

Subject Name	Subject Code	Prepared by
Psychotherapeutics	18MPS43C	Dr. S. Rajakumari M.A, M. Phil, MBA, Ph.D. Dept. Of Psychology, Ph-9442525919

## Unit – 4: Behavioral Therapy and Cognitive Behavioral Therapy

### Behavioral Therapy:

#### What Is Behavioral Therapy?

Behavioral therapy is a term used to describe a broad range of techniques used to change maladaptive behaviors. The goal is to reinforce desirable behaviors and eliminate unwanted ones. Behavioral therapy is rooted in the principles of [behaviorism](#), a school of thought focused on the idea that we learn from our environment.

Unlike some other types of therapy that are rooted in insight (such as [psychoanalytic therapy](#) and humanistic therapies), behavioral therapy is action-based. Because of this, behavioral therapy tends to be highly focused. The behavior itself is the problem and the goal is to teach people new behaviors to minimize or eliminate the issue.

Behavioral therapy suggests that since old learning led to the development of a problem, then new learning can fix it.

#### Types of Behavioral Therapy

There are a number of different types of behavioral therapy. The type of therapy used can depend on a variety of factors, including the condition that is being treated and the severity of the symptoms.

- **Applied behavior analysis** uses operant conditioning to shape and modify problematic behaviors.
- **Cognitive behavioral therapy (CBT)** relies on behavioral techniques but adds a cognitive element, focusing on the problematic thoughts that lie behind behaviors.

- **Dialectical behavioral therapy** is a form of CBT that utilizes both behavioral and cognitive techniques to help people learn to manage their emotions, cope with distress, and improve interpersonal relationships.
- **Exposure therapy** utilizes behavioral techniques to help people overcome their fears of situations or objects. This approach incorporates techniques that expose people to the source of their fears while practicing relaxation strategies. It is useful for treating specific phobias and other forms of anxiety.
- **Rational emotive behavior therapy (REBT)** focuses on identifying negative or destructive thoughts and feelings. People then actively challenge those thoughts and replace them with more rational, realistic ones.
- **Social learning theory** centers on how people learn through observation. Observing others being rewarded or punished for their actions can lead to learning and behavior change.

## Techniques

In order to understand how behavioral therapy works, it is important to know more about the basic principles that contribute to behavioral therapy. The techniques used in this type of treatment are based on the theories of classical conditioning and operant conditioning.

### Techniques Based on Classical Conditioning

**Classical conditioning** involves forming associations between stimuli. Previously neutral stimuli are paired with a stimulus that naturally and automatically evokes a response. After repeated pairings, an association is formed and the previously neutral stimulus will come to evoke the response on its own.

Classical conditioning is one way to alter behavior. Several different techniques and strategies are used in this approach to therapy.

- **Aversion therapy:** This process involves pairing an undesirable behavior with an aversive stimulus in the hope that the unwanted behavior will eventually be reduced. For example, someone with an [alcohol use disorder](#) might take disulfiram, a drug that causes severe symptoms (such as headaches, nausea, anxiety, and vomiting) when combined with alcohol.
- **Flooding:** This process involves exposing people to fear-invoking objects or situations intensely and rapidly. It is often used to treat [phobias](#). During the process, the individual is prevented from escaping or avoiding the situation.
- **Systematic desensitization:** In this technique, people make a list of fears and then learn to relax while concentrating on these fears. Starting with the least fear-inducing item and working their way up to the most fear-inducing item, people systematically confront these fears under the guidance of a therapist while maintaining a relaxed state. Systematic desensitization is often used to treat phobias and other anxiety disorders.

### Techniques Based on Operant Conditioning

**Operant conditioning** focuses on how reinforcement and punishment can be utilized to either increase or decrease the frequency of a behavior. Behaviors followed by desirable consequences

are more likely to occur again in the future, while those followed by negative consequences become less likely to occur.

Behavioral therapy techniques use [reinforcement](#), [punishment](#), shaping, modeling, and related techniques to alter behavior. These methods have the benefit of being highly focused, which means that they can produce fast and effective results.

