

THE 10 BEST EVER ANXIETY MANAGEMENT TECHNIQUES

TUESDAYS: OCTOBER 9 - NOVEMBER 13, 2018 | 11:00AM - 1:00PM PST

WORKSHOP AGENDA

1. The neurobiological basis of anxiety disorders and why cognitive behavioral interventions work so effectively.
2. The basis of worry, the magical uses of worry, and how to contain ruminative worry, including "The Purpose of Worry", plus "Clear the Mind" and "Contain Your Worry in Time" methods.
3. Managing the physiology of stress, panic, generalized anxiety and social anxiety.
4. Panic Management
5. Memory Reconsolidation: Changing the memory of negative experiences and how that can direct treatment for social anxiety and panic.
6. The Basis of Rumination: Interrupting and eliminating rumination
7. Perfectionism and Procrastination: the effect and cause of generalized anxiety.
8. Social Anxiety Exposure: Using the "3 C's" Model to create effective exposures that reduce anxiety. Create skill based approach: "3 Deep Breaths and Good Preparation".

LEARNING OBJECTIVES

- Describe neurobiological basis of anxiety and the implications for why and how psychotherapy works to use the brain to change the brain.
- The basis of ruminative anxiety and how to eliminate worry, including the methods of technique #1 "Contain Your Worry."
- Dealing with Stress That Creates Anxiety Disorders: 4 competencies to prevent or recover from stress damage and eliminate it for good!
- Fear Based Anxiety Disorders: Panic and Social Anxiety. Apply the panic reduction protocol "Prevent Panic" and the "3 Cs for Effective Exposure" to eliminate social anxiety. To include mindfulness techniques, interoceptive exposure, and eliminate panic triggers.
- Model effective use of diaphragmatic breathing techniques and relaxation methods that reduce both physical and mental tension.
- Apply the most effective cognitive interventions to reduce persistent rumination (Erase the Worry Trace) and stop worrying over real or potential problems.
- Utilize cognitive therapy interventions with clients to manage perfectionism, procrastination and rigid approaches to problems.
- Effectively enable socially anxious clients to face their fears and improve their participation in life, challenging false beliefs and successfully engaging in social environments.



Margaret Wehrenberg, Psy.D., is a coach and therapist, an author, and an international trainer and speaker on topics related to psychotherapy for anxiety and depression, stress management and optimizing anxiety for achievement. She is a practicing psychologist, coaching for anxiety management and providing psychotherapy for anxiety and depression disorders. She has been a trainer of therapists for 25 years, and she is a sought-after speaker for continuing education seminars, consistently getting the highest ratings from participants for her dynamic style and high quality content. Her individualized coaching for panic, worry and social anxiety has helped professionals from entrepreneurs to corporate executives, from sales personnel to IT specialists. Margaret is a frequent contributor to the award-winning Psychotherapy Networker magazine and has produced Relaxation for Tension and Worry, an audio file for breathing, muscle relaxation and imagery to relax.

10 Best Ever Anxiety Treatment Techniques

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Brain Structures

- Frontal Cortex (PFC) Executive Functions - analysis, decisions, intention (CBT methods)
- Anterior Cingulate Cortex (ACC) - Rumination, cooperation. Functioning well, contributes to problem solving, making effective transitions
- Gear shift - need methods to “put in the clutch” and to shift to a new thought, perspective, behavior, etc.

Basal Ganglia

A ganglion is a clump of neurons. The basal ganglia are interconnected ganglia that have several important functions as relate to anxiety.

- Energy – What is the overall tone of arousal and alertness? This can be genetically determined but altered by lifestyle or trauma
- Habit formation – necessary! (Movement disorders may be generated in this area) Dysfunction here can result in OCD repetitive (compulsive) behaviors
- Most importantly, reward pathway: the nucleus accumbens (ganglion) receiving dopamine (DA) is essential to creating sense of reward, resulting in motivation

Implicit Memory – Physical Awareness

- Insula: registers physical sensation and contributes to the emotional valence and labeling of a response.
- Physical sensation is part of context of memory – when danger, pain and fear are present there is a preference for noting those. High arousal, plus rehearsal and retrieval of the memory will increase the likelihood of consolidating memory.

Hippocampus, Amygdala: Appraisal

- Hippocampus – context - short term memory and retrieval processes
- Amygdala – risk and safety appraisal, immediate responses
- Amygdala registers safe - not safe and how urgent safety issue may be (valence and salience)
- Does so without words or thinking and stimulates sympathetic arousal faster than thinking can occur
- Learns threat signals fast, unlearns deliberately

Implicit Memory - Risk Appraisal

- The insula contribution of the physical response to stimuli, together with the hippocampus and amygdala = implicit memory
- Amygdala 24/7 scans for changes in the environment and cues based on this learning create responses to potential risk that are not based in cognitive appraisal, but rather immediate nervous system responses and stress response
- Implicit memory may include pleasure responses, not just appraisal of risk.

