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The Worry Cure

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On November 1, 2005 my new book, *The Worry Cure: Seven Steps to Stop Worry from Stopping You*, will be published. After treating many anxious and depressed people for many years, I realized that there was a real need for a book that could help people deal with their persistent worries. The exciting thing is that in the last eight years there has been a lot of intriguing research on worry. We now know that people who worry often say, "I've been a worrier all my life". Worry precedes the onset of depression—people literally worry themselves into depression. Worriers are intolerant of uncertainty—they think they have to know what the outcome will be absolutely for sure—or they will conclude that the outcome will be catastrophic. Worriers almost always overestimate how negative an outcome will be—and underestimate their ability to deal with negative outcomes. They often assume that things will be bad—and

then they forget that their past worries have proven to be wrong.

Worriers are actually *less anxious* when they are engaged in the *abstract* (literal) process of worry. That's because the part of the brain that is "emotional" (where the arousal comes from) is deactivated while the worrier is *thinking*. This is known as the "emotional avoidance" model of worry. When the worrier exhausts himself with his worry, his anxiety bounces back—and it seems to come out of nowhere. Another part of worry is the sense of urgency—"I need the answer right now". Worriers think that if they don't have the answer right now—then the outcome will be terrible.

Not only do worriers think that the future will be out of control—but they also *worry about their worrying*. Worriers often think, "This worry is driving me crazy"—"I can't stop worrying". Worriers are more likely than other people to "scan their thinking"—continually paying attention to anything that comes into their head. They have a hard time "letting things go".

Why would worriers persist in such negative, apparently self-defeating behavior? It's not because they "want to suffer". In fact, worriers claim that they need to worry to be prepared, so they won't be surprised, so that they can avoid something bad from happening—in order to be responsible and motivated. Worriers believe their worry is a way to take control before things go out of control. Ironically, though, worriers are continually living in a future that never comes. They keep creating scenarios of terrible outcomes—that never occur. And, most importantly, they fail to live in the present—where all the rewards are.

In my book *The Worry Cure* I identify why you worry—why worry makes sense to you—and how your worry is related to your personality. I also identify the twelve worst pieces of advice that people give for worry (for example, "Try to stop thinking" or "Believe in yourself"). I then outline a seven-step program that has been shown to be effective in reducing worry, anxiety and depression. These steps include the following:

1. Distinguish between Productive and Unproductive Worry
2. Accept Reality, but Commit to What You Can Change
3. Challenge Your Negative Thinking
4. Examine How Your Worry is Related to Your Core Personality Issues
5. Turn Failure Into Opportunity
6. Use Your Emotions Rather than Worry About Them
7. Take Control of Time

I hope you have a chance to read *The Worry Cure*. Our staff at AICT is trained in the various techniques that are described in this book. My hope is that you will be able to learn more about why your worry "makes sense" and that you will be able to acquire the skills to become "worry-free".

(Continued on page 2)

In this issue:

- The Worry Cure
- How Do Traumatic Events Affect Us? How Can CBT Help?
- Single Parenting: Making a Difficult Choice Work
- Handling Weight Loss Setbacks
- **The Foundation for the Advancement of Cognitive Therapy**
- AICT staff

The Worry Cure

SEVEN STEPS

to

STOP WORRY

from

STOPPING YOU

ROBERT L. LEAHY, PH.D.

How Do Traumatic Events Affect Us? How Can CBT Help?

Dennis Tirch, Ph.D.

Many people, perhaps all of us, experience some degree of trauma over the course of our lives. For some, the experience of traumatic events can have a challenging and lasting psychological impact. Diagnostic guidelines for mental health professionals define a psychological trauma as the experiencing or witnessing of an event that involves a threat of death, serious injury, or a threat to the physical integrity of oneself or others. In order for a person's reaction to present a psychological problem, the person's response to the event must involve intense fear, hopelessness, or horror. Examples of traumatic events include automotive accidents, combat exposure, terrorist attacks, sexual or physical assault, or being the victim of a violent crime. All of these experiences are likely to provoke distressing emotions such as anger, sadness, fear or guilt. In time, these emotional responses tend to fade for most people. For some, however, these difficult emotions may evolve into a complex and disturbing psychological condition known as Post-traumatic Stress Disorder (PTSD). PTSD involves the persistent re-experiencing of thoughts, memories, and emotions that concern a traumatic event or events. In response, people with PTSD try to avoid things that trigger these cognitions and memories. This can lead to psychological symptoms that include emotional numbing, irritability, or exaggerated levels of arousal.

