

**Worried Sick—  
Fast, Effective, Drug-Free  
Treatment for Anxiety Disorders**

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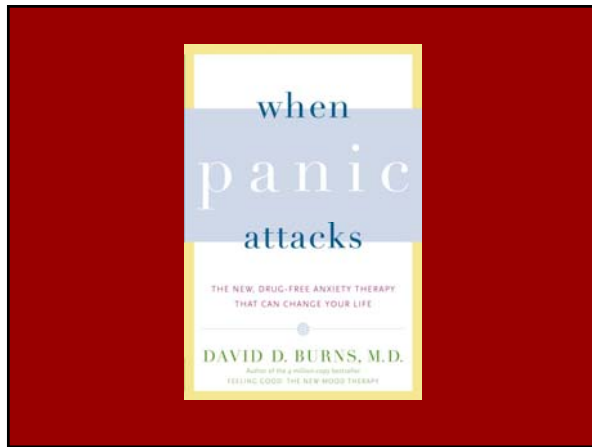
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**Worried Sick—Session 1**

- Webinar instructions, pros and cons, and disclaimers
- Overview of T.E.A.M.
- Introduction to the Daily Mood Log
- Necessary and Sufficient conditions for emotional change
- Introduction to T = Testing

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### Webinar Instructions

- While watching the video, you will need :
  - A printed copy of the PowerPoint slides, so you can follow along during the presentation
  - A printed copy of the webinar handout. You will need it for a variety of helpful exercises during the presentation.
  - Have sheets of paper and pen or pencil handy, so you can write down answers to the review questions at the start of sessions 2 – 6.

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### Webinar Pros and Cons

- | Pros  | Cons  |
|---|---|
| <ul style="list-style-type: none"> <li>• Move more quickly—no interruptions</li> <li>• Can cover more material</li> <li>• You can review / repeat interesting segments</li> <li>• You can listen and study at your own pace</li> <li>• No need to travel</li> </ul> | <ul style="list-style-type: none"> <li>• No chance for Q &amp; A</li> <li>• No role-play demos or small group exercises</li> <li>• No chances for live work with audience volunteer</li> <li>• No personal connections</li> <li>• No chances to process your feedback live</li> </ul> |

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### Webinar Disclaimers

- It's great that this is a new learning venue
- But because it's new, I will have to learn, and will probably make some mistakes
- The timing for each session will be approximate. Some segments may run > 2 hours or < 2 hours.
- Some overlap with Scared Stiff workshop

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### Disclaimers

- Workshop will illustrate powerful techniques for treating all anxiety disorders

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### Types of Anxiety

- GAD
- Phobias
- Agoraphobia
- Panic Attacks
- OCD
- PTSD
- Hypochondriasis
- Social Anxiety
  - Shyness
  - Public Speaking
  - Performance

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### Techniques Are Powerful

- Rapid recovery now possible
  - Sometimes see a complete elimination of the anxiety in a single two-hour session
  - Relapse Prevention Training following recovery will be crucial
    - Takes less than 30 minutes
- Patient may want help with other problems after the anxiety is gone

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**Techniques Are Powerful (cont'd)**

- **Safe and effective implementation requires**
  - Proper clinical training
  - Clinical assessment skills
  - Ongoing supervision and practice

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**Disclaimer**

- **I will present a systematic, individualized treatment approach that requires considerable training beyond what you will learn in this webinar**
  - I will describe many excellent avenues for ongoing TEAM-CBT training at the end of Session 6

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**Disclaimer**

- **I discourage courage throwing technique(s) or treatment “packages” at patients based their diagnoses, such as “Social Anxiety Disorder,” “GAD, or “OCD” etc.**

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**Disclaimer**

- For example, I would *not* treat veterans with PTSD with
  - prolonged exposure
  - CBT
  - DBT
  - EMDR
  - ACT
  - Mindfulness meditation
  - Or ANY treatment "package"

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**Disclaimer**

- I will present a powerful, systematic, flexible individualized treatment approach
- Mastery of TEAM requires considerable training beyond what you will learn in this webinar
  - I will describe many excellent avenues for ongoing TEAM-CBT training at the end of Session 6

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**Vignettes are Real**

- Identities are disguised
- Successful examples of specific techniques used
  - Usually, several techniques will be needed

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**What is TEAM-CBT?**

- T = Testing
- E = Empathy
- A = (Paradoxical) Agenda Setting
- M = Methods

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**What is TEAM-CBT?**

- TEAM is not a new school of therapy, but a new model for psychotherapy, based on research on how psychotherapy actually works
- TEAM is the first fully data-driven form of psychotherapy
- TEAM incorporates methods and concepts drawn from many schools of therapy

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**Systematic Treatment Crucial**

- Treat the person, not the diagnosis, symptom or problem
- Focus on one specific moment when the patient felt anxious

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## Systematic Treatment Crucial

- Use the Daily Mood Log to pinpoint the patient's negative thoughts and feelings at that moment
  - Christine, a mental health professional who endured decades of domestic violence

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### Christine's Daily Mood Log

Upsetting Situation: Long-term sexual abuse culminating in violent rape.

Emotions	% Before	% Goal	% After	Emotions	% Before	% Goal	% After
Sad, down, depressed, unhappy	90%			Self-conscious, foolish, humiliated	100%		
Anxious, worried, panicky, nervous	100%			Pessimistic, discouraged	90%		
Guilt-ridden, remorseful, ashamed	80%			Frustrated, stuck, thwarted	90%		
Inadequate, defective, incompetent	95%			Mad, resentful, furious	100%		

NT	% Before	% After	Dist	PT	% Belief
1. I'm not safe.	100%				
2. I can't trust men.	95%				
3. I should have stopped the abuse.	90%				
4. I victimized myself.	100%				
5. I must be defective.	90%				

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### Christine's Daily Mood Log (cont'd)

NT	% Before	% After	Dist	PT	% Belief
6. I was cowardly.	100%				
7. I was too afraid of him.	100%				
8. I am nothing without an important man.	80%				
9. I lived a lie and I shouldn't have.	100%				
10. I'm afraid the observers in the audience will think I let myself be a victim and should have left long ago.	100%				
11. They'll ask, "How can she be a therapist and help others?"	100%				

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**Daily Mood Log**

- Excellent empathy tool
- Patient will usually have many types of feelings, and not just anxiety
- Helps you focus the treatment

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**Necessary and Sufficient Conditions for**

- Emotional distress
  - A Negative Thought (NT) that you believe
    - "I must be defective." 100%
- Emotional change
  - Will occur the very moment you stop believing the NT

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**Beck's Theory of Cognitive Specificity**

Emotion / Feeling	Cognition / Thought
• Depression	• Loss
• Anxiety	• Danger
• Anger	• Unfairness
• Hopelessness	• Suffering won't end
• Shame, guilt	• Violation of my values
• Worthlessness	• Defective / inferior "self"

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**Join the T.E.A.M.**

- T = Testing
- E = Empathy
- A = Agenda Setting
- M = Methods

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**T = Testing**

- Initial Assessment
  - EASY Diagnostic System for DSM
- Session by Session Assessment
  - Brief Mood Survey

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**Problems with DSM**

<ul style="list-style-type: none"> <li>• Arbitrary Criteria           <ul style="list-style-type: none"> <li>- GAD</li> </ul> </li> <li>• Symptom Overlap</li> <li>• Dichotomies vs. Continuums           <ul style="list-style-type: none"> <li>- Symptoms</li> <li>- "Disorders"</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Complicated</li> <li>• Confusing</li> <li>• Frustrating</li> <li>• Time-Consuming</li> <li>• Boring</li> </ul>
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**EASY Diagnostic System for DSM5 (with ICD10 codes)**

- Patient survey for > 50 common diagnoses
  - DSM "symptom cluster-grabber"
- Diagnostic Summary Sheet
- Therapist Guidebook
  - DSM criteria cross-referenced

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**EASY Screening for Anxiety Disorders**

- GAD
- Panic Disorder
- Agoraphobia
- Specific phobias
- Social phobia
  - Shyness
  - Performance Anxiety
  - Public Speaking Anxiety
  - Test Anxiety
  - Shy Bladder Syndrome

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**OCD-Related Disorders**

- OCD
- Body Dysmorphic Disorder

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**Stress-Related Disorders**

- Adjustment Disorder
- Acute Stress Disorder
- PTSD

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**Somatic Disorders**

- Hypochondriasis (Somatic Symptom Disorder)
- Chronic pain

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**EASY also Screens for**

- Mood Disorders
- Schizophrenia
- Eating disorders
- Addictions
- Personality Disorders
- Relationship Problems
- Violent Urges
- Suicidal Urges
- Motivation
- Honesty

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### EASY Example

- **Social Anxiety Disorder: Brief Screening Tests for**
  - Shyness
  - Public Speaking Anxiety
  - Test Anxiety
  - Performance Anxiety
  - Shy Bladder Syndrome

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### Shyness

	0 – Not at all	1 – Somewhat	2 – Moderately	3 – A Lot	4 – Extremely
1. I often feel nervous, self-conscious or embarrassed in social situations.					✓
2. I often feel uncomfortable or insecure around other people.				✓	
3. I often feel shy or anxious in social situations.					✓
4. I worry that people might notice how anxious or embarrassed I feel.					✓
5. I avoid social situations because I feel so awkward or anxious.					✓
<b>Total Score →</b>					<b>19</b>

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### Confirming the Diagnosis

- Is the anxiety you feel in social situations marked and persistent?
- Is it upsetting to you?
- Does it interfere with your life?

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### Tracking Session-by-Session Progress

- Administer brief assessment instruments at
  - Start of every session
  - End of every session

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### How Accurate Are Therapists' Perceptions of

- How our patients feel?
- How our patients feel about us?

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### T = Testing Example

- Christine, the woman who endured several decades of domestic violence and rape
  - You can see her Brief Mood Survey on page 7 of your handout

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### Depression

Use checks (✓) to indicate how you're feeling right now.

	Before Session				After Session					
	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
1. Sad or down in the dumps				✓						
2. Discouraged or hopeless			✓							
3. Low self-esteem or worthlessness				✓						
4. Loss of motivation to do things			✓							
5. Loss of pleasure or satisfaction in life			✓							
<b>Total →</b>	<b>12</b>									

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### Suicidal Urges

Use checks (✓) to indicate how you're feeling right now.