Impact of Neurotransmitters

Built in the neurons, healthy neurotransmitter levels are affected by lifestyle

- Start (glutamate and acetylcholine) agitation, sensitivity
- Stop (GABA) – calming

Monoamine Neurotransmitters:

- Serotonin (SE) – neuromodulator in all systems
- Norepinephrine (NE) – alertness or vigilance - initiates SNS arousal

Dopamine and Reward = Motivation

In the basal ganglia, dopamine works in the reward pathway to produce sense of pleasure

Cortical intention (glutamate) + DA = Motivation

What we do well, when we receive praise, when we interact with joy, when we ingest substances that please, DA flows

Insufficient receptors for DA = low pleasure response = low motivation for social experience

Texts, new media, games = DA every time = addictive

Dopamine and Cues/Triggers

- In the Prefrontal Cortex: Attention and Focus
- Psychological Trauma: Physical and Psychological pain = flood of DA
- Riveted attention on details that the amygdala will remember and even when those details not assigned importance in conscious recall, the amygdala will recognize them as cues for danger and triggers reactions

Features That Underlie Social Anxiety

- Amygdala volume: may be larger in socially anxious or panic disorder or subsequent to trauma. More volume results in greater tendency to perceive risk. A 'preference for negativity'
- Insula sensitivity to acetylcholine results in intolerance for anxiety sensations.
- Together with lower motivation for social interaction, these create vulnerability to social anxiety

Limbic System Structures for Response

Thalamus – Notes external stimuli
Relays instantaneously to limbic and cortical structures

Hypothalamus – Monitors internal stimuli (hormones etc.)
Initiates stress response via corticotrophin release factor (CRF)
and sympathetic arousal via norepinephrine

Sympathetic Nervous System (SNS)

SNS = "Fight or flight" system: hypothalamus triggers release of NE for SNS arousal - stimulates organs for a strong and effective response to danger

When amygdala signals risk and the degree of danger, the hypothalamus response is instantaneous arousal of SNS

- Increased respiration, HR and BP
- Tingling, shakiness, dizziness consequence

Stress response is simultaneously triggered

Panic Disorder Starts with SNS Activity

The high and sudden arousal perceived as panic also includes the endocrinological stress response. Protective neurochemicals can be depleted by chronic stress:

- Galanin released when NE activates SNS. Buffers NE in the limbic system – increases ‘consummatory’ behavior – consuming more fat and alcohol in a circular fashion
- Neuropeptide Y – NPY – is released when CRF starts the stress response. It helps decrease the stress response

Stress Response Is Endocrinological

Hypothalamus-Pituitary-Adrenal Axis (H-P-A) initiates endocrinological response to threat or need for energy: muscles prepare for action! Release of adrenalin and cortisol from adrenal glands = energy

- Adrenalin intensifies the norepinephrine
- Cortisol mobilizes energy and turns off the response

Chronic Stress – Irritation, Depletion, and Altered Perceptions

Causes inflammation, damages immune system, damages the hippocampus and depletes the protective neurotransmitters galanin and NPY

Both can be depleted by chronic stress:

- Galanin released when NE activates SNS. Buffers NE in the limbic system – increases ‘consummatory’ behavior
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#1 Manage Intake

- Several conditions can feel like anxiety
 - Asthma, COPD and medications that treat these
 - POTS – postural orthostatic tachycardic syndrome
 - Diabetes
 - Undiagnosed hypoglycemia (panic)

Hormones and Vitamins

Female issues:

- birth control, any recent changes?
- Lifespan, e.g., PMS, pregnancy or fertility tx, perimenopause (generalized anxiety) and menopause

Thyroid: High thyroid levels

- Weight changes when on medication for thyroid
- Vitamin B – watch for aging or acid reflux med use

Exercise

Exercise is a major contributor to mental health:

Recommendation of 52 hours aerobic exercise over 6 months

- Improves resilience to stress (Ratey) and decrease impact of stress.
- Increases brain's ability to produce neurotransmitters by stimulating BDNF
- Tolerance for sensations of anxiety may increase
- Consider meditation, martial arts and yoga

Sleep

Sleep enough – chronic deprivation = anxiety and depression

- Adults need about 7 ½ - 8 hours and children need more depending on their age. Always check with parents to be sure anxious children are getting enough sleep.
- Screen time can disrupt circadian rhythm so eliminate screens for an hour before sleep in those with insomnia or restless sleep.
- Check for info on parasomnias on website www.aasmnet.org
- Consider primary insomnia help with CBTiCoach app

Manage Intake – Take In/Leave Out

Avoid CATS!

- Cannabis – the frequency and dose levels matter as does previous experience with it.
- Reduces reactivity to threat
- chronic use decreases natural endocannabinoids and thus increases sensitivity to stress
- caffeine/energy drinks

The Rest of the CATS...

