

CBT Session Structure

Mood check: You can use scales, assessments, inventories, or verbal check in.

Review of week: Ask for highlights of their week. Keep very brief.

Review of homework: Ask about their successes and struggles. Spend time understanding obstacles, cognitive and other, to develop more successful homework.

Set agenda together: Have client give titles to their problems and decide which one is most important to start with today.

Discuss problems related to agenda items: Get into specifics. Use Socratic questions to understand beliefs/rules/assumptions. Have client understand their thoughts related to triggers. Develop new ways to think and new behaviors.

Practice new skills or do in vivo exposure: Practice what they are learning in session.

In vivo exposure is when a person is exposed to situations provoking anxiety in a real-world condition to help them change their relationship with fear and tolerate the accompanying distress. This exposure is done with the therapist.

Set new homework: This is based on what you just talked about. Client decides homework. Discuss their obstacles to doing homework.

Summarize: Client summarizes and writes in their notebook what you discussed.

Feedback: Ask the client to tell you what is helpful and what you could do better.

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Client Feedback Form

Name: _____

Date: _____

I welcome your feedback about our session today. Please fill out these questions to help improve our work in the future.

	Disagree			Agree	
I felt that my therapist understood me today	1	2	3	4	5
My therapist is a warm, caring person	1	2	3	4	5
We worked on topics we both agreed on	1	2	3	4	5
We set goals together	1	2	3	4	5
Therapy is helping me get better	1	2	3	4	5
I plan to do the homework we agreed on	1	2	3	4	5

Comments:

Socratic Questions

Conceptual clarification questions

- Why are you saying that?
- What exactly does this mean?
- How does this relate to what we have been talking about?
- What is the nature of ...?
- What do we already know about this?
- Can you give me an example?
- Are you saying ... or ...?

Probing assumptions

- What else could we assume?
- You seem to be assuming...?
- Why did you choose that assumption?
- What evidence do you have that your assumption is true?
- What would happen if ...?

Probing rationale, reasons, and evidence

- Why is that happening?
- How do you know this?
- Show me ...
- Can you give me an example of that?
- What do you think causes ...?
- What is the nature of this?

Questioning viewpoints and perspectives

- Another way of looking at this is ... Does this seem reasonable?
- What alternative ways of looking at this are there?
- Why is ... necessary?
- Who benefits from this?
- What is the difference between ... and ...?
- Why is it better than ...?

Probing implications and consequences

- Then what would happen?
- What are the consequences of that assumption?
- How could ... be used to ...?
- What are the implications of ...?
- How does ... affect ...?
- How does ... fit with what we learned before?
- Why is ... important?

Anxiety, OCD and Depression Screening

Name: _____

Date: _____

Please circle the response that best describes you. Feel free to change the wording of a particular question to fit your situation.

0 = Not at all true

1 = Somewhat true

2 = Moderately true

3 = Very true

4 = Completely true

- | | | | | | |
|---|---|---|---|---|---|
| 1. I worry a lot of the time | 0 | 1 | 2 | 3 | 4 |
| 2. I often feel depressed and down | 0 | 1 | 2 | 3 | 4 |
| 3. I have panic or anxiety attacks | 0 | 1 | 2 | 3 | 4 |
| 4. There are places I avoid | 0 | 1 | 2 | 3 | 4 |
| 5. I am shy and nervous with people | 0 | 1 | 2 | 3 | 4 |
| 6. My anxiety is embarrassing | 0 | 1 | 2 | 3 | 4 |
| 7. I have bad/upsetting thoughts | 0 | 1 | 2 | 3 | 4 |
| 8. I have to do things just so or over and over | 0 | 1 | 2 | 3 | 4 |
| 9. I experience frequent pain | 0 | 1 | 2 | 3 | 4 |
| 10. My sleep is a problem | 0 | 1 | 2 | 3 | 4 |
| 11. My difficulties impact work or school | 0 | 1 | 2 | 3 | 4 |
| 12. My family and friends notice my difficulty | 0 | 1 | 2 | 3 | 4 |

What is the main problem you are having?

In order to conclude that your treatment was successful, what would you want to achieve?

