**Annex I: Cognitive-Behavioral Treatment (CBT) Protocol**

**Sessions 1-2: Intake Assessment:**

-History of the cardiac event and its psychological consequences (frequency, intensity, duration):

“What does it mean for this person to have this particular illness at this point in time? Is he or she sad? Scared? A combination of both? How do these symptoms manifest themselves?” (e.g., avoidance, clinical depression, etc.).

-Familial, relational, and professional history

-Medical history (experiences with hospitals, physicians, health professionals, experiences with the health-care system in general)

-Socialization to treatment: the interrelation of thoughts, behaviors, and feelings and the CBT focus on modifying thoughts and behaviors in order to modify feeling states

**Session 3:** **Treatment Sessions:**

**-**Presentation to the patient of the cognitive-behavioral conceptualization of his or her presenting problem: links among activating events, thoughts, and behaviors that contribute to the onset and the maintenance of anxious or depressive symptoms

-Revision of the conceptualization in collaboration with the patient

-Establishment of treatment goals in light of the conceptualization

-Discussion of current life stressors that might affect the course of treatment (e.g., financial problems, marital problems)

-Cognitive restructuring: psycho education on the relation between thoughts and feelings

*Homework*:

Complete a thought record, noting the situations in which the patient experienced strong emotions and the thoughts that accompanied them

**Sessions 4-6:**

**-**Pleasant-events scheduling, behavioral activation; identification of barriers to behavioral activation

-Progressive muscle relaxation

-Cognitive restructuring

-Problem-solving exercises

*Homework*:

Thought record containing alternative thoughts and feelings

Practice relaxation techniques

Evaluation of activities and their effect on mood

**Sessions 7-8:**

-Behavioral activation (increasing positive interpersonal contacts)

-Cognitive restructuring

-Exposure (primarily for anxiety)

*Homework:*

Practice exposure

Practice relaxation techniques

Complete thought record replete with alternative thoughts generated by cognitive restructuring. Note impact on emotional experience.

**Sessions 9-15:**

-Cognitive restructuring: review and integration of different techniques

-Exposure: Continue until the patient is able to discuss the cardiac event or the avoided situations without experiencing significant anxiety

-Problem-solving techniques

-Behavioral activation

*Homework:*

*-Exposure* (text and *in vivo*)

*-Generate lists of adaptive, alternative thoughts.*

**Sessions 16-20:**

-Review of therapeutic gains and techniques that the patient found useful

-Preparation for future challenges: reexamination of the specific tools, acquired in therapy, that are now available to the patient in a variety of situations

-Discussion of potential sources of depression or anxiety in the future

-Refinement of coping strategies

-Exposure to any remaining triggers of anxiety