Anxiety

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Acknowledgements

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What You Will Learn

• Assessment, management, and treatment of anxiety disorders
• Treatment of anxiety and depression concurrently
• Things to consider if the depression improves but not the anxiety
• When to refer for outside treatment
What You Will Learn


How to deliver psychoeducation and “The Pitch”
- Differentiating MANAGING vs. TREATING anxiety
- Getting patients/clients to engage treatment

Managing Anxiety: Learning to live better with it
- Breathing and PMR
- Other Physical Strategies
- Cognitive restructuring
- Other Thought Strategies

Treating Anxiety: Reducing it through exposure
- Making the hierarchy, getting started
- Imaginal and in vivo (real life) exposure → lifestyle of exposure

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New Trends: Modular Treatment

Emerging recent trend toward more modular, flexible approaches to treatment

Provides a set of overarching principles and a set of evidence-based interventions (“modules”)

Use the best parts for you and your client

TREATING
- Exposure to reduce anxiety
- In Vivo
- Imaginal

MANAGING
- Living with anxiety
- Relaxation
- Cognitive Restructuring

• Separation anxiety disorder
• Specific phobia
• Social phobia
• Panic disorder/agoraphobia
• Generalized anxiety disorder (GAD)
• Posttraumatic stress disorder (PTSD)/Acute stress disorder (ASD)
• Obsessive compulsive disorder (OCD)

It’s for All Anxiety Disorders…
Care Manager Role

Identify & Engage
Establish a Diagnosis
Initiate Treatment
Follow-up Care & Treat to Target
Complete Treatment & Relapse Prevention

System Level Supports
3 Critical Elements of Alliance: Be Aware of The Patient’s Major Concerns

Goals?

Tasks?

Bond?

Working Alliance
Anxiety Disorder Screening Questions: “Have You Had...?”

- Worry, tension, or anxiety more days than not for 6 months (GAD)
- Recurrent intrusive recollections of trauma or avoidance of trauma reminders (PTSD)
- Anxiety and avoidance in social situations (SAD)
- Sudden unexpected anxiety or physical symptoms when no one around (PD)
When Thinking About Anxiety Find Out About The Harm to the Patient...

When Does Anxiety Happen?

- What situations?
- When during the day?
- What are they thinking/doing?

What Does Anxiety Get in the Way Of?

- What can’t they do because of anxiety?
- How does anxiety hold them back?
- What do they avoid?

Discover cues

Get the patient’s perspective

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Determine How Ready They Are for Treatment vs Management

**Things To Consider**

- How depressed are they?
- What are they seeking?

**If You Are Offering Both TX and Mgmt**

- Explain process of each
- Discuss effects and pros and cons

Meet the patient where they are

Get the patient’s perspective
Collaborative Care Workflow

Identify & Engage
Establish a Diagnosis
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System Level Supports
Anxiety in Depressed Patients

- Most anxiety in clinical care is mixed with depression (i.e., “Mixed Anxiety-Depression”)
- Generalized Anxiety Disorder (GAD) is 35-50% comorbid with depression
- Untreated GAD is associated with high rates of medical comorbidity and medical care utilization
- Neurotransmitters involved are serotonin, norepinephrine, and GABA
MDD & GAD: Overlapping Symptoms

GAD

MAJOR DEPRESSION

Interest  Agitation  Sleep  Restlessness  Worry
Appetite  Dysphoria  Fatigue  Tension
Esteem  Concentration  Irritability
Suicide
Anxiety: Medical Differential

• Caffeine overuse
• Stimulant use (cocaine, amphetamines)
• Alcohol/sedative/benzo withdrawal
• Cardiopulmonary (MI, PE, arrhythmia)
• Endocrinological:
  – Hyperthyroidism
  – Pheochromocytoma
  – Hypoglycemia
Psychoeducation: What Is Stress?

**Stress**

the body’s response to demand from the environment
- sympathetic nervous system
- parasympathetic nervous system

**Good**

Useful (acute): activates us, gets us going

**Bad**

Situational demands that strain or exceed a person’s coping resources

Body’s response to demand

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What Is Anxiety?

**Fear**
- Focused response to a known or definite threat
  - Fight or flight response
  - Necessary for survival

**Anxiety**
- Fear response in the absence of clear danger
  - Anticipation or possibility
  - Universal experience / wide range of normal
  - Can be useful/functional

**Emotional fear response**
- Useful (acute): activates us, gets us going
- Harmful (chronic): gets in the way
Good Fear

FEAR
Stress Response from Immediate Danger!