Evaluating the Anxiety, OCD and Depression Screening

Questions below correspond to the screening questions on page 20. Circle all that are present for this client. Double circle all 3 and 4 answers

Question Number	Possible Diagnosis
1.	GAD or phobias
2.	Depression
3.	Panic disorder
4.	Phobia, phobia or OCD
5.	Social Anxiety Disorder
6.	Social Anxiety Disorder
7.	OCD
8.	OCD
9.	A frequent complication of anxiety, OCD and depression
10.	A frequent complication of anxiety, OCD and depression
11.	Screen for severity of the impact of anxiety, OCD and depression
12.	Screen for severity of the impact of anxiety, OCD and depression

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Questions to Ask a Client at a First Visit

1. What is the main problem that is bothering you?
2. When did it start / how long has it been going on?
3. Was anything new or stressful going in your life at the time?
4. Do you drink beverages with caffeine or use drugs recreationally?
5. Has your problem been the same since it started, or has it changed?
6. Have you had a physical exam recently and blood work to test for thyroid problems?
7. Can you give me some examples of what you are worrying about or what you avoid?
8. How is your life impacted now by this problem?
9. What things can you not do or do you miss out on due to this problem?
10. Does anything help to make it better?
11. How do other people help you when you are experiencing anxiety?

Anxiety Disorder Assessment

Read the following stories, and then draw a line between the client and the diagnosis in the box below. Answers can be found on page 25.

Client	Diagnosis Choices
Lisa	Separation anxiety disorder F93.0
Thomas	Body dysmorphic disorder F45.22
Jennifer	Specific phobia F40.9
Caroline	Selective mutism F94.0
Joe	Panic disorder F41.0
Jenny	OCD F42.9
Justin	Agoraphobia F40.0
Clayton	Social anxiety disorder F40.1

Stories:

Lisa, a second-grade student, will not speak in school. In kindergarten and first grade, she did not speak, but because she did not cause trouble and did all of her homework correctly, her teachers did not find it to be a problem. Now, in second grade, her teacher wants her to participate and wants a plan of communication. Lisa talks a lot at home with her parents and sister but, even with other family members, she will not talk. Her grandmother recently told her mother that it was shameful that her granddaughter would not say hello to her at her birthday party.

Thomas, a bright-eyed, energetic 12-year-old, was walking with his mother in the supermarket parking lot. He saw a dog on a leash approaching. Fast as lightning, he ran into the street and was narrowly missed by a car. He won't go to the houses of any friends or relatives who have dogs. But this was the first time he had done anything like this.

Jennifer is a beautiful, stylish, 20-year-old young woman. Her father died suddenly when she was five years old and, after that, her mother homeschooled her. Jennifer and her mother are close, and they can't go anywhere without the other one. For two years, Jennifer has attended community college courses while her mother stays waiting for her in the parking lot. Jennifer has now graduated from community college, and her mom does not want to continue waiting in the parking lot after the hour-long drive to the college Jennifer wants to attend. Jennifer feels terrified by the idea of having to make the drive and be away from her mother while she attends classes at this new school.

Caroline is 21, beautifully dressed and poised in my office. She is home from college on medical leave, taking a semester off. She has always been shy and struggled to communicate with others, but last semester she broke up with her boyfriend and struggled in a class for the very first time in her life. During that time, other students saw her crying and disheveled. Caroline feels totally humiliated and exposed. Because people saw her weakness, she can't face going back to school.

Joe is a 17-year-old with autism who wants to wear a mask to school because he does not want anyone to see his mouth or his nose, which he feels are deformed. Joe now sits in the back of the class turned away from other students so no one can see his face. He spends hours in the bathroom looking in the mirror, finding horrible deformities in his appearance.

Jenny is a serious, slightly heavy 28-year-old who is engaged to a very kind and loving man. Jenny traveled extensively with her parents as a teenager, but now she cannot fly or drive distances from home, and she can't stay at hotels. Jenny's wedding is in three weeks and the venue is an hour and a half away. When she planned the wedding last year, it was fine, but now she cannot get herself to go. She is afraid she will miss her own wedding, though she is very excited to be married.

Justin is 15. His hands are red and chapped because he washes them over and over in very hot water. He is distressed about touching things because he is worried about germs. During his first therapy session, he holds his hands clasped in his lap, not touching the chair. He says "I love you, Mom" over and over, needing to have his mom say "I love you, Joe" back every time.