	Before Session				After Session					
	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
1. Do you have any suicidal thoughts?	✓									
2. Would you like to end your life?	✓									
<b>Total →</b>	<b>0</b>									

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### Anxiety

Use checks (✓) to indicate how you're feeling right now.

	Before Session				After Session					
	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
1. Anxious				✓						
2. Frightened				✓						
3. Worrying about things				✓						
4. Tense or on edge				✓						
5. Nervous				✓						
<b>Total →</b>	<b>20</b>									

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### Anger

Use checks (✓) to indicate how you're feeling right now.

	Before Session				After Session				
	0—Not at all	1—Somewhat	2—Moderately	3—A lot	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
1. Frustrated				✓					
2. Annoyed				✓					
3. Resentful				✓					
4. Angry				✓					
5. Irritated				✓					
<b>Total →</b>	<b>20</b>				<b>0</b>				

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## T = Testing Example

- **Before-session testing indicates**
  - Moderate depression
  - No suicidal thoughts or urges
  - Extreme anxiety
  - Extreme anger / rage
  - Very few positive feelings

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### Depression

Use checks (✓) to indicate how you're feeling right now.

	Before Session				After Session				
	0—Not at all	1—Somewhat	2—Moderately	3—A lot	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
1. Sad or down in the dumps				✓	✓				
2. Discouraged or hopeless				✓	✓				
3. Low self-esteem or worthlessness				✓	✓				
4. Loss of motivation to do things				✓	✓				
5. Loss of pleasure or satisfaction in life				✓	✓				
<b>Total →</b>	<b>12</b>				<b>0</b>				

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**Suicidal Urges**

Use checks (✓) to indicate how you're feeling right now.

	Before Session				After Session					
	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
1. Do you have any suicidal thoughts?	✓					✓				
2. Would you like to end your life?	✓					✓				
<b>Total →</b>	<b>0</b>				<b>0</b>					

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**Anxiety**

Use checks (✓) to indicate how you're feeling right now.

	Before Session				After Session					
	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
1. Anxious						✓				
2. Frightened						✓				
3. Worrying about things						✓				
4. Tense or on edge						✓				
5. Nervous						✓				
<b>Total →</b>	<b>20</b>				<b>2</b>					

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**Anger**

Use checks (✓) to indicate how you're feeling right now.

	Before Session				After Session					
	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
1. Frustrated						✓				
2. Annoyed						✓				
3. Resentful						✓				
4. Angry						✓				
5. Irritated						✓				
<b>Total →</b>	<b>20</b>				<b>0</b>					

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### Empathy

	0 - Not at all true	1 - Somewhat true	2 - Moderately true	3 - Very true	4 - Completely true
1. My therapist was warm, sympathetic, and concerned.					✓
2. My therapist seemed trustworthy.					✓
3. My therapist treated me with respect.					✓
4. My therapist did a good job of listening.					✓
5. My therapist understood how I felt inside.					✓
<b>Total Score →</b>					<b>20</b>

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### Helpfulness

	0 - Not at all true	1 - Somewhat true	2 - Moderately true	3 - Very true	4 - Completely true
1. I was able to express my feelings during the session.					✓
2. I talked about the problems that are bothering me.					✓
3. The techniques we used were helpful.					✓
4. The approach my therapist used made sense.					✓
5. I learned some new ways to deal with my problems.					✓
<b>Total Score →</b>					<b>20</b>

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- What did you like *the least* about the session?  
[Nothing](#)
- What did you like *the best* about the session?  
[I'm feeling wonderful and so glad I participated!](#)

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### T = Testing Example

- End-of-session testing indicated
  - No depression
  - No suicidal thoughts or urges
  - No anxiety
  - No anger
  - Extremely joyful (Positive Feelings Survey)
  - Perfect Empathy rating
  - Perfect Helpfulness rating

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### Workshop Exercise (page 8 of your handout)

- Evaluation of Therapy Session
  - This is not from the Christine session
- Interpreting the Empathy Scale
  - Score = 17/20
- Interpreting the Helpfulness Scale
  - Score = 12/20

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### Empathy

	0 - Not at all true	1 - Somewhat true	2 - Moderately true	3 - Very true	4 - Completely true
1. My therapist was warm, sympathetic, and concerned.				✓	
2. My therapist seemed trustworthy.				✓	
3. My therapist treated me with respect.					✓
4. My therapist did a good job of listening.					✓
5. My therapist understood how I felt inside.				✓	
<b>Total Score →</b>					<b>17</b>

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**Helpfulness**

	0 - Not at all true	1 - Somewhat true	2 - Moderately true	3 - Very true	4 - Completely true
1. I was able to express my feelings during the session.				✓	
2. I talked about the problems that are bothering me.				✓	
3. The techniques we used were helpful.			✓		
4. The approach my therapist used made sense.			✓		
5. I learned some new ways to deal with my problems.			✓		
Total Score →					12

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### Therapist Toolkit

- Treatment tools for individual therapy, couples and family therapy, group therapy

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### Therapist Toolkit

- Assessment Tools
  - Numerous brief and full-length tests
    - Depression, anxiety, etc.
    - Therapeutic Empathy, Helpfulness, etc.
  - Adult and Children's Scales

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**Toolkit (cont'd)**

- **Psychometric Information**
  - Scoring keys
  - Instructions
- **License for Unlimited Printing / Photocopying**
  - Individuals, groups, institutions can be licensed
- **Electronic Brief Mood Survey now in testing phase**

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**Free 2016 Toolkit Upgrade**

If you obtained a Toolkit at the workshop, send an email to Dr. Burns for a free upgrade.

You'll receive numerous new tools via email (zipped files). You can download and open them in Microsoft Word.

Time-Limited Offer

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**Dr. Burns' email—**

[david@feelinggood.com](mailto:david@feelinggood.com)

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**Worried Sick—Session 2**

- T = Testing
- E = Empathy
- A = (Paradoxical) Agenda Setting
- M = Methods

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**Worried Sick—Session 2**

- Review of Session 1
- E = Empathy
  - Five Secrets of Effective Communication
- A = (Paradoxical) Agenda Setting
  - Outcome and Process Resistance for anxiety
- M = Methods
  - Electrical engineer with Body Dysmorphic Disorder

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**Review Questions**

- What does TEAM stand for?
- What are the necessary and sufficient conditions for emotional distress?
- What are the necessary and sufficient conditions for emotional change?

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**Review Questions**

- What are some purposes of the Daily Mood Log?
- What are some purposes of the Brief Mood Survey / Evaluation of Therapy Session?

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**Review Questions (cont'd)**

- What kinds of negative thoughts trigger anxiety? Depression? Anger?
- What does the Brief Mood Survey (BMS) assess?
- Why might therapists want to use the BMS?

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**Review Questions**

- What does TEAM stand for?
  - T = Testing
  - E = Empathy
  - A = Agenda Setting
  - M = Methods

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**Review Questions**

- **What are the necessary and sufficient conditions for emotional distress?**
  - You have a negative thought (NT), such as "I'm defective" or "I'm more screwed up than most of my patients!"
  - You believe the NT

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**Review Questions**

- **What are the necessary and sufficient conditions for emotional change?**
  - You challenge the NT with a positive thought (PT)
  - The PT is 100% true, and not a rationalization
  - The PT drastically reduces your belief in the NT

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**Review Questions**

- **What is the purpose of the Daily Mood Log?**
  - To focus on one specific moment when the patient was upset
  - To pinpoint precisely how the patient was feeling at that moment in multiple dimensions
  - To identify the patient's NTs at that moment
  - To identify the distortions in the NTs
  - To challenge and crush the negative thoughts

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**Review Questions**

- **What does the Brief Mood Survey assess?**
  - How depressed, suicidal, anxious and angry the patient feels
    - at the start of the session
    - and at the end of the session
  - The patient's view of
    - therapist empathy
    - therapist helpfulness

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**Review Questions**

- **Why might therapists want to use the BMS?**
  - Therapist's perceptions are not reliable
    - Depression, anxiety, anger
    - Suicidal thoughts and urges
    - Patient's perceptions of empathy and helpfulness
  - Therapist improvement is practically impossible without T = Testing

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**Review Questions (cont'd)**

- **What kinds of negative thoughts trigger anxiety? Depression? Anger?**
  - Anxiety – the prediction of danger.
  - Depression – loss of something central to your sense of self-esteem
  - Anger – perception of unfairness.

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**E = Empathy**

- Necessary, but not sufficient, for emotional change
- Therapists tend to inflate their view of their own empathy skills
- Rapid and fairly dramatic improvement is possible

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**Talk with Your E.A.R.**

- **E = Empathy**
  - The Disarming Technique
  - Thought and Feeling Empathy
  - Inquiry
- **A = Assertiveness**
  - "I Feel" Statements
- **R = Respect**
  - Stroking

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**Five Secrets of Effective Communication**

- **The Disarming Technique.** Find the truth in the criticism.
- **Empathy**
  - **Thought Empathy.** Paraphrase the other person's words.
  - **Feeling Empathy.** Acknowledge his or her feelings.
- **Inquiry.** Ask gentle, probing questions.
- **"I Feel" Statements.** Use "I feel X and Y" statements.
- **Stroking.** Convey liking or respect.

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**Brief Example of the Five Secrets**

- **Critical, angry patient**
  - You're too young to be my doctor!

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**A = (Paradoxical) Agenda Setting**

- **Outcome Resistance**
  - Would you press the Magic Button?
- **Process Resistance**
  - There is no Magic Button.

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**Outcome Resistance—Anxiety Disorders**

- **Magical Thinking**
  - "Something terrible will happen if I give up my anxiety."

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**Examples of Magical Thinking**

- **GAD**
  - Something bad will happen to my family if I stop worrying. My worrying protects my husband and children from danger.
- **Phobia**
  - The thing I'm avoiding really IS dangerous.
    - Student with severe cat phobia.

