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Foreword

RESEARCH HAS SHOWN THAT COGNITIVE-BEHAVIORAL THERAPY (CBT) is the most effective treatment for depressive and anxiety disorders, surpassing medication and other types of therapy in its ability to ameliorate suffering and prevent relapse. But what is CBT, and how does it work?

It's difficult to appreciate CBT's power to heal until you have seen it in action. In my clinical work, I have witnessed people debilitated by these disorders awaken as they learn cognitive-behavioral techniques.

For example, one of my clients, a 65-year-old woman who had suffered from severe depression for 30 years, arrived at my door feeling hopeless, frustrated, and entirely skeptical that I could help her “think her way out of it.” In her mind, she was a victim of a cruel genetic lottery, and there was nothing she (or I) could do to improve her mood.

Yet within a few sessions she became aware of her thought processes and came to acknowledge that many of her assumptions about herself were not based in fact. She began to question these assumptions before jumping to conclusions and to consider other possibilities. She discovered that her thoughts were not always entirely accurate, and she learned how to look for evidence before believing her initial judgments.

This awareness of her thinking patterns led to small but profound changes in the way she related to her husband. As her marriage began to improve, she felt secure enough to reevaluate her interpretations of others' reactions to her, and she began to understand that the lens through which she experienced the world was distorted. Through CBT, she was able to restructure her thought processes so that she could accept the world, and herself, on more accurate grounds.

Gradually, she gained the confidence to start socializing again and to reach out to family members she thought had given up on her. She was pleasantly surprised by the reaction she received from them. I watched her transform from someone who could barely muster the energy to go for a walk to someone engaged in social and family events, and someone who looked forward to the next day. Such is the potential of CBT to transform lives.

People often seek help for depression and anxiety in books but abandon these books when they encounter academic jargon or overly long explanations of psychological theory, or feel disheartened by the sheer length of the books. For those struggling with the weight of low mood or fraught with the exhaustion of anxiety, a thick book written in abstract language can feel overwhelming. But in these pages, Dr. Gillihan has provided us with a simple, succinct, and stress-free workbook. It is ideal for people who feel exhausted or defeated by their struggles. In nine easy-to-read chapters, Dr. Gillihan instills confidence and mastery in his readers by breaking down cognitive-behavioral strategies into easily digestible concepts and exercises.

I have known Dr. Gillihan for 15 years and have witnessed firsthand his compassion and empathy for patients who reach out to him for help at their most vulnerable moments. At their lowest point, he can provide the care they need and gently equip them with the skills to help themselves. Now, more than a decade after we were in school together, I appreciate being able to discuss clinical issues with Dr. Gillihan as he draws on his broad experience helping patients and their families fight anxiety and depression. He has written extensively on the topic of depression and anxiety, publishing over 40 academic and clinical manuscripts, and he is coauthor of the book *Overcoming OCD: A Journey to Recovery*.

Engaging in the process of CBT is indeed a journey, one that can be challenging and arduous, but one that is also exciting and rewarding. Like all difficult journeys it is best traveled with an experienced and knowledgeable guide. I can think of no better person to lead you on this journey than Dr. Seth Gillihan.

LUCY F. FAULCONBRIDGE, PHD

Introduction

HOW CAN I HELP PEOPLE SUFFER LESS and live more fully? This question drove me to become a psychotherapist. I still remember when I discovered the answer as a master's student. I was in the library late one night, reading up on something called cognitive-behavioral therapy (CBT). During that study session, I learned how CBT can help us replace thoughts and behaviors that aren't working for us with new ones that work better.

The treatment approach seemed so reasonable, so collaborative between therapist and client, so respectful of those seeking help. With its implicit assumption that we can use what's whole in us to heal what's broken, CBT appealed to my humanistic leanings. CBT programs were also well tested, so I could be confident they would help many people. I knew right away that I'd found my home as a therapist.

After my master's, I wanted more specialized training in CBT, so I pursued my PhD at the University of Pennsylvania—a school where many of the best-tested cognitive-behavioral treatments were developed. Over the next 12 years, I studied, practiced, and researched CBT for anxiety and depression, first as a doctoral student, and then as a faculty member at Penn. Over and over I was struck by the power of CBT to help people break through major barriers in their lives.

What I hadn't anticipated was how personally useful the principles of CBT would be. Life is hard for all of us, and I've had my share of panic attacks, depressed moods, insomnia, anxiety, stress, and crushing disappointment. I've found that the tools of CBT work as well for the therapist as for the client.

