GROUP CBT FOR ANXIETY DISORDERS: WHAT TO EXPECT

WHAT IS CBT?

Cognitive-behavioural therapy (CBT) is an evidence-based psychological treatment that is scientifically proven to reduce anxiety. CBT works by targeting the components that are known to maintain anxiety symptoms. More specifically, the cognitive part (the ‘C’ part of CBT) looks at the thoughts and predictions that people have about anxiety provoking situations and the behavioural part (the ‘B’ part of CBT) looks at what people do when they’re feeling anxious. As you can imagine, two people might think about a situation in different ways, and this will have a big impact on how they feel about it and on what they do when faced with that situation. To illustrate this idea, consider the following example in which two people, Lisa and Emilio, are waiting in line to get on a rollercoaster at Canada’s Wonderland.

**Lisa**

“I can’t wait to go on this rollercoaster, I’ve heard that it’s the biggest rollercoaster in the country! It’s going to be so much fun!”

Heart begins to race and she gets fidgety.

“I’m so excited that my heart is racing and I can hardly stand still! I wish the line would move faster so I could get on the ride already”.

Starting to feel more excited.

Takes a picture of herself to remember the fun she had today.

Happy

Gets on the roller coaster and has so much fun that she goes on two more times right away.

“That was so much fun, I can’t wait to come back next year!”

**Emilio**

“I don’t trust this roller coaster. What if something goes wrong like it breaks down or I throw up or my seat belt breaks?!?”

Heart begins to race and he gets fidgety.

“I’m so nervous that my heart is pounding and I can hardly stand still! This was a bad idea ... I can’t handle this!”

Starting to feel more nervous.

Starts researching rollercoaster safety on his phone.

Happy

Takes a picture of herself to remember the fun she had today.
The really important thing to remember about the example with Lisa and Emilio is that the situation was the same (the rollercoaster) even though their feelings about it were very different. As the example shows, what each of them thought about and did contributed to how they were feeling. In CBT, you will learn different skills to help you better manage your anxiety.

**Cognitive Strategies:** CBT includes strategies designed to help individuals identify and challenge negative thoughts, beliefs, predictions, and interpretations that are maintaining problematic anxiety. The goal of CBT is not to “think happy thoughts” or “be positive”; instead, the goal is to shift thinking so that it becomes more balanced and realistic. Using cognitive strategies, the group will help you learn to identify your negative thoughts and predictions, examine the evidence, and consider alternative perspectives.

**Behavioural Strategies:** CBT includes strategies to change behaviours that are maintaining problematic anxiety. Our groups include a variety of behavioural strategies, including gradual exposure to feared situations, muscle relaxation exercises, reducing unhelpful behaviours that contribute to anxiety, and testing out anxious predictions using experiments. For example, individuals with anxiety will often escape from or avoid feared situations – although avoidance helps reduce anxiety in the short term, in the long run it maintains fears and exacerbates the problem. Many behavioural strategies are designed to help you face feared situations in a gradual and systematic way (with the help of your therapist and the group) and test out anxious predictions. By gradually exposing yourself to anxiety-provoking situations, your anxiety will naturally reduce over time. For example, imagine Tanja, who is terrified of dogs. She has refused to visit her friends who own dogs and becomes very distressed any time she sees a dog in public. Tanja is afraid that dogs are dangerous and will growl at her or attack her if she gets too close. To help Tanja overcome her fear, she might begin treatment by watching videos of different types of dogs to observe their behavior. Next, she might go to a pet store and look at dogs who are inside their cages. Once she feels more comfortable with those situations, Tanja might move onto being in the same room as a puppy, gradually getting closer to the dog until she is able to touch it. From there, Tanja would be encouraged to try exposure to different dog breeds in order to become more comfortable with dogs in general. By gradually exposing herself to feared situations, Tanja would learn that her negative predictions are unlikely to occur, that she is able to tolerate feelings of anxiety, and that her anxiety naturally declines with time and practice.

**WHAT IS THE FORMAT OF CBT FOR ANXIETY?**

- **CBT is a structured psychological treatment.** A typical course of CBT lasts for 12 sessions which take place every week. The sessions will be structured and there will be a specific set of topics to cover in each session. These topics are designed to target the specific anxiety difficulties that brought you to our clinic. You will be encouraged to think about the material presented and share how it applies to you as well as your thoughts and experiences with it. You will also be expected to practice the skills taught in the group.

- **CBT is focused on the present.** Although everyone has different experiences that have contributed to the development of their anxiety, it is not possible to change things that happened in the past. CBT therefore focuses on changing what is maintaining your anxiety disorder in the present.
CBT treatments offered through our clinic are focused on specific problems. It is common for individuals experiencing anxiety problems to have other difficulties as well. But trying to tackle everything at once is hard, and not likely to be very successful. For this reason, CBT targets a specific problem (the one currently causing the most distress), so you can really focus on it, and see the progress that results from your work.

