hope that you will try each skill out to determine if it suits you. **Refer to “Appendix Iii: This is so much information! Where do I start?”** to make your reading more efficient by starting with the information most pertinent to your particular problem. Finally, be sure to bring the manual back next week!

# The Path Through Psychotherapy...

There is a great deal of scientific research on psychotherapy, and we know a lot about what can be helpful for people. We continue to learn more and more about how to use psychotherapy to help as many people as possible.

However, because everyone is different, and our brains and lives are very complex, it is often hard to know exactly what it is that will help a particular person feel better.

On the next page, follow the path from the bottom of the page upward for some tips to make your “path through psychotherapy” more helpful and rewarding.





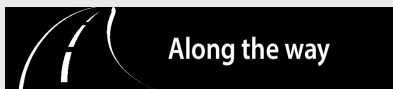
See this as **just one piece of the puzzle** in your process of better understanding yourself and moving toward what you want in your life. Get all you can out of it and then make efforts to find out what other types of work could be helpful. For example, maybe you did a great deal of work on managing your anxiety with cognitive and behavioral skills. Now you believe that you want to improve your relationships to achieve more in that area of your life.

**Manage barriers** to showing up regularly to treatment and practicing skills: improvement depends primarily on follow-through and the amount of work you put into your therapy.

**Address anxiety from different angles.** There is no one “silver bullet” that will change anxiety all by itself. Usually a “combination treatment,” or mixed approach is what works best to make anxiety better. This also means putting in some effort to understand different ways to manage your anxiety.

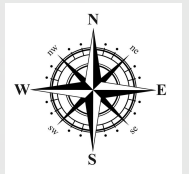
**Practice skills over, and over, and over.** It usually takes time for changes in our behavior and thinking to lead to us feeling better. Like learning a musical instrument, we are practicing new ways of doing things that will feel “clunky” at first, and become more comfortable over time.

**Take small steps toward change** each day. Try not to wait for “light bulb moments,” “epiphanies,” or for something to take anxiety all away instantly.



Expect **ups and downs** during the process. Think of it as “2 steps forward, 1 step back.” Try not to get discouraged or give up when things seem to move backward or stagnate.

**Make it about you:** engage in your treatment because **you** want to improve your life. Take responsibility for achieving your aims to feel better, not because others are telling you to do so. Remember that even if you are being pushed to engage in therapy by someone else, that relationship must be important enough for you to consider this option!



Maintain an **open mind about the possibility of change**, while being realistic about **how fast** this change can happen.

Especially at first, gauge **success according to how you change your responses** to stress, uncomfortable emotions, and body sensations, not whether or not these things exist or continue to occur. Focus on **valued action**, even more than just “feeling better.”

**“Credibility:”** Make sure the treatment in which you are engaging makes sense to you and seems to be addressing your problem. There are different paths to the same goal. If this type of therapy is not working for you, you are confused about what you are doing, or you have any other concerns, talk to your clinician right away. Clinicians are trained to have these discussions with their patients.

Make sure **your definition of the “problem”** is the same as the clinician’s with whom you are working. Maybe they think it is “anxiety” and you think it is something else. Try to clarify this with your clinicians.



# Anxiety 101

*"We experience moments absolutely free from worry. These brief respites are called panic."*

~Cullen Hightower

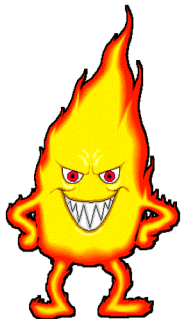
This part of the group is meant to explore important information about anxiety itself. The first step to managing anxiety is **understanding it as well as we can**—to "know thine enemy," so to speak.

On the pages entitled **"Anxiety is..."** and **"Why does my body do this?"** we'll talk about:



- What the anxiety "alarm" really is—the "fight or flight" response— and what its common symptoms are
- The difference between normal anxiety and "phobic" anxiety
- What causes anxiety
- Why our bodies do what they do when we are anxious
- Why we can't just "get rid of" the anxiety

In the section **"Anxiety Triggers,"** we'll go over the different things that can trigger anxiety and how the brain comes to believe these triggers are dangerous.