Alcohol – Connect the dots and decide on limits. Alcohol sedates but then irritates the nervous system

- Even a moderate amount of alcohol can disrupt sleep, the irritation wakes you up and then a person may start worrying, and post-binge drinking, may cause panic or intense anxiety
- Tobacco – the ritual of tobacco use is soothing –habitual action connection to calming and nicotine stimulates as well as produces increase of dopamine
- Sugar/Sweeteners: does a person demonstrate a reaction to artificial sweeteners? Does a person consume sugar before a panic attack

NUTRITION

- Sugar sensitivity – see the work of Kathleen DesMaisons
- Latent food allergy
- More to come on the gut biome
- Nutrition is necessary to producing neurotransmitters: need protein, vitamins, esp. B complex, and other nutrients for brain health.
- See the work of Andrew Weil or Brown, Gerbarg & Muskin and generally helpful cookbook for frugal or impoverished clients by Leann Brown called “Good and Cheap”

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Techniques - Session II

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Types of Stress in Anxious Clients

Stress – directly affected by perception of control:

- Quantity (capable but overwhelmed)
 - more likely with generalized anxiety
 - High activity clients
- Quality (skills deficits, need help) –
 - Parenting
 - Social Anxiety

4 Competencies for Stress Recovery

Stress recovery occurs under conditions of relief, passage of time and good self care:

1st competency: Eliminate stressor: Being chronically stressed interferes with ability to appraise the detriment of the stressor

Look at relationships: work, with family, with friends

Decide on media 'time-outs'

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2nd Competency:
Manage Time and Environment

1. Obviously utilize calendars and reminders – electronics can be helpful!!
2. Limit unnecessary time on tasks.
3. Utilize an “external prefrontal cortex” to plan your time. Try a ‘timed list.’
4. Use helpers to organize your environment.
 1. Flylady.net
 2. Tidyingup.com

3rd competency: Manage Attitude

- Attitude about degree of control:
 - Is control possible?
 - How about influence vs. control?
 - Is this a situation where no control is possible – can the person let go?
- Social anxiety creates persistent stress. Utilize Albert Ellis = “I must do well and win the approval of others or else I am no good” to assess how this is evident in social anxiety and correct thinking/acting on this

4th Competency –
Technique #2 Relaxation and Rest

Progressive Muscle Relaxation

- Tense and release or stretch and release
- Image of Light Relaxation
- Cued by breath

“2 minute relaxers” – suited to clients’ work life

Nasal Breathing: 10 breaths in/out through nose or alternate nostril breathing stimulates nitric oxide (NO)

Avoid screen time for soothing

Rest – The Default Mode Network (DMN)

Creativity Break – may trigger release of NO but also stimulates the DMN – highly active brain but is not focused thinking or problems solving. It is 'connect-the-dots' time Often results in the 'Aha!' moment. DMN time creates insight, empathy, creative problem solving (PFC connects to all structures.)
"Sit and stare time" can help the brain enter DMN – gaze at clouds, light playing on water or flowing water or waves or flickering flames, or walk without input from earbuds playing music or words

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SNS = “Fight or flight” system: hypothalamus triggers
release of NE for SNS arousal - stimulates organs for a
strong and effective response to danger

- Increased respiration, HR and BP
- Tingling, shakiness, dizziness consequence
- Panic lasts 11-13 minutes, has after-effects that may
last for hours, which are not acute anxiety -
differentiate

PSNS – Parasympathetic – calms this arousal

Panic for Hours

- Panic Attacks are brief but the consequences are lasting – exhaustion, queasiness and impact of norepinephrine that creates sense of dread – as in something bad is going to happen.
- When people suffer the acute anxiety of severe generalized anxiety they may say they are panicky for hours. Ask about symptoms
- Medication may be considered for both of these

Fear and Escape

Social anxiety and panic: conditions of fear (fear of fear, fear of humiliation)
Fear prompts escape attempts
Anticipation of fear leads to 'pre-escape', i.e., avoidance behaviors
Avoidance can be mental (e.g., avoid hearing or reading fear triggers)
Panic can lead to social avoidance (like agoraphobia) or to specific avoidance

Identify Panic Cues

Triggers or cues for Panic Attacks:
Spontaneous Kindling – leads to cue creation
Memories – Learned & remembered fear
Un-Remembered Trauma Cues
Panic Diary – use 5 senses memory
Go backward to the moment before panic when you felt good
Scan forward one thought, bodily sensation, event at a time and scan the 5 senses

#3 - Breathe

Diaphragmatic Breathing *works if you do it. How does it work? Stimulates the vagus nerve to initiate parasympathetic activity to slow heart, lower BP*
Teach the longer exhale
Use technology or apps to remind client to practice several times a day until it comes easily and clients will remember it
Breathing also minimizes anxious arousal for crisis management, in social settings or in vivo exposures

Prevent = Predict, Prepare, Plan

- Predict when panic may occur to be ready to succeed without panic
- Prepare to be there without scare = what will help to prevent the event
- Preparation includes a specific plan for if it goes wrong, e.g., "What if I panic?" "What if I can't remember what to do?" "What if I really turn all red?" "What if my voice shakes?" "What if my mind goes blank?"