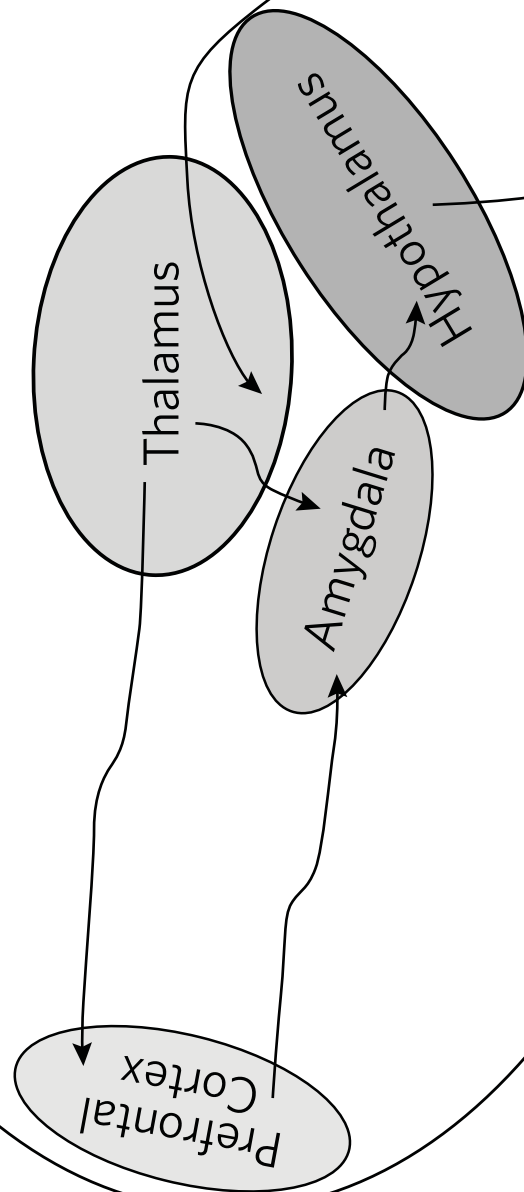
Clayton is 22 and fiercely proud of his independence. He did not go to college but has a skilled job as an auto mechanic and is making much better money than his peers who went to college. He wears his hair long and has tattoos on both forearms. Clayton had a sudden attack of dizziness and fear in high school, and though the attacks came only a few times in his senior year, they are part of why he decided not to go to college. He associates the attacks with being in places he cannot leave easily. Recently he was supposed to go to the dentist for his annual cleaning and realized that was another place he would be stuck if he had an attack. After that, he realized that though he wanted to get a haircut, this would be another place he would be stuck because he couldn't leave in the middle of a shampoo. The attacks are occurring more frequently, and Clayton is terrified that they will begin to interfere with work. He already had to take several sick days to stay home when he feared he might have an attack.

Using a Notebook to Increase Homework Compliance—*Sample Topics*

Following is an example of the information we ask clients to document in their notebook.

1. My Anxiety History
2. Why Try CBT?
3. My Diagnosis
4. The Problems Anxiety Causes in My Life
5. What My Life Would Look Like If I Didn't Have Anxiety
6. Make an anxiety scale/SUDS scale 0-10
7. Set early goals—Easy, Medium, and Hard or Impossible
8. Pick a homework assignment, which usually involves tracking anxiety levels or triggers

Human Brain



Script for Brain Education

Starting with the thought bubble, add the four brain structures pictured, with the prefrontal cortex in the front of the brain and the amygdala, thalamus, and hypothalamus close together in the center.

“The prefrontal cortex is where we think things through, where we attribute meaning to things. It is what makes us human.” (Put your hand on your forehead to show where this is.) “It is not where the problem with the anxious brain starts.” (Draw an arrow up from the spinal column to the thalamus.)

“Everything we feel in our body travels as a signal up the spinal cord to the thalamus. The thalamus is a newness detector. It asks ‘Is it new?’ It sends a quick message to the amygdala and a more distant message to the cortex.” (Draw those arrows.)

“The amygdala is a danger monitor. It asks, ‘Is it dangerous?’ and if it is new and might be dangerous, it sends a quick message to the hypothalamus.” (Draw another arrow.)

“The hypothalamus begins a cascade that quickly floods our bodies with adrenalin.” (Draw arrow back down the spinal column.) “This is the WHOOSH!!! of the fight-or-flight reaction. Our hearts race, our palms sweat, our stomachs churn. We are ready for a predator. If you have ever touched something hot...” (touch your desk quickly) “you know that you pull your hand back before you can even say the word *hot*. That’s how fast the fight-or-flight reaction goes off.” (Snap your fingers). “Just like that.”

“But meanwhile, the prefrontal cortex has information.” (Draw one last arrow.) “It may say it’s dangerous or it may say it isn’t dangerous, but the fight-or-flight reaction has already gone off. So now up the spinal column comes the message that your heart is beating fast, your palms are sweating, and your stomach is churning. Look, it hits the thalamus again, and guess what it’s going to say to the amygdala. Notice how this has now become a reaction to the reaction, and usually now the cortex is saying, ‘Oh no, I feel all these terrible feelings, something bad must be happening to me!’”

Exposure and Response Prevention Hierarchy— *Sample Topics*

An example of fear hierarchies.