CBT is a skills-based approach. The goal of CBT is to teach you a set of skills so that by the end of therapy, you will have the tools you need to be your own therapist. It is expected that after the treatment has finished, you will keep using these strategies on your own to continue making progress.

Between session homework is assigned every week. Because CBT is a skills-based approach, the skills you learn in session each week have to be practiced throughout the week. In CBT, what you do between sessions counts as much (or more!) than what you do in session. This means that the treatment will not be beneficial to you unless you commit to devoting time and energy between sessions to applying what you have learned.

CBT is a short-term treatment. By the end of therapy, you may not have reached “full recovery” (although some people do). But with the skills you’ve learned (i.e., as your own therapist), you will be able to continue to practice and improve after the end of therapy.

Confidentiality. Although people are free to talk about the group in a general way, we agree to keep others’ information private and confidential. This helps everyone feel safe sharing in group.

Each session builds on the work of past sessions, so 100% attendance is expected. We do know that life happens, however, if you must miss a session due to illness or an emergency, let your therapist(s) know prior to the start of the session.

Research shows that CBT is a highly effective psychological treatment for anxiety disorders¹. But as you can see, this treatment will only help if you are ready to attend, participate, do between session homework exercises, and challenge yourself to learn new ways of dealing with anxiety. If you don’t feel you can commit to this right now, it is better to wait until you can really take full advantage of this treatment. However, if you are ready to fully commit, you can expect that the work you will do will reduce your anxiety and improve overall psychological functioning.

For more information about CBT, see the Frequently Asked Questions on the next page or speak with your clinician.

¹References:
FREQUENTLY ASKED QUESTIONS ABOUT COGNITIVE BEHAVIOUR THERAPY (CBT)

You have been invited to participate in a CBT group at the Anxiety Treatment and Research Clinic (ATRC). Before you commit to starting CBT, please read the following information carefully so that you know what to expect from treatment.

Q What is CBT?
A CBT is an active treatment that teaches you skills to manage your anxiety by helping you to change thoughts and behaviours associated with anxiety.

Q What are the benefits of participating in a CBT group?
A Group CBT is an effective way to reduce your symptoms of anxiety with the added benefit that you will meet others who are struggling with the same concerns. Group provides a supportive environment and you may find it reassuring to know that you are not the only one facing challenges with anxiety.

Q Do other people in my group have the same problems that I do?
A Yes. The majority of groups are arranged so that everyone has similar main concerns. That might be problematic worry, social anxiety, panic attacks, anxiety and substance use, or obsessions and compulsions. We also have a few groups where participants may have different main concerns; however, all participants report having anxiety more generally. These groups are aimed at teaching broad skills that are applicable across different types of anxiety symptoms.

Q How many people are in each group?
A Most groups have between 8 and 12 people in them.

Q How many sessions will I attend?
A All of our groups are 12 sessions. Each session is 2 hours long and occurs once a week. We ask participants to attend all 12 sessions to receive maximum benefit for reducing your symptoms of anxiety. To ensure that all participants receive a full dose of CBT, those missing more than 2 sessions will be asked to withdraw from the group.

Q Do I have to talk during the group?
A Everyone in group is expected to participate. That doesn’t mean that you need to share personal details that you are uncomfortable with. However, you will be expected to discuss your experience in treatment and the impact on your symptoms.

Q What will I do in a session?
A Sessions usually start with a check in with each group member about what they’ve worked on for the week. All participants are expected to review their homework and progress on goals. Then your therapists will guide you through learning a new CBT skill and / or practicing the skill.

Q What are the skills I will learn?
A One of the main skills in CBT is learning to face your fears. This is done gradually and repeatedly. For example, if you are afraid of making small talk with others, you will be asked to practice this skill repeatedly until you are more comfortable. Although we will challenge you to confront your fears, you will never be forced to do anything you’re not ready to do. Another main skill in CBT is learning skills to challenge anxiety-provoking thinking.
Q  Do I have to do anything between my sessions?
A  Yes. Homework and daily practice is an essential part of success in CBT! You will need to schedule time for daily homework so that you can maximize your symptom reduction. The more you can weave your CBT work into your daily life, the better it will work.

Q  What if I still have anxiety at the end of group therapy?
A  At the end of your sessions, your therapist will talk to you about follow-up plans. The ATRC offers monthly group follow-up sessions for people who want to continue working on their anxiety. You may also participate in a different treatment group if that is appropriate for your needs.

Q  Why do I need to complete questionnaire packages at the beginning and end of group and symptom questionnaires at each session?
A  Our symptom questionnaires are an essential part of treatment as they help your therapists to assess the severity and frequency of your symptoms before starting group and then to monitor your progress in treatment to ensure that treatment is working for you. At the end of treatment, the questionnaires provide information to help us to determine any further treatment needs you may have.