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Anxiety in adulthood: Strategic Cognitive Behavioral Treatment in a 24 years old female patient

Ansiedad en la adultez: Tratamiento Estratégico Cognitivo Conductual en una paciente de 24 años

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Abstract

The objective of the present study was to reduce anxious behaviors, promoting a repertoire of functional behaviors; in addition, to establish coping strategies to reduce anxiety symptoms, through the use of cognitive restructuring and relaxation techniques. According to its methodology, it was an experimental, single case study. The instruments used were: Interview and observation, the Millon III Multiaxial Clinical Inventory (Millon III), the State-Trait Anxiety Inventory (STAI) and the Zung Anxiety Self-Assessment Scale (Zung Test - EAA). Likewise, a multiaxial diagnosis, topographic and functional analysis was performed. Finally, a treatment plan was elaborated under a Cognitive-Behavioral approach and techniques such as programming of leisure and recreational activities, self-recording of behaviors, relaxation and breathing techniques, cognitive restructuring and psychoeducation were used. Finally, a favorable evolution of the patient was identified, through the integral evaluation, diagnosis and application of psychological techniques.

Keywords: anxiety, clinical case, cognitive behavioral treatment.

Resumen

El presente estudio tuvo como objetivo reducir las conductas ansiosas, promoviendo un repertorio de conductas funcionales; además, establecer estrategias de afrontamiento para disminuir los síntomas de ansiedad, mediante el uso de técnicas de reestructuración cognitiva y relajación. De acuerdo a su metodología fue experimental, de tipo caso único. Asimismo, los instrumentos utilizados fueron: Entrevista y observación, el Inventario Clínico Multiaxial De Millon III (Millon III), el Inventario De Ansiedad Estado–Rasgo (STAI) y la Escala De Autovaloración De La Ansiedad De Zung (Test De Zung - EAA). Del mismo modo, se realizó un diagnóstico de tipo multiaxial, análisis topográfico y funcional. Por último, se elaboró un plan de tratamiento bajo un enfoque Cognitivo-Conductual y se utilizaron técnicas como tales como programación de actividades lúdicas y de ocio, autorregistro de conductas, técnicas de relajación y respiración, reestructuración cognitiva y psicoeducación. Finalmente, se identificó una evolución favorable de la paciente, mediante la evaluación integral, el diagnóstico y la aplicación de las técnicas psicológicas.

Palabras clave: ansiedad, caso clínico, tratamiento cognitivo conductual.

INTRODUCTION

Anxiety is a natural human mechanism that allows us to identify threatening situations, promoting the experience of symptoms such as irritability, agitation, and worry, among others, which allow us to respond to this identification of a dangerous situation. However, when this state remains prolonged, it can generate discomfort at an emotional level due to hypervigilance in the face of day-to-day situations (Chacón et al., 2021).

One of the areas of the individual that reflects with greater emphasis discomfort at a psychological level related to anxiety is the work area which, according to the International Labor Organization (ILO) refers that, due to cases of anxiety and depression, 12,000 million working days per year were lost, which, at an economic level, represents almost one trillion dollars for the world economy (International Organization of the United Nations [UN], 2022).

This problem has become evident in recent years, as indicated in the World Health Organization's World Mental Health Report ([WHO], 2020), which states that there was a 25% increase in cases of anxiety and depression during the first year of the pandemic. Likewise, it has been identified that the pause has influenced such an increase in the rate of reported cases in mental health treatment (Schwaller, 2022).

Finally, the National Institute of Health (2022), in a seminar on anxiety and depression after the appearance of COVID-19 in Peru, showed that the national population between 18 and 26 years of age presented anxious and depressive symptoms. Likewise, elements that influenced the development of such symptoms were identified, such as family emotional support, lifestyle, sleeping and eating habits, and virtual education.

At the international level, Gonzales (2020) carried out an intervention plan under the cognitive-behavioral approach in a 38-year-old adult male diagnosed with panic disorder, taking into account the elaboration of a clinical history under the same approach and the application of instruments such as the Inventory of Trait and State Anxiety (IDARE), the Beck Anxiety Inventory (BAI), the Eysenck Personality Inventory Form B, the Automatic Thoughts Inventory, the Opinion Recording Inventory Form A, the Social Skills Checklist and the Panic and Agoraphobia Questionnaire (CPA). Likewise, techniques such as psychoeducation, relaxation techniques, cognitive restructuring, interoceptive exposure, and social skills training, among others, were included in the intervention plan. Finally, it is concluded that the therapeutic tools under the cognitive-behavioral approach present an optimal level of effectiveness, achieving a decrease in the symptomatological picture and the fulfillment of the therapeutic objectives.

Likewise, Reyes (2020) developed a cognitive-behavioral intervention program for a 25-year-old male with a diagnosis of panic disorder. For this, an assessment and treatment plan were taken into account, including a multi-conditional single-case experimental methodology. It used psychological techniques and instruments such as the interview and behavioral records. On the other hand, as for the intervention plan, techniques such as psychoeducation, bibliotherapy, role-playing, diaphragmatic breathing, and self-instructions, among others, were taken into account. Finally, according to the results, it was concluded that a favorable evolution was evidenced in the patient through the elimination of maladaptive thoughts and the decrease of anxiety-related symptomatology, which had a positive impact on the patient's family, work, and academic areas.

Finally, Hernandez (2019) conducted a case study on a 42-year-old patient diagnosed with social anxiety and depressive symptoms. For this, a 14-session intervention plan was structured under the Acceptance and Commitment Therapy (ACT) and Behavioral Activation (BA) approach. According to the results, an improvement was evidenced with respect to the patient's flexibility, openness, and motivation, accompanied by better management of their vital areas, such as family and work, among others. Likewise, anxious and depressive symptoms decreased, thus promoting a commitment with the patient with respect to his evolution.

At the national level, Asto (2021) developed an intervention plan for a case of generalized anxiety disorder under the cognitive behavioral therapy approach. Likewise, the development of a clinical history and the application of psychometric instruments for diagnosis were taken into account, such as the Zung Anxiety

and Depression Self-Measurement Scale, Beck Anxiety and Depression Inventory, Eysenck Personality Inventory - Form B, Rumination Response Scale-RRS, Dysfunctional Attitudes Scale and Irrational Beliefs Test. Likewise, the treatment plan included techniques such as expository dialogue, psychoeducation, breathing and relaxation techniques, and cognitive restructuring, among others. In conclusion, based on the therapeutic intervention sessions developed, an evolution was evidenced in the patient, achieving better performance with greater functionality and adaptation to her environment.