- **Contingency management:** This approach uses a formal written contract between a client and a therapist (or parent or teacher) that outlines behavior-change goals, reinforcements, rewards, and penalties. Contingency contracts can be very effective in producing behavior changes since the rules are spelled out clearly, preventing both parties from backing down on their promises.
- **Extinction:** Another way to produce behavior change is to stop reinforcing behavior in order to eliminate the response. Time-outs are a perfect example of the extinction process. During a time-out, a person is removed from a situation that provides reinforcement. By taking away what the person found rewarding, unwanted behavior is eventually extinguished.
- **Modeling:** This technique involves learning through observation and modeling the behavior of others. Rather than relying simply on reinforcement or punishment, modeling allows individuals to learn new skills or acceptable behaviors by watching someone else perform those desired skills.
- **Token economies:** This strategy relies on reinforcement to modify behavior. People are allowed to earn tokens that can be exchanged for special privileges or desired items. Parents and teachers often use token economies, allowing kids to earn tokens for engaging in preferred behaviors and lose tokens for undesirable behaviors. These tokens can then be traded for rewards such as candy, toys, or extra time playing with a favorite toy.

## Uses

Behavioral therapy can be utilized to treat a wide range of psychological conditions. Some of the disorders that behavioral therapy can be used to treat include:

- Alcohol and substance use disorders
- Anxiety
- [Attention deficit hyperactivity disorder \(ADHD\)](#)
- Autism spectrum disorders
- [Bipolar disorder](#)
- [Borderline personality disorder \(BPD\)](#)
- [Depression](#)
- [Eating disorders](#)
- [Panic disorder](#)
- [Phobias](#)
- [Obsessive-compulsive disorder \(OCD\)](#)

Behavioral therapy is problem-focused and action-oriented. For this reason, it can also be useful for addressing specific psychological concerns such as anger management and stress management.

Treatments that incorporate behavioral techniques are usually focused on producing results in a relatively short period of time.

## Impact

Behavioral therapy is widely used and has been shown to be effective in treating a number of different conditions. Cognitive behavioral therapy, in particular, is often considered the "gold standard" in the treatment of many disorders.<sup>1</sup>

Research has shown that CBT is most effective for the treatment of:<sup>2</sup>

- Anger issues
- Anxiety
- Bulimia
- Depression
- Somatic symptom disorder
- Stress
- Substance abuse

This does not mean that CBT or other behavioral approaches are the only types of therapy that can treat mental illness. It also doesn't mean the behavior therapy is the right choice for every situation.

For example, research has found that CBT's effectiveness in the treatment of substance use disorders can vary depending on the substance that is misused. CBT was also shown to have beneficial effects on some symptoms of [schizophrenia](#) but showed no benefits on relapse and hospital admission when compared to other forms of treatment.<sup>2</sup>

How well behavioral therapy works depends on factors such as the specific type of treatment used as well as the condition that is being treated. Overall, research has found that approximately 75% of people who try psychotherapy experience some type of positive improvement.<sup>3</sup>

## Criticisms

Behavioral therapy has a number of advantages. When it comes to treating specific issues, behavioral therapy can sometimes be more effective than other approaches. Phobias and obsessive-compulsive disorder, for example, often respond well to behavioral treatments.

However, behavioral approaches are not always the best solution. Some possible downsides of this form of therapy:

- **It may not be right for some complex mental health conditions:** Behavioral therapy is generally not the best approach when treating certain psychiatric disorders such as severe depression and schizophrenia. Behavioral therapy might be effective at helping clients manage or cope with certain aspects of these psychiatric conditions, but it should be used in conjunction with other medical and therapeutic treatments.

- **It may not account for underlying problems:** Behavioral treatments tend to focus on current problems with functioning and may not fully appreciate or address the underlying factors that are contributing to a mental health problem.
- **It may not address the whole picture:** Behavioral approaches are centered on the individual working to change their behaviors. Some of these approaches, however, often don't address how situations and interpersonal relationships might be contributing to a person's problems.