I've been on the other side of therapy, too. I know the value of having another person to listen to us, to validate our perspective, to gently challenge us when

needed, to give us a place where we can say anything and be accepted as we are. If you've found a good therapist, you know exactly what I'm talking about.

Many people who come to my office also have had therapy before. They may have explored their childhoods, identified patterns in their closest relationships, and gained valuable insights. They probably found the therapy very helpful, even lifesaving. And yet they've sought out a CBT therapist because, for some reason, *they haven't been able to make the changes they want.*

Maybe they haven't been able to break their habit of avoiding uncomfortable situations. Or they continue to be plagued by constant worry. Or they can't stop their habitual self-criticism. What they're often looking for are tools and skills to address the issues that they're well aware of. CBT can help a person transform insight into change.

I want as many people as possible to experience the power of CBT to make their struggles more manageable. Unfortunately, many people simply don't know that short-term, highly effective psychological treatment is available. Others have trouble finding a therapist who provides CBT. Still others can't afford treatment. This book is part of an effort to make CBT more readily available to those who need it.

My goal in writing this book is to introduce you to a set of skills that can help relieve anxiety and depression. If you've read other CBT books, you might find this one to be different in some ways. I've strived to make the material easy to relate to, without unnecessary information.

I've also organized the topics around a seven-week plan that builds on itself week by week. Why seven weeks? The structure of this book is similar to what I do with my clients: In the initial session(s), we develop a solid treatment plan, and then work on learning the basic skills of CBT in the next few sessions. The rest of treatment focuses on applying these skills. This book is designed in the same way: Gain the CBT skills you need as quickly as possible, and then continue using the skills on your own—in other words, *learn to be your own therapist.*

CBT has helped countless individuals live better lives. Can everyone benefit from CBT? Probably not. But I've found that the people who do well with it tend to do three things: First, they show up—it's probably a given that coming to treatment consistently is a good thing. Second, they bring a healthy skepticism; being

a “true believer” in the treatment isn’t necessary to benefit from it. And finally, they are willing to try out some new things.

I invite you to do the same. “Showing up” in this case means bringing your full attention and intention to this work, because you owe yourself nothing less. I encourage you to dive into the plan and see if it works for you. If you do these things, my guess is that you’ll join the majority of people who get tremendous benefit from CBT.

Let’s get started.

PART ONE

BEFORE YOU BEGIN

Before we dive into our seven-week program, it helps to know a little bit about CBT—what it is, where it came from, and how it's used. It also helps to have a sense of what kinds of conditions are most effectively treated with CBT.

CHAPTER ONE

Getting Familiar with Cognitive Behavioral Therapy (CBT)

In this chapter, I'll describe CBT, including a brief summary of how it was developed, and discuss how therapists might apply it. I'll also review its effectiveness. By the end of this chapter, you should know the "big idea" behind CBT and what makes it powerful.

First, let's consider Ted's experience:

Ted is walking through the woods on a cool spring morning. The cherry and magnolia trees are in full bloom, and he feels the warmth of the sun's rays as they filter through the trees. The sound of birds singing fills the air.

As Ted walks, he comes upon a wooden foot bridge. It's wide and solid looking, about the length of a school bus. The bridge passes over a large creek 30 or 40 feet below.

As Ted nears the bridge, he feels a sudden tightening in his chest and stomach. He peers down at the creek and immediately gets light-headed. It feels like he's

not getting enough air. "I can't do it," he thinks. "I can't cross this bridge." He looks across the bridge to where the trail continues on to the vistas he was looking forward to.

As he tries to collect himself, Ted wonders why this is happening. He didn't used to have problems with bridges, until he was stuck in traffic on an enormous suspension bridge during a powerful thunderstorm. Now these attacks happen often.

After he feels a bit calmer, he tries to muster courage enough to cross the bridge. A few paces into it, he's overwhelmed by fear and runs back, disappointed, and he heads back to his car.

If Ted had pursued treatment in the first half of the twentieth century, chances are he would have been in psychoanalysis, a therapy pioneered by Sigmund Freud and further developed by his followers. Psychoanalysis is based on a Freudian understanding of the mind, which includes tenets such as:

- Early life experiences are powerful determinants of personality.
- Important parts of the mind are "buried" far below our conscious awareness.
- Our animal drives of lust and aggression are at war with our consciences, leading to anxiety and internal conflict.

Accordingly, Freud intended psychoanalysis as a way to understand and address "unconscious" internal conflicts rooted in childhood.