Finally, Escurra (2020) carried out a therapeutic approach in a 43-year-old woman diagnosed with generalized anxiety disorder (GAD). For this, the use of the cognitive-behavioral approach was taken into account. The methodology was experimental, single-case multiconditional. Psychometric instruments, functional diagnosis, and cognitive-behavioral techniques were used. From the results, the favorable evolution of the patient was evidenced, decreasing the symptomatological picture related to such a diagnosis.

Finally, at a local level, Yáñez (2022) carried out an intervention plan under the cognitive-behavioral approach in a 26-year-old adult diagnosed with generalized anxiety. For this purpose, a single-case experimental methodology was used. FInstruments such as the Millon Multiaxial Inventory, the Situational Personality Questionnaire, and the Beck Anxiety Inventory were used. For the diagnosis Likewise, the intervention plan included techniques such as psychoeducation, emotional diary, worry diary, cognitive restructuring, and breathing techniques, among others. From the results evidenced, it is concluded that an intervention plan under the cognitive-behavioral approach is adequate to intervene in cases diagnosed with generalized anxiety.

Based on the above, the general objective is to reduce anxious behaviors, promoting a repertoire of functional behaviors in addition to establishing coping strategies to reduce anxiety symptoms through the use of Cognitive Restructuring and Relaxation Techniques.

From this, we take into account the terminological definition established by the Dictionary of the Royal Spanish Academy, which defines anxiety as the state of agitation and restlessness that prevents an individual from performing in a balanced way on a daily basis. It is also reflected by intolerance to uncertainty, feelings of suffocation, nausea, etc. (RAE, 2022). It is also determined by the presence of symptoms such as anticipatory thoughts (Sierra et al., 2003).

On the other hand, the Tenth International Classification of Diseases and Related Mental Health Disorders (ICD-10), Anxiety Disorder, corresponds to one of the eight anxiety disorders classified in this manual. It is described as the experience of distress unrelated to any apparent context (World Health Organization, 1992).

According to the American Psychological Association (2014), there is a set of symptoms that comprise Generalized Anxiety Disorder (GAD), such as difficulty concentrating, muscle tension, feeling tired, headaches, tremors, difficulty falling asleep, dizziness, and tachycardia, among others. As a result, the individual experiences discomfort and difficulty functioning in their areas of life.

However, therapy under the cognitive-behavioral approach has shown greater efficacy in the treatment of generalized anxiety. Likewise, Ellis and Abrahms (2001), based on Rational Emotive Behavioral Therapy (REBT), argue that disorders are triggered by the interpretation they establish with respect to a situation or experience. Based on this, ECBT aims to reduce the symptoms related to the psychological pathology, focusing attention and reflection on the patient's behaviors, thoughts, and emotions.

The ABC therapeutic model, based on TREC, seeks to identify the difficulties at the psychological level that promote the patient's discomfort. Ellis established this model in 1962, where the meaning of each of its components is taken into account: A: Activating event, B: Beliefs arising from the activating event (rational or irrational), and C: Consequences (emotional and behavioral).

Subsequently, Ellis complements the ABC model with component D, which establishes a space for the discussion of irrational beliefs, and component E, which promotes a strategy for a better-coping posture of the activating or initial situation (Magallanes, 2010).

On the other hand, regarding irrational beliefs, Ellis (1981) argued that people receive messages

that then become beliefs that can be rational or irrational. With the latter, they may experience some emotional distress. Likewise, irrational beliefs are characterized by not having logic or a basis in reality, and they affect our emotional and mental health, which causes us to experience limitations in the development of our lives.

Ellis established the main irrational beliefs (Navas, 1981):

- I need to be loved/accepted by people.

- To be valuable I have to be very competent and achieve my goals

- There are wicked people who must be punished

- It is catastrophic when things do not go the way you want them to go

- Human misfortune is due to external causes and we have no capacity to control it.

- If something is threatening I must worry about the possibility of the worst happening.

- It is easier to shy away from difficulties

- We depend on others, so I need someone stronger than me to depend on.

- The past determines me

- I must worry about the problems of others

According to Magallanes (2010), the main benefits of the application of CBT therapy are the relief of symptoms in patients within a short period, adaptation of therapeutic techniques to various pathologies, and their application at various stages of development.

Based on this, some of the main cognitive-behavioral techniques to be used in the present study are described:

First, the programming of recreational and leisure activities consists of providing responsibilities gradually to the patient, with the aim of motivating autonomy in the organization of daily and recreational activities that motivate pleasure and better mood. For the patient in this study, we chose to paint mandalas (Buela-Casal & Sierra, 2001, p.171).

Also, the self-registers of behaviors are used from the first sessions of the therapeutic plan, with the objective of knowing the initial situation within its real context, identifying the initial behaviors, and comparing them with the behaviors developed and improved in the therapeutic process. It is proposed that the patient analyze a certain situation, registering it together with the emotions and behaviors that are exercised from that situation (Buela-Casal & Sierra, 2001, p.152).

Likewise, with respect to relaxation and breathing techniques, there is mainly Jacobson's Progressive relaxation technique; with this relaxation technique, the muscle groups contract and then relax, which alters our sympathetic functioning and causes the muscle tone to decrease gradually. This technique is introduced by explaining to the patient the difference between stress and relaxation. It can be supplemented by using visualization techniques to make the patient feel more comfortable, assuming that she also does it every day at home (Jacobson, 1938, cited in Clark & Beck, 2012). Secondly, diaphragmatic breathing is one of the most used, simple, and well-known relaxation techniques. It works through deep breathing, and it shows positive effects, quickly lowering the level of our physiological response. Also, when we breathe deeply, the body sends a signal to the brain to relax, so the heart rate slows down (Canal et al., 2021).