## History of Behavioral Therapy

Behavioral therapy grew out of the behaviorist school of thought in psychology. This approach emerged during the early part of the 20th-century and became a dominant force in the field for many years.

[Edward Thorndike](#) was one of the first to refer to the idea of modifying behavior. Other early pioneers of behavior therapy included psychologists Joseph Wolpe and [Hans Eysenck](#).

[John B. Watson](#) utilized the conditioning process in his famous [Little Albert experiment](#). In this experiment, he conditioned a young child to fear a white rat. Later, Mary Cover Jones replicated Watson's results and utilized counterconditioning techniques to desensitize and eliminate the fear response.

Behaviorist [B.F. Skinner](#)'s work had a major influence on the development of behavior therapy and his work introduced many of the concepts and techniques that are still in use today. Later on, psychologists such as [Aaron Beck](#) and [Albert Ellis](#) began adding a cognitive element to behavioral strategies to form the treatment approaches known as CBT and REBT.

## Rational Emotive Behavior Therapy:

Rational emotive behavior therapy, also known as REBT, is a type of [cognitive-behavioral therapy](#) developed by psychologist [Albert Ellis](#). REBT is focused on helping clients change irrational beliefs.

## History of Rational Emotive Behavior Therapy

As a young man, Ellis found himself longing for companionship yet experienced a severe fear of talking to women. In order to tackle his fear, Ellis decided to perform an experiment. For a month, he visited a nearby park and forced himself to talk to 100 different women.

Over time, Ellis found that his fear of speaking to women had diminished considerably. This experience served as a basis for developing his approach to therapy, combining behavioral strategies with assessing underlying thoughts and emotions.

Ellis had trained as a [clinical psychologist](#). As he treated patients, he became increasingly dissatisfied with the results offered by the traditional [psychoanalytic approach to therapy](#). While his patients were able to become aware of their underlying problems, their behavior did not necessarily change. Simply becoming conscious of the problem was not enough, he concluded.

By the 1950s, Ellis had started experimenting with other types of psychotherapy. He was heavily influenced by philosophers and psychologists including [Karen Horney](#) and [Alfred Adler](#), as well as the work of behavioral therapists. Ellis's goal was to develop what he viewed as an action-oriented approach to [psychotherapy](#) designed to produce results by helping clients manage [emotions](#), cognitions, and behaviors.

"People are not disturbed by things but rather by their view of things," Ellis said. The fundamental assertion of rational emotive behavior therapy (REBT) is that the way people feel is largely influenced by how they think.<sup>1</sup>

When people hold irrational beliefs about themselves or the world, problems can result. The goal of REBT is to help people alter illogical beliefs and [negative thinking patterns](#) in order to overcome psychological problems and mental distress.<sup>2</sup>

Rational emotive behavior therapy was one of the very first types of cognitive therapies. Ellis first began developing REBT during the early 1950s and initially called his approach "rational therapy."<sup>1</sup> In 1959, the technique was renamed "rational emotive therapy," and then became "rational emotive behavior therapy" in 1992. Ellis continued to work on REBT until his death in 2007.

## The ABC Model

Ellis suggested that people mistakenly blame external events for unhappiness. He argued, however, that it is our *interpretation* of these events that truly lies at the heart of our psychological distress. To explain this process, Ellis developed what he referred to as the ABC Model.

- **A**  **Activating Event:** Something happens in the environment around you.
- **B**  **Beliefs:** You hold a belief about the event or situation.
- **C**  **Consequence:** You have an emotional response to your belief.<sup>1</sup>

The events and situations that people encounter throughout life are only one piece of the puzzle. In order to understand the impact of such events, it is also essential to look at the beliefs people hold about these experiences as well as the emotions that arise as a result of those beliefs.

## The Basic Steps of REBT

In order to better understand how REBT looks, it is important to take a closer look at the therapeutic process itself.