In psychoanalysis sessions, Ted would probably lie down on a couch and talk for most of the hour, with occasional comments or questions from his psychoanalyst. He might explore what the bridge represents, with guidance from the analyst. For example, what from his childhood does he associate with the bridge? Did his mom and dad encourage him to explore, or did he receive mixed messages about "being brave" but also "staying close to Mom"?

At some point, according to Freud, the treatment would address Ted's feelings toward the analyst, which would be interpreted as being "transferred" from earlier relationships (particularly with his mom or dad). Ted might see his psychoanalyst four days a week, for years.

In addition to being a long-term treatment, there was scant evidence about how well psychoanalysis worked. Thus Ted might spend years in a treatment with unknown effectiveness. Later developments in the field of psychotherapy were intended to address these shortcomings.

A Brief History of CBT

The second half of the twentieth century brought with it a very different approach to addressing the type of fear Ted experienced. Writers and researchers envisioned a form of therapy built around recent scientific discoveries, first in the field of animal behavior and a little later in the area of cognition, or thought. Let's take a look at each of these forms of therapy and consider how they merged.

BEHAVIOR THERAPY

A powerful science of animal learning and behavior was developed starting in the early twentieth century. First, Ivan Pavlov discovered how animals learn that two things go together. In his 1906 study, the experimenter would ring a bell and then give a dog food; after a few rounds of pairing bell and food, the dog would start to drool just from hearing the bell. It had learned that the bell signaled food was coming.

A few decades later, scientists like B. F. Skinner were discovering how behavior is shaped. What makes us more likely to do some things and less likely to do others? The results are now well known: Punish an action to stop it; reward an action to encourage it. Taken together, the findings of Pavlov, Skinner, and their colleagues provided several tools for influencing animal behavior—including human behavior.

Behavioral scientists in the mid-twentieth century saw a tremendous opportunity to use these principles in the service of mental health. Instead of years on the couch, maybe a few sessions of focused behavioral treatment could help individuals overcome anxiety and other issues.

Perhaps the best-known early pioneer of behavioral therapy is South African psychiatrist Joseph Wolpe, pioneer of a behavior-based anxiety treatment called

systematic desensitization. Also hailing from South Africa was Arnold Lazarus, a collaborator with Wolpe who designed a “multimodal” therapy that integrated behavior therapy into a more comprehensive approach.

How would these and other behavioral therapists explain and treat Ted’s struggle? They would likely say something like this:

Well, Ted, it looks like you’ve learned to be afraid of bridges, maybe because you had that frightening experience on a bridge and now associate bridges with danger. Every time you approach a bridge, you start to panic, which feels really uncomfortable, to say the least. So understandably you try to escape the situation.

Every time you escape, you get a sense of relief—you avoided something that feels awful—so you’re rewarded for avoiding. While avoidance feels better in the short term, it doesn’t help you get across the bridge, because that reward strengthens the habit of avoiding.

Here’s what we’re going to do, if you’re up for it. We’ll make a list of situations that trigger your fear, and we’ll rate each activity for how challenging it would be. Then we’ll work through the list systematically, starting with the easier ones and working up to the harder ones. When you face your fears, they diminish. It shouldn’t take long before you’re feeling more comfortable on bridges, as your brain learns that bridges actually aren’t that dangerous.

Notice that Ted’s behavior therapist doesn’t mention Ted’s childhood or unconscious conflicts—he focuses on the behavior that keeps Ted stuck, and on changing that behavior to get him better.

COGNITIVE THERAPY

A second wave of short-term treatment, developed in the 1960s and ’70s, emphasized the power of thoughts to drive our emotions and actions.

The two men generally considered to be the fathers of cognitive therapy could hardly be more different. Albert Ellis was a confrontational and irreverent psychologist; psychiatrist Aaron Beck, on the other hand, is a lifelong academic with

a fondness for bow ties. Yet somehow they developed, independent of each other, strikingly similar therapies.

The premise of cognitive therapy is that maladies like anxiety and depression are driven by our thoughts. To understand how we feel, we have to know what we're thinking. If we suffer from overwhelming anxiety, our thoughts are probably filled with danger.

For example, when Ted saw a bridge and felt extreme fear, his experience was:

Bridge → Fear

From a cognitive therapy perspective, a crucial step is missing: Ted's *interpretation* of what a bridge represents:

Bridge → "I'm going to lose control and jump off the side" → Fear

In light of Ted's beliefs, his fear makes perfect sense. That doesn't mean his thoughts are accurate, but if we understand what he's thinking, it's easy to see why he feels afraid.