Similarly, cognitive restructuring, where Bados and Garcia (2010) state that the main objective is to recognize the important role that perception plays in our behavior. It encourages patients to recognize each of their irrational thoughts and beliefs. Likewise, various strategies are used to verify them with reality through questions or arguments so that rational thoughts can replace them. Similarly, cognitive restructuring is where the therapist initially helps the patient to identify thoughts that provoke discomfort and thus trigger unfavorable behaviors in his or her life.

In addition, psychoeducation, as a cognitive approach, the goal is to educate the patient about the diagnosis so that, in addition, the patient is educated about anxiety, types of fear, thoughts, beliefs, irrationality, and other issues to be worked on in therapy. This training takes place mainly in sessions, which allows the patient to follow the treatment regimen. Also, the patient needs to understand the meaning and basis of each session and activity performed, as it is designed

to increase awareness of thoughts. Finally, the patient needs to keep in mind that both our feelings and our behavior in response help us to identify each of these irrational thoughts.

Finally, thought recording is an essential cognitive restructuring tool that allows us to become more aware of the situations that bother us, the thoughts we have about these situations, and the emotions they provoke. Ellis' model based on cognitive reconstruction is used ABC for the further development of ABCD (Psychopedia, n.d.).

METHOD

Type of research

The present study presents an experimental type of methodology because an initial analysis will be made in relation to the diagnosis to finally make a psychotherapeutic intervention plan based on the symptomatological picture presented in the patient (Roussos, 2007).

Of applied type due to the fact that it is oriented to the resolution of problems of the productive life of society; likewise, it will be accompanied by social technology, that is, through the application of techniques and instruments of psychological character, which will provide us with significant information for the development of such therapeutic intervention (Nicomedes, 2018).

Research design

The design of the present study is single case, due to the need to study a certain phenomenon in a specific way, situated in a particular context (Martínez, 2002).

Description of the patient

Selina, seen online, is a young adult Peruvian woman, 24 years old and single. She appears lucid and oriented in time, space, and person. Likewise, she uses a moderate to high tone of voice, dialoguing with the presence of verbiage; agitated motor movements, exacerbated movement of the fingers of her hands, rubbing the fingers against the palm of the same hand repeatedly and at high speed; crying while she narrates her current situation.

On the other hand, in relation to her physical description, she is of slim build, dark brown skin, round face, round, large, round brown eyes, thick lips, Nubian nose, long, straight black hair, long nails, and neat appearance. Also, at the academic level, she studied International Business. Since the year of her graduation, she has been working as an account executive in a multinational company, reporting job satisfaction.

On the other hand, she says that she wants to take a Master's degree in Europe since her dream is to live and work in that country, indicating that she does not want to live in Peru forever, only to visit for the love of her family, as well as her land and customs. He lives with his paternal grandmother (76 years old), father (58 years old), mother (56 years old), and 2 sisters (29 and 21 years old). She also adds that her parents were separated during her childhood; however, they currently live in the same house and have a good cordial relationship.

In relation to her current situation, she states that she suffered 2 strong anxiety attacks, explaining these as moments of great anguish, with a feeling of shortness of breath, crying, sweating hands, accelerated heart rate, headache, and stomach ache, anguish of damage to her physical health, stomach pain, disorientation, feeling of fainting at any moment, great sadness, uncontrollable crying. She also claims to have had these attacks previously, in 2020, due to a breakup with a European partner, and that her current condition is due to not having "closed" that situation correctly and to a new breakup with an American partner, who praised her physique, making her feel good. She also adds that since her return from the U.S.A., she has had little appetite and sadness, and she confesses that she needs a partner. She has to verbalize that he will leave everything for her, even though she recognizes that it would not be right.

Regarding her last partner, Selina says: "This last guy, who was my online friend (social networks via the internet), is from the U.S.A.; we talked to him as friends, and we had much chemistry; I even told him about my previous breakup with the guy from Europe, and that I want to go to live there; I went to the U.S.A. for some paperwork and tourism, he was a friend of mine. I went to the U.S.A. for some paperwork and tourism, and he offered me to stay at his house; as we spent time together, we got closer, and we got romantically involved, thus spending a few very nice weeks;

he made me feel so good about my body, he complimented my body, my face; but I told him that I wanted to live in Europe, he wanted to stay in his country; I thought about how complicated it would be to leave my job in Peru to move in with him, to find out if our relationship works or not, also considering that he would have to take care of me until I get a job, we talked about it, but we did not get anywhere. When he returned to Peru, he mentioned that he did not like a long-distance relationship and that he believed that it would not work, so we stayed as friends, with the possibility that in the future, something else could happen between us (a sentimental relationship)".

He also adds, "he told me that he is going back to his hometown and that there is a girl there who wants him; she looks like me, but she has more eyebrows and eyelashes; I want to have more eyebrows and eyelashes. We hugged a lot, we both cried, sad to say goodbye. Moreover, now that I am here, I feel bad, even from the airport. Even though I know I want to make my life in Europe and that I would feel let down with myself if I did not, I feel bad; I do not have much of an appetite now."

On the other hand, she points out, "I know I do not feel in love with him, but finally, after so long, I felt loved, appreciated, he complimented my body and face, he made me feel very good; I do not feel so uncomfortable with my belly anymore because, even though I am thin now, I am square. I miss the feeling that was there. Sometimes, I think I am not going to feel that good again; also, it bothers me to feel that bad because I feel like that is showing weakness. It reminded me of things. We ended badly, and it ended up hurting me because he made two comments about my physique; it is always my physique! Maybe I was not important to him. It makes me sad because, with him, I was able to express myself and be the way I am; I felt free, I felt appreciated, and loved, especially because of the physical issue. I feel lonely. I am afraid of the future, if I will meet someone or not, if I will feel loved or not; these ruminations make me anxious".

Evaluation and diagnostic tools

Interview and behavioral observation

Collection of information from the client, including reason for consultation, general history, as well as general behavioral observation.

Millon's Multiaxial Clinical Inventory III (Millon, Davis, and Millon, TEA Ediciones S.A., 2007)

The evaluation instrument consisted of 4 control scales, 11 basic scales, 3 pathological traits, 7 syndromes of moderate severity, and 3 syndromes of severe severity. Scope of application: Adults. Application: Individual and Collective. Approx. Duration: 30 to 45 minutes; there is no time limit, but the subject is instructed to answer with the first thing that comes to mind. It evaluates psychopathology, personality disorders, and clinical syndromes. It consists of 175 items, each with True or False response options. There are no right or wrong answers.

