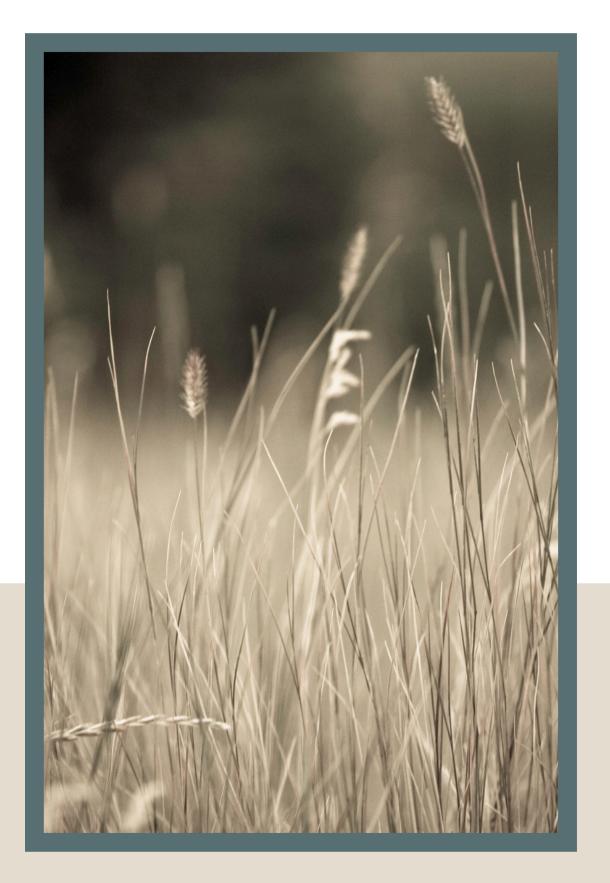


COGNITIVE BEHAVIOURAL THERAPY FOR ANXIETY WEEK 2

PRESENTED BY TEEGAN M.S.W., R.S.W.



WELCOME TO WEEK TWO! **AGENDA**

- Homework Review
- The Biopsychosocial Approach
- Cycle of Anxiety
- Automatic Stress Response
- Core Beliefs
- Cognitive Distortions
- Discussion
- Homework
- Next Week

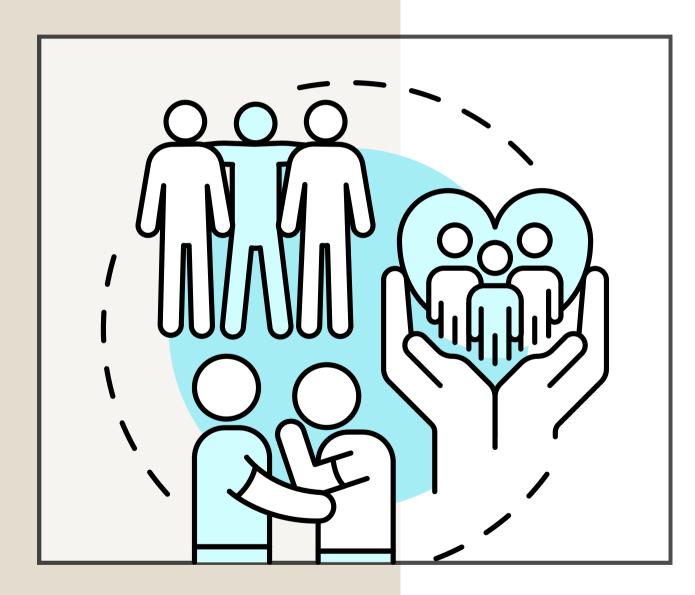


HOMEWORK REVIEW

Was it difficult to identify thoughts and associated components?

Did you find yourself bringing more awareness to our feelings and behaviours attached to the thoughts?

