

Midwest Center's Attacking Anxiety & Depression Program



White Paper: So How Helpful Will This Program Be For Me?



Ed Pigott, Ph.D., Consultant,
Midwest Center for Stress & Anxiety

"So how helpful will this program be for me?" That's the crucial question for any person suffering from one or more of the numerous manifestations of anxiety and depression.

Unfortunately, that's not an easy question to find the right answer for even in this "information age" with its abundance of Internet websites in addition to the assistance that you receive from your family, friends, and trusted healthcare professionals.

Information bias is everywhere. No matter how well intentioned the source, it's still a treacherous path to find your way home, free from your life-limiting anxieties and depression. In this article, I'm going to try and help you sort through your options so that you can make the best choice for you.

Let me be upfront, I'm biased just like everyone else. I've been a researcher and clinical psychologist in private practice for more than 20 years while I've only been consulting with Midwest for less than a year. **When I first started consulting for Midwest, I was biased against it.** While I generally recommended self-care books to "my patients" with depression and anxiety "disorders" as an adjunct to psychotherapy, I was suspicious of a program that had not been developed by a licensed psychologist trained in Cognitive Behavioral Therapy (CBT) like myself.

To be frank, though I recognized that Lucinda's **Attacking Anxiety & Depression** (AA&D) program was built around, and expanded upon, these same CBT principles, I preferred those

written by psychologists. I struggled with Lucinda's program, because it was developed, and refined over the past twenty years, from the perspective of those who have actually suffered, **and more importantly recovered**, from the full range of depression and anxiety conditions along with their various physical manifestations.

The Research

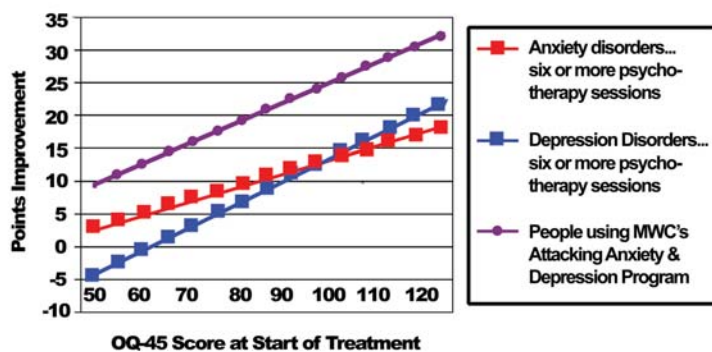
Be forewarned, my bias has now changed. After reviewing the five clinical outcomes studies that have been completed to date by independent researchers, plus conducting a sixth study myself, **my bias has indeed radically changed.** These studies, and my own, have found that Lucinda's self-care, and telephonic coaching, programs are **two to five times more effective** in helping people recover from their anxieties and depression than outpatient psychotherapy.

Two of the studies, one by Human Affairs International and the other by Group Health Cooperative, compared Lucinda's program with psychotherapy based on the severity of people's initial symptoms. Both studies found that Lucinda's program was superior at each symptom severity level to the comparison samples that contained over 1700 completed psychotherapy cases of patients diagnosed with depression and/or anxiety disorders. **In other words, regardless of how severe were the anxiety and depression symptoms, on average the people who**

follow Lucinda's program do significantly better than those who had completed six or more sessions of outpatient psychotherapy. The following graph presents the findings from one of these studies.

Treatment Improvement Rates

Self-Care Improvement Rates



When I first started consulting for Midwest, Lucinda urged me to read some of the over 120,000 testimonial letters that she has received. Lucinda also encouraged me to visit the community forum section at Midwest's website where there are over 500,000 posts on their forum, and at any time, has people participating in their online chat service ([click HERE](#)). Lucinda believed that this was the only way for me to gain an in-depth understanding of how people actually use her program to not only rid themselves of their debilitating anxieties and depression, but then go on to remake their lives in a kaleidoscope of positive ways.

