CASE REPORT

Application of the Fear Model in Cognitive Behavioural Therapy for a person with mixed anxiety and depression: A case study

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ABSTRACT

Background: Cognitive Behavioural Therapy (CBT) is widely recognized as the most effective therapeutic approach for treating anxiety and depression, often used alongside medication. *Aims:* This study aimed to assess psychosocial issues and provide CBT-based intervention using the FEAR Model for an individual with Mixed Anxiety and Depression. *Methodology:* A single-subject case study design was employed. A participant diagnosed with Mixed Anxiety and Depression according to ICD 10 criteria was purposefully selected from the Outpatient Department of the tertiary care Institute. The participant received information regarding the purpose of the assessment and the potential benefits of the intervention. A psychiatric social work intervention, utilizing Cognitive Behavioural Therapy (CBT) and centred around FEAR Model, was delivered to the client. Various assessment tools were utilized, including Social History Taking Performa, Perceived Stress Scale (PSS), Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), and Brief COPE. Pre- and post-assessments were conducted to evaluate intervention effectiveness. *Results:* The participant demonstrated improved insight into their illness, and symptoms of anxiety and depression notably decreased. *Conclusion:* Psychiatric social work intervention utilizing the FEAR Model of CBT proved effective for managing symptoms in an individual with Mixed Anxiety and Depression.

Keywords: FEAR Model, Cognitive Behavioural Therapy, Mixed Anxiety and Depression, Psychiatric Social Work Intervention

INTRODUCTION

Cognitive Behavioural Therapy (CBT) stands out as a highly effective psychological intervention, particularly for psychiatric conditions like depression and anxiety disorders. By blending cognitive and behavioural approaches, CBT boasts robust empirical backing in treating a spectrum of issues, from mood disturbances and sleep disorders to chronic pain and anxiety[1-3]. At its core, CBT operates on the premise that directly altering emotions proves challenging. Instead, it targets emotions by addressing and transforming the underlying thoughts and behaviours fuelling distress. The study conducted by Agah., et al[4] demonstrated the significant effectiveness of the FEAR Model of Cognitive Behavioural Therapy (CBT) in reducing anxiety symptoms among participants. This was evidenced by notable improvements in participants' anxiety scores, both at post-test and follow-up stages. The findings suggest that the structured approach offered by the FEAR Model, which focuses on addressing cognitive distortions and negative thinking patterns, yielded tangible benefits in terms of anxiety reduction. By targeting specific cognitive processes associated with anxiety, such as catastrophic thinking and anticipatory worry, the intervention equipped participants with effective coping strategies to manage their anxiety more adaptively. Moreover, the observed improvements in

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anxiety symptoms at follow-up indicate the durability of the intervention's effects over time. This suggests that the skills and techniques learned through the FEAR Model are not only effective in the short term but also contribute to sustained reductions in anxiety levels beyond the immediate intervention period[4]. Cognitive Behavioural Therapy (CBT) is a well-established and effective treatment for both anxiety and depression. The FEAR Model, a structured approach within CBT, focuses on addressing the cognitive and behavioural aspects of anxiety and depression by identifying and challenging dysfunctional thoughts and promoting adaptive behaviours. This model is designed to reduce anxiety symptoms through a systematic process of exposure, cognitive restructuring, and response prevention, making it particularly suitable for individuals with Mixed Anxiety and Depression (MAD) disorders. This study aims to fill this gap by assessing the psychosocial issues associated with MAD and evaluating the effectiveness of a CBT-based intervention using the FEAR Model. The study seeks to contribute to the existing body of knowledge on treating mixed anxiety and depression and to provide a viable therapeutic approach for clinicians in managing this challenging condition.

OBJECTIVES

The objectives of this case study are threefold: First, to identify and evaluate the key psychosocial challenges faced by the individual, including the impact on their daily functioning, social relationships, and overall quality of life. Second, to design and deliver a CBT-based intervention using the FEAR Model, specifically tailored to address both anxiety and depressive symptoms in the individual. Third, to measure the effectiveness of the intervention in reducing symptoms of anxiety and depression, improving psychosocial functioning, and enhancing overall well-being.