The Brain and Imagination

- The power of accurate anticipation
- Allows preparation with needed skills
 - Decreases fear when seeing things more realistically than fearfully
 - Allows mental rehearsal of behaving resourcefully and calmly so reduces anticipation of fear.

The Right Reassurance

- People with panic and GAD become reassurance seekers.
- They utilize subtle asking or internet searching.
- The right reassurance is that they can learn skills to manage anxiety – panic, social fears and GAD - and use those skills in real life setting

Unlearn Fear: Memory Reconsolidation

Helping the amygdala to unlearn fear:

Time-based benefit to contemplating the fear memory:

- Minimum 10 minutes of arousal of affective memory makes the memory more malleable – unlocks it so it is available to reconsolidation. Up to 6 hours for positive outcome
- Then a 'mismatch' of expected outcome –success-
- Verify the successful outcome for reconsolidation. Strengthen the new experience by repetition

3 C's of Successful Exposure

Calm – an exact plan for calm anticipation of an anxious moment includes *accurate anticipation*. *People with social anxiety especially do not accurately predict, children and worriers also poor predictors*. Teach breathing and relaxing to stay calm in the experience

Competent (Skills Training) – do you know **how to do** what you are expected to do? Review with teachers, supervisors, counselors, coaches

Confident – have you had an opportunity to practice or enough preparation to be confident

#4 – Stop Catastrophizing

Correct Extreme Language and note how it feels different in the nervous system:

“I’m freaking out!”

“Panic is unbearable!”

Feelings are not facts and they are not uncontrollable.

(What I feel is a real feeling, but it is not true.)

Stop Projecting: Interrupt catastrophic expectations and notice that the outcome has not yet occurred.

Distinguish between possible and probable

Change the Catastrophe

Teach: Clients underestimate their capacity to tolerate negative sensations. (ACT!)

Find and change the belief that you cannot influence the outcome – you can!

Use imagination to see everything working out - use Parnell’s “Tapping In” resources or EMDR to increase sense of efficacy

App: Stop, Breathe & think

#5: Mindfulness

Being in the moment (observe-describe) is the antithesis of anxiety.

Awareness of here and now without judgment/assumptions helps anxiety.

You choose what you pay attention to.

Try grounding with 5-4-3-2-1 (See, touch, hear, smell, taste)

Effectively: Minimizes importance of sensations

Remember the Time-Based Considerations

- When planning exposures, they must increase gradually the duration or complexity, always ending with successful completion – to create the mismatch between feared failure (as a previous experience failed) and actual outcome
- For in vivo exposure to result in memory reconsolidation, about 10 minutes minimum of negative arousal, and positive outcome within 6 hours before the window of opportunity closes.

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Techniques - Session IV

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Generalized Anxiety:
Worry, Over-Activity, Perfectionism

People with Too Much Activity (TMA) in their lives or minds tend to develop generalized anxiety disorder (GAD).

People with GAD:

Tend to have brain chemistry (norepinephrine and GABA levels) and structural issues that make them more than attentive-subject to feeling physical anxiety and vigilantly scanning the world for trouble

This also cause trouble shifting gears.

Look for caffeine consumption, Thyroid disorder (including Hashimoto's) and medication side effects.

Screen Routinely for ADD

A.D.D. may be undiagnosed, especially in those who have done well academically.

Undiagnosed ADD/ADHD facing changing home conditions, life transitions, or increased work demands: strategies fail, disorganization, memory problems occur

They *respond with anxiety*

Treat appropriately with medication and strategizing for disorganization and inattention

Differences between Social Anxiety and Asperger's

Asperger's	Social Anxiety
Under-reactive to other's emotions	over-reactive to other's emotions
Cannot label emotions	Can label emotions
Social learning disability	Socially inexperienced, withdraw
Parallel play	Interactive play
Special interests highly developed	Undeveloped interests, fear of mistakes

Anger Maybe Interpreted As Anxiety

- Confusing sensations may all seem like anxiety
- Anger may prompt anxiety due to issues of observing others' anger, being treated badly by others when they were angry, being denied the 'right' to be angry, or other history that makes being angry anxiety-provoking.
- This may not be in conscious awareness
- Assignment to ask self, when grabbed by a sensation of anxiety, "If I were angry, about *what might* I be angry?" Hypotheses. Can reject the hypotheses but not act on any of them without prior discussion in therapy.