The Testimonials

It was only after analyzing the results from these six studies that I allowed myself to begin reading some of the testimonial letters. Most of these letters followed a common theme describing people who've spent years struggling with, and seeking professional treatment for, their anxieties and depression. The letters, some of them five or more pages in length, talk about how these sufferers began their road to recovery after hearing one of Lucinda's infomercials or radio ads. They saw themselves in Lucinda's life story, and the stories of so many others, and this inspired each to try one last time to conquer their own hopelessness and fears.

Almost every letter then goes on to state that by following Lucinda's program, the sufferer not only recovered from their anxieties and depression, but was then able to apply this new found sense of empowerment to other areas of their lives. New and unforeseen vistas were opened up, once they were freed from the shackles of their anxieties, fears, and depression.

This often repeated theme from sufferers retelling their discovery of personal empowerment was particularly exciting to me. Ever since Albert Bandura, professor emeritus at Stanford University, wrote his book on social learning theory in 1977, the "Holy Grail" of psychological research has been to identify strategies and experiences that increase a person's sense of "perceived self-efficacy." This is because Bandura and others have found that when a person's "perceived self-efficacy" increases, the impact is profound and life changing.

Increased "perceived self-efficacy" is just a fancy way of saying that the person learns in a new, and more profound way, that his or her behavior matters. This discovery is self-reinforcing and therefore expands to other areas of their lives like ripples in a pond. **They realize that they are the author of their own life's story rather than a helpless character in its unfolding narrative.** Lucinda's program clearly has this kind of impact on so many who had lost hope.

The Online Community

I then began reviewing the forum section of Midwest's "community" ([click HERE](#)). The first time that I looked at this section was on a Sunday morning. It being Sunday morning, and given my own beliefs, I decided to go to the "Spirituality" section of the forum and was surprised to find that it had over 3,200 posts. While reading through some recent posts, I was staggered by the quality, depth of compassion towards others, and commitment to recovery, that was consistently expressed by Midwest's customers. I then started sampling other forum topics and was similarly impressed.

Between the research, the stories, the compassion, and the commitments to recovery, my little professional world has been fundamentally altered. At first I resisted due to my own professional biases, but now it has caused me to rethink much of what I thought I knew.

Treatment Handicap Scores

In the chart below, I have summarized the research comparing Lucinda's self-care and coaching programs to six or more psychotherapy sessions of CBT. I have divided the research between studies that show how well CBT works when it is consistently applied in a research setting versus those studies that examine how well psychotherapy actually works in the real world.

The "handicap" scores are based on a statistical method scientists developed to compare how well different treatments help people get better even when these studies use different ways for measuring improvement. **Unlike golf, in this case the higher the handicap score, the more effective is the treatment for helping people suffering from anxiety and depression.**

Handicap Scores for Treating
Anxiety & Depression

	Psychotherapy (6 or more sessions)	Lucinda's AA&D Self-Care Program	Lucinda's AA&D Coaching Program
State-of-the-Science	.7 to .8 ^{1,2}	.8 to 1.2 ^{3,4}	1.6 to 2.4 ⁴
State-of-the-Practice	.34 ⁵	.8 to 1.2 ^{3,4}	1.6 to 2.4 ⁴

Overall, the results aren't pretty for psychotherapy as it is typically practiced in the real world even when you only include the people who actually complete it. Psychotherapy's handicap score of .34 is based on over 35,000 cases that have completed six or more counseling sessions. **Excluded from this large outcome study are the 35% of people who quit after their first session and over 50% of people that quit after only two sessions.**

This does not mean that psychologists and other therapists don't significantly help many people...or conversely, that every person who tries Lucinda's program is better off than if they had gone to see a therapist. **Many people are helped by therapists just as there are some people who do not get the full benefit of Lucinda's program.**

The reported handicap scores are **simply averages** but if you are like most people struggling with anxiety and depression, following Lucinda's program is likely your surest way to begin reclaiming your life.