METHODOLOGY

A single-subject case study design was employed to evaluate the effectiveness of the FEAR Model of Cognitive Behavioural Therapy (CBT) for a patient diagnosed with Mixed Anxiety and Depression as per ICD-10 criteria. This design allows for a detailed examination of the intervention's impact on the individual subject. A participant diagnosed with Mixed Anxiety and Depression was purposefully selected from the OPD of the tertiary care institute. The client was fully informed about the study's purpose, the assessment process, and the anticipated benefits of the intervention. Informed consent was obtained before the commencement of the study.The post test was done after one month of intervention to see the effectiveness.

*Assessment Tools:*To comprehensively assess the client's condition and evaluate the intervention's effectiveness, the following standardized tools were used:

1. **Social History Taking Performa**: To gather comprehensive background information about the client's social and personal history.
2. **Perceived Stress Scale (PSS)** [5]: To measure the client's perceived stress levels.
3. B**eck Anxiety Inventory (BAI)**[6]: To assess the severity of the client's anxiety symptoms.
4. **Beck Depression Inventory (BDI)**[7]: To measure the severity of depressive symptoms.
5. **Brief COPE**[8]: To evaluate the client's coping strategies.

The component of **FEAR Model**

The FEAR model serves as a practical framework within CBT, aiding individuals in acquiring skills to manage symptoms associated with anxiety and/or depression [9].

F - Feeling nervous/depressed?

This step involves recognizing and acknowledging the emotional state that the individual is experiencing, whether it's anxiety, depression, or a combination of both. Identifying these feelings is the first step toward addressing them effectively.

E - Expecting bad things to happen?

Here, the focus is on examining the underlying beliefs and thought patterns contributing to the negative emotions. It involves exploring whether there are specific expectations or anticipations of negative outcomes fuelling anxiety or depression. By recognizing and challenging these negative expectations, individuals can start to shift their perspective towards more balanced and realistic thinking.

A - Actions and attitudes that can help

This step emphasizes identifying constructive actions and attitudes that can counteract negative thoughts and emotions. It involves exploring coping strategies, relaxation techniques, positive self-talk, and other behaviours that promote well-being and resilience. By implementing these strategies, individuals can begin to regain a sense of control and manage their symptoms more effectively.

R - Results and rewards

Finally, this step focuses on reflecting on the outcomes of implementing the identified actions and attitudes. It involves recognizing any positive changes or improvements in mood, behaviour, or overall well-being that result from applying these strategies. Celebrating these successes and rewarding oneself for progress can further reinforce the adoption of healthier habits and attitudes.

ASSESSMENTS

Brief Clinical History

The index client Mr. S.A., is a 45-year-old male, married, Muslim hailing from the middle socio-economic status of semi-urban background. Presented to the Out-Patient-Department (OPD) with the chief complaints of decreased sleep, restlessness, headache, and palpitation, decreased interest in the activity, decreased appetite, low mood, and weakness for 3 to 4 months with gradual onset, continuous course, and deteriorating progress. The land dispute between brothers after the father's death and the daughter eloped and got married without parental consent before the legal age of marriage has contributed to the illness and gradually deteriorated the symptoms of the client. He was diagnosed with Mixed Anxiety and Depression disorder according to ICD 10.

Psychosocial Problems/Factors

1. *Land Dispute after Father's Death:* The client is experiencing stress and conflict related to a land dispute that arose following the death of their father.
2. *Financial Stressor:* The client is dealing with financial difficulties, which are contributing to their overall stress and anxiety levels.
3. *Daughter's Marriage:* Planning and managing the daughter's marriage are causing additional stress for the client.

INTERVENTION

Psycho social intervention

The proposed psychosocial interventions aimed to develop rapport, understand the client's presenting problems, identify dysfunctional thinking, and develop advanced coping strategies. The interventions also focused on providing support to alleviate distress, enhance self-esteem, and offer psychoeducation to improve understanding of the illness. A total of 10 sessions were held with the client, along with two sessions with family members. The client received psychoeducation, supportive therapy, and cognitive-behavioural therapy (CBT). These interventions aimed to provide comprehensive support and improve the individual's coping mechanisms and overall mental health.