The Purpose of Worry

- Anxiety is a natural response to ambiguity (when we do not know what is happening, what will happen, or when we do not know how to respond.)
- People feel sensations of anxiety before thinking about a problem (neurotransmitter activity)
- Worry or 'what-if' thinking is maladaptive effort to resolve it
- Real problems have real solutions. Anxiety sufferers usual handle those

Repetition Strengthens Brain Activity

- One important principle is that repetition strengthens the brain in a structural way
- Worry or repetitive thinking results in increased vascularization and also more glial cell support
- Interrupting worry consistently and persistently quickly starts to 'erase the trace' of worry

Repetition and Imagination

- The same is true of panic events and social phobia fears that are repetitively imagined or worried about.
- When panic events and social phobia fears that are repetitively imagined or worried about the pathways are strengthened, sensitizing the responses to cues – objective or perceived
- Brain activity reflects what is imagined, increasing possibility of occurrence– positive or negative

Worry Right Reassurance

1. Get the worry out in the open to see if it is a real problem or a worry.
2. If it is a real problem, make a plan, which reinforces a sense of competence to handle the problem.
3. If it is a worry, stop and contain the worry (addressed later in this chapter).
4. Reassure the worrier, "You are competent to manage your anxiety."

#6 – Contain Your Worry

- Worry can have a function that clients may/may not recognize and they won't stop worrying as long as the worry is needed.
- It may be a protection to ward off bad things, e.g., "If I worry about this it won't happen."
 - Bring to awareness. Use thought stopping.
- It may be a sense of individual or relationship identity.
- It may be an issue that is so important they cannot imagine not worrying

Clear the Mind (Contain the Worry)

- Teaches healthy defense of suppression
- Prepares for sleep
- Start or wrap up therapy sessions
- Transitions between work and home
- Prepare for activity that requires focus: meetings, writing, tests, homework or social events
- Be creative! Concrete tools instead of imagery work well: lists, God-Box, worry box for families, worry tree, worry backpack for kids, etc.

Contain Your Worry (in Time)

Necessary for important concerns that are outside of normal control or are irresolvable. Can be a link to use spiritual beliefs for support.

- Most effective by making it a kind of ritual:
- Same place and time (10 minutes maximum)
- Symbols or reminders of the problem or intention
- Physical objects that focus the mind
- Sounds that starts and stop the worry time.

#7- Handling TMA Over-Activity

Over-Scheduling – Major Source of Stress that raises anxiety.

- Stop saying yes. At first always say: "Give me a moment and I will get back to you". This allows 'put in the clutch' so they can shift gears.
- During the pause, ask "How Important Is It?"
- Then: "How important is **what I am not doing** in order to do this activity?"

Increasing Cultural Emphasis on Perfection

- Self-oriented: "When directed toward the self, individuals attach irrational importance to being perfect, hold unrealistic expectations of themselves, and are punitive in their self-evaluations."
- Socially prescribed: "When perceived to come from others, individuals believe their social context is excessively demanding, that others judge them harshly, and that they must display perfection to secure approval."
- Other-oriented: "When perfectionistic expectations are directed toward others, individuals impose unrealistic standards on those around them and evaluate others critically."

Perfectionism and CBT

- Curran, along with co-author [Andrew P. Hill](#) of York St John University, looked at data from more than 40,000 American, Canadian and British college students who completed the Multidimensional Perfectionism Scale. In the simplest terms, it's a clinical test that determines to what precise degree someone strives for perfection.
- Glenn, D. Golinelli, D., Rose, R., Roy-Byrne, P., Stein, M., Sullivan, G., Bysritsky, A., Sherbourne, C., & Craske, M. (2013) Who get the most out of cognitive-behavioral therapy for anxiety disorders? The role of treatment dose and patient engagement. *Journal of Consulting and Clinical Psychology*, 81, 639-649.

Managing Perfectionism

Do I use language of extremes? (always/never and especially 'Must' 'Ought' and 'Should')

Do I know the difference between good enough and perfect? (Often without a sense of what effort is, avoid saying to them "do your best")

Can I envision another possible method of accomplishing my goal or another possible outcome? ('Plan A' requires having 'Plan B')

Is Procrastination a Means to Limit Perfectionism?

1. Note with client:

1. Do they use deadlines to fuel energy for completion?
2. Do they "Work better under pressure?"
3. Do they always meet the deadline?

2. Plan for non-perfection.

3. Pay attention to outcomes so you learn to distinguish importance from urgency and consequential from inconsequential.

Identify Difference Between Urgent and Important
– see Focus Matrix (Eisenhower)

	Important	Not Important
Urgent		
Not Urgent		

Procrastination: Inability to Be Perfect

- Will not start if they don't know how
- Self-criticism and expectation of judgment by others increases being judgmental of others
- Exacerbated by new media and belief that others are always doing perfect work, perfect projects, etc.
- Bring to Conscious Awareness, check origin of beliefs and change self-talk

Relaxation for TMA

Physical activity is desirable relaxation – movement can release tension and create mental relaxation as well via fun and change of focus.
High activity is okay if the outcome is relaxation (not competition)
Get them in touch with social permission to relax
Apps: Spire, Calm