Fortunately, cognitive-behavioral psychologists have developed effective treatments for PTSD, which can help trauma survivors overcome their psychological symptoms. This is accomplished by challenging and restructuring the ways that trauma survivors think and feel about their past experiences, the risks inherent in everyday life, and themselves. Let's take a brief look at some of the ways that the experience of a trauma may affect a person, and how cognitive-behavioral therapy can help.

Cognitive therapy researchers have found that people with PTSD typically

think about traumatic events in ways that are excessively negative. People with PTSD may also have overly negative evaluations of themselves. For example, a victim of an automobile accident may come to develop such thoughts as, "The world is totally unsafe," or "The accident occurred because I'm being punished for being such a bad person." Cognitive therapists work with their patients to challenge the rationality of such beliefs, and to develop more balanced rational responses. Many research-based techniques can be used to help the patient to closely examine their disturbing thoughts and beliefs, and develop healthier thoughts. For example, the motor vehicle accident victim may come to replace the earlier irrational beliefs with thoughts such as "I generally spend my time in safe situations," or "Even though I'm sad the accident occurred, I know that it wasn't my fault, and I'm not being punished."

Traumatic events stubbornly intrude into the daily experience of people with PTSD, no matter how hard these patients may try to suppress their thoughts. Cognitive therapy researchers have found that attempts to suppress and avoid these thoughts may actually cause the thoughts to occur more often. Cognitive-behavioral therapists help their patients use their imagination to visualize their re-experiencing of these difficult events in a safe setting. With repeated gradual exposure to the thoughts and memories, patients' anxiety about remembering the trauma may lessen. As a result, the intrusive thoughts and anxiety-based symptoms of PTSD may be reduced in frequency and intensity.

The above examples are a simple introduction to the body of evidence-based methods that Cognitive-behavioral therapists may employ to help people with PTSD. Traumatic events present us with some of life's greatest challenges. CBT for PTSD aims to help those with difficult and lasting reactions to trauma, as they recover from the impact of their ex-

periences, and reclaim their lives.

Single Parenting: Making a Difficult Choice Work

Laura Oliff, Ph.D.

As a result of separation or divorce, many parents find themselves in the role of a single parent. They have the children in their care most of the time, while the other parent has visitation rights. Although many fathers have begun asking for shared physical custody of their children, the vast majority of single parents are women.



Having sole responsibility for your children creates new emotional challenges for the single parent and their children. Many single parents experience some depression as a result of the shift in their lives. They often feel drained by the additional responsibility and can withdraw to the safety of their homes. Left untreated, this social isolation from the larger world around them can create depression in their children as well as other problems. For example, the single parent may come to rely too heavily on their children for emotional support, treating them as their confidants or partners rather than their children. This reversal of roles, referred to as the "parentified child" syndrome, forces children to take on adult responsibilities they are not ready to deal with. Finally, if the single parent expresses the hurt and anger they feel toward their former spouse in front of their children, their child's relationship with his or her other parent can be compromised. Children who are caught in the middle of their parents' anger often experience feelings of guilt and helplessness, making it impossible for them to maintain a

normal and healthy relationship with the noncustodial parent.

Getting support is essential during difficult periods. Getting professional help from psychologists, psychiatrists, or even clergypersons experienced in family problems can help parents and their children through a difficult transitional period in their lives. It is important not to minimize the emotional distress that accompanies separation and divorce. This process is similar to that of mourning or grieving the loss of a loved one. Peer support groups can also provide invaluable support and guidance as people have a chance to meet and learn from other adults who are coping with a similar situation.

Following a divorce, the custodial parent needs to adjust to doing many things by themselves: Cooking, cleaning, financial budgeting, child care, driving children to school/activities, homework, problem-solving/counseling, etc. In addition to the basic tasks that need to be accomplished, divorce creates an opportunity to reexamine and revise the ways you relate to your children. Children typically feel hurt and angry following their parents separation. Children need time and permission to express their feelings openly. You can help by explaining that although you and their other parent are no longer living together, you both continue to love them. It is essential to explain the separation, rather than blame your spouse. Reassuring children that they are not the cause of the separation and that their relationship with both of their parents will continue is invaluable.

It can also be helpful to be open and share your own feelings with your children. Sharing some of your own negative feelings or fears can normalize your children's experience of these emotions. Your openness can also help teach your children how to handle negative feelings and remind them that you are also a feeling, human being. Overwhelming your children with adult worries is not the goal, but establishing a balance between openness and reassurance is. Listening to your children's feelings about being part of a single-parent household is important

without expressing too much guilt or being too defensive. You also need to realize that your children don't need you to fix everything for them, sometimes they just need you to listen and validate their feelings.