ANXIETY
What if the big bad fish comes out today???
Stress Response just from your Thoughts!
## Short and Long-term Effects of Stress on the Body and Health

<table>
<thead>
<tr>
<th></th>
<th>Short-term</th>
<th>Long-term</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Heart Function</strong></td>
<td>Increased heart rate, muscle contractions, increased blood pressure</td>
<td>Increased risk of heart attacks, hypertension, stroke</td>
</tr>
<tr>
<td><strong>Blood Sugar</strong></td>
<td>More energy</td>
<td>Increased risk for diabetes</td>
</tr>
<tr>
<td><strong>Muscle Tension</strong></td>
<td>Releases when stressor ends</td>
<td>Increased risk for headache, worsen injury and pain syndromes</td>
</tr>
<tr>
<td><strong>GI System</strong></td>
<td>Temporary discomfort</td>
<td>Increased risk for ulcers and painful stomach conditions, chronic diarrhea and constipation</td>
</tr>
<tr>
<td><strong>Respiratory Function</strong></td>
<td>Increased rate of breathing, isolated panic attack</td>
<td>Exacerbate existing respiratory issues, contribute to recurring panic attacks</td>
</tr>
<tr>
<td><strong>Immune Function</strong></td>
<td>Increase temporarily to fight of disease/infection</td>
<td>Decrease immune function over time, increase disease and infection</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>Temporary change in mood, anxiety, irritability</td>
<td>Contribute significantly to depression, anxiety/worry, irritability/anger</td>
</tr>
<tr>
<td><strong>Health Behaviors</strong></td>
<td>Temporary changes to health habits that are detrimental</td>
<td>Poor nutrition, poor exercise, sleep disturbance, poor self-care, social isolation/withdrawal, increased smoking/alcohol/drugs</td>
</tr>
</tbody>
</table>
System affects over Time

Sympathetic System

- Dilates pupils
- Inhibits salivation
- Relaxes bronchi
- Accelerates heartbeat
- Inhibits peristalsis and secretion
- Stimulates glucose production and release
- Secretion of adrenaline and noradrenaline
- Inhibits bladder contraction
- Stimulates orgasm

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Differentiating Stress from Anxiety

<table>
<thead>
<tr>
<th>What is it?</th>
<th>What happens?</th>
<th>What helps?</th>
</tr>
</thead>
</table>
| **Short-term (acute) Stress** | • Brief or time-limited stressors and symptoms  
• Typically will pass or can be solved and recover quickly | • Support  
• Problem Solving  
• Coping Skills |
| **Long-term (chronic) Stress** | • Stressors and effects last a long time  
• May not be able to solve and recovery takes a long time | • Support  
• Problem Solving  
• Coping Skills |
| **Anxiety** | • Fear response invoked with no real danger  
• AVOIDANCE | • Exposure  
• Coping Skills |
Basic CBT Model of Anxiety

- **Thoughts** (perception of threat)
- **Physical sensations** (physiological arousal)
- **Anxiety**
- **Behaviors** (avoidance, safety behaviors)
Safety Behaviors: Feel Good Now, But Hurt Later

Anxious people often engage in a range of behaviors to make themselves feel safer when they cannot avoid anxious situations. These behaviors are attempts to neutralize feelings of anxiety. Although these behaviors can facilitate functioning, they also prevent recovery.

Examples:
- Reassurance seeking
- Behavioral rituals
- Safety cues/objects
- Over-preparation
Checkpoint Discussion
Collaborative Care Workflow

Identify & Engage
Establish a Diagnosis
Initiate Treatment
Follow-up Care & Treat to Target
Complete Treatment & Relapse Prevention

System Level Supports

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What To Do About Harmful Anxiety?

TREAT

• *Medications*
• Anxiety can be reduced if the fear is not actually as dangerous as it seems (brain as an oversensitive alarm going off too soon) through *exposure*

MANAGE

• Anxiety can be tolerated and managed with *coping skills* if:
  1. the fear is actually dangerous, or
  2. the client is not ready to face the fear head-on
Framing Medications

• The brain has just gotten out of “balance” because stress has changed the balance of neurotransmitters.