State-Trait Anxiety Inventory - STAI (Gorsuch, Lushene and Spielberger)

Assessment of state anxiety and trait anxiety. Individual and group application. Range of Application: Adolescents and Adults with a minimum cultural level to understand the instructions and statements of the Questionnaire. Approx. Duration: 15 minutes; there is no time limit, but the subject is instructed to answer with the first thing that comes to mind. The Anxiety-State Scale evaluates a transitory state of anxiety. At the same time, the Anxiety-Trait Scale refers to a predisposed behavior of the individual when perceiving a wide number of situations as threatening and permanent in time (Spielberger, 1966). The Anxiety-State Scale consists of 20 items with which the subject expresses "how he/she feels right now," while the Anxiety-Rasgo Scale consists of 20 items, with which the subject can indicate "how he/she feels in general" most of the time. There are no good or bad answers. The individual will choose between 4 options from 0 to 3.

Self-Assessment Anxiety Scale - EAA (Zung, 1971)

Evaluates the intensity/degree of anxiety of the examinee. Scope of application: Adolescents and Adults. Application: Individual and Collective. Approx. Duration: 5 minutes or less; there is no time limit, but the subject is instructed to answer with the first thing that comes to mind. It consists of 20 statements, each with four response options: "never or almost never," "sometimes," "quite often," and "always or almost always," with a score from 1 to 4 according to intensity, duration, and frequency of symptoms.

Procedure

We began with the interview and observation of the behavior, where it was established that she is a young woman of 24 years of age who came to the videoconsultation, presenting herself as LOTEP (lucid, oriented in time, space, and person). She uses a moderate to high tone of voice, dialoguing with the presence of verbiage, agitated motor movements, exacerbated movement of the fingers of her hands, rubbing the fingers against the palm of the same hand repeatedly and at high speed, crying while narrating her situation. Preserved cognitive abilities.

Likewise, the established instruments were applied, in the first place, the Millon III Multiaxial Clinical Inventory (Millon III) Th. Millon, R. Davis, and C. Millon (TEA Editions Editions). Millon (TEA et al., 2007), which resulted in a score of 75 (Moderate Indicator 75 to 85) in the area of Clinical Syndromes, indicating a generalized state of tension manifested by the inability to relax, nervous movements and the tendency to react and startle easily. Somatic discomfort, such as cold, clammy hands or stomach discomfort, is also characteristic. Worry and apprehensive feeling that trouble is imminent, hypervigilance of one's environment, nervousness, and generalized susceptibility are also notable.

Also, in the area of Clinical Personality Patterns (Suggestive) Aggressive-Sadistic, she obtained a score of 60 (Suggestive Indicator 60 to 74), which indicates that among the Functional Processes, she may present the following characteristics: stubborn, contrary, negativistic, displacement (venting her anger and other annoying emotions towards people of lesser importance). Moreover, among the Structural Attributes, it may present the following characteristics: irritable, discontented, dissatisfied, and discordant.

Secondly, the State-Trait Anxiety Inventory - STAI (Gorsuch et al.) was applied, which resulted in a score of 25 on the State-State Anxiety level, which places her in the "Above Average" category (23 to 31), indicating that the person under evaluation experiences nervousness, tension, worry, and uneasiness. Likewise, in the anxiety trait level, she obtained a score of 27, which places her in the category: "Above Average" (26 to 32), indicating that the patient experiences melancholy, hopelessness, and feelings of helplessness.

Finally, in the De Zung Anxiety Self-Assessment Scale (De Zung Test - EAA) (Dr. et al., 1971; Berlin), the EAA 58 index placed her in the Minimal to Moderate Anxiety level (45 to 59 points).

After the interview and evaluation, the information provided by the patient was analyzed by means of different types of diagnoses, as follows:

A. Multiaxial Diagnosis

AXES	DSM-IV-TR	RESULTS
AXE 1	Clinical Disorders	F41.1 Generalized Anxiety Disorder F50.9 Eating Disorder not specified (in remission)
	Other problems that may require clinical attention	
AXE 2	Personality Disorders	
	Mental retardation	
	Defense Mechanisms	Avoidance
	Maladaptive Personality Traits	Suggestive Aggressive-Sadistic Personality
AXE 3	Medical Illnesses	Polycystic Ovaries, Hypothyroidism, Hyperprolactinemia

AXE 4	Psychosocial and environmental problems	Z62.3 Problems related to hostility and reprobation of the child. Z62.4 Problems related to emotional neglect of the child. Z63 Other Problems related to the primary support group, including family circumstances (separated parents, parents with new sporadic partners, verbal aggression between parents, then parental reconciliation, new separation).
AXE 5	Global Assessment Scale (0-100)	EEAG 65*

Source: DSM-IV, Pier Pichot, Juan J. López, Manuel Valdéz Miyar.

*EEAG= 65 Moderate symptom: Recurrent dichotomous and catastrophic thoughts in different areas of her life. Self-sabotage, fear, and avoidance in their romantic relationships. Hypervigilance about the fidelity and sincerity of their relationships. Deteriorated self-image. Binge eating in the face of anxiety. Feelings of guilt and frustration in the face of an anxious condition, which she considers a sign of weakness. However, she manages to maintain friendly relationships. She performs well academically and at work.