Why Lucinda's Program Works

Why is this??? I have been thinking a lot about this question since I first started learning more about Midwest and Lucinda's program. I think that the following are some of the key reasons for Lucinda's programs' success:

- Presents scientifically validated CBT content from the perspective of those sufferers who have used it to recover versus this information having to be remembered and taught by therapists to people like you.
- Uses real life stories that you can easily identify with to help motivate and guide your acquisition of new life skills.
- Lets you listen to, and review, each week's lesson as much as is needed to master its content versus having to remember, and then try to apply, the key points made during a 50-minute "therapeutic hour."
- The personal empowerment people experience when they are successful following a self-help program.
- The convenience and privacy of following a self-help program at home versus the inconvenience and stigma that are often barriers to counseling.
- The free on-line peer support that is available to you 24 hours a day including live chat, and Midwest's forum with over 500,000 posts.
- Midwest's 20-year focus on discovering what works best to help people like you to reclaim their lives versus the blind alley that the mental health professions have pursued for the past 40 years by viewing depression and anxiety as distinct "disorders" with each requiring its own "treatment."

This last point is very important. A key reason for the success people experience using Midwest's AA&D program is that it

teaches them the life skills necessary to address both their symptoms of anxiety and depression. From our start 20 years ago with Lucinda's own recovery, Midwest has known that depression and anxiety are not two disorders that sometimes coexist. ***Far more often, they are two faces of one problem.***

In the last several years, mental health researchers are increasingly coming to view anxiety and depression in this same way. The ***Psychology Today*** magazine, October 2003, has an excellent article on this topic ([click HERE](#)).

The article points out that in the majority of cases, the anxieties that people experience in life are the precursor to their symptoms of depression. Unfortunately, professionals tend to focus on trying to treat the depression while missing the anxieties and fears that caused, and continue to maintain, it. Too often, the full scope of people's problems with anxiety and depression are simply not being addressed.

Your Road to Recovery

Below, I present a flowchart to guide you through your own recovery process. If you are currently under a physician's care, or seeing a counselor, you should discuss the potential value to you of following Lucinda's program with him or her. ***Under no circumstances should you stop taking any medication, OR discontinue psychotherapy, without first consulting with your doctor or counselor.*** Many people have successfully conquered their anxieties and depression by following Lucinda's program in conjunction with taking medication and/or seeing a counselor.

Lucinda's program is not designed for people who struggle with thoughts of suicide or wanting to harm themselves or others. If you struggle with these thoughts and feelings, I urge you to discuss them with a trusted love one and immediately consult with a healthcare professional. ***Though your road may be harder, help is available and more people than you can ever imagine have worked through situations even worse than your own to reclaim their lives.***

This may sound trivial, but the key to reclaiming your life by using Lucinda's program is to follow Lucinda's program.

Lucinda's program has been developed and perfected over the past 20 years for people who struggle with anxiety and depression. During this time, more than 900,000 people have used Lucinda's program to start reclaiming their lives. It's now time for you to start reclaiming yours too.