Most single parents, especially working parents, are worried about the limited time they have available to be with their children. Remember that even fifteen minutes of your undivided attention is worth more to your children than a whole evening of being in the same house together watching TV. Some parents have solved this problem by setting aside a specific time of day to be with their children. For example, arriving at work a half hour late or getting up a half hour earlier can give you the chance to start your day with your children. Or you can make the dinner hour your family time for sharing your day and relaxing together.

Most divorced parents find single parenting to be the most workable solution once the decision to separate has been made. Remember, all the hard work of single parenting is more than made up for by the good times you will share with your children.

Handling Weight Loss Setbacks

Rene Zweig, Ph.D.

Whether you have been actively dieting and exercising to lose weight or you have been maintaining a healthy weight for some time now, it is quite common to experience weight regain. It is estimated that 35% of people regain more than five pounds within one year of weight loss. Weight regain is especially likely if you previously followed a very restrictive diet, lost a lot of weight rapidly, or do not exercise regularly. Conversely, the key to a successful and maintainable weight loss plan is one that allows flexibility in food choices, emphasizes slow and steady weight loss, incorporates physical activity, and focuses on building skills to cope with overeating triggers. In short, the key to maintaining your weight loss is by losing weight the old-fashioned way by developing a

healthier, sustainable lifestyle.

If you recently regained a few extra pounds and are motivated to get back on track, the following steps may be useful:

Identify problems and potential solutions. In order to lose the regained weight, the first step is to identify what triggered the setback. Have you been indulging at too many summer barbecues? Have you been experiencing increased job pressures and a disrupted workout schedule? Are you eating for comfort? Have your social engagements centered around food? Once you identify the problematic situations, it will be easier to focus your change efforts. Next, think about those strategies that worked best for you when losing weight originally, and consider whether those will work well for you now. You may also need to use other problem-solving strategies to improve your eating and exercise habits.



Build on your existing strengths.

Rather than attempt a dramatic overhaul on your current diet, try to incorporate smaller changes and build toward a healthy eating plan. For example, you might try snacking on more fruits and vegetables between meals, reducing your portion sizes at meals, and adding small amounts of exercise to your day. Research shows that exercise is most consistently related to successful weight maintenance, so make this a priority. Even 45 minutes of walking, divided over the course of the day, can make a

dramatic difference.

Set moderate, attainable goals. Although it is tempting to lose the weight quickly, this often means strict dieting, self-punishment, and difficulty with maintenance. A better goal may be to lose the regained weight slowly, approximately 1 pound per week, through moderate diet and exercise. Remember, the objective should be maintainable lifestyle changes, not simply weight loss.

Use self-reward. Identify non-food rewards in advance, and treat yourself as you progress toward your weight loss goal. You might reward yourself with a manicure after a week of healthy eating, a new novel after a week of consistent exercise, or a new outfit after losing 5 pounds. The key is to keep your motivation up and to enjoy the process as you become healthier and fitter.

To read more about weight loss, weight maintenance, binge eating, body image, and dietary guidelines, view the AICT website at:
www.cognitivetherapynyc.com.

Interested in group therapy? Go to www.CognitiveTherapyNYC.com and click on the left panel button for "Group Therapy" to learn more!

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Robert L. Leahy (B.A., Ph.D., Yale) is the President of the International Association of Cognitive Psychotherapy, President-Elect of the Academy of Cognitive Therapy, and Associate Editor of *The Journal of Cognitive Psychotherapy*. He is the Founder and Director of the Institute and he is Clinical Professor of Psychology in Psychiatry at Weill-Cornell University Medical School. He is the editor and author of fourteen books, nine of which are Book Club Selections. His research has been supported by the National Institute of Mental Health. He also serves on the Scientific Advisory Committee of the National Alliance of the Mentally Ill as well as the Advisory Committees of numerous

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(Continued on page 5)

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FACT is the **Foundation for the Advancement of Cognitive Therapy**, a non-profit organization that supports training and research on the treatment and nature of depression and anxiety disorders. We are working to train therapists and conduct research to develop more effective treatments for these devastating problems.

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The Foundation supports training of qualified therapists in cognitive therapy. We provide support to interns, post-doctoral Fellows, and workshops. In addition, we support ongoing research programs on depression, anxiety, emotional regulation, worry, decision-making and personality disorders.

FACT has received grants from the George F. Baker Trust and The Robert Wood Johnson, IV, Charitable Trust.

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gree at New York University. She is a double major in sociology and psychology. In addition, she has worked as a tutor and a counselor with youths in the New York area. She hopes to continue her education in psychology and pursue a Ph.D in Clinical Psychology.

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