B. Topographic Analysis

Situations	Intensity and Frequency of Responses "(Int., Freq.)" (0 to 10; 0=Not at all, 10=A lot)			
	Rpta. Cognitive	**Rpta. Physiological**	**Rpta. Motor**	**Rpta. Emotional**
1. Sentimental breakup	"I am not enough" (8, 9) "I'm not eligible" (8, 9) "it's always because of my physique" (9, 9) "will I find love?" (7, 8) "I'm lucky for everything but love" (6, 8) "it bothers me to be in this state, it's a sign of weakness" (8, 8) "all men are the same" (8, 9). Mentally isolating herself from the events around her, absorbed in her thoughts and emotions.	Shortness of breath (8, 8) Rapid heart rate (8, 8) Crying (7, 5) Headache (7, 6) Sweating of hands (5, 5) Loss of appetite (6, 5) Physical fatigue (7, 7)	Isolating themselves (7, 7) Repeatedly reviewing photos and conversations with each other (8, 8) Listening to sad music (5, 4) Increasing physical exercise and adhering more to a healthy diet to improve physical image (8, 8)	Sadness (10, 9) Frustration (8, 8) Hopelessness (7, 6) Fear of loneliness (6, 6) Anger -feeling weak- (7, 7)

2. Presence or possible presence of anxiety or panic attack	"my anxiety again, I can't help it" (7, 7). "what if I get sick or go crazy?" (6, 5) "what if I'm in the middle of the track and I fall and get run over?" Disorientation "my body is there, but I'm not" (5, 5).	Shortness of breath (8, 8) Rapid heart rate (8, 8) Headache (7, 6) Sweating of hands (5, 5) Weakness in the legs (5, 5)	Rapid, repetitive movements of the fingers of the hands, rubbing them on their respective palms (9, 9). Stopping if walking and leaning on some place for fear of falling (6, 9).	Anguish (8, 8)
3. Cross the road. Going out into the street	"Now a car is coming at speed and will run me over". "they're going to rob me and kill me".	Accelerated heart rate (8, 8) Heavy breathing (7, 7) Stomach pain (5, 5)	Accelerate walking (8, 8) Hypervigilance of your environment (7, 7)	Anxiety (8, 8)
4.If a family member is late returning home. Diagnosis of illness in family member	"she's going to die" "I imagine myself crying, at the wake, lying on the floor." "if she dies I would feel guilt for not having spent more time with her."	Rapid heart rate (6, 8) Crying (4, 3) Headache (6, 6) Loss of appetite (6, 5) Physical fatigue (7, 7) Rapid, repetitive movements of the fingers of the hands, rubbing them on their respective palms (7, 6).	Rapid, repetitive movements of the fingers of the hands, rubbing them on their respective palms (7, 6).	Anguish (8, 8) Guilt (7, 7)

C. Functional Analysis

ANTECEDENT STIMULUS	BEHAVIORAL COMPONENTS	STIMULUS CONSEQUENCE R+ R-
INTERNAL: "Victim of bullying at school by classmates, mother and sister because of her physical appearance". Situation that affected self-esteem and could develop problems in relation to the patient's self-perception and self-confidence". **EXTERNAL:** "Separation from her parents due to her father's infidelity (Witnessed arguments)". Situation that could develop the problems that the patient has regarding the perception of men.	**Behavioral:** Feeling faint and binge eating. **Physiological:** Shortness of breath, sweating, tachycardia, headaches and stomachaches. **Cognitive:** Distorted thoughts: catastrophizing, minimizing, generalizing, and obsessive thoughts. **Emotional:** Distress, anxiety, crying, fear, sadness and guilt.	**INTERNAL:** - Sentimental rupture - Diagnosis of Acne **EXTERNAL:** Onset of pandemic due to COVID-19.

TREATMENT PLAN

The techniques corresponding to Cognitive Behavioral Therapy were used. In the following sessions, the tasks or recommendations given in the previous session are reviewed. The work plan is reviewed, and what is to be worked on is communicated, taking into consideration if the patient brings up any particular topic that he/she wishes to address in the current session.

SESSION 1

- Framing. Perform the Framing in the presentation. Explain what CBT consists of, implementing rapport. Likewise, information is given about the dynamics of the sessions, the role of each one (patient and psychotherapist), and the commitments assumed by each party involved.

- **Reason for Consultation:** The reason for which the patient comes for consultation is collected.

- **Information Gathering:** The history of the problem is noted.

- **Anxiety Screening:** The Zung Test is applied to screen the case.

- **Training in Thought Recording (ABC):** In order to start with the evaluation process, the patient is trained on this point in order to collect information that will serve to identify the cognitive distortions and determine the specific therapeutic objectives. A format is provided (with the points to be considered already explained):

Date and Time	Situation (A)	Automatic Thoughts (Intensity 0 to 10) (B)	Consequences (Emotional, Physiological, Motor) (Intensity 0 to 10) (C)

- **Emotional support and orientation:** Upon observing the state of anxiety and crying, emotional support is provided, as well as a brief orientation on anxiety and its role. She is also trained in Deep Diaphragmatic Breathing, a basic exercise to deal with anxiety until the treatment is started. Based on your hobbies, you are instructed to do the most relaxing and healthy activities until the next session.

SESSION 2

- **Information Gathering:** Collect information from the Thought Record; correct as necessary and instruct him/her to fill out another record until the next session. Verify that he/she is doing breathing exercises and recommended recreational activities.

- **Assessment:** Apply the Millon Test, and start with the Adult Interview.

SESSION 3

- **Data Collection:** Collect information from the Thought Record.

- **Assessment:** Completion of the Adult Interview. Apply the State-Trait Anxiety Test (STAI).

SESSION 4

- **Evaluation Report:** The patient is informed of the results of the evaluation (interview, test, records), as well as the recommendations for treatment.

- **Presentation of the Intervention Plan:** The content of the Intervention Plan is described, the work model according to CBT, the number of sessions, the recommendations regarding the frequency of sessions, the schedules, the commitments that both parties assume, and the rest of the aspects of the framework.

- **Establishment of therapeutic objectives:** The psychotherapist proposes the objectives, and the patient's proposal is also considered. Here, it is important to have explained what issues should be addressed, extracted from the results of the evaluation, the diagnosis presented, and her particular needs, among other aspects.

- **Psychoeducation:** The patient is educated about GAD, CBT, Irrational Thoughts or Beliefs, and the ABCDE model. At this point, a format is provided in which you can add the discussion of thoughts (D) as well as the new consequences (E) derived from them.

SESSION 5

▪ **Update:** After the initial greeting, the patient will be asked how she has been doing since our previous session and how she feels in the present moment. Based on this update, we can even focus on the objectives of the session, taking as an example the situations that have recently occurred (anxiety about the results of medical exams, relational difficulties, etc.).

▪ **Training in Discussion and Debate Techniques (ABCDE):** Train the patient in such a way that she is able to debate the Automatic/Irrational Thoughts (e.g., "You should be Dogmatic") and replace them with Alternative/Adaptive Thoughts in order to achieve more adaptive Emotions and Behavior. To this end, Irrational Beliefs are explained, how to discuss them (D) and look for alternative thoughts/rational beliefs (E), contributing to making their thoughts more flexible and obtain more adaptive physiological, emotional, and motor responses/behaviors. During the session, we worked on the discussion of those beliefs with which he/she identified himself/herself using lived situations. The format with which he/she will work is presented to him/her, and he/she should bring it filled out to the next session.