In our final section, **"Anxiety Fuel,"** we learn about common ways that anxiety can get worse, and how our own thoughts and behaviors play a role in this process.



# Anxiety Is...

Anxiety is a part of our bodies' natural **alarm** system, the "fight or flight" response, which exists to protect us from danger. These natural body responses are not harmful— but they are really uncomfortable!

The most pure form of the "fight or flight" response is a **panic attack**, which involves a rush of anxiety symptoms, many of which are listed below, usually peaking in about 10 minutes. In these cases, the body is trying to tell us "something dangerous is happening *right now!*" Other forms of anxiety that are less acute but often just as debilitating, such as **chronic worry**, involve symptoms similar to the "fight or flight" symptoms of panic attacks. However, in these cases, it is as if the body is saying "something dangerous is *going to happen* sometime in the future... so watch out!" The differences between the two are the intensity of the response and the context in which it is triggered. In this manual we will refer to all anxiety symptoms as being related to the "fight or flight" response. The most common anxiety symptoms are listed below. **Try circling the ones that apply to you.**

## Physical Symptoms

- Rapid heartbeat
- Sweating
- Trouble breathing
- Tightness in the chest, chest pain
- Dizziness
- Feeling: "Things aren't real"
- Feeling: "I don't feel like myself."
- Tingling and numbness in fingers, toes, and other extremities
- Nausea, vomiting
- Muscle tension
- Low energy, exhaustion
- Changes in body temperature
- Shaking, jitters
- Urgency to urinate or defecate
- Changes in vision and other senses

## Cognitive (thinking) Symptoms

- Worries
- Negative thoughts about one's ability to tolerate emotions or future stress
- Negative predictions about future events
- Other common thoughts:
  - "I am going crazy!"
  - "I am going to have a heart attack!"
  - "I am going to faint."
- Trouble concentrating or keeping attention
- Magical ideas, phrases or images, such as "If I do not wash my hands I will die or someone will be harmed."
- Preoccupation with body sensations or functions

## Behavioral Symptoms

- Avoidance** of anything that provokes anxiety, including people, places, situations, objects, animals, thoughts, memories, body feelings, etc.
- Protective, "safety" behaviors
- Aggression, verbal abuse, lashing out
- Alcohol and/or drug use
- Compulsive behaviors, such as excessive checking or other unreasonable or harmful rituals or routines



## What causes anxiety?

We know from scientific research that anxiety is caused by a combination of factors related to both "nature" (**genetics**) and "nurture" (**experience**). Check out page 5.4 for a more detailed explanation of the factors that can lead to anxiety.

### When "fight or flight" goes too far: "Phobic" anxiety

Everyone experiences anxiety from time-to-time. We often get the question: "How do I know if I have an anxiety disorder?" An anxiety disorder is diagnosed when someone experiences anxiety symptoms and these symptoms:

- **Interfere with a person's life aims**
- **Happen too often or with too much intensity, given the actual danger of a situation**
- **Are not explained by other factors, such as a medical problem or substance abuse**

Some people experience significant anxiety and choose simply to live with it. It is up to you to decide if you can handle the anxiety on your own, or if treatment is necessary.

### **Take home point:**

*The symptoms of anxiety are the "fight or flight" response, and are normal, functional, and necessary for survival. They become a problem when they are too severe or happen too often, given the real amount of danger present, or if they interfere with the activities of life.*

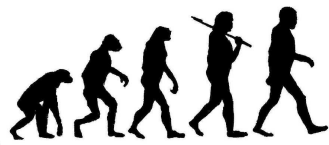
**Remember: Anxiety is uncomfortable, not dangerous!**

### **Why can't I just get rid of my anxiety?**

Anxiety is as vital to our survival as hunger and thirst. Without our "fight or flight" response we would not be as aware of possible threats to our safety. We also might not take care of ourselves or prepare adequately for the future. And we probably wouldn't enjoy a scary movie or a roller coaster!