Young Clients and TMA concerns

- TMA teens direct the show – encourage activities in which they have no responsibilities and may have fun
- Over-scheduled children may not learn to calm selves
- Pathology may drive TMA. Interview to discern:
 - OCD
 - Abuse (Family secret that keeps them vigilant, over-active)
 - Is the high activity to compensate for comparison with peers: Direct correlation between # of hours on screens and risk of anxiety depression, unhappiness, suicidal ideation

Getting Older, TMA's and Relaxation

- Aging TMA's have trouble managing anxiety when activity is limited by health and mobility
- Awareness of changing ability may increase anxiety when others deny it
- Connect to helping services
- Enhance pleasure in activities to match ability
- Solution - finding purpose in life beyond high performance, but still rooted in activity

8 – Stop Anxious Thoughts – Cognitive Control
Engage the Prefrontal Cortex

Anxiety precedes worry: Change the Channel!
First: Do I ever need this thought again? Then, plan for where the mind should go away from the worry

- Thought Stopping – Replacing: Intentional and consistent:
- Sing
- Physical change or movement: “Move a muscle, move your mind!”
- Engage teachers and parents – make a “Kid Grid”
- Consider a sensory shift- promote mental shift

Cognitive Methods for GAD

1. Plan don't worry! – Teach especially how to identify the problem and know when to evaluate the plan
 2. Do the Worst First
 3. Transfer worry to another person – e.g. Legal, financial, care management
 4. Pay Attention – Out Loud!
- Apps: Mindshift, SAMApp

Plan Ahead for Free Time, Have Fun

- Keep a list of what you would like to do if you ever have 30 minutes, 60 min. 3 hours or a whole day unexpectedly free
- Try the 5 breath 'huffing breath' to release building mental tension or frustration
- "Ditch Your Dread" by remembering sensations of anxiety are not necessarily indicative of a problem
- Ask: Am I using my time in a way that reflects my values about how to live life?
- Find opportunities to laugh

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Phobias

Differentiate phobias from other issues

- Is it phobia or reluctance?
- Phobia means ‘fear’ and when these are life-changing, even crippling, phobias, they disrupt a person fulfilling potential and affect the lives of others around them

Consider the Consequences

- Is there actually fear? That will activate a strong desire to escape or avoid and avoidance interferes with many arenas of life
- How much choice does this person perceive herself or himself to have?
- How has the phobia impaired or diminished the person's life?

Consider Other Possibilities

- Is the phobia connected to unrecognized high-functioning autism spectrum disorder (ASD)? Sensitivities can appear to be phobic avoidance
- Is phobic avoidance in fact obsessive-compulsive disorder (OCD)? Obsessive need to avoid germs or wash hands, etc., can be covered up to some degree. OCD is a neurological disorder, as is ASD, and neither responds to simple anxiety or phobia management
- PANDAS (acronym for strep-exacerbated OCD) should be considered, especially in children

Inquire about the Origin of the Phobia

- Is it rooted in trauma? If so treat trauma before treating the phobia.
- Consider methods:
 - Use one of several versions of energy tapping, such as emotional freedom technique, which can resolve simple phobia rapidly, and may be sufficient to treat trauma when used with some experience (See Gary Craig, Fred Gallo, George Pratt or on YouTube, Brad Yates)
 - Eye movement desensitization and reprocessing (EMDR) is effective (See Francine Shapiro's "Getting Past Your Past")
 - Rapid Resolution of Trauma
 - Memory reconsolidation. See Ecker, Ticic & Hulley, "Coherence Therapy"

Journal Questions Help to Explore

1. What do you feel in your body
2. What is the earliest age you remember feeling these sensations
3. Can you create an image of yourself feeling these sensations? Even a snapshot. What might you have been doing?
4. Who else might have been there?
5. Is the current situation in any way similar?

Family Life Considerations

- Children naturally have some phobias and typically grow out of those, but how did the family react?
- Social anxiety is often preceded by shyness. Shyness may lead to avoidance. How was the family reaction perhaps complicit in allowing avoidance that could become phobic?
- Sense of incompetence that a child may take on as at the core of their identity.

Adults Raised in Families with Addiction

Sometimes the issues of incompetence are imagined and sometimes the issue is distorted relationship with control

Especially with driving phobia and fear of flying consider:

ACOA – An adult who is the child of an addict or alcoholic is an old-fashioned phrase, but the topic of how control in such a family affects those raised in the family is relevant to phobias

- Those who are supposed to be in charge are incompetent or even terrifying, so the child is afraid to trust anyone in charge
- Child is given charge without training, so they persistently feel the need to be trained even when they competently carry out tasks. Creates sense of being a fraud

Driving Phobia

- Was over-protection by hovering parents of the child an issue that created fear of adult competence? This is currently a major issue in young adults and older adolescents. If so, focus on any and every arena of competence they have to increase general sense of competency
- Examine benefits of not driving
- What are the motivations to learn?
- What is my self-story about driving?