Date and Time	
Situation (A)	
Automatic Thinking/Irrational Belief (B)	
Consequence (emotional, physical and motor) (C)	
Discussion of irrational beliefs (D)	
Alternative/ Rational Thinking (Post Debate) (E)	
New Consequence (emotional, physical and motor)	

▪ **Homework:** Self-recording of Thoughts (ABCDE). Bring it filled in the next session.

SESSION 6

▪ **Refresher:** Review of tasks, reinforcement, and guidance on the same.

▪ **Training in Belief Discussion Techniques:** With the Analysis and Logical Evaluation to get the % of veracity of your thoughts.

▪ **Deep Breathing and Imagery Exercises:** Establish correct, deep, and paused breathing while concentrating on counting down the numbers from 20 to 0, imagining how she draws, colors, and disappears them, also in a paused way; this with the purpose of achieving a correct blocking of the disturbing thoughts distracting or redirecting her attention, thus decreasing the emotional load and the anxiety of the moment. Thus, the patient will regain the awareness of being in control of the situation and not being a victim of anxiety, empowering herself in the therapeutic process.

▪ **Task:** Self-recording

▪ Record the Catastrophic Thoughts during the week. At the end of each day, evaluate the % of veracity of such thoughts. Finally, make a weekly assessment of the validity of those thoughts and obtain the final % of thoughts/worries that came true and those that did not.

SESSION 7

▪ **Refresher:** Homework review, reinforcement and guidance on homework.

▪ **Cognitive Restructuring:** Arrow Down.

When faced with situations that cause anxiety to the patient, we will work with the Arrow Down Technique in order to accompany her in the mental coping (imagined) of her future fears, guiding her in the analysis of these, as well as their consequences, possibilities, and strategies that she could use to overcome each case. Base question: What is the worst thing that would happen if (...)?

> *Example: In this case, we could address "anxiety about anxiety"; that is, the anguish that the patient experiences when she identifies the onset of a Panic Attack so that she has more control over the situation and can put into practice the strategies that will help her to combat, reduce or disappear the crisis.*

▪ **Jacobson's Progressive Muscular Relaxation:** It is explained what this technique consists of, the exercise of the technique is performed during the session, in a guided manner.

▪ **Task:** Perform Jacobson's Progressive Muscular Relaxation. Share experiences and doubts in the next session.

SESSION 8

▪ **Refresher:** Homework review, reinforcement, and guidance on homework.

▪ **Self-image (Modeling and Audiovisual Techniques):** In order to address this issue, you will be asked to bring a mirror to this session so that you can slowly look at each part of your face and recognize the beauty of each feature. Likewise, you will be helped to highlight the greater value of inner beauty, for which you will be given some examples through audiovisuals.

▪ **Self-Instructions Training:** Replace negative thoughts with positive ones, write them on Cards to view and repeat daily (e.g., body self-image: "I am eligible, "I am enough," anxiety: "This will pass," "I can handle it").

▪ **Homework:** Make and Use Self-Instruction Cards to combat negative thoughts.

▪ **Bibliotherapy:** Choose a self-help book on Self-Esteem.

SESSION 9

▪ **Refresher:** Homework review, reinforcement, and guidance on homework.

▪ **Social Skills Training:** Assertiveness. Theoretical presentation on assertiveness, work on examples in family, work, etc. She is instructed to research the topic and present a 5-minute presentation in the next session, bringing examples that she has practiced in her daily life. This exercise seeks to reduce negative interpretations to help her expand the range of possibilities as to why people act as they do, and not only by the only hypothesis that the patient considers.

▪ **Training in Problem-Solving (based on the ABCDE):** To train the patient in the search for the most appropriate strategies in order to solve problems in the different areas of her life through the ABCDE model, with the objective of making her thoughts more flexible, reducing mental rigidity and the value she gives to irrational beliefs.

▪ **Task:** Assertiveness Expo.

SESSION 10

▪ **Updating:** Review of tasks, reinforcement, and guidance on them.

▪ **Verbal Persuasion Technique:** In order to help the patient cope with difficulties, as in the current case of a delicate neurological diagnosis of her mother, a situation that causes her anguish, we used the Self-Disclosing Style or Self-Disclosure about her mother's illness and death.

▪ **Rational Emotive Imagination Technique:** After the previous point, we proceed to perform this technique in order to expose the patient through imagery to the fears that go through her mind, using the techniques learned so far. It is important to apply relaxation techniques **both at**

the beginning and at the end of this exercise so that the level of anxiety that may be generated can be better controlled and so that the patient herself recognizes the importance of relaxation before, during, and after the stressful event. For this exercise, the patient will be asked to do the following.

> *Relax, imagine a situation that produces anxiety, identify your emotion (e.g., anxiety due to mother's serious illness), ask you to change that emotion on your own, relax to close. Once achieved, ask him/her to describe the thoughts that allowed him/her to change the emotion for a more adaptive one (e.g. frustration).*

▪ **Homework:** Record situations in which you have been able to change irrational thoughts to adaptive thoughts during the week.

SESSION 11

▪ **Update:** Review of tasks, reinforcement and guidance on tasks.

▪ **Summary of the techniques trained and the achievement of their applications:** She is reminded of all the techniques learned and how she herself has managed to use them in a healthy way consequently better results.

▪ **Psychoeducation:** Informing to understand.

▪ **Discussion and Debate of Beliefs (ABCDE):** Perform mental analysis, or through self-registers of situations, increasing strategies to achieve an increasing number of adaptive behaviors.

▪ **Down Arrow:** Discovering the underlying thinking and thus combating it.

▪ **Logical Analysis and Evaluation:** Contrasting the thought with evidence about it, thus discovering the % of veracity of the thought.

▪ **Deep Breathing and Imagery Exercises:** To block erroneous thoughts, as well as control and decrease maladaptive behaviors.

▪ Jacobson's Progressive Muscular Relaxation.