## Identify Irrational Thought Patterns and Beliefs

The very first step in the process is to identify the underlying, irrational thoughts, feelings, and beliefs that lead to psychological distress. In many cases, these irrational beliefs are reflected as absolutes, as in "I must," "I should," or "I cannot." According to Ellis, some of the most common irrational beliefs include:

- Feeling excessively upset over other people's mistakes or misconduct
- Believing that you must be 100% competent and successful in everything to be valued and worthwhile
- Believing that you will be happier if you avoid life's difficulties or challenges
- Feeling that you have no control over your own happiness, that your contentment and joy are dependent upon external forces

Holding such unyielding beliefs makes it almost impossible to respond to activating situations in a psychologically healthy way. Possessing such rigid expectations of ourselves and others only leads to disappointment, recrimination, regret, and anxiety.

## Challenge Irrational Beliefs

Once these underlying feelings have been identified, the next step is to challenge the mistaken beliefs. In order to do this, the therapist disputes these beliefs using very direct and even confrontational methods.

Ellis suggested that rather than simply being warm and supportive, therapists need to be blunt, honest, and logical in order to push people toward changing their thoughts and behaviors.

## Gain Insight and Change Behavior

As you might imagine, REBT can be a daunting process for the client. Facing irrational thought patterns can be difficult, especially because accepting these beliefs as unhealthy is far from easy. Once the client has identified the problematic beliefs, the process of actually changing these thoughts can be even more challenging.

While it is perfectly normal to feel upset when making a mistake, the goal of REBT is to help people respond rationally to such situations. When faced with this type of situation in the future, the emotionally healthy response would be to realize that it is not realistic to expect success in every endeavor. You made a mistake, but that's okay. Everyone makes mistakes. All you can do is learn from the situation and move on.

While REBT uses cognitive strategies, it focuses on emotions and behaviors as well. In addition to identifying and disputing irrational beliefs, therapists and clients also work together to target

the emotional responses that accompany problematic thoughts. Clients are encouraged to change unwanted behaviors using strategies such as [meditation](#), journaling, and guided imagery.

## Cognitive therapy

**Cognitive therapy (CT)** is a type of psychotherapy developed by American psychiatrist Aaron T. Beck. CT is one of the therapeutic approaches within the larger group of cognitive behavioral therapies (CBT) and was first expounded by Beck in the 1960s. Cognitive therapy is based on the cognitive model, which states that thoughts, feelings and behavior are all connected, and that individuals can move toward overcoming difficulties and meeting their goals by identifying and changing unhelpful or inaccurate thinking, problematic behavior, and distressing emotional responses. This involves the individual working collaboratively with the therapist to develop skills for testing and modifying beliefs, identifying distorted thinking, relating to others in different ways, and changing behaviors. A tailored cognitive case conceptualization is developed by the cognitive therapist as a roadmap to understand the individual's internal reality, select appropriate interventions and identify areas of distress.

## History

Becoming disillusioned with long-term psychodynamic approaches based on gaining insight into unconscious emotions and drives, Beck came to the conclusion that the way in which his patients perceived, interpreted and attributed meaning in their daily lives—a process scientifically known as cognition—was a key to therapy. Albert Ellis had been working on similar ideas since the 1950s (Ellis, 1956). He called his approach Rational Therapy (RT) at first, then Rational Emotive Therapy (RET) and later Rational Emotive Behavior Therapy (REBT).

Beck outlined his approach in *Depression: Causes and Treatment* in 1967. He later expanded his focus to include anxiety disorders, in *Cognitive Therapy and the Emotional Disorders* in 1976, and other disorders and problems. He also introduced a focus on the underlying "schema"—the fundamental underlying ways in which people process information—about the self, the world or the future.

The new cognitive approach came into conflict with the behaviorism ascendant at the time, which denied that talk of mental causes was scientific or meaningful, rather than simply assessing stimuli and behavioral responses. However, the 1970s saw a general "cognitive revolution" in psychology. Behavioral modification techniques and cognitive therapy techniques became joined together, giving rise to cognitive behavioral therapy. Although cognitive therapy has always included some behavioral components, advocates of Beck's particular approach seek to maintain and establish its integrity as a distinct, clearly standardized form of cognitive behavioral therapy in which the cognitive shift is the key mechanism of change.

