

# Managing Anxiety and Stress During COVID-19

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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.
- With lower motivation (low DA receptors) for social interaction, these create vulnerability to social anxiety

## Stress Creates Conditions for 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

- Increased respiration, HR and BP
- Tingling, shakiness, dizziness consequence of hyperventilation
- Panic lasts 11-13 minutes, has after-effects that may last for hours, differentiate from acute anxiety

## 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
- Neuropeptide Y – NPY – is released when CRF starts the stress response.

## 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



## Stress Recovery

Stress recovery occurs under conditions of relief,  
passage of time and good self care: 4 Competencies

1<sup>st</sup> 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'

## Passive Anxiety – Manage Intake of Stress

- Can't Get Rid of Stressors: Virus, Protests, Relatives, War and Politics
- Societal anxiety affects personal anxiety – those with anxiety are already vulnerable: Prescriptions for anti-anxiety and SSRI drugs increased (34% and 18%) between 2/20 and 3/20.
  - Germ-o-phobs
  - Worriers
  - Panic
- Note your reactions to new information
- Eliminate the amount of attention you give to these topics.

## News Breaks

Repetition increases rumination (vice versa) And when the topic is agitating, stress rises. Choose one time a day to check in

- COVID-19
  - Protests
  - Election
1. Turn off Non-stop YouTube
  2. Turn off notifications for newsfeeds on Twitter, Facebook, Instagram
  3. Use Apps: Virtual Hope Box, COVIDCoach App, HelpKidsCope (with trauma)

## Stress of Isolation: Staying Connected Online

- Social Distance should be more appropriately be called **Physical Distance and Social Connection** - can occur online in many ways.
- Stay connected to family and friends.
- Help children to connect via video with family and friends. Know whether the child is getting overstimulated from constant messaging and how much is helping
- Make a list of people you could/should/want to be in touch with. Try to reach someone every day in person or by voice. Texting is great, but to feel more connected, voice is better.
  - Start by asking how that person is doing.
  - Try discussing something other than how upsetting the world is.

## “Be Still” Methods - Apps can help monitor screen time and set limits on social media

- Consider using the ‘mute button’ on Twitter and Instagram – others do not know their posts/comments are blocked
- Can turn off all phones who opt in using a master app such as Disney Circle
- Create awareness of time-wasting and limit time using apps like FocusMe, Freedom, Stay Focused, FlipD, Cold Turkey (many other similar ones)
- These are self-limiting methods that may improve impulse control and aid in the development of emotional regulation

## Diminish Social Media Stress

- The greater the need to be connected, the more important the use of social media becomes
- Facebook is a source of great ideas and great stress
- Help clients identify how social media is helping or is raising anxiety. Social media communicates too fast about things that are untrue and frightening – remember what spreads on Twitter and why
  - If it is NOVEL or SHOCKING it gets retweeted faster and wider
  - Humans hear/read new information 3 times, even if they know the first time is suspect or possibly untrue, will believe it.

## Manage Attitude: 2nd Competency

- 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?

## Attitude About Social Anxiety

- 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 – each segment is relevant
- Correct thinking/acting on this

## Managing Attitude – The Stress of the Pandemic

- Acceptance – This is what is. Anger, frustration, fear are all emotional responses based on interpretations and assumptions. What are yours?
- Find ways to express emotional responses responsibly and then step back. Note what is catastrophic vs what is inconvenient
- What has not yet happened, and might not ever happen – when should you deal with it?
- What are your resources to cope with the challenges?

## 3rd Competency – Manage Time and Environment

### Manage Time and environment

- Utilize calendars and reminders – electronics can be helpful!!
- Try a 'timed list.'
- What does environment contribute? – Treat work space as work space. Organize. Tidiness – is it necessary for you?

## Schedules Reduce Stress/Anxiety

Stress for parents managing children who are not in school

Adults working from home

And if not working, daily schedule becomes more important

- Go to bed and get up at the times you normally would.
- Eat at regular mealtimes and try to maintain nutrition. (It might be tempting to eat more junk food or snack all day.)
- Especially if you are home with children who are out of school, plan times for games, times to be outside, and check-in online with the many sites and bloggers who are offering ideas for activities.

## Anxious Parents and Family Time

Help clients define (and perhaps relax) about screen time for self and children.

With online learning going on at home, discuss how to separate schoolwork from fun time

Separate passive scrolling from interactive or content creation time on screens.