▪ **Self-instructions:** Finding inspirational phrases, as well as affirmations about real positive self-aspects.

▪ **Modeling:** Models of what we want to achieve, models of the skills we want to develop or improve.

▪ **Audiovisuals:** Self-help.

▪ **Bibliotherapy:** Self-help.

▪ **Training in Social Skills (Assertiveness):** Improve communication.

▪ **Rational Emotive Imagination:** It will allow you to prepare yourself emotionally and mentally for any future disturbing situation from relaxation and objectivity.

▪ **Fall Prevention Technique:** Use the techniques and tools used in therapy. Analyze the problem (write down the situations for better visualization of the edges, solution alternatives, and strategies; use relaxation, distraction, and refocusing techniques. Self-confidence, "I have already managed to solve several situations." Finally, you can make an appointment with your psychotherapist. You are shown Sally's Support Card regarding setbacks, which can be found in the book Cognitive Therapy. Basic Concepts and Deepening, by Judith S. Beck (page 330).

▪ **Evaluation (Post-test):** In this session, the Zung Test (EAA) is applied to the patient in order to make an evaluative comparison with the Zung Test (EAA) applied in the first session we had.

▪ **Anticipation and instructions on the closing of the therapy:** The patient is reminded that we are close to closing the therapeutic process, that in the next session, the closing of the therapy will take place, and that for this purpose, she should bring 2 small physical objects that represent her in 2 stages: (1) before the beginning of the therapy and (2) at the end of the therapy. They can be elaborated by herself or acquired.

SESSION 12

▪ **Updating:** Emotional support and guidance. Reinforcement of the good application of the techniques and the achievement of adaptive results. The patient is congratulated and reinforced on their achievements. She is reminded that we all undergo difficult situations sometimes in order to anticipate them -again, as she managed to handle the situation now, she will be able to do it on other occasions.

▪ Closing of the therapy.

RESULTS AND DISCUSSION

CBT offers a variety of effective techniques as long as the patient has the cognitive capacity to understand and implement them. Likewise, when working with a specific Anxiety Disorder, the parameters are obviously smaller, and the closure of the therapy can be clearer.

However, in the case of Generalized Anxiety Disorder (GAD), after great progress and good results, the patient may bring a new work target, another issue that generates new anxiety, so the work for the psychotherapist is demanding, and the results for the patient could be considered as insufficient. Therefore, again, we emphasize the importance of psychoeducation since this will allow the patient to understand the nature of his condition, thus avoiding discouragement in the face of a new episode of anxiety.

Finally, it will be important to encourage the patient to trust himself, under the evidence of his achievements. Spacing the meeting dates of the last sessions before the closing will be important to generate self-confidence in the patient, reinforcing his achievements and reviewing the techniques. Our primary objective will be to encourage the patient's independence; however, the patient will not be denied the possibility of consulting us when he/she considers it very necessary in order to reinforce his/her coping strategies for his/her difficulties. Follow-up sessions every six months, then annually, could be important in cases of GAD.

On the other hand, considering the Pre-Test and Post-Test results of the Zung EAA Test Assessment Instrument, we can note that the patient's anxiety level went from "Highest Degree of Anxiety" to "Minimal to Moderate Anxiety." The same can be noted at the time of performing the ABCDE in the Thought Record.

In this sense, the General Objective is met, which is to reduce the patient's maladaptive anxious behaviors. A repertoire of functional behaviors was also achieved thanks to the fact that the patient is already able to put into practice the techniques she learned in sessions, taking valuable seconds to apply relaxation and cognitive restructuring in order to find more favorable consequences in the situations she experiences, the main objective in Cognitive Behavioral Therapies.

However, we must remember that the patient has medical diagnoses that affect the endocrinological and neuronal areas, which could also have repercussions at an emotional level. Likewise, it has been suggested to the patient to attend a psychiatric evaluation, but she still does not wish to make such a consultation.

With respect to the specific objectives and also considering the comparison between the Zung Pre-Test and the Zung Post-Test, the intensity and frequency of anxiety at the cognitive, physiological, and behavioral levels were reduced to minimal to moderate and adaptive levels. Likewise, it was possible to control and reduce the anxious physiological responses through relaxation and attention redirection techniques. Finally, the patient identified the cognitive distortions in order to address and modify them through cognitive restructuring, with the aim of proposing appropriate strategies to face situations in a better way and achieve more adaptive responses.

Finally, it was possible to work on dichotomous thinking and overgeneralization by reflecting on opposite thoughts, i.e., good or bad, but, on the contrary, there may be the possibility of reaching a neutral or balanced type of thinking about a situation. Likewise, with respect to the interpretation of thought, he currently makes use of assertiveness. In relation to the catastrophic vision in a given situation, he chooses to contrast it with reality and use relaxation techniques.

CONCLUSIONS

It is concluded that the techniques applied under the cognitive-behavioral approach were effective and optimal for the intervention in a case of generalized anxiety. Likewise, we emphasize the importance of applying diagnostic instruments and suitable intervention techniques based on the symptomatological picture of each patient.

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CCM: Design conception, data collection, manuscript writing.

CRRP: Conception of the design, analysis and interpretation of the results and review.

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We, the authors, declare under oath that we have no conflict of interest in the preparation of this article.

REFERENCES

American Psychological Association [APA]. (2014). *Manual de diagnóstico y estadístico de los trastornos mentales* (DSM-5). https://www.eafit.edu.co/ninos/reddelaspreguntas/Documents/dsm-v-guia-consulta-manual-diagnostico-estadistico-trastornos-mentales.pdf

Asto, J. (2021). *Estudio de caso clínico: tratamiento de un caso de Trastorno de ansiedad generalizada bajo terapia Cognitivo conductual.* [Tesis de Licenciatura, Universidad de San Martín de Porres]. Repositorio de Universidad de San Martín de Porres. https://repositorio.usmp.edu.pe/bitstream/handle/20.500.12727/9760/ASTO_OJ.pdf?sequence=3&isAllowed=y

Bados, A. y García. E. (2010). *La técnica de la reestructuración cognitiva.* Universitat de Barcelona.

Buela-Casal, G. y Sierra, J. (2001). *Manual de evaluación y tratamientos psicológicos.* Biblioteca Nueva.