Methods to Encourage Driving

- Utilize a version of energy tapping to decrease interference of anxiety sensations and dismiss irrational ideas as well as find and dismiss 'psychological reversals'
- Is there is a history of a family member being a terrifying driver? IS any trauma relief necessary?
- Is the fear of driving a fear of having a panic attack while driving?
 - Teach panic management
 - Utilize a 'safety person' for the first long exposure.

Exposures Increase in Complexity

- Start with basic competence. Are driving lessons necessary to insure competence or demonstrate that competence to the client?
- Drive first on roads and at speeds that are comfortable, and gradually increase to wider, busier roads before doing limited access roads
- Drive on and off the highway where there are short distances between on- and exit- ramps.
- Small steps and validate success so brain really notices the success and sense of pleasure at competency. This improves confidence

Fear of Flying

- Explore the actual fear. Is it fear of crashing? Having a panic attack while in flight? Ruining your own or others' good times by anticipating fear?
- Fear of crashing maybe fear of dying
- Discuss this from the clients' spiritual perspectives
- May need official airline fear-of-flying schools, but usually not
- Discuss family of origin issues. Is it fear of letting someone else be in control?

Fear of Panic in a Plane

- Utilize the model of systematic desensitization to identify the build up of fear in each step of getting ready to fly
- Try the energy tapping model foyour choice
- Consider using Parnell's 'Tapping In' for resource installation
- Positive Imaginal Exposure with accurate anticipation
- Prepare self talk as well
- Preparation for how to occupy self on plane
- Consider using anti-anxiety meds for the actual flight to ensure success

Health Anxiety

- Health anxiety is not about facts but about fear od outcomes that have not yet occurred.
- Visiting physician is a form of reassurance seeking
- "When do I need this thought again?"
- Explore cognition – literal subconscious. What I say is what I believe
- Teach families how to reassure the anxious member
- PAY ATTENTION TO HOW THE NEW ANXIETY OF INTERNET ADS CREATE IMPRESSION THAT THERE IS ONE WAY TO PREVENT____. THAT RAISES THE NEED TO KEEP SEARCHING

10 Best Ever Anxiety Treatment
Techniques - Session VI

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Could Social Anxiety Be Something Else?

- Consider possibility of high-functioning Autism Spectrum Disorder
- Fear can be based in genuine experiences of making social gaffes
- Remember options for skills training for speaking in public, practicing for interview
- Utilize YouTube for skills training – many good options
- Remember that practices must increase in duration and complexity
- Make a prefrontal cortex commitment to follow through on motivated experiences

#9: Talk Yourself In to Changing Your
Behavior – Finding Motivation

Enhance fun – Fredrickson – Fredrickson. B. (2001). The role of positive emotions in positive psychology: The broaden- and- build theory of positive emotions. *American Psychologist*, 56, 218– 226.

Broaden and Build

The value of positive emotions

Increase *motivation*, *decrease fear* critical steps in social anxiety recovery

Teach skills for negotiation and conflict management

Millennials: Motivations: GAD or SAD

Millennials: Build on interest in life balance – desire to make an impact and have happiness
teach about effort + outcome = best dopamine release
Those characteristics butt against realistic stressors of college debt and less access to high pay jobs than previous generations
They need adult mentors and therapists to help tolerate realistic pace of career path and personal skill development
Consider “Therapy with a Coaching Edge” – Lynn Grodski

iGen Characteristics: The Terror of Failing and Social Anxiety

- In the iGen with social anxiety: motivations for significance
- FOMO (fear of missing out) and negative self comparison – Can lead to finding **motivation** that will help them face social anxiety
- Less time in face-to-face experiences decreases belief in competence – make sure they have skills!
- Need Support and skill development for terror of trying/failing – genuine risks of humiliation new to this generation of being captured on recordings
- Scared of “adulting” – explore attitudes about the future

#9 Talk Yourself Into Changing Your Behavior – Start with Beliefs that Affect Thought/Action

First: Find the actual dialogue the person is having with himself or herself. Carefully draw it out.

Try: Albert Ellis’ ABCD approach

- ‘A’ Activating Event (may be entry to motivation)
- ‘B’ Belief about myself, another person or the situation
- ‘C’ consequence of those beliefs when faced with ‘A’
- ‘D’ Dispute the beliefs Search for situations to *disprove false beliefs*. Search for evidence the belief is true.