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**Examples of Magical Thinking**

- **Shyness**
  - I'll make a fool of myself if I interact with others.
- **Test / Performance Anxiety**
  - If I stop worrying, I'll become complacent and flunk the test.

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**Examples of Magical Thinking**

- **OCD**
  - If I stop washing my hands, they'll become contaminated. Then I'll touch my children, and they will die of leukemia from the contamination.
- **PTSD**
  - The panic and vigilance protect me from danger.

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### Examples of Magical Thinking

- **Panic Disorder**
  - I believe that I really AM in danger of dying, going crazy, or losing control
- **Agoraphobia**
  - If I stop worrying and leave home alone, something terrible will happen and there will be no one there to help me.

82

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### Anxiety Outcome Resistance Exercise

- **PTSD**
  - Young man named Sam who was robbed and locked in a walk-in freezer by two sadistic gunmen
    - Survived, but flooded with intense attacks of panic and rage
    - Bitterly resists treatment

83

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### Anxiety Outcome Resistance Exercise

- List several reasons why Sam may not want to give up his feelings of panic and rage
  - Page 22 of your handout

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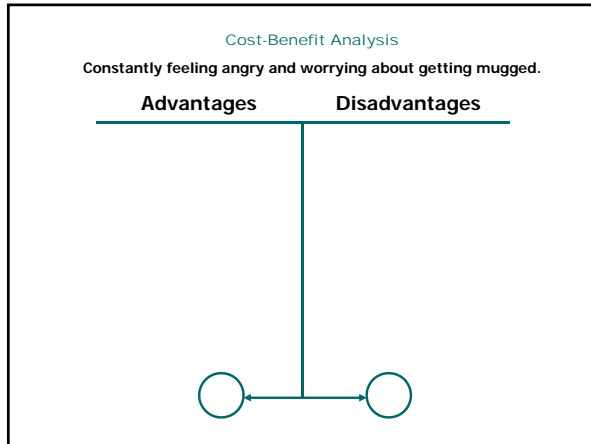
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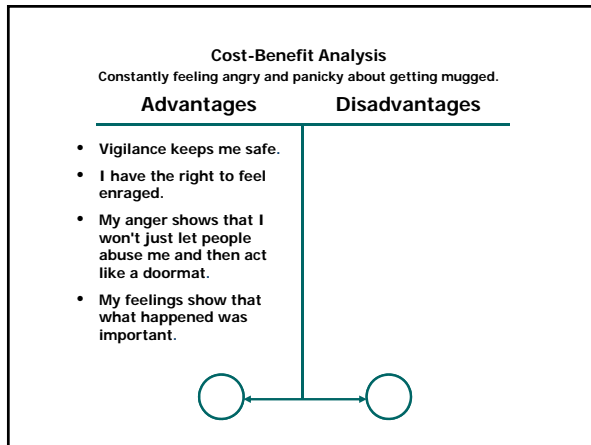
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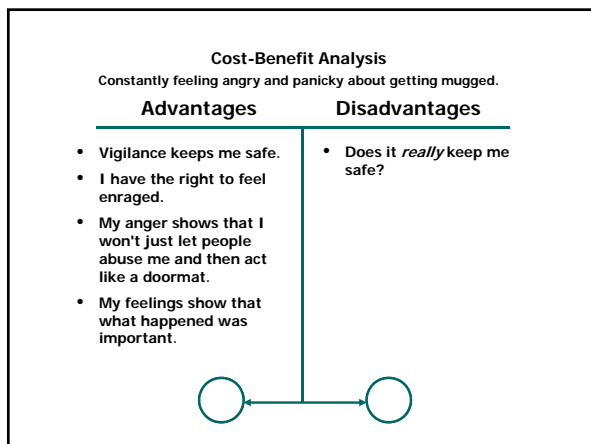
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**Cost-Benefit Analysis**  
Constantly feeling angry and panicky about getting mugged.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Vigilance keeps me safe.</li> <li>• I have the right to feel enraged.</li> <li>• My anger shows that I won't just let people abuse me and then act like a doormat.</li> <li>• My feelings show that what happened was important.</li> </ul>	<ul style="list-style-type: none"> <li>• Does it <i>really</i> keep me safe?</li> <li>• I have the right to feel happy, too.</li> </ul>



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**Cost-Benefit Analysis**  
Constantly feeling angry and panicky about getting mugged.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Vigilance keeps me safe.</li> <li>• I have the right to feel enraged.</li> <li>• My anger shows that I won't just let people abuse me and then act like a doormat.</li> <li>• My feelings show that what happened was important.</li> </ul>	<ul style="list-style-type: none"> <li>• Does it <i>really</i> keep me safe?</li> <li>• I have the right to feel happy, too.</li> <li>• The men who mugged me don't even know or care how angry I am, so I'm really only punishing myself 24 hours a day.</li> </ul>



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**Cost-Benefit Analysis**  
Constantly feeling angry and panicky about getting mugged.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Vigilance keeps me safe.</li> <li>• I have the right to feel enraged.</li> <li>• My anger shows that I won't just let people abuse me and then act like a doormat.</li> <li>• My feelings show that what happened was important.</li> </ul>	<ul style="list-style-type: none"> <li>• Does it <i>really</i> keep me safe?</li> <li>• I have the right to feel happy, too.</li> <li>• The men who mugged me don't even know or care how angry I am, so I'm really only punishing myself 24 hours a day.</li> <li>• Six months of sufferings is enough to show it was important!</li> </ul>



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**Cost-Benefit Analysis**  
Constantly feeling angry and panicky about getting mugged.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Vigilance keeps me safe.</li> <li>• I have the right to feel enraged.</li> <li>• My anger shows that I won't just let people abuse me and then act like a doormat.</li> <li>• My feelings show that what happened was important.</li> </ul>	<ul style="list-style-type: none"> <li>• Does it <i>really</i> keep me safe?</li> <li>• I have the right to feel happy, too.</li> <li>• The men who mugged me don't even know or care how angry I am, so I'm really only punishing myself 24 hours a day.</li> <li>• Six months of sufferings is enough to show it was important!</li> </ul>

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## Process Resistance— Anxiety Disorders

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- Exposure, Exposure, Exposure

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## Three Categories of Exposure

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- Classical
- Cognitive
- Interpersonal

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**Two Types of Exposure**

- Gradual Exposure
- Flooding

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**Physician's Heal Thyself**

- My own blood phobia

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**Teaching Points**

- Blood Phobia may be nearly 100% genetic
  - But Flooding without meds caused rapid cure
- Motivation was crucial
- Process Resistance can be intense

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**Three Forms of Reverse Hypnosis**

- **Depressive Hypnosis**
  - I really AM defective and hopeless.
- **Anxiety Hypnosis**
  - I am too fragile (or not ready) to confront my fears.
- **Relationship Problem Hypnosis**
  - It's not my fault. I am the victim.

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**Process Resistance Techniques**

- Dangling the Carrot
- Gentle Ultimatum
- Sitting with Open Hands
- Fallback Position

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**Process Resistance Example**

- Young man who sweated excessively
- Intense social anxiety

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**Join the T.E.A.M.**

- T = Testing
- E = Empathy
- A = Agenda Setting
- **M = Methods**

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**M = Methods**

- If the patient is depressed or anxious, use
  - The Daily Mood Log (DML)
  - The Recovery Circle

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**Goals of DML**

- Gather Accurate Data
  - About negative thoughts, feelings and beliefs
- Change
  - At the gut level
- Most Basic Tool of CBT
  - During and between sessions

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### Clinical Example

- Electrical engineer with severe Body Dysmorphic Disorder

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Sarah's Daily Mood Log

**Upsetting Situation:** Staring into the mirror this morning.

Emotions	%	Goal	After	Emotions	%	Goal	After
Sad, down, depressed	75%			Embarrassed, foolish, humiliated	100%		
Anxious, worried, panicky, nervous	100%			Hopeless, discouraged	75%		
Guilt, ashamed	100%			Frustrated, stuck, thwarted	100%		
Inadequate, defective, incompetent	100%			Mad, resentful, annoyed, irritated	90%		
Lonely, unloved, rejected, alone	90%						

NT	%	After	Dist	PT	%	Belief
1. This scar spoils my face.	100%					
2. I'll never get a job.	100%					
3. People will be disgusted when they look at my face.	100%					
4.						
5.						

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**Daily Mood Log (cont'd)**

NT	%	After	Dist	PT	%	Belief
1. This scar spoils my face.	100					

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### Common Distortions— Depression and Anxiety

- All-or-Nothing Thinking
- Overgeneralization
- Mental Filter
- Discounting the Positive
- Jumping to Conclusions
  - Mind-Reading
  - Fortune-Telling
- Magnification and Minimization
- Emotional Reasoning
- Labeling
- Should Statements
- Blame
  - Other-Blame
  - Self-Blame

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**Daily Mood Log (cont'd)**

NT	% now	% after	Dist	PT	% belief
1. This scar spoils my face.	100		AON, OG, MF, DP, MR, MAG, ER, OB		

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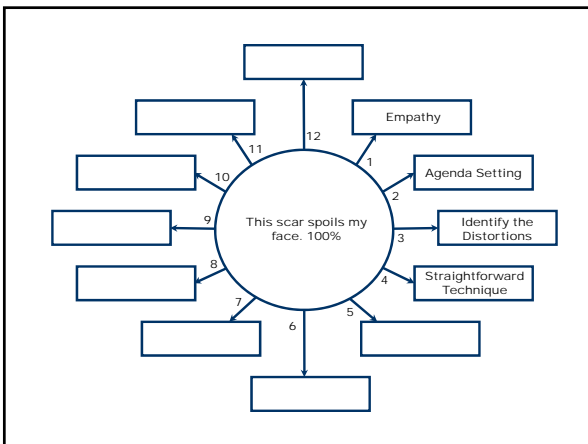
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**Recovery Circle**

- 10 to 15 Methods will probably be required

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**Recovery Circle (cont'd)**

- Methods for anxiety should include
  - Motivational Techniques (1 – 3)
  - Cognitive Techniques (8 – 12)
  - Exposure Techniques (2 or more)
  - Hidden Emotion Technique (1)

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**Goals of the Recovery Circle**

- Help Patient Develop Effective Positive Thoughts (PTs)
- Recovery Circle is the “Engine” of the DML

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### Philosophy Behind the Recovery Circle

- Fail as Fast as You Can

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### Recovery Circle Exercise

- Select at least 15 or more additional techniques to help Sarah
  - Write the names of the techniques in the boxes surrounding the Recovery Circles on pages 4 and 5 of your handout
    - You can use the one-page list of 50 Methods on page 6 of your handout
    - Or the ten-page list on pages 12 – 20 of your handout

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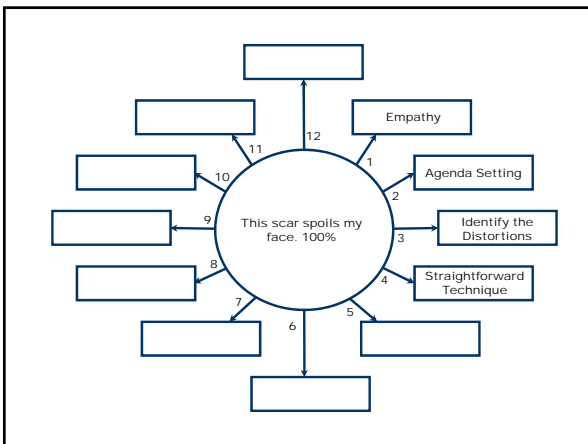
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### STOP!