Canal Asociación Parkinson Elche. (2021). *Ejercicio de Respiración diafragmática.* (29 de julio de 2021). https://parkinsonelche.es/ejercicio-de-respiracion-diafragmatica/#:~:text=La%20respiraci%C3%B3n%20diafragm%C3%A1tica%20es%20un,el%20habla%2C%20voz%20y%20degluci%C3%B3n.

Chacón, E., Xatruch D., Fernández, M., Murillo, R. (2021). Generalidades sobre el trastorno de ansiedad. *Revista Cúpula, 35* (1), 23-36. https://www.binasss.sa.cr/bibliotecas/bhp/cupula/v35n1/art02.pdf

Clark, D. y Beck, A. (2012). *Terapia Cognitiva para Trastornos de Ansiedad.* Desclée De Brouwer.

Ellis, A. y Abrahms, E. (2001). *Terapia racional-emotiva (TRE): Mejor salud y superación personal afrontando nuestra realidad.* Pax México.

Ellis, A. y Grieger, R. (1981). *Manual de terapia racional-emotiva.* (2da. ed.). Desclee de Brouwer. https://tuvntana.files.wordpress.com/2015/06/ellis-manual-de-terapia-racional-emotiva-vol-ii.pdf

Escurra, A. (2020). *Intervención cognitivo conductual de una usuaria adulta con trastorno de ansiedad generalizada.* [Tesis de Segunda especialidad, Universidad Nacional Federico Villarreal].UniversidadNacionalFedericoVillarreal. https://repositorio.unfv.edu.pe/bitstream/handle/20.500.13084/4492/Maravi_Escurra_Angel_David_Segunda_Especialidad_2020.pdf?sequence=6&isAllowed=y

Gonzáles, M. (2020). *Intervención Cognitivo Conductual en varón adulto con Trastorno de Pánico.* [Tesis de Segunda Especialización, Universidad Nacional Federico Villarreal, UNFV]. Repositorio de Universidad Nacional Federico Villarreal http://repositorio.unfv.edu.pe/handle/UNFV/4623?show=full

Hernández, A. (2019). Intervención desde la Terapia de Aceptación y Compromiso y la Activación Conductual en un caso de ansiedad social. *Revista de Psicología y Ciencias del Comportamiento de la Unidad Académica de Ciencias Jurídicas y Sociales, 10* (2). https://doi.org/10.29059/rpcc.20190602-97

Instituto Nacional de Salud [INS]. (2022). *Entre 40 y 30 % de jóvenes de 19 y 26 años en el Perú presentaron síntomas de ansiedad y depresión tras la llegada de la pandemia de la COVID-19.* https://web.ins.gob.pe/es/prensa/noticia/entre-40-y-30-de-jovenes-de-19-y-26-anos-en-el-peru-presentaron-sintomas-de-ansiedad

Magallanes, M. (2010). *Terapia Cognitivo Conductual.* Fondo Editorial de la UIGV.

Martínez, M. (2002). *Comportamiento Humano*. Trillas.

Navas, R. (1981). Terapia racional emotiva. *Revista latinoamericana psicológica, 13*(1), 75-83. https://www.redalyc.org/html/805/80513105/

Nicomedes, E. (2018). *Tipos de investigación.* [Tesis para Licenciatura, Universidad Santo Domingo de Guzmán]. Repositorio de Universidad Santo Domingo de Guzmán. http://repositorio.usdg.edu.pe/handle/USDG/34

Organización Internacional de la Naciones Unidas [ONU]. (2022). *La depresión y la ansiedad provocan la pérdida anual de 12.000 millones de días de trabajo y un billón de dólares.* https://news.un.org/es/story/2022/09/1515371

Organización Mundial de la Salud [OMS]. (1992). *La pandemia por COVID-19 provoca un aumento del 25% en la prevalencia de la ansiedad y la depresión en todo el mundo*. https://www.paho.org/es/noticias/2-3-2022-pandemia-por-covid-19-provoca-aumento-25-prevalencia-ansiedad-depresion-todo

Organización Mundial de la Salud [OMS]. (2022). *Décima Revisión de la Clasificación Internacional de las Enfermedades.* Descripciones Clínicas y

Psychopedia. (s.f). *Distorsiones Cognitivas: Aprende a identificar los 10 errores de pensamiento más habituales.* https://psicopedia.org/877/la-reestructuracion-cognitiva-paso-a-paso-pdf/

Real Academia Española (2022). *Diccionario de la lengua española: Ansiedad.* Real Academia Española [RAE]. https://dle.rae.es/ansiedad

Reyes, V. (2020). *Intervención Cognitivo Conductual en un varón adulto con Trastorno de Pánico.* [Tesis de Segunda Especialización, Universidad Nacional Federico Villarreal, UNFV]. Repositorio de Universidad Nacional Federico Villarreal http://repositorio.unfv.edu.pe/bitstream/handle/UNFV/4130/UNFV_FP_Reyes_Perez_Vilma_Valentina_Segunda_especialidad.pdf?sequence=6&isAllowed=y

Roussos, A. (2007). El diseño de caso único en investigación en psicología clínica. Un vínculo entre la investigación y la práctica clínica. *Revista Argentina de Clínica Psicológica, 15* (3), 261-270. https://www.redalyc.org/articulo.oa?id=281921790006

Schwaller, F. (10 de octubre de 2022). La depresión y la ansiedad aumentan en todo el mundo. *DW: Made for minds.* https://www.dw.com/es/la-depresi%C3%B3n-y-la-ansiedad-aumentan-en-todo-el-mundo/a-63398425

Sierra, J., Ortega, V. y Zubeidat, I. (2003). Ansiedad, angustia y estrés: tres conceptos a diferenciar. *Revista Mal Estar e Subjetividade, 3* (1), 10-59. http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1518-61482003000100002&lng=pt&tlng=es

Yáñez, M. (2022). *Intervención bajo el enfoque cognitivo conductual en adulto con sintomatología ansiosa generalizada.* [Tesis de Licenciatura, Universidad Peruana Cayetano Heredia, UPCH]. Repositorio de Universidad Peruana Cayetano Heredia https://repositorio.upch.edu.pe/bitstream/handle/20.500.12866/11577/Intervencion_YanezFerro_Mariana.pdf?sequence=1&isAllowed=y