Process of Intervention

1. **Psychoeducation (1 Session):** The objective of the session was to establish rapport and provide necessary education about the illness and treatment process. The session began with the therapist introducing themselves and explaining the purpose of the session. The primary goal was to establish a good therapeutic alliance with both the patient and the caregiver. The therapist explained the roles of the therapist, the patient, and the caregiver in the treatment process. Information was provided about the significance of therapy and its benefits, helping the patient and caregiver understand how therapy could positively impact the patient's treatment course. Comprehensive information about the patient's illness was shared to enhance understanding and knowledge. This part of the session also aimed to correct any misconceptions and address any gaps in knowledge that the patient and caregiver might have.
2. **Supportive Counselling (2nd Sessions):** The Objective of the session was to provide emotional support and help the patient boost self-esteem and self-confidence. The session focused on addressing the patient's emotional distress. The patient was encouraged to express his feelings and concerns, providing a space for the ventilation of problems and associated distress. The therapist provided reassurance

to help the patient feel more secure and understood. Positive encouragement was given to motivate the patient and reinforce their strengths. Practical advice was offered to help the patient manage specific issues related to his stressors. The therapist used reflective listening to show empathy and understanding, ensuring the patient felt heard and validated. Demonstrating empathy helped create a supportive and trusting environment, which is crucial for the therapeutic process. The ultimate goal of this session was to create a stable and supportive environment that would allow the patient to feel more confident and boost self-esteem, thereby facilitating further therapeutic progress.

3. **Application of the FEAR Model of Cognitive Behavioural Therapy (Sessions 3 to 8)**

Session objectives:

- Develop rapport, understand the client's presenting problems, and introduce CBT.
- Strengthen the therapeutic alliance, introduce the FEAR model, and identify negative emotions.
- Strengthen rapport, review the FEAR model, and introduce the concept of self-talk.
- Identify dysfunctional thinking and develop advanced coping strategies.
- Empower the client by highlighting positive changes and reinforcing the CORE strategy.
- Extend the client's coping skills through relaxation techniques.

3.1 FEAR Model of Cognitive Behavioural Therapy Session

Introduction and Rapport Building (**Session 3),** focuses on laying the groundwork for effective therapy by establishing rapport and understanding the client's issues. The primary objective is to build trust and introduce the client to the cognitive-behavioural therapy (CBT) process. Through open communication and active listening, the therapist aims to create a safe space for the client to express themselves. The session involves gathering detailed information about the client's concerns and obtaining their consent for treatment. **In Session 4**, the therapist continues to strengthen the therapeutic alliance while introducing the Fear Model. This model helps the client understand the interplay between their thoughts, emotions, and behaviours, particularly about anxiety and depression. The therapist educates the client about the Fear Model and begins identifying specific negative emotions and thought patterns. This session aims to deepen the client's understanding of their emotional experiences and how they relate to cognitive processes. **Session 5** delves into identifying common thinking traps and introducing the concept of self-talk. Building on the Fear Model, the therapist helps the client recognize patterns of distorted thinking that contribute to their anxiety or depression. By identifying these traps, the client can begin to challenge and reframe their thoughts, leading to a more balanced perspective on their experiences. The session emphasizes the importance of self-awareness and understanding how internal dialogue influences emotions. In **Session 6**, the focus shifts to challenging negative thoughts and developing advanced coping strategies. The therapist continues to educate the client on identifying and challenging dysfunctional thought patterns. Advanced coping strategies are introduced, such as "Calm Down and Consider the Distortion," "Observing Alternative Viewpoints," "Reviewing the Evidence," and "Evaluating the Implications." Through practical examples and modelling, the therapist helps the client apply these strategies to their own experiences. **Session 7** aims to empower the client by highlighting positive changes and reinforcing the CORE strategy (Calm Down, Observe, Reflect and Evaluate). The therapist emphasizes the progress made through improved thinking patterns and encourages the client to actively implement the CORE strategy in their daily life. By focusing on positive changes and encouraging self-reflection, the client gains confidence in their ability to manage their emotions effectively. Finally, in **Session 8,** the therapist extends the client's coping skills through relaxation techniques. By practicing relaxation techniques such as deep breathing, progressive relaxation, and meditation, the client learns to manage stress more effectively. This session

emphasizes the importance of self-care and provides practical tools for managing anxiety and depression symptoms. Through continued practice and reinforcement of CBT principles, the client gains greater control over their emotional well-being. Through sessions 3 to 8, the intervention focused on building a strong therapeutic relationship, educating the client about the FEAR model, identifying and challenging negative thoughts, empowering the client by highlighting positive changes, and introducing relaxation techniques. This structured approach aimed to reduce symptoms of anxiety and depression, improve coping skills, and prepare the client for the conclusion of the counselling relationship.