- Close your PowerPoint slides and do the exercise in your Webinar Handout now!
  - You will learn a great deal from this exercise
  - It will take about ten or fifteen minutes

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### STOP!

- Please do not continue with the PowerPoint slides until you complete the Recovery Circle exercise! Thanks.

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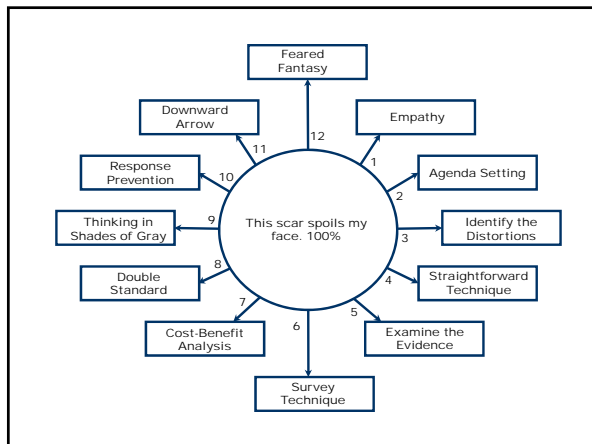
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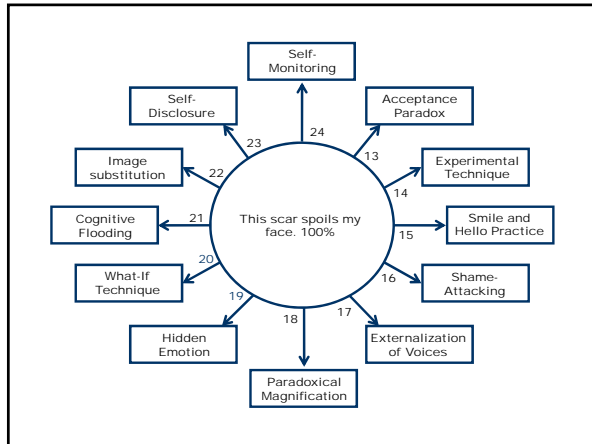
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### Requirements for an Effective PT

- **Must be 100% true, or nearly 100%**
  - Necessary (but not sufficient) condition for emotional change
- **It must drastically reduce the belief in the NT**
  - Sufficient condition

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### Goals of Downward Arrow Techniques

- **Uncover Self-Defeating (Core) Beliefs (SDBs)**

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**Two Types of Self-Defeating Beliefs**

- Individual SDBs trigger depression and anxiety
  - Usually self-esteem equations
    - List of 23 common SDBs on page 21 of handout
- Interpersonal SDBs trigger anger and conflict
  - Usually expectations about relationships

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**What to Say—  
Individual Downward Arrow**

- “If that were true, what would it mean to you? Why would it be upsetting to you?”

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**Downward Arrow Technique**

This scar spoils my face.

↓ If that were true, what would it mean to you? Why would it be upsetting to you?

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**Downward Arrow (cont'd)**

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Then people would look down on me and be disgusted when I'm out in public.

↓ If that were true, what would that mean to you? Why would it be upsetting to you?

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**Downward Arrow (cont'd)**

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Then they wouldn't like me.

↓ If that were true, what would it mean to you? Why would it be upsetting to you?

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**Downward Arrow (cont'd)**

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Then I'd be all alone.

↓ If that were true, what would it mean to you? Why would it be upsetting to you?

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**Downward Arrow (cont'd)**

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That would mean I was worthless.

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**What are Sarah's Self-Defeating Beliefs (SDBs)? (see page 21)**

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

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**Sarah's Self-Defeating Beliefs**

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1. Perfectionism
2. Perceived Perfectionism
3. Approval Addiction
4. Spotlight Fallacy
5. Brushfire Fallacy

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**Examine the Evidence**

- “How did you come to the conclusion that people are disgusted when they look at your face?”

130

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**Double Standard Technique**

- “What would you say to a dear friend just like yourself who had a cut on her nose?”

131

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**Thinking in Shades of Gray**

- “How attractive did you feel you were, between 0 and 100, before the accident?”
- “And how attractive do you think you are now, on the same scale?”

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### Survey Technique

- Could you ask friends if they've noticed the scar on your nose, and how you feel about it?"
- Could you ask friends if they ever felt uncomfortable about their bodies, or how they looked?

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### Hidden Emotion Technique

- Do you have some problems or concerns that you're not telling me about?
  - The anxiety symptom is often a disguised or symbolic expression of a subconscious conflict.
  - When you bring the hidden problem to conscious awareness, and the patient deals with it, the anxiety will often disappear.

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### Webinar Exercise

- On a blank piece of paper, write down several hypotheses about the hidden emotion or problem that Sarah is avoiding

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**Webinar Exercise**

- David will review three or four hypotheses that participants in live workshops have proposed

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Cost-Benefit Analysis

Belief: "This scar spoils my face."

Advantages of believing this	Disadvantages of believing this

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**Response Prevention**

- Get rid of all non-permanently attached mirrors and put them in the garage.
- Limit yourself to looking in the mirror for 30 seconds twice a day.
- Refuse to look at your reflection in mirrors or windows the rest of the day.

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**Experimental Technique**

- Smile and Hello Practice
- Shame-Attacking Exercises

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**Feared Fantasy Technique / Acceptance Paradox**

- Sarah is afraid that people would look down on her if they saw the scar on her nose.

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**Daily Mood Log (cont'd)**

NT	% now	% after	Dist	PT	% belief
1. This scar spoils my face.	100		AON, OG, MF, DP, MR, MAG, ER, OB	There is absolutely no evidence for this!	100

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**Daily Mood Log (cont'd)**

NT	% now	% after	Dist	PT	% belief
1. This scar spoils my face.	100	0	AON, OG, MF, DP, MR, MAG, ER, OB	There is absolutely no evidence for this!	100

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Sarah's Daily Mood Log

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Anxious, worried, panicky, nervous	100%			Hopeless, discouraged	75%		
Guilt, ashamed	100%			Frustrated, stuck, thwarted	100%		
Inadequate, defective, incompetent	100%			Mad, resentful, annoyed, irritated	90%		
Lonely, unloved, rejected, alone	90%						

NT	% Now	% After	Dist	PT	% Belief
1. This scar spoils my face.	100%	0%	AON, OG, MF, DP, MR, MAG, ER, OB	There's absolutely no evidence for this!	100%
2. I'll never get a job.	100%	0%	FT, DP, ER	Not true!	100%
3. People will be disgusted when they look at my face.	100%	0%	MR, DP, ER, OB	Doesn't seem to be the case.	100%
4.					
5.					

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Sarah's Daily Mood Log

**Upsetting Situation:** Staring into the mirror this morning.

Emotions	% Now	% Goal	% After	Emotions	% Now	% Goal	% After
Sad, down, depressed	75%		0%	Embarrassed, foolish, humiliated	100%		0%
Anxious, worried, panicky, nervous	100%		0%	Hopeless, discouraged	75%		0%
Guilt, ashamed	100%		0%	Frustrated, stuck, thwarted	100%		0%
Inadequate, defective, incompetent	100%		0%	Mad, resentful, annoyed, irritated	90%		0%
Lonely, unloved, rejected, alone	90%		0%				

NT	% Now	% After	Dist	PT	% Belief
1. This scar spoils my face.	100%	0%	AON, OG, MF, DP, MR, MAG, ER, OB	There's absolutely no evidence for this!	100%
2. I'll never get a job.	100%	0%	FT, DP, ER	Not true!	100%
3. People will be disgusted when they look at my face.	100%	0%	MR, DP, ER, OB	Doesn't seem to be the case.	100%
4.					
5.					

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**Daily Mood Log and Recovery Circle**

- **Extremely helpful for depression and anxiety disorders**
  - Pinpoint the patient's negative thoughts and feelings
  - Create an individualized, world-class treatment program for any depressed or anxious patient

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**Daily Mood Log and Recovery Circle (cont'd)**

- **If the NT triggers anxiety, include a wide range of techniques that include**
  - 2 – 3 Motivational Techniques
  - 5 – 15 Cognitive Techniques
  - 2 – 3 Exposure Techniques
  - The Hidden Emotion Technique

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**Worried Sick—Session 3**

- **Review Questions**
- **Treatment targets**
- **Truth-Based Methods**
  - Examine the Evidence
  - Experimental Technique
  - Survey Technique
  - Pleasure Predicting Sheet
  - Reattribution

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**Worried Sick—Session 3 (cont'd)**

- **Semantic Methods**
  - Let's Be Specific
  - Thinking in Shades of Gray
  - Semantic Technique

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**Review Questions—Session 2**

- How Would You Select M = Methods for Treating an Anxious Patient?
- What four Types of Techniques Should You *Always* Include on Your Recovery Circle?
- How Many Techniques Will You Need To Try?