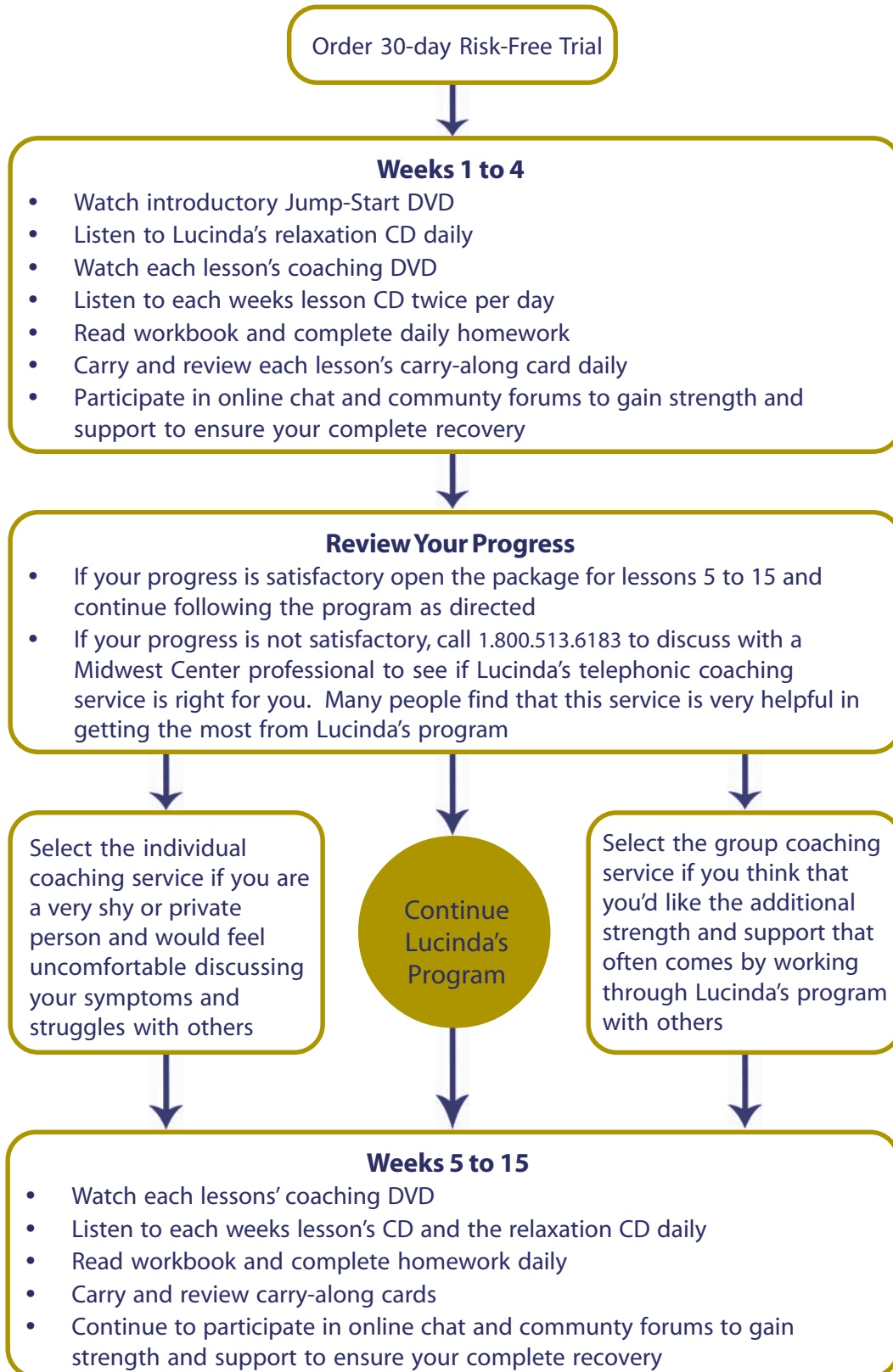
Open Lucinda's program the first day that it arrives and play the introductory DVD. Next, in a quiet place where you will not be disturbed, listen to Lucinda's relaxation CD. Now follow the process that is described in the **Recovery Flowchart**.

Hope is sometimes fleeting for people who struggle with anxiety and depression. If you find that your hope and motivation to work through Lucinda's program ever starts to wane, call 1.800.513.6183 to speak with a Midwest professional to discuss what are your best options. The best options for you may be to:

- Enroll in Lucinda's telephonic individual or group coaching program;
- Consult with your physician regarding whether medication might help to increase your ability to work through Lucinda's program, OR if there might be some other physical reason that is impacting you; and/or
- See a counselor to address issues that are not covered in Lucinda's program.

Remember, Lucinda's program has helped hundreds of thousands of people—***many likely like you***—to regain control over their lives from life-limiting anxieties and depression. By following Lucinda's program, and accessing Midwest professionals and others as needed, you too will be able to find your way home.

Recovery Flowchart



References

¹ Gloaguen, V. et al (1998). A meta-analysis of the effects of cognitive therapy in depressed patients. ***Journal of Affective Disorders***, 49, 59-72.

² Gould, R. et al (1997). Cognitive behavioral and pharmacological treatment of generalized anxiety disorder: A preliminary meta-analysis. ***Behavior Therapy***, 28, 285-305.

³ Finch, A. Lambert, M. & Brown, J. (2000). Attacking anxiety: A naturalistic study of a multimedia self-help program. ***Journal of Clinical Psychology***, 56: 11-21.

⁴ See research @ www.stresscenter.com