*Anxiety is necessary, as it protects us and can even be fun at times. It isn't in our best interest to get rid of it completely.*





## There is a reason!

We have evolved over millions of years to better protect ourselves. Our brains have learned to *automatically* signal danger when it is present or we perceive that we may be harmed in some way. Each symptom of anxiety has a specific evolutionary purpose: to help us “fight” or “flee.”

Try to figure out how each symptom of anxiety is used by our bodies to protect us when we are in danger, by matching the evolutionary purpose with the anxiety symptoms. Some in the right-hand column may be used twice, and there may be multiple answers for some symptoms. Once you are done, you can see if you were right—the answers are at the bottom of the page.

### Anxiety Symptom

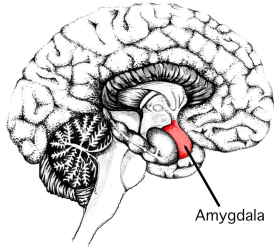
### Purpose

- |   |   |
|---|---|
| 1. Rapid heartbeat_____                             | A. Muscles contract and tighten to help us fight or flee  |
| 2. Sweating_____                                    | B. Push blood around the body faster to supply cells with oxygen in case we need to use energy to flee or protect ourselves |
| 3. Flushing in face_____                            | C. Lots of energy is spent for body to protect us   |
| 4. Tightness in the chest, chest pain_____          | D. Body increases speed and depth of breathing  |
| 5. Feeling: “Things aren’t real” _____              | E. Thoughts tend to be negative and protective; it is dangerous to have “good” thoughts if we are in danger!                |
| 6. Feeling: “I’m not myself” _____                  | F. Must stay alive, even if it means using force  |
| 7. Tingling or numbness in fingers and toes_____    | G. Try to think of ways to protect ourselves in case bad things happen in future  |
| 8. Nausea, vomiting_____                            | H. Brain is constantly scanning for danger, from one thing to next  |
| 9. Muscle tension, stiffness_____                   | I. Body stops digestion and attempts to rid itself of excessive harmful substances  |
| 10. Low energy, exhaustion_____                     | J. If something is dangerous, remember it and get away from it!   |
| 11. Changes in body temperature_____                | K. Cools us off when we are running or fighting and makes it harder for a predator to grab us                               |
| 12. Shaking, jitteriness_____                       | L. Blood is redirected away from head, skin, fingers, and toes; if we are cut, we will not bleed to death as easily         |
| 13. Urgency to urinate or defecate_____             | M. Decrease in salivation   |
| 14. Hyperventilation or trouble breathing_____      |   |
| 15. Dizziness, lightheadedness_____                 |   |
| 16. Worries_____                                    |   |
| 17. Negative predictions about future events_____   |   |
| 18. Trouble concentrating or keeping attention_____ |   |
| 19. Avoiding_____                                   |   |
| 20. Fighting or aggression_____                     |   |
| 21. Changes in vision, hearing, smell, taste_____   |   |
| 22. Dry mouth_____                                  |   |

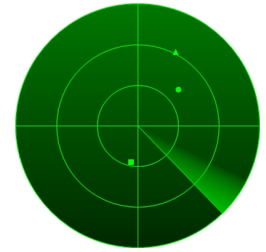


**Did you know...** when our body’s “fight or flight” alarm is triggered, a domino effect of chemical changes and messages are sent to various parts of the brain and body, producing these symptoms. This process is programmed to last only about 10 minutes, *unless it is triggered again.*