GERM HIERARCHY

SUDS level	Situation
3	Using a public bathroom, putting toilet paper on the seat
3	Shaking hands with a stranger
4	Using your fingertip (and not your knuckle) when pressing buttons on an elevator
5	Shaking hands with a friend
5	Sharing a drink with a friend
5	Using the bathroom at your friend's house
5	Eating food after it has dropped on the floor in your home
7	Using a public bathroom, not putting toilet paper on the seat
8	Riding public transportation
8	Sharing a plate of food with a friend
8	Eating food after it is dropped on the floor of your friend's home
9	Eating at a salad bar
10	Being around someone who is sick with a stomach bug or cold / flu

DRIVING HIERARCHY

SUDS level	Situation
3	Driving on local suburban roads
4	Driving on two-lane highways
5	Driving on city streets
8	Driving on elevated highways
8	Driving through tunnels
9	Driving over bridges
10	Driving on major highways

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OCD Motivational Letter

OCD has taken my self-esteem, my ability to be happy, and my ability to feel comfortable around other people. I feel judged so often. OCD has taken away my ability to contribute to family's financial needs and to the greater community.

The more power I give you, OCD, the more depressed I get. I feel like I have to fight two demons and I just want to give up. I wait for support from others, but you keep me focused on how I'll never succeed and so I give up again. I feel like a failure and I'm angry so often because I feel alienated from the rest of the world. I don't know what my place is or why I'm even here.

You have taken this from me, OCD. By not working, I thought I would have more peace and I could work on getting better. Instead, it has only brought on different worries that paralyze me as well. Working or not, I can't escape the uncomfortableness and anxiety that each one brings. I feel confused. I don't know if I should keep listening to you or take a chance and see what the other side is like.

I may fail. I may disappoint my family. But I have to try because what if I succeed? I might begin to feel better about myself. I will be able to better provide for my family. I will be forced into a more structured setting which may improve my sleep. I won't have to feel guilty about spending money. I will be participating in the community and might even develop a friendship.

I know that to accomplish this, it will mean I have to forge through discomfort, anxiety, doubt, and fears of failure. However, if I don't try, I'll never know if I would have succeeded and I am certain the depression will continue, worsen, and destroy me. I *will* walk through this pain. I *will* return to work!

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Exposure Practice Record

Date: _____

Exposure practice: _____

Prior to exposure: anticipatory distress (0-10): _____

Thoughts, feelings, and behaviors you noticed **before the exposure**: _____

Thoughts, feelings, and behaviors **during the exposure**: _____

Thoughts, feelings, and behaviors **after completing the exposure**: _____

Number of minutes you did the exposure: _____

Maximum distress during the task (0-10): _____

Distress at the end of the task (0-10): _____

Any attempts to avoid your emotions (distraction, safety behaviors, reassurance, etc.)?

What did you take away from this exposure practice?

Did your feared outcomes occur? If so, how were you able to cope with them?

Exposure Log

Date: _____

Exposure: _____

SUDS level (0-10): Before: _____ During: _____ After: _____

Thoughts: Before: _____ During: _____ After: _____

Physical sensations: _____

Duration of physical sensations: _____

Date: _____

Exposure: _____

SUDS level (0-10): Before: _____ During: _____ After: _____

Thoughts: Before: _____ During: _____ After: _____

Physical sensations: _____

Duration of physical sensations: _____

Date: _____

Exposure: _____

SUDS level (0-10): Before: _____ During: _____ After: _____

Thoughts: Before: _____ During: _____ After: _____

Physical sensations: _____

Duration of physical sensations: _____

Tips for Anxiety and OCD Coaches

1. Do not reassure someone who is anxious or has OCD. Validate their uncomfortable feelings and help them to tolerate them without solving the problem.
2. Remember that panic and anxiety are normal bodily reactions and are not harmful.
3. Be a cheerleader! Convince them that they can tolerate the anxiety feelings or OCD thoughts without doing anything to feel better. You know and they will learn that the anxiety will eventually decrease.
4. Challenge them to feel worse. If they can look at a spider, can they also touch the spider?
5. Help them to change the emotion: anger, frustration, and resistance all give anxiety power. Laughter can deflate it!
6. Teach your anxious person to rate their anxiety level from 0-10 (10 is a panic attack, and 0 is a breeze).
7. Have your anxious person stay with this feeling until their anxiety decreases by 50%, then challenge them to feel worse and tolerate it some more.
8. Do not be an enabler or allow the anxiety to rope you in with whatever the trigger topic is for your anxious person. Say, "I know this is the anxiety (or OCD) talking, not you."
9. Expect and allow the anxiety or OCD to reappear. The goal is not to get rid of anxious feelings—it is to live a good life and accept that anxiety will come and go.
10. Reward their hard work! (Use small gifts for young children and lots of verbal praise for older children; get creative with adults.)