Ask clients to make sure their family has some planned interaction time – living in the same house may be better experienced in a structured way so that alone time is predictable and achievable

Help them think about outdoor family activities.

## Stress from the New Way of Working: Telehealth Sessions

- Consider the medium – younger have more comfort with text while older clients more comfort with phone call
- Consider privacy issues for client
- Handling accidental disclosure on video
- Turn off feature where you look at your face- teach clients to do it
- Look at your limits of energy – Zoom Fatigue
- Structure sessions to accommodate the distance

## Technology Impact on Pace Also Affects Therapy

- Expectations of faster work
- Talking too fast without listening to self or therapist
- Therapist can slow pace
  - Repetition
  - Pausing and rephrasing
  - Send a reminder with the client – notes, an object or picture and especially a metaphor

## How are you caring for yourself?

- Repetitive nature of sessions
- Limit the exposure to what seems manageable emotionally
- Do your own self care- doing what works best for you

## 4<sup>th</sup> Competency Rest and Relaxation

- Rest: This is not sleep nor specific relaxation or meditation
- Allowing mental and physical rest may be active or quiet
- Default Mode Network: Non-focused thinking allows all parts of the brain/mind to contribute to understanding. It is this aspect of brain activity that gives access to less-than-conscious knowledge and creates insight, empathy, creative problem solving (PFC connects to all structures) and self-reflection
- Put oneself into default mode network (“Sit and stare time”) by looking at movement – water/fire/walking without input



## Fourth Competency (Technique #1)

### Relaxation and Rest

Progressive Muscle Relaxation (Tense and release or stretch and release) and Yoga

“2 minute relaxers”

Nasal Breathing and Creativity Break – Nitric Oxide

Avoid screen time for soothing = Decreases ability to tolerate sensation – creates avoidance of emotion and irritability

Panic

## 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

## #2 Manage intake – Physical Care of Self

- First, get a physical:
  - Asthma
  - Hormones – birth control as well as changes
  - Vitamin Levels
- Exercise: Improves resilience to stress (Ratey) and decrease impact of stress. Increases brain's ability to produce neurotransmitters
- Sleep enough – chronic deprivation = anxiety and depression

## #2: Manage Intake – Take In/Leave Out

### Avoid CATS!

- Cannabis and caffeine/energy drinks
- Alcohol – Limit! It wakes you up and may cause panic or intense anxiety after a binge
- Tobacco
- Sugar/Sweeteners: Improve nutrition

## #3 - Breathe

Diaphragmatic Breathing works if you do it. How?  
Stimulates the vagus nerve to initiate parasympathetic activity to slow heart, lower BP

Teach the longer exhale = Decrease CO<sub>2</sub>

Use technology or apps to remind client to practice daily until it comes easily and clients will remember it

## 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

## 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?”

## #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 – 3 Concepts

1. Being in the moment (observe-describe) is the antithesis of anxiety. Awareness of here and now without judgment/assumptions helps anxiety.
  2. You choose what you pay attention to.
  3. Try grounding with 5-4-3-2-1 (See, touch, hear, smell, taste)
- Effectively minimizes importance of sensations

## Managing Panic In an Online Capacity

- In person with clients we can model and use our presence to create calm. With electronic communication adjust presence – your location may matter.
- Make sure that your clients know about basic breathing skills to calm the body.
- Consider the simple “heart lock-in”, which you can easily do verbally or on video conference.
- Use your voice – low and slow
- Focus on what the exact trigger for panic is.

# Generalized Anxiety Disorder

## Thought Content

- Anxiety rumination tends in the direction of “Why” and “What if...” kinds of thoughts
- Error Related Negativity. Essential ability to detect and respond to errors (e.g., social missteps). Critical to successful adaptation to a changing environment.
- The ACC (anterior cingulate cortex) is more active in anxiety for identifying errors so errors magnified and responses are exaggerated.