# Anxiety "Triggers"

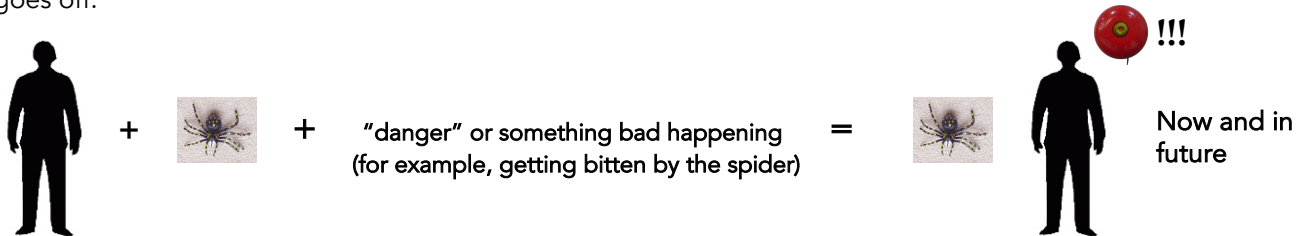


Our brains are designed to keep us safe. The anxiety part of the brain, the **amygdala**, is like a radar that is trained to spot dangerous objects and situations. When this "radar" spots something that could be dangerous, it tells the brain to begin the "fight or flight" response, producing the uncomfortable feelings we get when we are anxious.



## "One thing leads to another:" how a trigger becomes connected with our "fight or flight" response

When we perceive danger, whatever it is that could be dangerous (in this case, a spider) is remembered by the **amygdala**. The next time something reminds us of the spider, or we actually come into contact with one, our anxiety "alarm" goes off.



## Types of anxiety triggers and the Anxiety Disorder "Diagnosis"

Nearly anything can be trained to trigger the "fight or flight" response. Psychiatrists, psychologists, psychiatric nurses, and clinical psychiatric social workers have tried to find ways to tell the difference between different types of anxiety triggers. Anxiety disorder **diagnoses** come out of this attempt. While a diagnosis is not a perfect way of describing a person's experiences, it can help us to know what types of treatments may be effective. Different groups of triggers and the diagnoses most frequently associated with them are listed below. Some of these categories overlap, and it is possible for one person to have more than one diagnosis.

### Trigger

### Diagnosis

- Worries, predictions, and negative thoughts about the future → Generalized Anxiety Disorder (GAD)
- Social situations and people, such as social events and performances, along with fear of criticism from others → Social Anxiety Disorder (Social Phobia)
- Fear of having a panic attack and fear of body feelings that remind one of panic attacks → Panic Disorder
- Places a panic attack has happened before or could happen → Agoraphobia
- Places, situations, animals, objects, blood or injury, etc. → Specific Phobias
- Disturbing intrusive thoughts, contamination, doubt and urge to check things, etc. → Obsessive-Compulsive Disorder (OCD)
- Memories and things associated with a traumatic event → Post-Traumatic Stress Disorder (PTSD)

**"Which came first, the chicken or the egg?"****Scary event??****Anxiety??**

Some people wonder if scary events caused their anxiety, or if their *anxiety itself* is what causes them to more readily see things as scary.

We know from scientific research on anxiety that *both* are true. Events and stress in our lives can create more anxiety. For example, a passenger on a flight that barely escapes a serious accident may feel anxiety the next time they take a flight, especially if this was one of their first flying experiences. Flying may then become a new anxiety trigger. Conversely, someone that is already vulnerable to having anxiety may experience normal turbulence on a flight as scary and then feel afraid to fly in the future.

**What if I don't know what triggers my anxiety?**

For the sake of treatment, it is important to learn to identify what it is that makes you anxious. For some people it is very clear; for others, anxiety seems to come from "out of nowhere."

To identify what makes you anxious, ask yourself the following questions:

*"When I feel scared or nervous, what is going on around me or what am I thinking about?"*

*"Am I worried about having more anxiety in the future?"*

*"Am I afraid of body sensations that remind me of intense anxiety attacks?"*

*"Do I ever try to do more than I can handle or create unrealistic expectations for myself or others?"*

*"Am I worried that I will not be able to cope if bad things happen in the future?"*

**Anxiety "Triggers" take home points:**

*The brain can learn to be afraid of almost anything, and some anxiety "triggers" are more common than others. These triggers help define anxiety disorder diagnoses, which we use to better understand the anxiety and develop treatments.*

*Anxiety can be caused by scary events, and anxiety can also make one more likely to experience an event as scary.*

*It is important to understand your anxiety "triggers." In most cases it is possible to figure them out yourself. Sometimes it is necessary to have the help of a mental health professional to do so.*

**Exercise****My anxiety triggers are:**

List here the objects, situations, events, or places that tend to trigger your anxiety. Use the questions above if you are having trouble figuring out what makes you anxious.