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**Review Questions—Session 2**

- What is the main cause of Outcome Resistance for all anxiety disorders?
- What is the main source of Process Resistance for all anxiety disorders?
- What are the three categories of Exposure Techniques?

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**How Would You Select M = Methods for Treating an Anxious Patient?**

- Daily Mood Log
- Put one Negative Thought (NT) in the middle of a Recovery Circle
- Select Methods for challenging the NT

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**What Four Types of Methods Should You Always Include on Your Recovery Circle?**

- Motivational Techniques
- Cognitive Techniques
- Exposure Techniques
- Hidden Emotion Technique

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**How Many Techniques Will You Need To Try?**

- 10 to 15 is a ballpark estimate

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**What is the main cause of Outcome Resistance for anxiety disorders?**

- Magical Thinking

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**What is the main source of Process Resistance for anxiety disorders?**

- Exposure, exposure, exposure

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**What are the three categories of Exposure Techniques?**

- Classical
- Cognitive
- Interpersonal
  - All three types can be done with Gradual Exposure or Flooding
  - Both are effective

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### Targets in the Treatment of Anxiety Disorders

- The anxiety itself
  - GAD, Phobias, OCD, PTSD, Shyness, etc.
- The feelings of shame
  - Common in nearly all anxiety disorders
- The co-existing problems
  - Depression
  - Habits and addictions
  - Relationship problems

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### Truth-Based Methods

- Examine the Evidence
- Experimental Technique
  - Survey Technique
  - Pleasure Predicting Sheet
- Reattribution

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### Experimental Technique

- Woman with severe panic disorder and major depression
  - No improvement after 10 years of treatment

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**Daily Mood Log**

**Upsetting Situation: My fingers feel numb, chest feels tight, dizzy.**

Emotions	% Before	% After	Emotions	% Before	% After
Sad, down, depressed	100		Discouraged, hopeless	100	
Panicky, anxious, terrified	100		Embarrassed	100	
Guilty, ashamed	100		Frustrated, thwarted	100	
Defective, inferior	100		Hurt, angry	25	

NT	% Before	% After	Dist	PT	% Belief
1. I can't breathe properly.	100		MF; DP; FT; ER; MAG		
2. My windpipe is closing off.	100		same		
3. If I stand up, I'll pass out.	100		same		
4. I'm about to have a heart attack.	100		same		
5. I'm going to die.	100		same		

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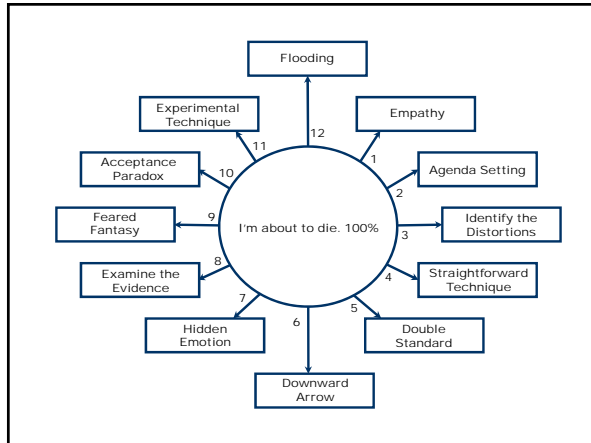
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**Daily Mood Log**

**Upsetting Situation: My fingers feel numb, chest feels tight, dizzy.**

Emotions	% Before	% After	Emotions	% Before	% After
Sad, down, depressed	100	0	Discouraged, hopeless	100	0
Panicky, anxious, terrified	100	0	Embarrassed	100	0
Guilty, ashamed	100	0	Frustrated, thwarted	100	0
Defective, inferior	100	0	Hurt, angry	25	0

NT	% Before	% After	Dist	PT	% Belief
1. I can't breathe properly.	100	0	MF; DP; FT; ER; MAG	1. I'm breathing well enough to do aerobics!	100
2. My windpipe is closing off.	100	0	same	2. Not really!	100
3. If I stand up, I'll pass out.	100	0	same	3. Didn't happen.	100
4. I'm about to have a heart attack.	100	0	same	4. Nope!	100
5. I'm going to die.	100	0	same	5. I can't seem to die no matter how hard I try.	100

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**Experimental Technique**

- 71 year-old woman with 53 years of agoraphobia and panic attacks

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**Experimental Technique**

- Attorney who was afraid to lose a case

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**Experimental Technique**

- Perfectionistic medical school professor
  - "Nothing is worth doing unless I do it perfectly."

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Pleasure-Perfection Balance Sheet

Hypothesis: Nothing is worth doing unless I do it perfectly.

Activity	Predicted Satisfaction (0 - 100)	Actual Satisfaction (0 - 100)	Perfection Rating (0 - 100)

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Pleasure-Perfection Balance Sheet

Hypothesis: Nothing is worth doing unless I do it perfectly.

Activity	Predicted Satisfaction (0 - 100)	Actual Satisfaction (0 - 100)	Perfection Rating (0 - 100)
Give welcoming lecture to the new medical school class	90%		
Fix broken pipe in toilet	10%		

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Pleasure-Perfection Balance Sheet

Hypothesis: Nothing is worth doing unless I do it perfectly.

Activity	Predicted Satisfaction (0 - 100)	Actual Satisfaction (0 - 100)	Perfection Rating (0 - 100)
Give welcoming lecture to the new medical school class	90%	5%	75% (I only got a 30 second standing ovation)
Fix broken pipe in toilet	10%		

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**Pleasure-Perfection Balance Sheet**

Hypothesis: Nothing is worth doing unless I do it perfectly.

Activity	Predicted Satisfaction (0 - 100)	Actual Satisfaction (0 - 100)	Perfection Rating (0 - 100)
Give welcoming lecture to the new medical school class	90%	5%	75% (I only got a 30 second standing ovation)
Fix broken pipe in toilet	10%	100%	5% (a plumber could have fixed it in five minutes. It took me nearly ten hours!)

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### Reattribution Exercise

- Young man struggling with crippling shyness
  - "If she rejects me, it will prove that I'm a loser."
    - List alternative reasons on page 23 of handout

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### Semantic Techniques

- Be Specific
- Thinking in Shades of Gray
- Semantic Method

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**Semantic Techniques**

- Can be especially helpful for several distortions
  - All-or-Nothing Thinking
  - Overgeneralization
  - Labeling
  - Should Statements

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**Semantic Techniques**

- Can be helpful for NTs like these
  - "I'm a bad mom / dad."
  - "I'm a bad therapist / teacher."
  - "I should be better than I am."
  - "I shouldn't be so screwed up."
  - "People will judge me."

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**"I'm no good" Thoughts**

- These thoughts can cause intense shame, anxiety, and depression
- They're based on the notion that we have a "self" that can be measured

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**“I’m no good” Thoughts**

- But there is no “self”
  - Buddhist concept
- We can measure or judge specific thoughts, feelings, or behaviors
  - We cannot measure or judge a “self”

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**Be Specific plus Thinking in Shades of Gray**

- Can often combat these negative thoughts about our “self”
  - See page 24 of your handout

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**Be Specific Example**

- “I’m a bad teacher.”
  - David’s thought when he gets valid negative feedback about his teaching.

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**Be Specific Example**

- "I'm a bad teacher."
  - What *specific* flaws or errors are we referring to?
    - I am sometimes too harsh / direct in feedback for participants doing role-play exercises
    - I sometimes react defensively when challenged
    - I am sometimes too promotional in selling T.E.A.M.
    - I am sometimes too critical or dismissive about other schools of therapy
    - Sometimes people are offended by my humor or use of language

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**Be Specific Example**

- Solutions
  - Write word NICE on handout
    - Remember to use Disarming and Stroking when challenged
  - Be modest in claims about T.E.A.M.
  - Be complimentary toward other schools of therapy
  - Remember to correct student errors with gentleness, warmth, and praise
  - Be thoughtful in the use of humor / language, and ask for specific feedback

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**Thinking in Shades of Gray**

- Track quantitative teaching feedback
- Aim for progress, not perfection

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### Semantic Method

- You can use the Semantic Method to combat Should Statements, such as
  - "I shouldn't be so screwed up."
  - "I should be better than I am."
  - "I should be able to help more of my patients."
  - "I'm a loser."

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### Semantic Method (cont'd)

- Christine told herself: "I must be defective."
  - This implies she has a "self" which is "defective"
  - She found it helpful to tell herself, "I'm a human being with defects. . . And lots of them!"

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### Semantic Method (cont'd)

- There are only three valid uses of the word, "should"
  - Laws of the Universe "should"
  - Legal "should"
  - Moral "should"

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**Semantic Method (cont'd)**

- You can simply replace the “should” statement with an expression along these lines:
  - “It would be nice if . . .”
  - or “It would be preferable if . . .”

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**Semantic Method (cont'd)**

- For example, we could replace “I should be able to help more of my patients,” with
  - “It would be nice if I could help more of my patients,”
  - or “I wish I could help more of my patients,”
  - or “I have some pretty good therapy skills right now, but I am stuck with some patients. In fact, that’s why I’m taking this course. And no matter how skillful I become, there will *always* be more to learn, which is great!”

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**Worried Sick—Session 4**

- Review questions
- Compassion-Based Techniques
  - Paradoxical Double Standard Technique
- More Uncovering Techniques
  - Individual Downward Arrow
  - What-If Technique
  - Interpersonal Downward Arrow

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**Worried Sick—Session 4 (cont'd)**

- **Cost-Benefit Analysis**
  - Straightforward
  - Paradoxical
- **Quantitative Techniques**
  - Self-Monitoring

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**Review Questions**

- What are the three treatment targets when you are treating an anxious patient?
- What are three Truth-Based Techniques?
- What are three Semantic Techniques?

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**Review Questions**

- What's the main difference between Outcome Resistance and Process Resistance?
- Describe what Outcome Resistance might look for in an anxious patient with
  - GAD
  - Panic Attacks

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**Review Questions**

- What Are the Five Steps in the Daily Mood Log?
- What are the Necessary and Sufficient Conditions for Emotional Change?

