



How CBT Can Be Protective Against Anxiety Disorders During COVID-19 Era

Abolfazl Mohammadi ^{1,2,*} and Jordan Cummings ³

¹Department of Psychiatry, Tehran University of Medical Sciences (TUMS), Tehran, Iran

²University of Saskatchewan (USASK), Saskatoon, Canada

³Department of Psychology, University of Saskatchewan (USASK), Saskatoon, Canada

*Corresponding author: Assistant Professor of Clinical Psychology, Department of Psychiatry, Tehran University of Medical Sciences (TUMS), Tehran, Iran. Tel: +98-2155419151, Fax: +98-2155412756, Email: amohammadee@gmail.com

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COVID-19 pandemic has had a tremendous impact on people's health conditions. Some studies show that mental health is also affected seriously by COVID-19 (1) and associated physical distancing measures (2). There are some mental health challenges, such as the availability of psychopharmacological and other treatments (3). Therefore, we need to apply evidence-based mental health interventions to help people deal with this pandemic situation. Fortunately, valuable guidelines for clinicians have started to release in this field (4).

Our experiences in using Cognitive-Behavioral Therapy (CBT) for those patients who suffered from anxiety disorders show that many of them have coped with this situation differently than those without anxiety. Also, during our supervisory sessions, the first author's supervisee reported similar experiences. This news was very gratifying to us, and we would like to share our observations and receive feedback. Despite many concerns in this area, we can take advantage of past achievements and new ideas to combat this phenomenon. The following example describes one of the first author's patients.

Sarah is 61-years-old. She is suffering from illness anxiety disorder comorbid with a generalized anxiety disorder. She has been suffering from anxiety disorders since early adulthood. She has been receiving CBT for four months. Fortunately, she can deal with her worry and preoccupation with illness during self-isolation due to COVID-19.

Presumptive explanations for the effectiveness of CBT for relapse prevention in patients with anxiety disorders are explained in the following.

1. CBT improves the tolerance of uncertainty (5). Sarah has used the word "uncertain" many times these days. She said, "I don't allow myself to be overwhelmed by worries

with the UNCERTAIN label".

2. Perceived self-efficacy is another protective factor (6). One of the patients who had a history of trauma said, "If I could overcome my anxiety before, I would be able to handle this situation, too".

3. The therapeutic relationship and collaborative empiricism have important roles in CBT (7), and some of our patients could help their family during self-isolation. One of the supervisees texted the first author:

"In the last two months, not only has the patient's anxiety not worsened, but also he has been able to cope with and control his anxiety and illness. He was able to be more active and spend more time with family than before. He has been functional, and even with some of the techniques he learned, he helped his siblings, who were severely affected by COVID anxiety."

4. Cognitive-behavioral therapy is effective, even online (8). We did not stop treatment during the quarantine period and continued it online. One of the supervisees reported, "During the quarantine period, I was receiving text messages, infographics, and instructional videos from my patients."

5. Cognitive-behavioral therapy enhances Cognitive reappraisal. We suppose that people with anxiety have a different explanation from virus-related anxiety. However, culture has an important role in dealing with anxiety (9). One of the patients told that reviewing the history of similar trauma was helpful. During an online session, she said, "Once I was worried, I told myself that this had happened before, such as an earthquake that happened years ago".

We suppose that a broad implication from these observations is that engaging in CBT might be a protective factor against future stress and CBT builds resilience beyond the

specific presenting problem that it is received for.

Finally, we would like to acknowledge the efforts of all first-line cognitive-behavioral therapists and our patients who shared their experience with us.

Footnotes

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