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Automatic Thoughts

Situation or event: _____

Automatic Anxious/Negative Thought		Rational/Neutral Response

Cognitive Distortions

1. **All-or-nothing thinking:** You don't see middle ground. You assume that if you don't get the promotion, the company wants to ease you out the door.
2. **Overgeneralization:** You extrapolate your future based on a single event. You figure that if you failed the bar exam on the first try, you're just not cut out to be a lawyer.
3. **Minimizing and maximizing:** You discount your accomplishments and inflate your errors. You made two typos in your presentation and tell yourself you've blown the whole assignment.
4. **Fortune-telling:** You predict that things will turn out badly, no matter what you say or do. Your new boyfriend does not call you as promised before a business trip, and you spend the week convinced he's breaking up with you.
5. **Emotional reasoning:** You believe how you feel is the way things are. You spill food on yourself at a restaurant and feel like a jerk, so you assume other people see you that way, too.
6. **Shoulds and oughts:** You focus on your own or other people's expectations of you. You feel you ought to help a coworker with his project—even though it will make you fall behind in your work.
7. **Tunnel vision:** You only focus on the negative aspects of a situation. "My son's teacher can't do anything right. He's insensitive and lousy at teaching."
8. **Catastrophizing:** You predict the future negatively without considering other possible outcomes.

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Worksheet
Thought Record

Automatic Thought	Anxiety 0-10	Supporting Evidence	Contradicting Evidence	Rational Thought	Anxiety 0-10

What I Value

This list offers you a chance to consider your values. There are no right or wrong answers. Circle the topics that are important to you, and add other topics to the lines below. For example, you might add something specific like “owning my own home,” “traveling by airplane to visit my sister,” or “having a child.”

- Friendship
- Money
- Family
- Adventure
- Independence
- Being respected in my field
- Power
- Social justice
- Creativity and the arts
- Being a good person
- Helping others
- Security

Core Belief Chart

Belief	Typical Thought
Defectiveness/worthless	"I'm not good enough" "I'm a bad person" "I'm worthless"
Unlovable	"I'm alone" "I don't fit in" "I'm always rejected"
Abandonment	"People I love will leave me" "My partner is not interested in me"
Helpless/dependent	"I'm weak" "I'm vulnerable" "I'm needy"
Entitlement/high standards	"I'm superior" "If I don't succeed, I'm worthless/a failure"
Self-sacrifice	"I'm responsible for everyone" "My needs are unimportant" "I'm only valuable as a person if I'm helping others"
Mistrust	"If I trust people, they may hurt me"

EXERCISE

The Mindfulness of Breath

In this exercise, you will have a chance to practice a basic mindfulness skill—noticing your breath. Record this script and then play it back for yourself. Notice how the calm or pressure in your voice changes the experience. Try having a loved one record it for you to feel their support and encouragement as you work on this new skill.

1. Close your eyes or allow your gaze to rest softly on a spot on the floor in front of you.
2. Notice where you feel the breath in your body and allow your attention to rest in this spot. It may be in your belly, the back of your throat, or your nostrils.
3. Keep your focus on your breath, noticing the sensation of your breath as you breathe in and as you breathe out. Imagine you are riding the waves of your own breathing.
4. Each time you notice that your mind has wandered off the breath, gently bring your attention back to the place you feel your breath.
5. Each time your mind wanders, all you need to do is gently bring it back to your breath, again and again.
6. If you notice thoughts that you aren't doing this right or you aren't good at it, just notice them and again gently bring your attention back to your breath. These are just thoughts; they don't mean you aren't doing it right.
7. If you notice uncomfortable feelings, just notice them without labeling them as good or bad. Return to your breath and ride the wave.

Anxiety in the School: *Tips for Teachers*

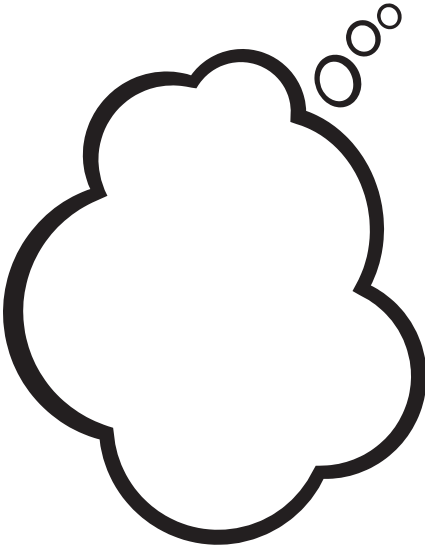
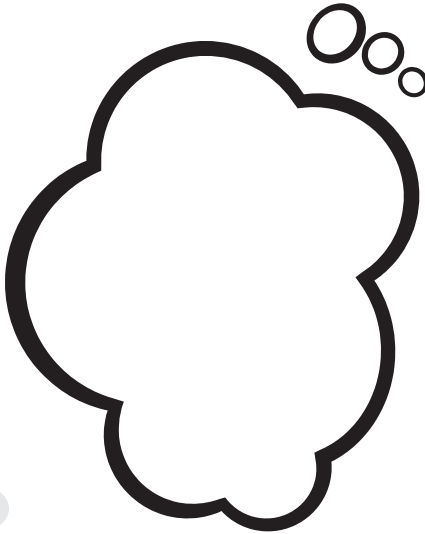
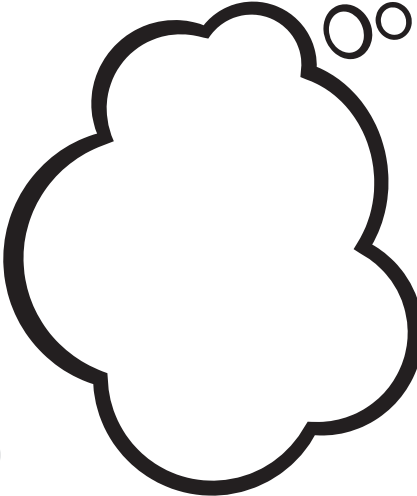


