

## **Anxiety Group Proposal**

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## Anxiety Disorder: Proposal

Anxiety disorders are the most common mental health concerns in the United States, and it's estimated that more than 40 million adults – about 19% - have an anxiety disorder. (Arnold, 2022). In the first year of the COVID-19 pandemic, global prevalence of anxiety and depression increased by a massive 25%, according to a scientific brief released by the World Health Organization (WHO) (2022). The brief also highlights who has been most affected and summarizes the effect of the pandemic on the availability of mental health services and how this has changed during the pandemic. This spike has resulted in more individuals seeking therapy to deal with anxiety and depression. One of the major explanations for the increase is the unprecedented stress caused by the social isolation resulting from the pandemic. Of course, the constraints of individuals not being able to connect with family and friends and engage in a community setting as they were able to do before COVID-19. Further, the World Health Organization (WHO (2022) describes loneliness, fear of infection, suffering and death for oneself and for loved ones, grief after bereavement and financial worries have also all been cited as stressors leading to anxiety and depression. Among health workers, exhaustion has been a major trigger for suicidal thinking. In that connection, individuals have sought help through therapy to deal with his challenge.

The Diagnostic and Statistical Manual (DSM-5) specifically describes anxiety as excessive worry and apprehensive expectations, occurring more days than not for at least six months, about a number of events or activities such as work or school performance. (American Psychiatric Association [APA], 2013). According to the article, “Therapy for Anxiety” (2022), anxiety disorders differ immensely so therapy should be tailored to one specific symptoms and diagnosis. While many different types of therapy are used to treat anxiety Cognitive Behavioral

Therapy (CBT) is the most widely-used therapy for anxiety disorders. Research has shown it to be effective in the treatment of panic disorders, phobias, social anxiety disorder, and generalized anxiety disorder, among many other conditions.

CBT addresses negative patterns and distortions in the way we look at the world and ourselves. As the name suggests, this involves two main components: Cognitive therapy examines how negative thoughts, or *cognitions*, contribute to anxiety and Behavior therapy examines how you behave and react in situations that trigger anxiety. The basic premise of CBT is that our thoughts—not external events—affect the way we feel. In other words, it's not the situation you're in that determines how you feel, but your perception of the situation.

The cornerstone of behavior therapy is the identification of specific goals at the outset of the therapeutic process, which serves as a way to monitor and measure the progress of group members. Because therapy begins with an assessment of baseline data, the degree of progress can be evaluated by comparing group members' behavior on a given dimension at any point in a group with the baseline data. Participants in a group are frequently challenged to answer the question, "Is what we are doing in here helping you make the changes you desire?" With this information, members are in the best position to determine the degree to which their personal goals are being achieved. Behavior therapy as applied to group work is a systematic approach that begins with a comprehensive assessment of the individual to determine the present level of functioning as a prelude to setting therapeutic goals. After the group member establishes clear and specific behavioral goals, the therapist typically suggests strategies that are most appropriate for meeting these stated goals. Evaluation is used to determine how well the procedures and techniques are working. Empirically supported techniques are selected to deal with specific problems because this approach is grounded in evidence-based practice. Evidence-based practice

is best conceived of in a broad way and includes clinician expertise, the best available research, and evaluating the client's characteristics, culture, and preferences. Even in behavior therapy, the therapeutic relationship is of central importance and critical to outcome. ((Corey, Corey, & Corey, 2018).

Group therapy for anxiety can help people successfully deal with this disorder. It starts by giving them a chance to interact with others who have the same condition. They can see that they're not alone in suffering from anxiety. By interacting with a group, they can also find new ways to deal with the challenges that come from the disorder. Group therapy for anxiety has the following benefits for participants; that is, (1) Reduced feelings of isolation, (2) Improved social skills, (3) New chances to learn about themselves, (4) Access to an organic support system, (5) Practice for real-life stress and (6) Ability to help others. (Benefits of Group Therapy for anxiety, n.d., para. 3).

Over the last few years, CBT group-based interventions have taken on an important role in the prevention and treatment of anxiety, in many different ways. These group models help give better access to evidence-based treatments and better clinical efficiency. These criteria are essential in providing easier access to an appropriate form of treatment (Wolgensingler, 2022).

Delivering CBT for depression/anxiety in a group format is a cost-effective alternative to individual treatment. Group therapy may provide further advantages, as patients may benefit from group cohesion and normalization effects and may also be able to use the group as an arena for engaging in behavioral experiments, learning from others and functioning as co-therapists (Thimm, J & Antonsel, L, 2014).

In conclusion, the general goals of behavior therapy are to increase personal choice and to create new conditions for learning. An aim is to eliminate maladaptive behaviors and to replace them with more constructive patterns. The client and therapist collaboratively specify treatment goals in concrete, measurable, and objective terms. Goals must be clear, concrete, understood, and agreed on by the members and the group leader. Behavior therapists and group members alter goals throughout the therapeutic process as needed (Corey, Corey, & Corey, 2018).

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