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**Name three treatment targets when treating an anxious patient?**

- The anxiety itself (phobia, OCD, shyness, etc.)
- The shame about the anxiety
- Co-existing problems
  - Addictions
  - Depression
  - Relationship problems

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**What are three Truth-Based Techniques?**

- Experimental Technique
- Examine the Evidence
- Reattribution

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**What are three Semantic Techniques?**

- Let's Be Specific
- Thinking in Shades of Gray
- The Semantic Method

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**What's the Difference Between**

- Outcome Resistance and Process Resistance?

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**What's the Difference Between Outcome and Process Resistance?**

- Outcome Resistance—
  - The patient is ambivalent about a positive outcome
- Process Resistance—
  - The patient does not want to do the work required for a good outcome

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### Describe Outcome Resistance Patients with GAD or Panic Attacks

- Patients with GAD probably believe the constant worrying will protect their families and prevent something bad from happening
- Patients with Panic Attacks typically believe that if they stop worrying, they may suddenly die, pass out, go crazy, or lose control in a public situation.

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### What Are the Five Steps in the Daily Mood Log?

- Upsetting Event
- Emotions
- Negative Thoughts
- Distortions
- Positive Thoughts

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### What are the Necessary and Sufficient Conditions for Emotional Change?

- Necessary Condition
  - The Positive Thought must be 100% valid
- Sufficient Condition
  - The Positive Thought must put the lie to the Negative Thought

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**M = Methods in Workshop Session 4**

- **Compassion-Based Techniques**
  - Paradoxical Double Standard
- **More Uncovering Techniques**
  - Individual Downward Arrow
  - What-If Technique
  - Interpersonal Downward Arrow

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**M = Methods in Workshop Session 4**

- **Cost-Benefit Analysis**
  - Straightforward
  - Paradoxical
- **Quantitative Techniques**
  - Self-Monitoring

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**Compassion-Based Techniques**

- **Paradoxical Double Standard Technique**
  - Woman Struggling with Terminal Ovarian Cancer

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**Cognitive Model**

- Humans are distressed, not by things (events), but by our views of them (our thoughts).  
Epictetus
- Unhealthy feelings, like depression and anxiety, result from distorted thoughts.  
Ellis, Beck

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**Cognitive Model**

- Healthy sadness is not the same as clinical depression, and healthy fear is not the same as an anxiety disorder. Burns
  - Healthy feelings result from undistorted thoughts and do not need treatment.
  - Unhealthy feelings result from distorted thoughts.

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**Common Distortions—  
Depression and Anxiety**

• All-or-Nothing Thinking	• Magnification and Minimization
• Overgeneralization	• Emotional Reasoning
• Mental Filter	• Labeling
• Discounting the Positive	• Should Statements
• Jumping to Conclusions	• Blame
- Mind-Reading	- Other-Blame
- Fortune-Telling	- Self-Blame

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Depressed and Anxious Hospital Administrator  
with Terminal Ovarian Cancer

**Daily Mood Log**

Upsetting Situation: Learning that I have 3 years to live.

Emotions	%	Emotions	%
Depressed	100	Inferior	100
Anxious	75	Discouraged	100
GUILTY	100	Frustrated	80

NT	%	Dist	PT	%
1. I'm letting my family down.	100			
2. They can't exist without me.	100			
3. It's my fault I got cancer.	100			

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### What are the Distortions in Angelina's Negative Thoughts?

- Turn to page 25 of your handout.

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### Methods that Helped Angelina

- Paradoxical Double Standard Technique
- Method of Cognitive Dissonance

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A Depressed and Anxious Hospital Administrator with Terminal Ovarian Cancer  
**Angelina's Daily Mood Log**  
 Upsetting Situation: Learning that I have 3 years to live.

Emotions	%	Emotions	%
Depressed	100	Inferior	100
Anxious	75	Discouraged	100
Guilty	100	Frustrated	80

NT	%	Dist	PT	%
1. I'm letting my family down.	100	AON: MF: DP: MR: SH: SB	That's ridiculous. They love me and appreciate what I've done to support them.	100
2. They can't exist without me.	100	AON: DP: FT: MR: SB		
3. It's my fault I got cancer.	100	SB		

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Depressed and Anxious Hospital Administrator with Terminal Ovarian Cancer  
**Angelina's Daily Mood Log**  
 Upsetting Situation: Learning that I have 3 years to live.

Emotions	%	Emotions	%
Depressed	100	Inferior	100
Anxious	75	Discouraged	100
Guilty	100	Frustrated	80

NT	%	Dist	PT	%
1. I'm letting my family down.	100	AON: MF: DP: MR: SH: SB	That's ridiculous. They love me and appreciate what I've done to support them.	100
2. They can't exist without me.	100	AON: DP: FT: MR: SB		
3. It's my fault I got cancer.	100	SB		

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## Uncovering Techniques

- Individual Downward Arrow
- Interpersonal Downward Arrow
- What-If Technique

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### What to Say—What-If Technique

- “If this were true, what’s the worst that could happen? What are you the most afraid of?”
  - Designed for anxiety disorders
  - Reveals the fantasy at the root of the patient’s fears

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### Following the What-If Technique

- Use Exposure
  - Classical
  - Cognitive
  - Interpersonal

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### Example of What-If Technique

- Agoraphobic woman who was afraid to leave home alone

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**What-If Technique**

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**I might drop my handkerchief.**

↓  
Let's assume that happened. What are you the most afraid of? What's the worst that could happen?

214

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**What-If Technique (cont'd)**

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**A murder might be committed right on the spot where I dropped it.**

↓  
Let's assume that happened. What are you the most afraid of? What's the worst that could happen?

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**What-If Technique (cont'd)**

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**The police might find the handkerchief and think I did it.**

↓  
Let's assume that happened. What's the worst that could happen?

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**What-If Technique (cont'd)**

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**I'd end up in prison for life.**

↓      Let's assume that happened. What are you the most afraid of? What's the worst that could happen?

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**What-If Technique (cont'd)**

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**My sons would grow up without their mother.**

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**Other Techniques that Helped**

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- Hidden Emotion
- Five Secrets of Effective Communication
- Flooding with Distraction

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**Interpersonal Downward Arrow**

- Reveals SDBs about Relationships
  - Your role
    - What role will you play in this relationship?
    - What will you have to do to gain love and respect?
  - Their role
    - What role will the other person play?
  - What are the rules that link these roles?
    - How does a loving relationship work?

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**What to Say -- Interpersonal Downward Arrow**

- "If that were true, what would it tell you about:
  - "The type of person s/he is?"
  - "The type of person you are?"
  - "The type of relationship you have?"

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**Example— Interpersonal Downward Arrow**

- Chemist named Rodney with severe shyness, panic and depression
  - Moderate improvement
  - Stubbornly resists exposure techniques
  - Low empathy scores

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**Interpersonal Downward Arrow**

**You'd get upset if I criticized you.**

↓ Rodney, let's assume that happened. What are you afraid of? What might happen next?

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**Interpersonal Downward Arrow (cont'd)**

**Then you'll get mad and reject me. You won't want to work with me any more.**

↓ Let's assume that you criticized me, and I rejected you. What would that tell you about the kind of person I am?

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**Interpersonal Downward Arrow (cont'd)**

**That would mean you were very fragile and narcissistic.**

↓ Let's assume that I was fragile and narcissistic. What would that tell you about the kind of relationship you had with me?

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**Interpersonal Downward Arrow (cont'd)**

**It would mean I'd have to be really careful all the time--like walking on eggshells.**

↓ And how would you feel about working with someone like that? How would you feel about Dr. Burns?

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**Interpersonal Downward Arrow (cont'd)**

**I guess I'd feel pretty angry. I wouldn't like him much at all.**

↓ Rodney, it sounds like you've had some negative feelings about me, but you've been reluctant to express them because of these fears. Does that ring true?

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**What are Rodney's SDBs about Relationships?**

1. What are his assumptions about Dr. Burns?
2. How does he see his role in the relationship?
3. How does he view personal relationships?

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### Rodney's Self-Defeating Beliefs

- Please jot down your best guess on a piece of paper before continuing—
- What are his views of
  - The role Dr. Burns plays in the relationship?
  - The role that he plays in the relationship?
  - The nature of his relationship with Dr. Burns? In other words, in Rodney's mind what is it like to be in a close relationship?

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### Rodney's Interpersonal SDBs

- The people I care about are powerful, self-centered and dangerous.
- I must always please them and be on my guard.
- If I express my needs or feelings, I'll be punished and rejected.

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### Three Downward Arrow (Uncovering) Techniques

- Individual Downward Arrow
  - Reveals Individual SDBs
- Interpersonal Downward Arrow
  - Reveals Interpersonal SDBs
- What-If Technique
  - Reveals the feared fantasy

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**What to Say—  
Individual Downward Arrow**

- “If this were true, why would it be upsetting to you? What would it mean to you?”

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**What to Say—  
Interpersonal Downward Arrow**

- “If this were true, what would it tell you about:
  - “Your role in this relationship?”
  - “The other person’s role?”
  - “The nature of a close or loving relationship?”

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**What to Say—  
What-If Technique**

- “Let’s assume that happened. What are you the most afraid of? What’s the worst that could happen?”

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**Motivational Techniques**

- Cost-Benefit Analysis (CBA)

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**Goals of the Cost-Benefit Analysis (CBA)**

- Assess Motivation
- Enhance Motivation

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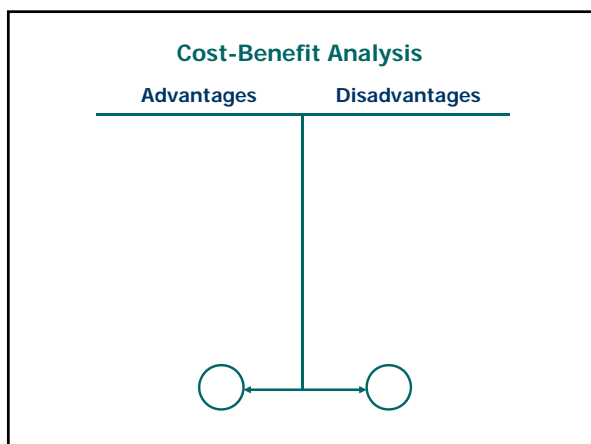
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**Ten Different Types of CBA**

- Five targets
- Two styles for each target

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**Five Targets of a Cost-Benefit Analysis**

- Cognition
- Belief
- Emotion
- Relationship Problem
- Behavior / Habit

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**Two Basic Types of Cost-Benefit Analysis**

- Straightforward
  - cooperative patient
- Paradoxical
  - resistant patient

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### Test Anxiety Example

- Psychologist preparing for licensure exam
- Many Negative Thoughts
  - They'll only ask about things I don't know, and won't ask anything about the things I do know.
  - I know I'll flunk the test.
  - It's unfair!