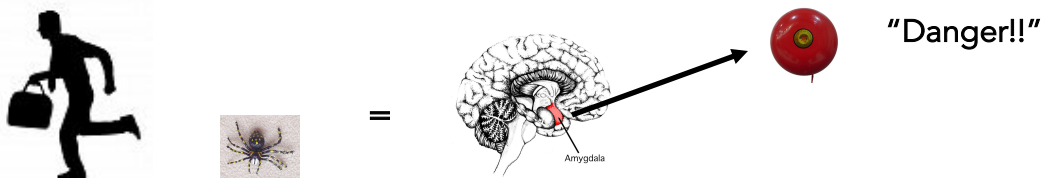
- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

# Anxiety "Fuel"



When we feel anxious, we typically want to do something to make ourselves feel better. Most of these behaviors feel natural because our bodies also want to keep us safe. However, some of these behaviors can make things worse; by adding "fuel" to the anxiety "fire." We can add fuel gradually over time or dump lots on all at once. In all cases the anxiety "fire" gets bigger.

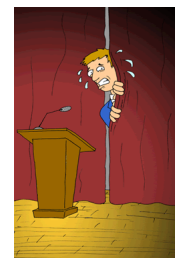
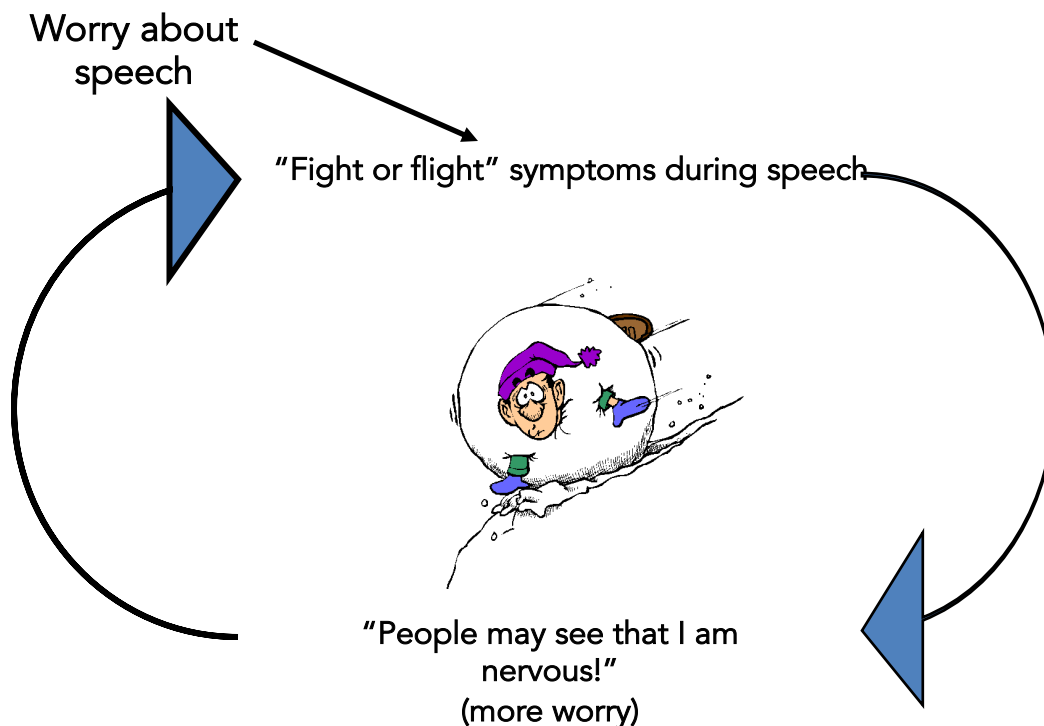
What behaviors are in danger of causing the anxiety to get worse? Anything that teaches the **amygdala** (the anxiety center of the brain) that something is dangerous. Remember our spider example? Let's say that every time this man sees a spider he tries to avoid it by getting away. What does this teach him? That the spider is dangerous, of course!