• Medication is not “replacing” a “deficiency” of serotonin, but just readjusting it so that it can work more effectively.
Titration of Initial Medication Treatment

• Start at even lower dose and titrate to therapeutic dose over 4-6 week period

• May experience more anxiety at first

• Initial response to AD usually occurs within 4-6 weeks, can improve even more over time

• Partial responders after 4-6 weeks should be titrated to higher doses, if tolerated

• If response to depression but not to anxiety after 4-6 weeks at therapeutic dose, but med is well tolerated AND patient is willing to persevere, dose may be titrated up to maximum dose over another 4-6 weeks

• Try to get to maximum doses AND duration
Treatment

1st line treatments:
   - **Antidepressants**: SSRIs, Remeron, & Effexor XR
   - **Avoid**: Wellbutrin

2nd line treatments:
   - **Buspar** (takes 4-6 week to work)
   - Vistaril
   - Neurontin
   - **Seroquel** (in bipolar patients)
Onset of GAD Response Over Time (N=767)

Remission HAM-A ≤7

- Placebo
- Venlafaxine XR

Time

Wk 1  Wk 2  Wk 4  Wk 6  Wk 8  Mo 3  Mo 5  Mo 6

Remission Rate (%)

* p<0.001 vs. placebo; † p<0.01 vs. placebo;
Managing BZ Use

• Aim for gradual reduction and NOT elimination in initial agreement with patient

• Say reduction will be done AFTER other medication or behavioral treatment is initiated

• Give time frame for initiation of reduction as within 2-4 months

• NO PRN USE!! Regular schedules
Treatment

• **Examples:**
  – Ativan (lorazepam)
  – Xanax (alprazolam)
  – Klonopin (clonazepam)

• **Avoid if possible:**
  – Addictive
  – Impair cognition
  – Impair recovery
  – Street value

• **Indications:**
  Severe panic disorder & social phobia
Targeting Interventions

Relaxation Strategies

Cognitive Strategies

Physical sensations

Exposure

Thoughts

Anxiety

Behaviors

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Managing Anxiety

**What is it?**
- Anxiety

**What happens?**
- Fear response invoked with no real danger
- AVOIDANCE

**What helps?**
- Exposure
- COPING SKILLS
Relaxation: Psychoeducation

• Relaxation skills target physiological reactivity associated with anxiety and worry

• Two main skills are
  – **Diaphragmatic breathing** – targets acute panic / anxiety reactions
  – **Progressive muscle relaxation** – targets chronic muscle tension associated with ongoing anxiety / worry

• Important to be realistic about how effective these skills are in reducing anxiety

• Skills are taught and applied similarly across the anxiety disorders
Relaxation: Tips For The Therapist

- Consider using with adolescents regardless of disorder
- Consider using with adults regardless of disorder when physiological symptoms are prominent and/or interfere with treatment
- Coach patients / clients *not* to use relaxation skills during exposure exercises
- Can encourage patients to get a relaxation recording to help them in their practice – Care managers
## Diaphragmatic Breathing

<table>
<thead>
<tr>
<th>Target symptoms</th>
<th>How to practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increased heart rate</td>
<td>• Take slow, controlled breaths into the diaphragm</td>
</tr>
<tr>
<td>• Rapid or shallow breathing</td>
<td>• Inhale and exhale about the same length (3 sec)</td>
</tr>
<tr>
<td>• Lightheadedness/dizziness</td>
<td>• Can take a lot of practice to feel natural</td>
</tr>
<tr>
<td>• “Butterflies” in the stomach</td>
<td>• Practice when not stressed first!</td>
</tr>
</tbody>
</table>

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Progressive Muscle Relaxation

Target symptoms

• Chronic muscle tension
• Headaches
• Problems falling asleep

How to practice

• Systematically tense (10 sec) and relax (30 sec) various muscle groups in the body
• Tensing muscles creates a stronger relaxation response
• Helps with identifying early indicators of muscle tension in different parts of the body
• Requires frequent practice to be effective
Other Physical Strategies

• Yoga
• Meditation
• Massage
• Exercise
• Good sleep habits
• Good nutrition
• Attending to physical illness
• Avoiding substances
Managing Anxiety

What is it?
- Anxiety

What happens?
- Fear response invoked with no real danger
- AVOIDANCE

What helps?
- Exposure
- COPING SKILLS
Cognitive Restructuring

What is it?

• Process of identifying, evaluating, and changing unhelpful or maladaptive thoughts

• Goal is to generate more balanced, accurate coping thoughts that are less anxiety provoking but still believable to the client

Why do it?

• Clients can rehearse these coping thoughts before anxious situations to decrease anticipatory anxiety, as well as during anxious situations to decrease in-the-moment anxiety

• With repeated practice, clients generally start to think in a more balanced way more automatically and with less intentional effort

• *** This is NOT just thinking positively!
Cognitive Distortions in Anxiety

<table>
<thead>
<tr>
<th>General</th>
<th>Disorder specific</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Overestimating the likelihood of negative outcomes → “jumping to conclusions”</td>
<td>• Social phobia → mind reading</td>
</tr>
<tr>
<td>• Catastrophizing → “worst case”</td>
<td>• OCD</td>
</tr>
<tr>
<td></td>
<td>→ thought action fusion</td>
</tr>
</tbody>
</table>
Cognitive Restructuring Strategies