WHERE DOES ANXIETY COME FROM? THE BIOPSYCHOSOCIAL APPROACH



The biopsychosocial model proposes there are multiple interrelated causes (biological, psychological, environmental) that contribute to mental health challenges:

- disabilities, and physiological conditions
- (e.g., thoughts, beliefs)

• Biological factors include genetics, developmental

• Psychological factors include our cognitive patterns

• Environmental factors encompass social determinants of health (socio-economic status, access to supports/services), familial dynamics, culture and society, religion

CYCLE OF ANXIETY

•An anxiety producing situation leads to uncomfortable symptoms which can include worry, overwhelm, intense fear, racing heart, and sweating

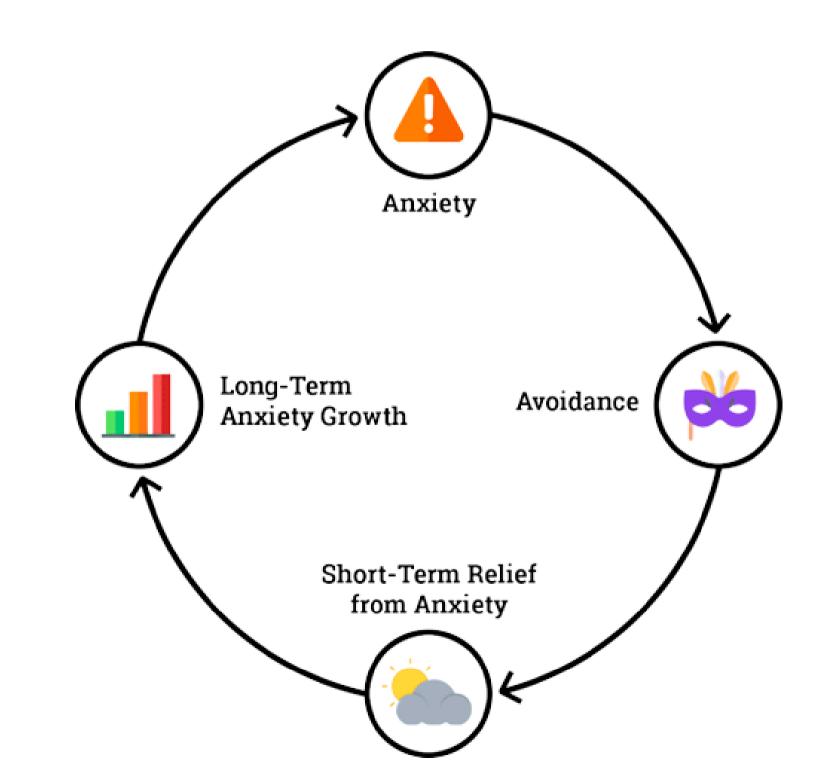
•Anxiety is uncomfortable and avoidance can controlled by avoiding the anxiety-producing situation (avoiding situations, using substances to 'numb' out, procrastinate)

•Avoidance provides short term relief from anxiety producing situations/stimuli and gives us immediate relief (temporarily)

•The fear that initially led to avoidance worsens and the brain learns that when the anxiety producing situation is avoided, the symptoms go away therefore the symptoms of anxiety will be worse going forward (aversion) and avoidance will be more likely



CYCLE OF ANXIETY





AUTOMATIC STRESS RESPONSE

Automatic stress responses are natural reactions to real or perceived danger that is alerted by the amygdala to keep ourselves alive by activating our sympathetic nervous system (SNS)

- The part of the brain that is responsible for surveillance of threat/danger is the amygdala which is located in the limbic system which is responsible for emotional processing and regulation
- The SNS releases additional hormones to increase our heart rate and blood pressure to increase oxygen, inhibits digestion, and cognitive alertness
- It is important to note that when we experience traumatic events our amydgala becomes more sensitive which means its more likely to set off danger signals to activate the automatic stress response

- Responses are impulsive
- Works as a safety mechanism
- We want to learn how to identify activation in our body and build space between the stimulus and
 - our response based on the circumstance



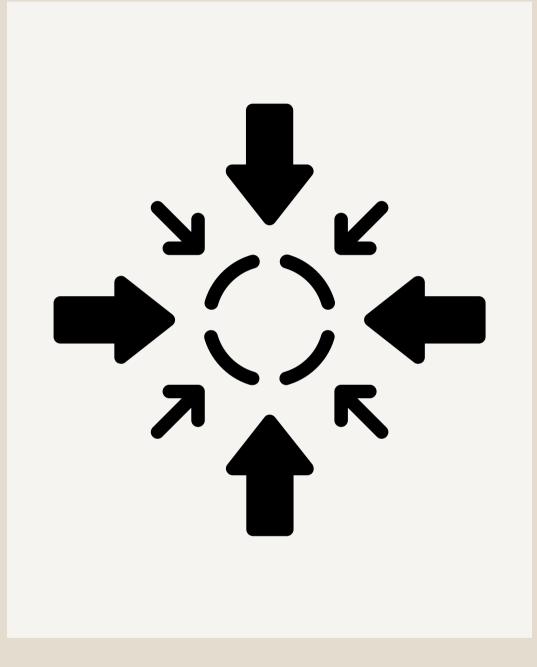
The key word here is automatic:



THE FIGHT RESPONSE

When our body signals that we are in danger and responds to the threat we release signals that prepare ourselves for a physical alternation which can present as:

- •Intense feeling of anger
- •Rush of adrenaline that can feel like energy
- Increase heart rate and blood pressure
- •Muscular tension and tightness in jaw and clenching or grinding of teeth
- •Urge to physically attack source of 'danger'
- •Hypervigilance in the form of extreme alertness of environment and 'perpetrator'
- •Acting impulsively



THE FLIGHT RESPONSE

Our body can signal a flight response through a surge of hormones that give us the stamina to flee from the threat and/or danger which can present as:

- •Feeling restless and/or trapped
- •Burst of energy to 'escape'
- •Rapid breathing, increase heart rate
- •Sweating and hot flashes
- •Dry mouth
- •Feeling heightened alertness



FREEZE RESPONSE

This response is when we are 'frozen' or play 'dead' when in a threatening or dangerous situation that can often feel dissociative (out of body experience) which can show up like:

- •Sense of dread or terror
- •Body can feel cold and heavy
- •Feeling numb, empty, separate from self
- •Decreased heart rate
- Increased awareness to sensory sensations
- •Loud pounding heart



FAWN RESPONSE

Fawn or fawning is an adaptive trauma response that is typically more common in girls and women who grew up in tumultuous environments where sense of safety was unpredictable so to avoid conflict they would people please was a way to keep the 'peace' and assure sense of safety.

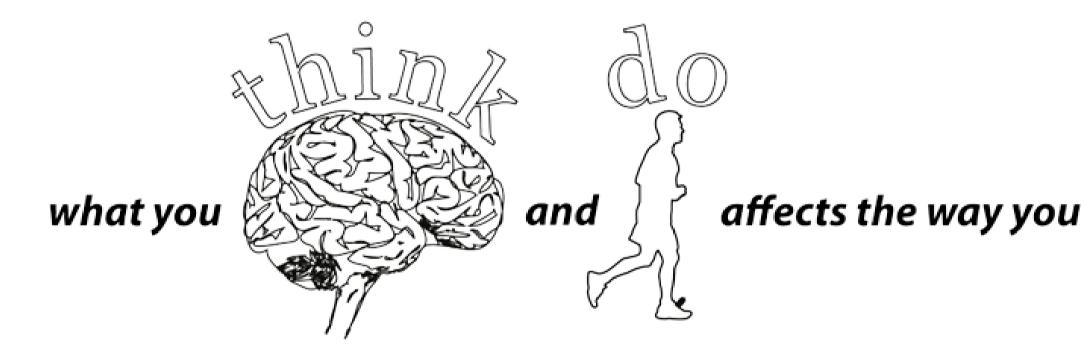
Signs of fawning can include:

- •Flexible or little to no boundaries
- •Inclined to soothe the 'abuser'
- •Highly agreeable

- •Conflicting sense of self
- •Dependent on external validation
- •Neglect own needs to prioritize others

•Concern to make others 'happy' even at own detriment

AUTOMATIC THOUGHTS



PSYCHOLOGYTO@LS*

Automatic Thoughts are the thoughts that automatically arise in our minds all throughout the day.









- These thoughts have the potential to trigger intense negative emotions
- The interpretations of a situation based on automatic thoughts that can actually increase stressors

EXAMPLES OF AUTOMATIC THOUGHTS

- "Today is going to be terrible"
- "No one is interested in what I'm say"
- •"I only have bad dates"
- •"It's all my fault"
- "She is a bad person"
- •"I'll never find a good job"
- •"I didn't deserve the promotion"
- •"I should be more motivated"



HOW TO EXAMINE AUTOMATIC THOUGHTS

•In cognitive therapy (CBT), we start by examining our patterns of thinking, recognizing how they are affecting our moods/emotions and our actions, and learning how to evaluate and adjust our thinking patterns.