Each time he avoids the spider, his **amygdala** gets more feedback that the spider is dangerous. Next time he sees the spider, his anxiety "alarm" will be louder, or it may go off more quickly than before. The process by which the brain learns that something is more dangerous over time is called **sensitization**. It is also called **reinforcement** of the anxiety because the anxiety response gets stronger and stronger. Reinforcement can happen both in the short term (when the danger seems to be present) or in the long term, as we discuss below.

## Short-term reinforcement: the anxiety "snowball effect"

Have you ever worried about speaking in front of a group of people? Worries about performing well can lead to jitteriness, cracking voice, difficulty concentrating, and other "fight or flight" symptoms. Often the physical anxiety symptoms will then create *more* worry about the performance; this creates a "snowball effect," in which anxiety gets worse and worse, even to the point of panic.

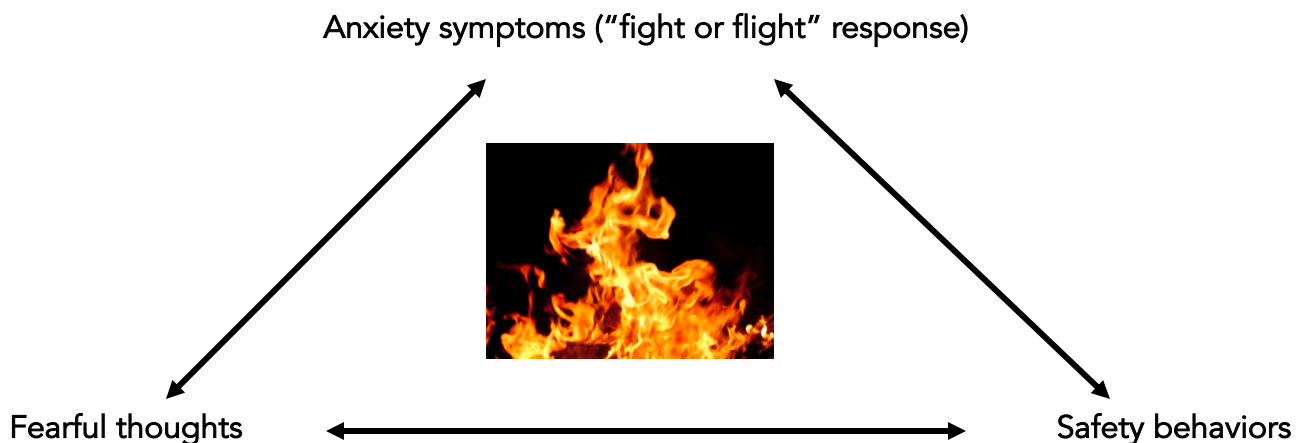


## Long-term reinforcement: "Safety Behaviors" and negative thoughts/beliefs

As mentioned earlier, anxiety "fuel" is anything that teaches the anxiety center of the brain, the **amygdala**, that something is dangerous. Over the long term, the most common ways to do this involve negative thoughts and beliefs as well as protective actions called **safety behaviors**. While these behaviors seem to help the anxiety in the moment, they usually make it worse in the long run. Examples are listed below.

Behaviors	Thoughts
<p><i>Safety behaviors are often justified using "as long as" statements:</i></p> <p><b>Avoidance:</b> "As long as I avoid that, I will be safe."</p> <p><b>Attacking others, acting on anger, etc.:</b> "As long as I use verbal or physical force to protect myself, I will have control."</p> <p><b>Protective behaviors:</b> "As long as I have my water bottle with me, I am safe and will not have another panic attack."</p> <p><b>Rituals</b> (usually part of OCD, characterized by excessive, repetitive checking, washing, counting, asking for reassurance, etc.): "As long as I knock four times when I have a scary thought, nothing bad will happen to my daughter."</p> <p><b>Substance use</b> (trying to "numb" the anxiety): "As long as I can have some alcohol, I will feel better."</p>	<p>Negative thoughts about:</p> <ul style="list-style-type: none"> <li>-the future</li> <li>-yourself</li> <li>-other people</li> <li>-the world</li> </ul> <p><i>Examples:</i></p> <p>"I am going to lose my job and end up homeless."</p> <p>"I must have control..."</p> <p>"That person thinks I am an idiot."</p> <p>"If I drive on the highway I will get into an accident."</p> <p>"If I keep having this thought it must be true."</p>