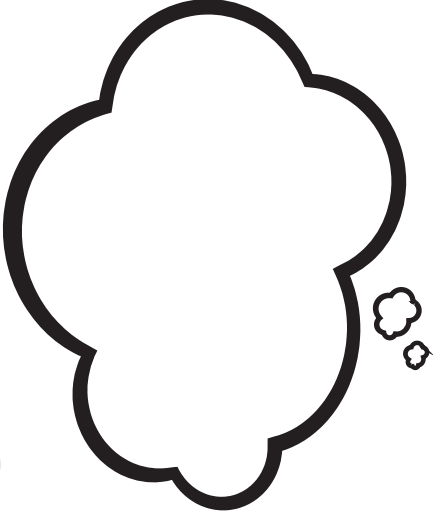
1. Validate the child's feelings and help them to identify it as anxiety.
"You are feeling yucky right now, are you worried about something?"
"It's normal to feel anxious before a test or speaking in front of the class."
2. Do **not** reassure an anxious child.
"You'll be fine."
"You always do well on a test."
"You don't have anything to worry about."
"The day will be over before you know it."
3. Help the child to tolerate his/her uncomfortable feelings.
"I know you're feeling pretty bad right now, but I wonder if you can sit at your seat while you're feeling bad and I'll check in with you in a few minutes."
"You really miss your mom this morning. It will be hard, but I bet you can get started with your work even though you miss her and you might find that working helps those feelings to quiet down a little."
"The storm outside is making you feel very scared. I'm wondering how many of you can work even though you're feeling scared."
4. Be a cheerleader for them as they tolerate their anxious feelings.
"I am so proud of you for finishing your work even though you were feeling anxious!"
"You did a great job of staying in school today even though you missed your mom!"
"I really appreciate how hard you must have worked to not ask me questions all day even though you might have been worried about doing your work correctly."
5. Challenge him/her to go for longer periods of time or to do something that will make them feel worse (after they begin to feel empowered).
"You worked really hard at staying in the class for the last 15 minutes even though you wanted to go to the nurse's office. Can you work hard for another 15 minutes?"
"You completed that portion of the test even though you felt anxious. I'm wondering if you can feel anxious and do the next part of the test."
6. Help them to see that when they do something even though they feel anxious, their anxiety eventually quiets down.
7. Reward very anxious children with small tokens, candy, or prizes for completing tasks that make them feel anxious. (Use lots of praise for older children.)
8. Remember, children will not learn to tolerate anxiety if they do not practice the skill. They need your encouragement to sit with the bad feelings and work anyway. If you reassure them or send them to the nurses office, they will only learn that they can't tolerate these feelings and the anxiety will worsen.

Game Ideas

Use the following games as ideas when you work with kids. Be sure to check SUDS levels (0-10).