Precursors of certain fundamental aspects of cognitive therapy have been identified in various ancient philosophical traditions, particularly Stoicism. For example, Beck's original treatment manual for depression states, "The philosophical origins of cognitive therapy can be traced back to the Stoic philosophers".



As cognitive therapy continued to grow in popularity, the Academy of Cognitive Therapy, a non-profit organization, was created to accredit cognitive therapists, create a forum for members to share emerging research and interventions, and to educate consumers regarding cognitive therapy and related mental health issues.

## **Basis**

Therapy may consist of testing the assumptions which one makes and looking for new information that could help shift the assumptions in a way that leads to different emotional or behavioral reactions. Change may begin by targeting thoughts (to change emotion and behavior), behavior (to change feelings and thoughts), or the individual's goals (by identifying thoughts, feelings or behavior that conflict with the goals). Beck initially focused on depression and developed a list of "errors" (cognitive distortion) in thinking that he proposed could maintain depression, including arbitrary inference, selective abstraction, over-generalization, and magnification (of negatives) and minimization (of positives).

As an example of how CT might work: Having made a mistake at work, a man may believe, "I'm useless and can't do anything right at work." He may then focus on the mistake (which he takes as evidence that his belief is true), and his thoughts about being "useless" are likely to lead to negative emotion (frustration, sadness, hopelessness). Given these thoughts and feelings, he may then begin to avoid challenges at work, which is behavior that could provide even more evidence for him that his belief is true. As a result, any adaptive response and further constructive consequences become unlikely, and he may focus even more on any mistakes he may make, which serve to reinforce the original belief of being "useless." In therapy, this example could be identified as a self-fulfilling prophecy or "problem cycle," and the efforts of the therapist and patient would be directed at working together to explore and shift this cycle.

People who are working with a cognitive therapist often practice the use of more flexible ways to think and respond, learning to ask themselves whether their thoughts are completely true, and whether those thoughts are helping them to meet their goals. Thoughts that do not meet this description may then be shifted to something more accurate or helpful, leading to more positive emotion, more desirable behavior, and movement toward the person's goals. Cognitive therapy takes a skill-building approach, where the therapist helps the person to learn and practice these skills independently, eventually "becoming his or her own therapist."

## **Cognitive model**

The cognitive model was originally constructed following research studies conducted by Aaron Beck to explain the psychological processes in depression. It divides the mind beliefs in three levels:

- Automatic thought
- Intermediate belief
- Core belief or basic belief

In 2014, an update of the cognitive model was proposed, called the Generic Cognitive Model (GCM). The GCM is an update of Beck's model that proposes that mental disorders can be differentiated by the nature of their dysfunctional beliefs. The GCM includes a conceptual framework and a clinical approach for understanding common cognitive processes of mental disorders while specifying the unique features of the specific disorders.

Consistent with the cognitive theory of psychopathology, CT is designed to be structured, directive, active, and time-limited, with the express purpose of identifying, reality-testing, and correcting distorted cognition and underlying dysfunctional beliefs.

## Cognitive restructuring (methods)

Main article: Cognitive restructuring

Cognitive restructuring involves four steps:

1. Identification of problematic cognitions known as "automatic thoughts" (ATs) which are dysfunctional or negative views of the self, world, or future based upon already existing beliefs about oneself, the world, or the future
2. Identification of the cognitive distortions in the ATs
3. Rational disputation of ATs with the Socratic method
4. Development of a rational rebuttal to the ATs

There are six types of automatic thoughts:

1. Self-evaluated thoughts
2. Thoughts about the evaluations of others
3. Evaluative thoughts about the other person with whom they are interacting
4. Thoughts about coping strategies and behavioral plans
5. Thoughts of avoidance
6. Any other thoughts that were not categorized

Other major techniques include:

- Activity monitoring and activity scheduling
- Behavioral experiments
- Catching, checking, and changing thoughts
- Collaborative empiricism: therapist and patient become investigators by examining the evidence to support or reject the patient's cognitions. Empirical evidence is used to determine whether particular cognitions serve any useful purpose.
- Downward arrow technique
- Exposure and response prevention
- Cost benefit analysis
- acting 'as if'
- Guided discovery: therapist elucidates behavioral problems and faulty thinking by designing new experiences that lead to acquisition of new skills and perspectives. Through both cognitive and behavioral methods, the patient discovers more adaptive ways of thinking and coping with environmental stressors by correcting cognitive processing.
- Mastery and pleasure technique

- Problem solving
- Socratic questioning: involves the creation of a series of questions to a) clarify and define problems, b) assist in the identification of thoughts, images and assumptions, c) examine the meanings of events for the patient, and d) assess the consequences of maintaining maladaptive thoughts and behaviors.

## *Socratic questioning*

Socratic questions are the archetypal cognitive restructuring techniques. These kinds of questions are designed to challenge assumptions by:

- Conceiving reasonable alternatives:

‘What might be another explanation or viewpoint of the situation? Why else did it happen?’

- Evaluating those consequences:

‘What’s the effect of thinking or believing this? What could be the effect of thinking differently and no longer holding onto this belief?’

- Distancing:

‘Imagine a specific friend/family member in the same situation or if they viewed the situation this way, what would I tell them?’

Examples of socratic questions are:

- ‘Describe the way you formed your viewpoint originally.’
- ‘What initially convinced you that your current view is the best one available?’
- ‘Think of three pieces of evidence that contradict this view, or that support the opposite view. Think about the opposite of this viewpoint and reflect on it for a moment. What's the strongest argument in favor of this opposite view?’
- ‘Write down any specific benefits you get from holding this belief, such as social or psychological benefits. For example, getting to be part of a community of like-minded people, feeling good about yourself or the world, feeling that your viewpoint is superior to others', etc Are there any reasons that you might hold this view other than because it's true?’
- ‘For instance, does holding this viewpoint provide some peace of mind that holding a different viewpoint would not?’
- ‘In order to refine your viewpoint so that it's as accurate as possible, it's important to challenge it directly on occasion and consider whether there are reasons that it might not be true. What do you think the best or strongest argument against this perspective is?’
- ‘What would you have to experience or find out in order for you to change your ‘mind about this viewpoint?’
- ‘Given your thoughts so far, do you think that there may be a truer, more accurate, or more nuanced version of your original view that you could state right ‘now?’

## *False assumptions*

False assumptions are based on 'cognitive distortions', such as:

- Always Being Right: "We are continually on trial to prove that our opinions and actions are correct. Being wrong is unthinkable and we will go to any length to demonstrate our rightness. For example, "I don't care how badly arguing with me makes you feel, I'm going to win this argument no matter what because I'm right." Being right often is more important than the feelings of others around a person who engages in this cognitive distortion, even loved ones."
- Heaven's Reward Fallacy: "We expect our sacrifice and self-denial to pay off, as if someone is keeping score. We feel bitter when the reward doesn't come."

## **Application**

### **Depression**

According to Beck's theory of the etiology of depression, depressed people acquire a negative schema of the world in childhood and adolescence; children and adolescents who experience depression acquire this negative schema earlier. Depressed people acquire such schemas through a loss of a parent, rejection by peers, bullying, criticism from teachers or parents, the depressive attitude of a parent and other negative events. When the person with such schemas encounters a situation that resembles the original conditions of the learned schema in some way, the negative schemas of the person are activated.

Beck's negative triad holds that depressed people have negative thoughts about themselves, their experiences in the world, and the future. For instance, a depressed person might think, "I didn't get the job because I'm terrible at interviews. Interviewers never like me, and no one will ever want to hire me." In the same situation, a person who is not depressed might think, "The interviewer wasn't paying much attention to me. Maybe she already had someone else in mind for the job. Next time I'll have better luck, and I'll get a job soon." Beck also identified a number of other cognitive distortions, which can contribute to depression, including the following: arbitrary inference, selective abstraction, overgeneralization, magnification and minimization.