**Overestimating likelihood of negative outcomes**
Identify all other possible outcomes to help determine the “real odds” of the feared outcome

**Catastrophizing**
Make a list of ways to cope with the worst case scenario. What do you do?
Other Thought Coping Skills

• Mindfulness
• Problem solving improves scattered thinking / forgetfulness
• Addressing habits of poor / impulsive decisions
• Thought stopping for worried / anxious thoughts
Checkpoint Discussion
Treating Anxiety

What is it?
- Anxiety
  - Fear response invoked with no real danger
  - Avoidance

What happens?
- Physical sensations
  - Thoughts
  - Behaviors

What helps?
- Exposure
  - Coping Skills
Exposure: What Disorder Is It?

Process of exposure is similar across the anxiety disorders, **what varies is the fear trigger**

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Trigger</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separation anxiety</td>
<td>separation from caregiver (children)</td>
</tr>
<tr>
<td>Specific phobia</td>
<td>feared object / situation</td>
</tr>
<tr>
<td>Social phobia</td>
<td>social / performance situations</td>
</tr>
<tr>
<td>Panic / agoraphobia</td>
<td>physical sensations of panic / avoided activities and situations</td>
</tr>
<tr>
<td>GAD</td>
<td>worry scenarios / images and worry triggers</td>
</tr>
<tr>
<td>PTSD</td>
<td>trauma memories and triggers</td>
</tr>
<tr>
<td>OCD</td>
<td>obsessions and obsessive thoughts themselves</td>
</tr>
</tbody>
</table>
Exposure

Ask: What does the brain need to learn to not fear a stimulus that isn’t truly dangerous?

- Exposure is the process of systematically approaching feared situations and triggers
- Approaching these triggers *without trying to escape or engage in safety behaviors* leads to a reduction in anxiety over time
- Usually requires multiple exposures to the same trigger for anxiety to decrease and new learning to occur
- The amount of time it takes for anxiety to decrease can vary widely across clients
Exposure: How It’s Done

- The patient should always be involved in making decisions about what exposure to do.
- The patient should never be surprises with an exposure; he/she is always in the “driver’s seat” when moving up the hierarchy.

Exposure can be done live (in vivo) or in imagination (imaginal).

Structured using a hierarchy, or an ordered list of triggers, ranging from easiest to hardest.

Exposure progresses from easier items to more difficult ones as the client is ready.

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Exposure: The Therapist’s Role

What Do You Do?

• Encourage the client to engage in the exposure
• Assist the client in maintaining focus on the trigger
• Assess internal reactions (SUDs ratings) periodically to determine whether the exposure is working
• Point out avoidance and helping the client refocus on the trigger
• Provide encouragement and validation during exposure and praise/reinforcement afterward
• Don’t distract the client! (sometimes we avoid bad feelings too...)

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Subjective Units of Distress (SUDS)

0 = complete relaxation
1 = mild to moderate distress
2 = moderate distress
3 = moderately severe distress
4 = severe distress
5 = very severe distress
6 = extreme distress
7 = highest possible fear / anxiety you can imagine
Care Manager Role

Identify & Engage

Establish a Diagnosis

Initiate Treatment

Follow-up Care & Treat to Target

Complete Treatment & Relapse Prevention

System Level Supports
Treat To Target

What do you do?

– Continue to do screens related to their anxiety
– Can use SUDS to scale the social anxiety or separation anxiety
Care Manager Role

Identify & Engage

Establish a Diagnosis

Initiate Treatment

Follow-up Care & Treat to Target

Complete Treatment & Relapse Prevention

System Level Supports
Relapse Prevention Planning

What do you do?

– Use both anxiety and depression signs when identifying warning signs
– Use techniques that helped each disorder as well for healthy behaviors part
– Encourage patients to use both or more screens on self to see how they are doing
Resources

Anxiety and Depression Association of America: http://www.adaa.org/

- Has a tremendous range of information about each anxiety disorder, a therapist directory by zip code, recommended books and materials, and training for therapists

Anxiety BC: http://www.anxietybc.com/

- A great, free resource with lots of well-organized handouts to use in therapy as well as educational materials for both adult and child anxiety. This website also has video materials on anxiety that are very helpful for psychoeducation.

Marty Antony: http://www.martinantony.com/

- Free downloadable materials, comprehensive list of books, manuals, and websites from one of the world’s leading authorities on anxiety disorders


- Manuals that have established evidence; step-by-step treatments for individual anxiety disorders

International OCD foundation: http://www.ocfoundation.org/

- Wonderful resource for all OCD related issues
Checkpoint Discussion & Questions