When we're depressed, our thoughts are often hopeless and self-defeating. Again, in cognitive therapy, it's important to figure out how our thoughts contribute to our low mood. For example, Jan might have had this experience:

Got honked at while driving → Felt bad for rest of day

What actually drove her low mood wasn't getting honked at, but the story she told herself about what it meant:

Got honked at while driving →
"I can't do anything right" → Felt bad for rest of day

Again, the emotional responses make sense when we know what the thoughts are.

Our thoughts and feelings go hand in hand. The crucial insight of cognitive therapy is that *by changing how we think, we can change our feelings and behaviors.*

Let's examine what a cognitive therapist might say to Ted:

It sounds like your mind is overestimating how dangerous bridges are. You believe that either the bridge is going to fail or you're going to get so scared, you'll do something impulsive like hurl yourself over the side.

What I'd like to do with you is look at the evidence. We can find out if bridges are as dangerous as it feels like they are. We'll just gather some data—from research, from your experience, and from experiments we can do together. For example, we could go on a bridge that you find difficult but manageable, and see if what you're afraid of actually happens.

Chances are you'll learn fairly quickly that bridges are sound, and there's no realistic chance of your acting on an impulse and doing something awful. As your mind adjusts its estimate of the actual danger, you'll feel more comfortable on bridges and can get back to how your life used to be.

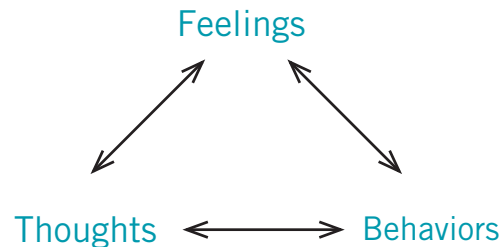
COGNITIVE BEHAVIORAL THERAPY: AN INEVITABLE INTEGRATION

As you read the descriptions of behavioral and cognitive therapy for Ted, you might have thought that they don't sound all that different. And you would be right—our thoughts and actions are connected, and it's hard to imagine changing one without affecting the other.

Behavior therapy and cognitive therapy share the same aims and often use similar tools. It's telling that the names of the therapies have changed to include both cognitive and behavioral aspects, as Beck and Ellis each added the word “behavior” to their signature treatments. Even the professional organizations have gotten onboard, as the former American Association for Behavioral Therapy is now the Association for Behavioral and Cognitive Therapies.

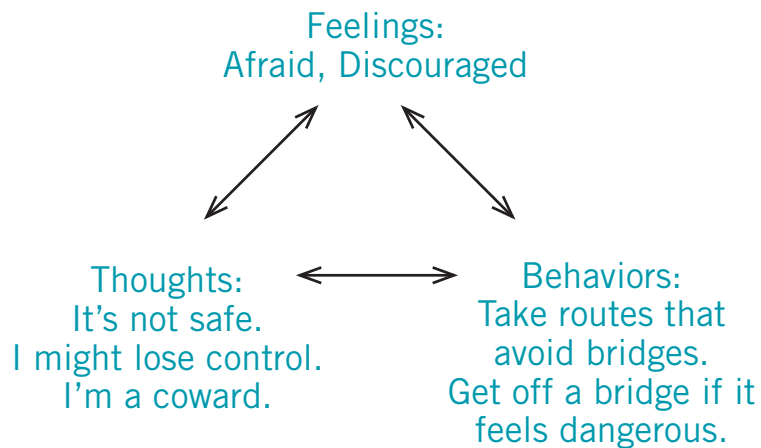
Attention! If you are suffering from serious depression, having thoughts of hurting yourself, or experiencing other major mental health issues, call a psychologist, psychiatrist, or other mental health professional. If you're experiencing a psychiatric or medical emergency, call 911 or go to your nearest emergency room.

In sum, integration has become the standard approach in CBT, and it is exactly the approach we will take in this workbook. We'll work to understand how thoughts, feeling, and behaviors are related. A diagram of these elements looks like this:



Each element affects both of the others. For example, when we feel anxious, we tend to have thoughts of danger and want to avoid the thing we fear. Additionally, when we think something is dangerous we fear it (feeling) and want to avoid it (behavior). Consider the figure below, which Ted completed with his therapist.

Situation: Trying to cross a bridge while hiking



Think of a recent situation where you felt a strong emotion, perhaps anxiety or sadness. Briefly describe the situation in the space below.

Using the diagram below, write down the feelings you had, the thoughts you can remember having, and what you did.

<p>What I felt:</p> <hr/> <hr/> <hr/> <hr/>	
<p>What I thought:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>What I did:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>