RESULTS

The Perceived Stress Scale (PSS) score decreased from 28 to 13, indicating a significant reduction in perceived stress. The Beck Anxiety Inventory (BAI) score decreased from 23 to 21, showing a reduction in anxiety levels. The Beck Depression Inventory (BDI) score decreased from 24 to 15, indicating an improvement from moderate depression to mild mood disturbance. There was a shift in coping strategies as measured by the Brief COPE. Problem-Focused Coping increased from 0.85 to 1.05. The Emotion-Focused Coping decreased from 1.28 to 0.75and the Avoidant Coping decreased from 0.64 to 0.55. This indicates that the client moved towards more problem-focused coping, which is generally considered more effective. These results suggest that the intervention was effective in reducing depression, anxiety, and stress, as well as in improving the client's coping skills.

Table 1 Pre- and post-Intervention scores for various psychological measures

Tools	Assessment Score	
	Pre	Post
Perceived Stress	28	13
Beck Anxiety	23	21
Depression	24	15
Coping Style		
Problem Focused	0.85	1.05
Emotion Focused	1.28	0.75
Avoidant	0.64	0.55

Figure 1: Pre and post-test scores of various psychological measures

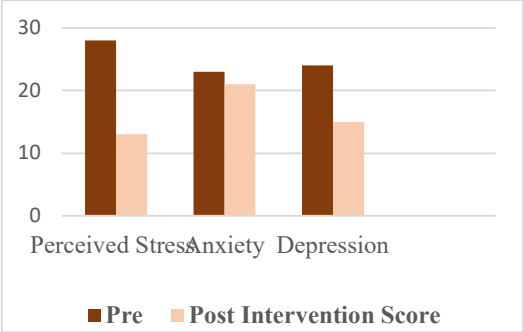
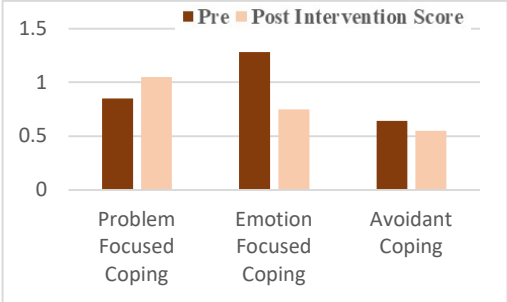


Figure 1: Pre and post-test scores of various coping measures



DISCUSSION

The intervention based on the FEAR Model of Cognitive Behavioural Therapy (CBT) has demonstrated effectiveness in addressing negative thoughts, imparting knowledge about illness and treatment modalities, and reducing symptoms of stress, anxiety, and depression. This aligns with a substantial body of research highlighting the efficacy and effectiveness of CBT in treating various mental health conditions[10-3]. One study, conducted by Hofmann, Asnaani, Vonk, Sawyer, and Fang[10,] emphasized the effectiveness of CBT in reducing symptoms of anxiety and depression. The researchers found that CBT interventions targeting automatic thoughts and cognitive distortions were particularly beneficial for individuals experiencing mixed anxiety and depression. By addressing these cognitive processes through the FEAR Model, clients gain insight into the relationship between their thoughts, emotions, and behaviours, leading to symptom reduction and improved coping strategies. Moreover, CBT interventions have been associated with improvements in the quality of life for individuals with anxiety and depressive disorders [10-14].

Thus, it can be said that interventions based on the FEAR Model not only alleviate symptoms but also enhance the overall quality of life for individuals struggling with anxiety and depression. The psychosocial intervention provided in the sessions emphasizes empowerment and skill-building, which are essential components of effective treatment for mixed anxiety and depression. By equipping clients with tools to challenge negative thoughts, manage stress, and implement coping strategies, the intervention fosters resilience and adaptive functioning.

CONCLUSION

In conclusion, the FEAR Model of Cognitive Behavioural Therapy offers a structured approach to addressing negative thinking patterns and reducing symptoms of anxiety and depression. Through targeted interventions and skill-building activities, clients can gain control over their emotional well-being and experience improvements in quality of life. This highlights the importance of incorporating evidence-based psychosocial interventions, such as CBT, into the treatment of mixed anxiety and depression.

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Conflicts of Interest: None

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