1. **Monster Stomp:** The child writes their fears on 8" × 11" paper (one per paper). The child pretends they are a monster by jumping on one of the papers and stating out loud a healthy response to the fear. They continue to jump on each fear (piece of paper) until they have developed healthy responses to the fears. This game helps them to stop feeling like a victim of their fears and to develop healthy ways to talk to their fears.
2. **Basketball:** Have the child write their fears or bad thoughts on different pieces of paper. Get a hoop or garbage can. Have the child read their fear aloud, crumble the paper, and shoot a basket. This game helps them to say their fears out loud and change the emotion.
3. **Matching:** Write down the child's fears two times on different pieces of paper. Mix up the fears and play a matching game with the child. This helps the child be playful with their fears.
4. **Ball Toss:** Get a ball or bean bag and toss it to the child while saying something bad that will happen to them based on what they fear will happen. The child then passes the ball or bag to you and says something bad that will happen to you. You can change this depending on the content of the child's superstitious or fear thoughts. For example, Jon worries that bad things will happen to his Mom while he is in school. His therapist is helping Jon to see that just because he has these thoughts doesn't make them true. She plays pass the ball with him by first starting out tossing it to him and saying, "It is going to storm today." He catches the ball and says, "I think there will be an earthquake." She catches the ball and says, "Maybe I'll get sick." He catches the ball and says, "Maybe my Mom will get sick." They continue to toss the ball back and forth saying increasingly anxiety-provoking thoughts. Playing a game with worries helps children see that we can't predict what will happen. It also helps them practice tolerating thoughts and feelings associated with their thoughts.
5. **Magical Thinking Game:** Start by saying, "The picture will fall off the wall." Then the child chooses something in your office and says, "The _____ will fall over." Continue to do this, adding more frightening fears/thoughts that the child is concerned about (e.g., "My mom will die today," "I will vomit," "There will be a tornado tomorrow."). This helps the child realize that thoughts are not linked to actions.
6. **Rate Your Vomit:** Go to <http://RateMyVomit.com> and rate vomit pictures with a child who has a fear of vomiting.
7. **Talk Back to Anxiety:** Use the blank cartoon on the following page to have your client illustrate their fears and talk back to me. For example, Box 1, Anxiety Says: "What if you throw up?" Box 2, I Say Back: "No I won't throw up." Box 3, Anxiety Talks Louder: "How do you know? Sammy threw up yesterday!" Box 4, I Get Stronger: "I might throw up, I don't care." Box 5, I Get Even Stronger: "Throwing up isn't worse than the way you make me feel every day even when I don't throw up." and Box 6, I Get Strongest Yet: "I hope I do throw up so you stop bothering me." Make a copy of page 93 and have your client write those answers in the correct boxes. If they can, draw a stick figure (or a real character if you can draw!) and see how powerful the message is.

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EXERCISE
Talk Back To Anxiety

1. Anxiety Says 	2. I Say Back 	3. Anxiety Talks Louder 
4. I Get Stronger 	5. I Get Even Stronger 	6. I Get Strongest Yet 

EXERCISE

Imaginal Script for OCD

Our thoughts are just that—thoughts. Yet we can spend so much energy trying to push a thought away that we instead pay way more attention to them than we intended. In this exercise, welcome an unpleasant thought. Purposely think this unpleasant thought and then instead of retreating from it, stick with it. What happens to your SUDS level? Does it go down as you allow the thought to be there without resistance?

Fear: I will be responsible for something bad happening.

I love taking care of animals. I am currently fostering a dog named Snickers, and just received a phone call that someone wants to adopt him. I am feeling anxious about this. How will I know it's a good family for him? What if they hurt him? I agree to meet the family, but have to hurry because I have to be at work in an hour. They seem okay. I don't want to give up this dog, but I know I have to. I am only a foster family.

The family comes to pick up Snickers the next day and I get this strange feeling in my gut. I am not sure this is the right family, but I have nothing to go on. They take Snickers with them and I feel horrible. I don't sleep that night worrying that I gave this dog to a family who may harm him. I call off work the next day because I can't stop crying. How could I be so reckless? I spent such little time with the adoptive family. I'll never know if they were the right one or if they are being mean to Snickers.

Assignment: Read this script over and over until your SUDS level decreases by 50%. Continue to read this script several times a day until your initial SUDS level is below a 5.

Do's and Don'ts of OCD Treatment

OCD can be a challenging and intimidating disorder to treat, but so very rewarding! Here is a list of do's and don'ts that will help you and your client experience success.

Do:

- Start with a trigger list.
- Develop a hierarchy.
- Start with the least anxiety-provoking theme and trigger within the theme.
- Involve and educate family and friends to be coaches. (See Chapter 6.)
- Be a team with your client to develop exposures.
- Ask what obstacles they might experience when practicing ERP.
- Practice ERP in session so you can identify behaviors and thoughts that may prevent success during an exposure at home.
- Start small and go smaller, if necessary. It doesn't matter how small the exposure is as long as they are successful and learn to ride out the wave of fear or anxiety.
- Increase the intensity of the exposure once they have successfully handled the previous exposure.
- Come up with ways to talk back to OCD and not give in to the fears.
- Have your client practice exposures consistently, frequently, and intensely to have the best chance of recovery by creating new circuits in their brain.
- Celebrate every step because success is in the trying.

Don't:

- Reveal your fears or disgust about the content of their obsession.
- Start too high on their hierarchy.
- Send them home to do ERP without practicing in session with them.
- Only attend to the exposure and not attend to their thoughts that maintain their fear. (See Chapter 7.)
- Reassure your client.
- Go down the rabbit hole of trying to figure out why they have this particular obsession.
- Teach relaxation techniques to help them decrease the anxiety connected to the exposure.