•Our thoughts are shaped by underlying core beliefs we have about ourselves, the world and others

- Based on these core beliefs, we form rules and assumptions about the way we should be and these core beliefs, rules and assumptions, influence the way we see ourselves and the world, our behaviour, and the way we think and feel about things





CORE BELIEFS

•Core beliefs are a person's most central ideas about ourselves, other people, and the world and act as a lens through which we understand our life

-Developed during our most formative years through our childhood

-Absolute and rigid and positive, negative, or neutral dependent on our personal experiences

experiences

- •Serve to help us to interpret our past, the present and anticipate the future
- –Understand our place in the world and how the world works and make sense of our past

CORE BELIEFS

•Core beliefs are persistent and subconscious which make thoughts difficult to identity

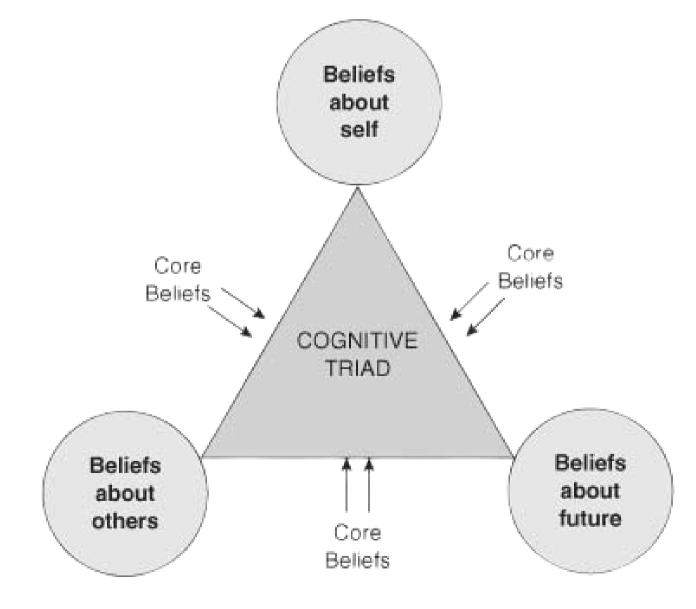
•Our cognitive bias works to validate the core belief as an absolute truth

-Due to the nature of core beliefs these can be self-limiting because these become the autobiography of our lives and when negative can become harmful

-When our experiences do not align with our core beliefs, our minds will manipulate our perception to align with core beliefs

COGNITIVE TRIAD

The cognitive triad of core beliefs captures how the beliefs relate to our self, the world, and the future:



COGNITIVE TRIANGLE



1.The self: if we hold negative core beliefs about ourselves, we will search for evidence that will affirm the core belief that we are not worthy, undeserving, flawed, defected, unlovable, incompetent, stupid, etc. (e.g., "I am useless)

2. The world and others: negative core beliefs about the world can be that the world is scary, the world is not safe, people are bad, etc. (e.g., "life is never fair)

3. The future: the anticipation of negative experiences for our future, (e.g. 'things will never work out for me')

NEGATIVE CORE BELIEFS OF SELF

Judith Beck (2005, 2011) proposes three main categories of negative core beliefs about the self:

•Helplessness: related to personal incompetence, vulnerability, and inferiority

•Unlovability: the fear that we are not likable and incapable of intimacy

•Worthlessness: include the belief that we are insignificant and a burden to others

When we carry negative core beliefs of the self we are more susceptible to feel anxious and insecure about our own abilities, sensitive to rejection, and seek external validation from others and the world to inform us of our 'worth'

We externalize our value of self which means we are 'give' our power away andpeople decide who we are vs. we get to decide who we are





DYSFUNCTIONAL ASSUMPTIONS (COGNTIVE DISTORTIONS)



- Dysfunctional assumptions is our brains way to consolidate past negative and harmful experiences in an effort to keep us 'safe' which is we can recall negative memories quicker than positive or neutral ones

• These assumptions work on a subconscious level to inform us of expectations of self, the world, others, and the future based on our personal experiences

COGNITIVE DISTORTIONS

Cognitive Distortions which are referred to as 'mental shortcuts' that can help us make rapid appraisals and decisions:

 Exaggerated patterns of thought that are not based on facts and can result in people viewing things more negatively than they really are

Convinces us to believe negative things about ourselves and the world that are not necessarily true

We all engage in these thought patterns at times but we are more susceptible when we are carry negative core beliefs or we are particularly struggling

These are extremely draining and reinforcing and can have negative impact on mood, feelings, and behaviours



•Catastrophizing:

Can go hand-in-hand with jumping to conclusions. Sometimes, when we're fortunetelling or predicting possible outcomes, we predict that the outcome will be so terrible that we won't be able to manage