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### Test Anxiety (cont'd)

- She fought me when I used Identify the Distortions, Examine the Evidence and other techniques
- Why was she fighting me?
- Jot down your ideas on a separate piece of paper before continuing.

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### Stop!

- Jot down your ideas on a separate piece of paper before continuing. The psychologist came voluntarily for the treatment of test anxiety, but fought intensely when I attempted to help her.
- Why is she resisting? What is the source of her Outcome Resistance?

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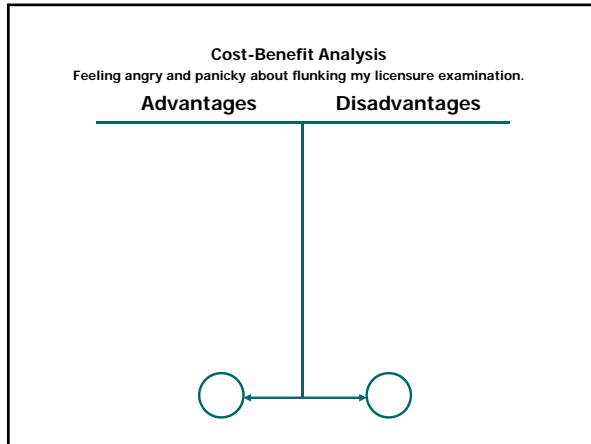
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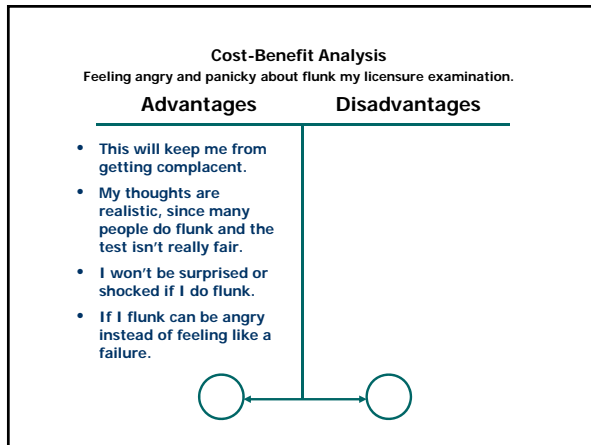
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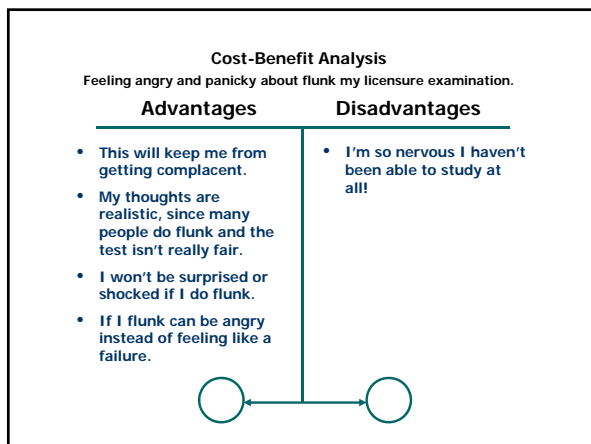
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**Cost-Benefit Analysis**  
Feeling angry and panicky about flunk my licensure examination.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• This will keep me from getting complacent.</li> <li>• My thoughts are realistic, since many people do flunk and the test isn't really fair.</li> <li>• I won't be surprised or shocked if I do flunk.</li> <li>• If I flunk can be angry instead of feeling like a failure.</li> </ul>	<ul style="list-style-type: none"> <li>• I'm so nervous I haven't been able to study at all!</li> <li>• My thoughts are exaggerated, so I'm not being entirely honest.</li> </ul>

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**Cost-Benefit Analysis**  
Feeling angry and panicky about flunk my licensure examination.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• This will keep me from getting complacent.</li> <li>• My thoughts are realistic, since many people do flunk and the test isn't really fair.</li> <li>• I won't be surprised or shocked if I do flunk.</li> <li>• If I flunk can be angry instead of feeling like a failure.</li> </ul>	<ul style="list-style-type: none"> <li>• I'm so nervous I haven't been able to study at all!</li> <li>• My thoughts are exaggerated, so I'm not being entirely honest.</li> <li>• If I study and pass, I'll have wasted many weeks in fear, misery and resentment.</li> </ul>

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**Cost-Benefit Analysis**  
Feeling angry and panicky about flunk my licensure examination.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• This will keep me from getting complacent.</li> <li>• My thoughts are realistic, since many people do flunk and the test isn't really fair.</li> <li>• I won't be surprised or shocked if I do flunk.</li> <li>• If I flunk can be angry instead of feeling like a failure.</li> </ul>	<ul style="list-style-type: none"> <li>• I'm so nervous I haven't been able to study at all!</li> <li>• My thoughts are exaggerated, so I'm not being entirely honest.</li> <li>• If I study and pass, I'll have wasted many weeks in fear, misery and resentment.</li> </ul>

(30) ← → (70)

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### Goal of Self-Monitoring

- Modify a repetitious negative thought by tracking it for several weeks
- Intensely anxious eye doctor with OCD

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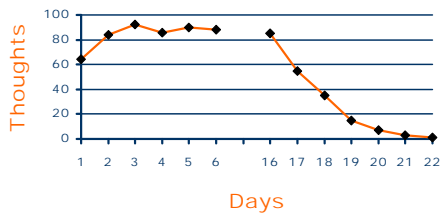
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### Self-Monitoring




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### Clinical Example

- Anxious, depressed carpenter with a emotional outbursts of sobbing or laughing following a stroke

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**Worried Sick—Session 5**

- Review Questions
- Visual Imaging Techniques
  - Cognitive Flooding
  - Memory Rescripting
- Humor-Based Techniques
  - Shame Attacking Exercises

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**Review Questions—Session 4**

- What causes negative emotions, such as depression, anxiety, shame, or anger?
- What is the main difference between a healthy and unhealthy negative emotion?
- Can depression and anxiety be caused by traumatic events?

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**Review Questions (cont'd)**

- What do you uncover with the What-If Technique?
- What do you uncover with the Interpersonal Downward Arrow?
- What do you uncover with the Individual Downward Arrow?

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### Review Questions (cont'd)

- What is the main difference between a Straightforward and Paradoxical Cost-Benefit Analysis?
- Name one Compassion-Based Technique
- Name a Quantitative Technique that is very similar to Mindfulness-Based CBT or Mindfulness Meditation?

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### What causes depression, anxiety, shame, or anger?

- All positive and negative emotions result from your thoughts, and not from what actually happens to you

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### What's the main difference between healthy and unhealthy emotions?

- Healthy emotions result from valid positive or negative thoughts
- Unhealthy emotions result from distorted positive or negative thoughts.

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**Can depression and anxiety be caused by traumatic events?**

- No, our feelings result from the way we think about, or interpret, what's happening.

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**Answers (cont'd)**

- What do you uncover with the What-If Technique?
  - A core feared fantasy
- What do you uncover with the Interpersonal Downward Arrow?
  - Roles people play in relationships
- What do you uncover with the Individual Downward Arrow?
  - Self-Defeating Beliefs, like Perfectionism

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**Answers (cont'd)**

- What is the main difference between a Straightforward and Paradoxical Cost-Benefit Analysis?
  - Straightforward CBA: Cooperative, motivated patient
  - Paradoxical CBA: Uncooperative, unmotivated patient

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**Answers (cont'd)**

- **Name one Compassion-Based Technique**
  - Paradoxical Double-Standard Technique

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**Answers (cont'd)**

- **Name a Quantitative Technique that is similar to Mindfulness-Based CBT or Mindfulness Meditation**
  - Self-Monitoring: You simply note the negative thought, let it go, and focus on the here and now.

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**Visual Imaging Techniques**

- Cognitive Flooding
- Memory Rescripting

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**Cognitive Flooding**

- Woman who thought she had the wrong baby
- Psychologist with an airplane Phobia

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**Memory Rescripting**

- Designed for PTSD
- Pastor Johnson

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**Humor-Based Techniques**

- Shame-Attacking Exercises

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**Shame-Attacking Exercises**

- Eating dinner with colleagues of Dr. Ellis

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**Shame-Attacking Cautions**

- Appropriate for the patient
- Appropriate setting
- Good therapeutic empathy ratings, including trust
- Solid agenda negotiated first
- Not frightening to general public
- Poke fun at yourself, not others

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**Worried Sick—Session 6 (Final Session)**

- Review of Session 5
- Role Playing Techniques
  - Externalization of Voices
  - Feared Fantasy
  - Acceptance Paradox
- Hidden Emotion Technique
  - GAD
  - OCD
  - Hypochondriasis

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**Worried Sick—Session 6  
(Final Session)**

- Exposure
  - Classical
  - Cognitive
  - Interpersonal
- Treatment algorithms
- Relapse Prevention Training

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**Review Questions—Session 5**

- Name two Visual Imaging Techniques
- What kinds of anxiety might Shame Attacking Exercises be helpful for?
- List several cautions when using Shame-Attacking Exercises
- What's the main difference between Cognitive Flooding and Memory Rescripting?

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**Answers to Review Questions—  
Session 5**

- Name two Visual Imaging Techniques
  - Cognitive Flooding
  - Memory Rescripting

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**Answers to Review Questions—  
Session 5**

- What kinds of anxiety might Shame-Attacking Exercises be helpful for?
- List several cautions when using Shame-Attacking Exercises
- What’s the main difference between Cognitive Flooding and Memory Rescripting?