Change Clients' Beliefs

A person must rationally decide to change a belief - most people realize immediately inner language is extreme and recognize beliefs as *true or false*. Try the Heart Lock-In from Heartmath
Children can be taught that what they say to themselves might be untrue or exaggerated:
1 – Shrink it down to size
2 – Identify 'worry brain' vs. the 'smart brain'
3 – Ask them to answer themselves – this is where Ellis' work comes in with "What is the Evidence???"
4 – Change belief, "If I think it, it must be true"

Create New Self-Talk: Change the Script

Find counter cognitions and apply them **consistently** to thoughts that undermine. Identify: Goals, actions, or intentions (e.g. "I intend to go back to school.")
Then write:
 My first thought about this
 The opposite of my first thought
Counter cognition **must be believable** and only contain positive language – i.e., avoid 'no' 'never' 'not'
Use it whenever the negative thought occurs

Find and Change Cognitive Errors

Feeling different than peers: "No one else has these problems" "I am the only one who..." Observe peers for similarities and differences
Find and consistently change cognitive errors common to social anxiety, most of which fall into categories of
 over-estimation of likely rejection or failure
 under-estimation of ability /competence
Absolutist thinking is connected to anxiety and depression.
The view of the future stops at the moment of humiliation – see past the mistake

#10 Real Life Practice

Ready for Exposure and Success

Make a plan (accurate anticipation) with **small steps that will increase in duration or complexity.**

Clarify the Motivation: What are the intrinsic rewards of doing some of the feared social experiences?

Motivation increases when reward is clear and desirable

What kind of social group connection is there?

What small part is already manageable?

Teach Small Social Skills

Turn off phone for stretches of time – all ages addicted and using it as primary avoidance technique

Shift the focus to others by asking questions: Learn to ask someone how they are doing and wait for the answer and offer sympathetic or enthused response

Prepare a news event to mention and ask opinions

Have water to sip, especially for anxious dry mouth

Preparation for Social Exposure

Exits are as important as entrances: teach how to leave a party, a meeting, end a job interview

Teach handshake, eye contact, posture, etc.

Remember physiology: Use the bathroom before an exposure!

And don't eat a big meal!

Plan escapes that are not humiliating

Validate a success: strengthens brain

– 3 things that went right and what you did to make them work - raises motivation for next exposure!

Summing Up the “3 C’s of Successful Exposure”

Have you created correct anticipation of the event?

Can you remain calm? (confidence helps)

Are the skills acquired?

Exposure must increase in duration (like going to school, going to a party) OR Increase in complexity (business-social experiences, speeches)

Ending with a SUCCESS is necessary - End each event and day with ***pro-social reciprocity***

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Resources

Options for excellent information obtainable over the Internet abound. They also change frequently; new resources are added at a remarkable pace. Therefore, the lists here are subject to change, but at least they are a place to start:

APPS FOR MOBILE DEVICES •

The Anxiety Depression Association of America (www.adaa.org) provides a review of new mobile apps that you might find helpful.

- An excellent resource from Northwestern University is IntelliCare— a review of mental health apps for all conditions. Their website (<https://intellicare.cbites.northwestern.edu/>) Here are some apps I like that have been around a while.

Breathing: • Breathe2Relax • MyCalmBeat • Relax Lite

Worry: • MindShift • SamApp • Breathing Bubbles

Meditation: • Calm • Headspace • Simply Being

Sleep: • CBT- i Coach

WEBSITES Several helpful websites contain mental health resources, including those of the major universities and treatment facilities where research and training occur.

National Websites Related to Mental Health:

- Anxiety and Depression Association of America: www.adaa.org
- American Psychiatric Association: www.psychiatry.org
- American Psychological Association: www.apa.org
- National Library of Medicine: www.medlineplus.gov
- National Alliance for the Mentally Ill: www.nami.org
- National Institute of Mental Health: www.nimh.nih.gov
- Substance Abuse and Mental Health Services Administration: www.samhsa.gov
- The website of the American Academy of Sleep Medicine has significant information about sleep disorders: www.aasmnet.org. If you want ideas for sleeping better, consult www.sleepeducation.com, which is sponsored by the American Academy of Sleep Medicine.

HERBAL MEDICINES AND SUPPLEMENTS GUIDED IMAGERY AND RELAXATION YouTube provides an endless array of choices for guided meditation and relaxation. You can also check out some of the authors who offer guided meditation: Barbara Frederickson (www.pusuit-of-happiness.org), Jon Kabat-Zinn (JKZ Series of Apps for Meditation in your Apps store), Kristin Neff (www.self-compassion.org), Daniel Siegel (www.drdansiegel.com).

OTHER THERAPIES

EMDR: The “EMDR International Association (EMDRIA) is a professional association . . . committed to assuring that therapists are knowledgeable and skilled in the methodology of EMDR . . . [Their] website provides information and services to the greater EMDR community including clinicians, researchers, and the public that our members serve” (www.emdria.org).

Energy Therapies: • Emotional Freedom Techniques: www.emofree.com • Fred Gallo and Harry Vincenzi and energy tapping: www.energypsych.com • George Pratt and Peter Lambrou and Instant Emotional Healing: www.instantemotionalhealing.com

Rapid Resolution Therapy: Founded by Jon Connelly, Rapid Resolution Therapy utilizes precise hypnotic communication therapy techniques to resolve trauma: www.rapidresolutiontherapy.com