In 2008 Beck proposed an integrative developmental model of depression that aims to incorporate research in genetics and neuroscience of depression. This model was updated in 2016 to incorporate multiple levels of analyses, new research, and key concepts (e.g., resilience) within the framework of an evolutionary perspective.

### **Other applications**

Cognitive therapy has been applied to a very wide range of behavioral health issues including:

- Academic achievement
- Addiction
- Anxiety disorders
- Bipolar disorder

- Low self-esteem
- Phobia
- Schizophrenia
- Substance abuse
- Suicidal ideation
- Weight loss

## Criticisms

A criticism has been that clinical studies of CBT efficacy (or any psychotherapy) are not double-blind (i.e., neither subjects nor therapists in psychotherapy studies are blind to the type of treatment). They may be single-blinded, the rater may not know the treatment the patient received, but neither the patients nor the therapists are blinded to the type of therapy given (two out of three of the persons involved in the trial, i.e., all of the persons involved in the treatment, are unblinded). The patient is an active participant in correcting negative distorted thoughts, thus quite aware of the treatment group they are in.

## Meichenbaum's Cognitive Behavior Modification

Donald Meichenbaum is a psychologist noted for his contributions to cognitive behavioral therapy (CBT). He developed a therapeutic technique called cognitive behavior modification (CBM), which focuses on identifying dysfunctional self-talk in order to change unwanted behaviors. In other words, Dr. Meichenbaum views behaviors as outcomes of our own self-verbalizations.

Panic disorder, agoraphobia, or other anxiety disorders often result in certain thought patterns and behaviors that may hinder recovery. For example, let's say you have to attend a meeting at work tomorrow. You're anxious and fearful that you will have a panic attack at the meeting. You may tell yourself, "What if I have a panic attack and have to leave the meeting? I would be so embarrassed." So, you call in sick to work the next day so that you can avoid the meeting.

What if you were able to change your thoughts? And, what if by changing your thoughts, you are able to attend the work meeting instead of avoiding it?

Using CBM, changing thoughts and behaviors, including avoidance behaviors and panic responses, is a three-phase process:

### Phase 1: Self-Observation

This phase involves listening closely to your internal dialogue or self-talk and observing your own behaviors. You want to be especially aware of any negative self-statements that are actually contributing to your anxiety and panic symptoms.

For example, do you tell yourself negative messages, such as "I'm not smart enough," "People don't like me," or "Everyone can see how neurotic I am."

To help you become more aware of your negative self-statements, it may be beneficial to write them down. Tracking this type of dialogue will help you become even more aware of when it's happening.

If you can, try jotting it down in a notebook as soon as possible after it occurs. If that doesn't work for you, try journaling at the end of the day, writing down all the negative self-talk you can remember. You may be surprised to discover just how often you are setting yourself up for anxiety throughout the day.

## **Phase 2: Begin New Self-Talk**

Once you recognize your negative self-talk, you can begin to change it.

As you “catch” yourself in familiar negative thought patterns, you recreate a new and positive internal dialogue. “I can’t” becomes “It may be difficult, but I can.”

Scratch off the negative statements in your journal and write these down in their place. Practice saying them until you start to believe them.

These new self-statements or affirmations now guide new behaviors. Rather than using avoidance behaviors to cope with panic disorder and anxiety, you become willing to experience the anxiety-provoking situations. This leads to better coping skills, and as your small successes build upon one another, you make great gains in your recovery.

## **Phase 3: Learn New Skills**

Each time you are able to identify and restructure your negative thoughts and change your response to panic and anxiety, you are learning new skills. When you are now acutely aware of your thoughts, you are better able to gauge your anxiety and react in a more useful manner.

When your negative thoughts control you, it becomes difficult to control your behavioral responses to unpleasant situations. But, CBM can give you back some lost control. As your thoughts change from negative to positive, you start to behave differently in many situations. And, you will likely find that others react differently to the new “positive” you as well.