Interoceptive Exposure

NOT ENOUGH AIR

Over-breathe: Breathe forcefully, fast and deep (1 min)

Breathe through a straw: hold your nose and breathe through the straw (2 min)

Hold your breath (30 sec)

HEART BEATING

Run in place quickly on the spot (2 min)

Lift your knees high (2 min)

Step up and down on a stair—hold onto rail for balance (1 min)

DIZZINESS

Spin while sitting in an office chair (1 min)

As fast as you can, spin around while standing up—make sure to leave yourself enough space and have a place to sit afterwards (30 sec)

HEAD RUSH

Put your head between your legs then sit up quickly (1 min)

Lie down and relax for at least 1 minute; then sit up quickly

UNREALITY

Stare at yourself in a mirror (2 min)

Concentrate hard without blinking (2 min)

Stare at a blank wall—concentrate hard without blinking (1 min)

Stare at a fluorescent light and then try to read something (1 min)

CBT Tips For Worry

- **Correct misinformation one time.** Worriers often spend time on issues that they are actually misinformed about. It is okay to provide accurate information, but don't get caught in the worry cycle by continuing the conversation.
- **Don't answer the questions or engage the content.** People with generalized anxiety disorder will often ask questions multiple times in an attempt to satiate their brain's need for certainty. If their questions are answered more than once, the anxiety circuit is connected and they will continue to feel the distress associated with uncertainty. Inform your client, as well as their family and friends, that engaging the content of their worry is not helpful and only serves to give power to their anxiety.
- **Don't engage the anxiety story.** A client with GAD spent two years telling her anxiety stories to her therapist, who diligently listened, reassured her, and engaged in problem-solving. The problems were always in the future. Consequently, they spent a lot of time talking about things that didn't exist and never happened.
- **Do see worry as a metaphor.** We teach clients to treat worry like white noise. It can be annoying, but does not need any response. We also ask them to practice with the car radio, tuning into the music and then tuning into their environment. Another way to understand this metaphor is to practice with young children in the back seat of the car. When they are whining or fighting, your client can see if they can tolerate it without saying anything to their children.
- **Practice a paradoxical approach.** Some clients benefit from setting aside 15 minutes to engage in intense worry. If worry pops up at other times, they can tell themselves that they will think about it during their "worry time." It can be challenging to purposefully worry for 15 minutes straight. This strategy may help them see the futility in coming up with worries for this predetermined length of time.
- **Look for opportunities to worry.** As you have learned throughout this workbook, the more clients can chase after their anxiety rather than being a victim of it, the better they get. Clients with GAD can engage in exposure therapy by looking for things to worry about. Some examples might be: "I could get in an accident today. I might be late to work. It's cloudy ... maybe we'll get a storm and lose power. No one will like my dinner tonight." Chasing after worries puts your client in the driver's seat and helps them decide if they want to spend their time with these future-driven thoughts.
- **Labeling.** A helpful way to teach your clients to not engage the content of their worry is to have them label it "just a worry, period." When we teach this, we discuss the purpose of the word *just* and why there is a "period" at the end of the sentence.

Sample Worry Script

This is a sample of how to use a worry script. Read it several times a day, noticing how much you believe one scenario and how much you believe the other. Does it change?

WORRY SCENARIO

I wake up and feel a sensation in my throat. I begin to touch my neck, looking for something that explains this lump I feel. I notice a bit of a difference on the side of my neck where I feel the lump. I start to freak out. Do I have cancer? There must be something wrong with me or I wouldn't have noticed this. I can't wait for 8:00 a.m. when the doctor's office opens. I think I'm going to have a panic attack! Maybe I should contact the on-call doctor. I wake up my husband and tell him something is terribly wrong.

COPING SCENARIO

I wake up and feel a sensation in my throat. I begin to touch my neck and am unsure if I feel something different. I recognize that my anxiety is increasing. I tell myself that this may or may not be something to be concerned about, but I am not going to do anything with it now because I am not fully awake and I'm feeling anxious. I take a shower and eat some breakfast. My husband wakes up and I'm tempted to tell him my worry, but decide I won't say anything for 24 hours.

When 8:00 a.m. arrives, I want to call my doctor and make an appointment for today. I decide, instead, to wait three days before I make any call to my doctor to see how much anxiety is playing a role in this. Once my anxiety calms down, my body may be able to take care of this on its own. I will let myself do something about this only if it doesn't go away in three days or gets worse.

Your Worry Script

Use a worry script to help you consider other ways of looking at your fears. Read this script several times a day, noticing how much you believe one scenario and how much you believe the other. Does it change?

WORRY SCENARIO

COPING SCENARIO