## 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:
- 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

## Threat and Uncertainty

Threats to wellbeing drive fear and the need to escape or protect

- Hoarding behavior
- Panic responses

Uncertainty

- The response to uncertainty is anxiety and it leads to ruminating, trying to create certainties.
- But at the moment that is nearly impossible

## First Address the Client's Goal of Rumination

Without certainty, rumination can run wild

- Endless and often contradictory information raises uncertainty – does your client need to know facts to calm down? **Decide from which sources the facts will be ascertained.**
- Reassurance seeking **escalates** anxiety in client
- Avoid becoming the source of reassurance (Clients may pressure you to tell them what the right information is.)
- Teach the others in the clients' lives to give **"right reassurance", i.e., "You know how to handle anxiety. Let's review skills."**

## Invite the Worry

- The model of inviting rather than fighting
- Natural follow up is "What is the worst that could happen?"
- Then the focus shifts to coping and resourcefulness – facing reality and recognizing skills (or planning how to develop skills)

## Anxiety about Virus

- Fear of contaminating others
- Fear of getting sick – this may be complex – fear of death, fear about where to get care
- Evaluate for OCD and possible medication need. GAD can look A LOT like OCD in this circumstance
- Communicating online requires extra questioning because physical signs of evasion or unease are harder to see

## Health Anxiety

- Need to clarify the actual worry. Is there a legitimate health issue, such as whether a cancer may recur? Or waiting on test results?
- Is this hypothetical, “If I ever got sick...”
- If so, then set up the steps that person can do to follow through with appropriate care.
- Decide “When do I need to worry about this?”
- Then, between now and that date, when the anxiety arises, DO NOT rehearse all the reasons not to worry. Simply say “Stop! On this date \_\_\_\_\_ I will think about it!” and then distract.

## Fear of Financial Outcomes

This can feel overwhelming to the therapist. Make sure that you are prepared to communicate calm even when you do not have an answer.

Find out from which sources they are getting information. Social media are filled with misinformation and alarmist projections

- Reality may mean helping them list their resources
- Differentiate projections of disaster from immediate concerns
- You do not have to have all the answers

## Move Your Body, Move Your Mind

Shake it off really works – it seems to reset the nervous system

- Have a planned play time with children – outside as much as possible: hide and seek, basketball, tag, etc.
- Have a daily dance party
- Move your activity to a different room in the house
- Walk, run, ride a bike

## Stop Checking In – Passive Anxiety

Checking on the news continuously reinforces fear, not knowledge, because the news is so repetitive

- Check-in with news on a reliable source once or twice a day. In fact, try to check in by reading. It is easier to get alarmed when listening to or watching people whose job it is to keep you watching with their excited reports that are often repetitive rather than new or newsworthy.
- Avoid conspiracy-theory websites, bloggers, or other fear-mongering sources.
- Stop the news feed notifications on your smartphone for the time being

## Make a Plan

- Learn to separate Caution from Fear (“most things you fear do not happen”)
- Difference between possible and probable – deal with probable
- Decide if there is current problem that needs solving and make a plan
- **Do not re-plan the plan** – it is tug of war with worry
- Decide what kind of new information or change in circumstance would warrant reviewing the plan
- Set a date to review the efficacy of the plan

## #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 – Cognitive Control

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

## High Risk For GAD: TMA\* and Perfectionism

\*TMA – Too Much Activity



## #8 - Handling TMA Over-Activity

People with Too Much Activity (TMA) in their lives or minds tend to develop GAD – have trouble shifting gears. Over scheduling stress is most likely.

- 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?”

## 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.

## 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 social media and You Tube and belief that others are always doing perfect work, perfect projects, etc.
- Bring to Conscious Awareness, check origin of beliefs and change self-talk

Identify Difference Between Urgent and Important – see Focus Matrix or Eisenhower.me

	<b>Important</b>	<b>Not Important</b>
<b>Urgent</b>		
<b>Not Urgent</b>		

## 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

- Over-scheduled children may not learn to calm selves
- TMA teens direct the show – encourage activities in which they have no responsibilities and may have fun
- 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

## 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, focus on remaining interest and abilities

# Social Anxiety Disorder

## 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

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

Enhance fun –

Fredrickson – Broaden and Build and the value of positive emotions

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

Teach skills for negotiation and conflict management

#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*.

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

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

Get specific in the situation. Typically the sense of fear has overwhelmed accurate anticipation of what is needed and what the client can do.



## Imagine the Outcome

- Absolutist thinking is connected to anxiety and depression.
- The view of the future stops at the moment of humiliation
- Encourage client to articulate the outcome they fear.
- Ask what would happen if they succeed.
- See past the mistake, using “And then...”

## #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?

## Help with Monitoring Goals/Behavior

Therapists can get more comfortable with a coaching style during this time of interacting online, e.g., offering specific suggestions with accountability and follow through.

Set specific, reasonable goals

Online learning – doing it with a schedule and follow up on progress

Monitor unhealthy coping, e.g. more alcohol or marijuana use

Plan exercise goals.

## 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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