Whether in the short run or over time, anxiety feelings, fearful thoughts, and protective, "safety" behaviors work together to keep our anxiety "fire" burning. Each feeds off the others, and any one of these can act as the "match" to get the fire started. **In CBT, our goal is to work on these thoughts and behaviors to help extinguish the fire as much as possible.**



## Anxiety "Fuel" take home points:

Some of our thoughts and behaviors, while they seem to help us, actually make anxiety worse. Safety behaviors, such as avoidance and protective behaviors, as well as negative thoughts, serve to reinforce anxiety in both the short- and long-term.

It is important to understand what, if any, safety behaviors we are using, so that we can work to reverse this through treatment.

### Exercise: Anxiety "Fuel"

Below, list some of the ways you may accidentally make your anxiety worse, based on the material discussed above.

#### Avoidance

Do I avoid anything because it seems scary or makes me feel anxious? This may include avoiding thinking about something or avoiding certain types of situations or people.

Things I avoid:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

#### Anger and Irritability

Do I become angry or irritable and attack others verbally or physically?

Times I become angry:

- 1.
- 2.
- 3.
- 4.

What I do when I am angry:

- 1.
- 2.
- 3.
- 4.

#### Protective "Safety" Behaviors

Do I try to protect myself in certain situations in order to feel more safe?

How I try to protect myself:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

#### Substance Use

Do I ever use drugs or alcohol in order to "numb" the anxiety?

Types of drugs or alcohol:

When I tend to drink or use drugs:

#### Thoughts

Do I have thoughts that come up continually and make me feel anxious?

Thoughts that make me feel anxious:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

# Anxiety 101

## Summary

### Anxiety Is...

We learned that the symptoms of anxiety are the “fight or flight” response, and are normal, functional, and necessary for survival. They become a problem when they are too severe or happen too much given the real amount of danger present, or if they interfere with the activities of life. While having chronic anxiety over long periods of time puts stress on the body, it can be helpful to remember that **anxiety itself is not dangerous**; but it sure can be uncomfortable.

### Why does my body do this?

In this section we covered the ways that each “fight or flight” symptom functions to **protect us in case we are in real danger**.

We also learned that when our body’s “fight or flight” alarm is triggered, a domino effect of chemical changes and messages are sent to various parts of the brain and body, producing these symptoms. **This process is programmed to last only about 10 minutes, unless it is triggered again.**

### Anxiety Triggers

We learned that the brain can learn to be afraid of almost anything, and some anxiety “triggers” are more common than others. Anxiety disorder diagnoses are organized based on what triggers the anxiety.

We know that anxiety can be caused by scary events, and anxiety can also make one more likely to experience an event as scary.

It is important to identify your anxiety “triggers.” In most cases it is possible to figure them out yourself. Sometimes it is necessary to have the help of a mental health professional to do this. A few tips are on page 1.5.

### Anxiety Fuel

Some of our thoughts and behaviors, while they seem to help us, actually make anxiety worse. **Safety behaviors**, such as avoidance and protective behaviors, as well as negative thoughts, serve to reinforce anxiety in both the short- and long-term.

It is important to understand how we make our anxiety worse, so that we can work to reverse this through treatment.



### A common question: What if it really is dangerous?

Of course, we are not trying to ignore anxiety or feel calm if something really is dangerous. One of our **goals in CBT is to learn what is dangerous and what is not, what we can control and what we can't, and how to balance taking risks with keeping ourselves safe.**

If you are here, it is likely that the cost of trying to keep yourself safe is outweighing the advantages. We'll be exploring this more in some of our other modules.



# Notes



# Notes