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**Answers to Review Questions—  
Session 5**

- What kinds of anxiety might Shame-Attacking Exercises be helpful for?
  - Any anxiety that includes the fear of looking foolish in front of others, such as
    - Shyness
    - Public Speaking Anxiety
    - Shy Bladder Syndrome
    - Panic attacks, with fear of losing control in public (peeing in pants, vomiting, passing out, etc.)

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**Answers to Review Questions—  
Session 5**

- What should the therapist be cautious about when using Shame-Attacking Exercises?
  - Appropriate for the patient
  - Appropriate setting
  - Good therapeutic empathy ratings, including trust
  - Solid agenda negotiated first
  - Not frightening to general public
  - Poke fun at yourself, not others

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### Answers to Review Questions— Session 5

- **What's the main difference between Cognitive Flooding and Memory Rescripting?**
  - In Cognitive Flooding, you urge the patient to intensify the anxiety and maintain it as long as possible until it diminishes and disappears
  - In Memory Rescripting, the patient edits and modifies the traumatic memory during the height of the anxiety, producing a different outcome

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### Role-Playing Techniques

- Externalization of Voices
- Paradoxical Double Standard
- Feared Fantasy

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### Goals of Externalization of Voices

- Transform Intellectual Understanding into Change at the Gut Level
  - The most powerful CBT technique
- Model the Acceptance Paradox

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**Externalization of Voices**

- “You” is Negative Voice
- “I” is Positive Voice

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**Positive Voice**

- Can Integrate Self-Defense with the Acceptance Paradox

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**Externalization of Voices**

- Use frequent role-reversals
  - Continue until NTs have been soundly defeated

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**Spiritual Techniques—  
The Acceptance Paradox**

- **Goals**
  - Provide Profound Personal Change
  - Transform Personal Value System
  - Prevent Relapse

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**The Acceptance Paradox**

- **Integrates a Spiritual Perspective**
  - Buddhism
  - Christianity
  - Alcoholics Anonymous

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**Healthy vs.  
Unhealthy Acceptance**

- **Subtle but Crucial Distinction**
- **Example: “I’m a defective human being.”**
  - Reason for suicide or celebration?

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<b>Unhealthy Acceptance</b>	<b>Healthy Acceptance</b>
Self-Hatred	Self-Esteem
Despair	Joy
Paralysis	Productivity
Hopelessness	Hope
Isolation	Intimacy
Atrophy	Growth
Cynicism	Laughter

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### Externalization of Voices / Acceptance Paradox

- You need to see a live demonstration, and then practice with your own negative thoughts, to grasp this technique.
  - Weekly online groups
  - Live workshops

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### Therapist's Negative Thoughts

- I'll never be able to learn all these techniques.
- I'll freeze and not know what to do if I try these techniques.
- I'll look like a fool if I try a role-play in front of this group.
- If I look foolish, my colleagues will look down on me.
- I'll probably look stupid if I try to role-play.
- I should be better than I am.
- I'm a bad father / mother.
- I'm incompetent.
- I should be more skillful.
- I'm not smart enough.
- I'm more screwed up than most of my patients!

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**Goals of the Hidden Emotion Technique**

- Rapid Relief of Symptoms
- Understand the Cause
  - vs. struggling to control the symptoms
- Personal Growth

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**Negative Thought: I'll probably look stupid if I try to role-play.**

<p><b>Self-Defense</b></p> <ul style="list-style-type: none"> <li>• Actually, I'm role-playing right now and I'm doing okay.</li> </ul>	<p><b>Acceptance Paradox</b></p> <ul style="list-style-type: none"> <li>• Hey, I can look stupid even without doing a role-play!</li> </ul>
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**Negative Thought: I'm more screwed up than most of my patients!**

<p><b>Self-Defense</b></p> <ul style="list-style-type: none"> <li>• Actually, my suffering has made me a far more compassionate and effective therapist, because I can say, "I've been there myself, and I know how much that hurts. And it will bring me great joy to show you defeat that problem."</li> </ul>	<p><b>Acceptance Paradox</b></p> <ul style="list-style-type: none"> <li>• I am screwed up, but you know the really cool and amazing thing? Most of my patients don't even seem to notice or care. In fact, what's important to them is my warmth and caring, and the tools I'm giving them to change their lives.</li> </ul>
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**Changing Paradigms—The Hidden Emotion Technique**

- CBT Only Partially Helpful for Anxiety
- Most Anxious Patients Have
  - Emotophobia
  - Conflict Phobia
  - Anger Phobia

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**Hidden Emotion Helps**

- Anxiety disorders
- Somatic disorders
  - Hypochondriasis
  - Chronic Pain

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**Hidden Emotion Technique—GAD**

- The woman who was afraid that her husband and sons would die

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**Hidden Emotion Exercise**

- Think about the woman who was afraid that her husband and sons would die
- Jot down one or two theories about what the hidden emotion was on a piece of paper
- Do NOT continue with the PowerPoints until you've done this. Thanks!

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**Hidden Emotion—OCD**

- The pathologist who was afraid of cadavers
- The accountant with mutilation fantasies

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**Hidden Emotion—Hypochondriasis**

- The executive who was convinced he was about to die

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**Exposure Therapy**

- All anxious patients must confront their worst fear
- No anxious patient will want to do this
- Negotiate resistance at onset of treatment

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**Three Types of Exposure**

- Classical
- Cognitive
- Interpersonal

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**Classical Exposure**

- Gradual Exposure
- Flooding
- Response Prevention

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**Gradual Exposure**

- Fear of heights

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**Flooding**

- Fear of heights

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**Response Prevention**

- Veteran with a handwashing compulsion

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**Cognitive Exposure**

- Cognitive Flooding
- Image Substitution
- Memory Rescripting
- Cognitive Hypnosis / Time Travel
- Feared Fantasy

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**Cognitive Flooding**

- The man with pornographic fantasies of Jesus having sex with the Virgin Mary

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**Interpersonal Exposure**

- Shame-Attacking Exercises
- Smile and Hello Practice
- Self-Disclosure
- Flirting Training
- Rejection Practice
- David Letterman Technique

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**Interpersonal Exposure—  
Self-Disclosure**

- DB at neighbor's house

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**Treatment Algorithms**

- Do we treat
  - The person?
  - The disorder?

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**Remember the Basics!**

- T = Testing
- E = Empathy
- A = Agenda Setting
  - What does he or she want help with?
  - Outcome Resistance and Process Resistance

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**Stick to the Basics!**

- **M = Methods**
  - Use the Daily Mood Log if the patient wants help with anxiety
    - Select one NT
      - Patient chooses
    - Put it in a Recovery Circle

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**Recovery Circle**

- Motivational Techniques
- Cognitive Techniques
- Exposure Techniques
- Hidden Emotion Technique

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**Relapse Prevention—  
Feeling Better vs. Getting Better**

- Reframe the Anxiety
- Recovery Circle
- Modify SDBs

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## Relapse Prevention (cont'd)

- When Initial Recovery Occurs
- Use Daily Mood Log (see page 26)
  - Identify Relapse NTs AHEAD OF TIME
  - Use Externalization of Voices
  - Tape Session (for Patient)

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Relapse Daily Mood Log

**Upsetting Situation:** Having a sudden relapse several weeks from now.

Emotions				Emotions			
Now	% Goal	% After		Now	% Goal	% After	
Sad, down, depressed	100%			Embarrassed, foolish, humiliated	100%		
Anxious, worried, panicky, nervous	100%			Hopeless, discouraged	100%		
Guilt, ashamed	100%			Frustrated, stuck, thwarted	100%		
Inadequate, defective, incompetent	100%			Mask resentful, annoyed, irritated	90%		
Lonely, unloved, rejected, alone	100%						

NT	% Now	% After	Dist	PT	% Belief
1. The therapy didn't really work.	100%				
2. Things are hopeless.	100%				
3. My problems are real. Therapy couldn't possibly help.	100%				
4. I was just fooling myself when I thought I was feeling better.	100%				
5. I really am a worthless loser.	100%				
6. I knew it could never last.	100%				

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Relapse Daily Mood Log

**Upsetting Situation:** Having a sudden relapse several weeks from now.

Emotions				Emotions			
Now	% Goal	% After		Now	% Goal	% After	
Sad, down, depressed	100%			Embarrassed, foolish, humiliated	100%		
Anxious, worried, panicky, nervous	100%			Hopeless, discouraged	100%		
Guilt, ashamed	100%			Frustrated, stuck, thwarted	100%		
Inadequate, defective, incompetent	100%			Mask resentful, annoyed, irritated	90%		
Lonely, unloved, rejected, alone	100%						

NT	% Now	% After	Dist	PT	% Belief
1. The therapy didn't really work.	100%		AON: OG MF: DP MAG: ER SH: OB		
2. Things are hopeless.	100%				
3. My problems are real. Therapy couldn't possibly help.	100%				

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**Additional Resources—  
www.feelinggood.com**

- Order forms for
  - David's psychotherapy eBook, "*Tools, Not Schools, of Therapy*"
  - *EASY Diagnostic System*
  - *Therapist's Toolkit*
- Podcasts on T.E.A.M. Therapy

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**Additional Resources (cont'd)—  
www.feelinggood.com**

- Lists of David's upcoming workshops
  - Two-day trauma workshops
  - Four-day intensives
- Blogs for
  - General Public
  - Therapists

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**Additional Resources (cont'd)—  
David's Books**

- For therapists and the general public
  - *Feeling Good*
  - *Feeling Good Handbook*
  - *Intimate Connections*
  - *Ten Days to Self-Esteem*
  - *When Panic Attacks*
  - *Feeling Good Together*

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### Additional Resources: Feeling Good Institute in Mt. View, Ca

- Offers T.E.A.M. Therapy / Training
  - Live / online training
  - Support community / list serve
  - Referral network
  - TEAM-CBT Certification program

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### TEAM-CBT Certification (cont'd)

- Surprise! You're already qualified for Level 1 TEAM-CBT Certification!
  - For more information, contact Angela Krumm, PhD [angela.krumm@gmail.com](mailto:angela.krumm@gmail.com)
  - Or visit [www.feelinggoodinstitute.com](http://www.feelinggoodinstitute.com)
- Can work towards levels 2 – 5

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