•All-or-Nothing Thinking:

In reality, few situations are as clear-cut and black-andwhite as our thoughts make them seem. There are many shades of gray between black and white

•Over generalization:

Drawing broad conclusions based on limited information. With over generalizing, a single incident gets inflated into a perceived larger pattern that, in actuality, doesn't exist



•Jumping to conclusions (or mind-reading):

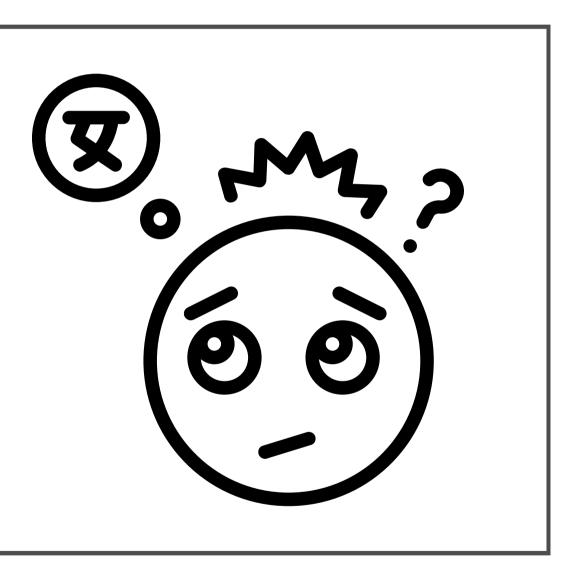
We jump to conclusions because we assume that we know what someone else is thinking, or we know the rationale behind someone else's behaviours

•Personalization:

Individuals attribute the entire blame for an event or situation on themselves or others, even when there is little to no justification for doing so

•'Should' statements:

Are characterized by imposing fixed 'rules' on how the self, others, and the world should operate, coupled with over-estimations of how awful it would be if these expectations are not met



•Mental filter:

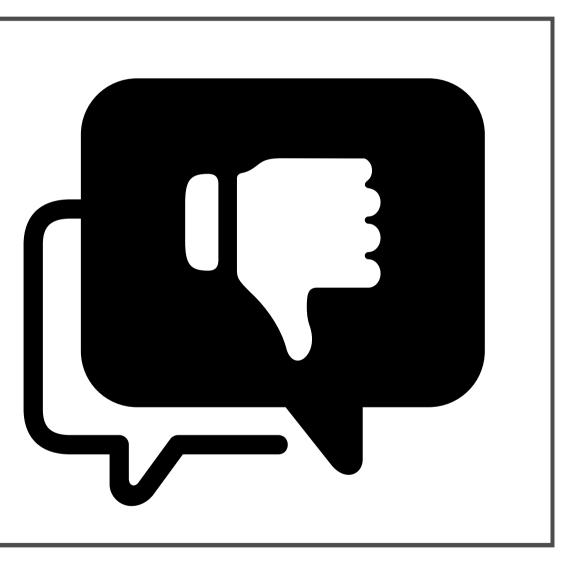
We engage a negative where we perceive experiences in a negative filter that fixates on the negative

•Magnification and minimization:

Exaggerate the negatives in our lives and minimize the positive/neutral components

•Fortune-telling:

We predict a negative outcome without realistically considering the actual odds of that outcome



•Comparison:

Unfairly comparing our achievements and qualities to others' achievements and qualities without considering the reasons we each have our own strengths and weaknesses

•Labeling:

We generalize by taking one characteristic of a person or ourselves and applying it to the whole person or our entire self

•Disqualifying the positive:

We reject positive experiences by devaluing these which discounts positive affirming experiences



CHALLENGING COGNITIVE DISTORTIONS

•A big part of dismantling our cognitive distortions is simply being aware of them and paying attention to how we are framing things to ourselves

•If we frame things in a healthy, positive way, we almost certainly will experience less anxiety and isolation

• This doesn't mean that we ignore problems, challenges, or feelings, just that we approach them with a can-do attitude instead of letting our thoughts and feelings amplify our anxiety



DISCUSSION

- What is one take-away?
- What stood out to you?
- Did today's session relate?



HOMEWORK

Identify cognitive distortions we engage with throughout the week and we will discuss next session.

NEXT SESSION

- Homework Review
- Grounding Exercises
- Automatic Thought Records
- Exposure Therapy
- Fear Ladder





SEE YOU NEXT WEEK!

