



CTRI
CRISIS & TRAUMA
RESOURCE INSTITUTE

ANXIETY

Practical Intervention Strategies



**We envision a world where
everyone is trauma-informed.**

ANXIETY – PRACTICAL INTERVENTION STRATEGIES

Anxiety represents our body's natural alarm system, signalling the possibility of danger. When this response arises too frequently or intensely and doesn't match actual situations of danger, it can interfere with life and cause great distress. While every person experiences anxiety, it is estimated that over a quarter of the population will experience anxiety at levels that cause distress in their lives. This workshop will explore when anxiety is adaptive and in order, compared to when it becomes disordered. Participants will learn practical and accessible strategies which can be applied to all ages, and help address the physical, emotional, cognitive, and social aspects of anxiety.

Anxiety – Practical Intervention Strategies
© 2015 CTRI Crisis & Trauma Resource Institute Inc.

Terms & Conditions of Use

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of the Crisis & Trauma Resource Institute (CTRI).

Purchased manuals are intended for individual use only. For not-for-profit training purposes (e.g., internal training, university or college courses, etc.) material may be used when manuals are purchased for each participant. Use of resource manuals by for profit training organizations, hosting of public workshops using CTRI resource manuals, or representing oneself as a CTRI trainer is not permitted. Please contact us if you have questions.

V: 09_2015

Disclaimer

All information provided in or throughout this course, manuals and/or training is for educational and informational purposes only. It is not intended to provide individual counselling or advice and should not be relied upon for such purposes. You should assess whether you require additional information and, where appropriate, seek independent professional advice. Although the Crisis & Trauma Resource Institute Inc. believe that the information is accurate and reliable as presented, we do not guarantee that the information will always be accurate or current. We and any of our employees, directors, shareholders, officers, agents, affiliates, licensors or suppliers are not legally liable to any person for damages arising out of or related to the use or application of the contents of this course, manual, and/or training and the information contained within them. You agree at all times to indemnify, defend and hold harmless CTRI and trainers of all actions, proceedings, costs, claims, damages, demands, liabilities and expenses whatsoever (including legal and other fees and disbursements) sustained, incurred or paid by us directly or indirectly in respect of the use or application of the contents of this course, manual, and/or training and the information.

Purchase Additional Manuals

Available in PDF or print format, copies of this manual and others by CTRI can be purchased from our website at www.ctrinstitute.com.

Continuing Credit Hours

While many licensing boards, professional colleges and associations accept CTRI workshops for continuing education credits, the following associations and organizations have approved CTRI as an Approved Continuing Education Provider:

Association of Social Work Boards (ASWB)

Association of Cooperative Counselling Therapists of Canada (ACCT)

Canadian Assessment, Vocational Evaluation & Work Adjustment Society (CAVEWAS)

Canadian Counselling and Psychotherapy Association (CCPA)

Canadian Professional Counsellors Association (CPCA)

National Board for Certified Counselors (NBCC)

Vocational Rehabilitation Association of Canada (VRA Canada)

CTRI Crisis and Trauma Resource Institute, provider number 1214, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. CTRI maintains responsibility for this course. ACE provider approval period: August 10, 2020 – August 10, 2023. Social workers participating in this course will receive 6 continuing education clock hours for a one day workshop, and 12 for a two day workshop.

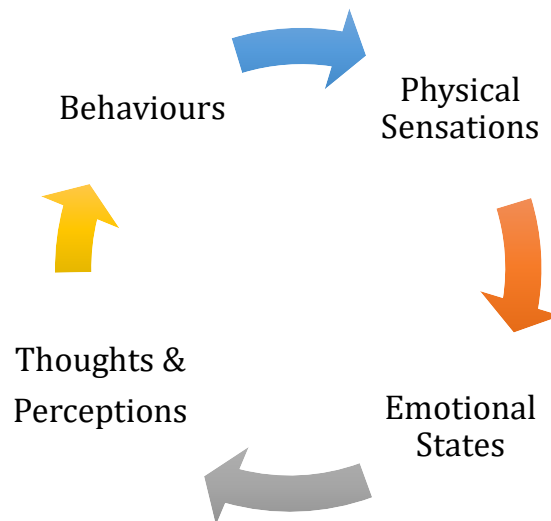
TABLE OF CONTENTS

Page 4	Anxiety and Its Natural Purpose
Page 5	Stress, Fear and Anxiety
Page 6	Connection to Patterns of Anxiety
Page 7	The Stress Response System
Page 11	Prevalence and Trends
Page 12	Overview of Working with Anxiety
Page 13	Focus on the Body
Page 18	Focus on the Mind-Body Connection
Page 22	Focus on the Thinking Mind
Page 28	Expanding Social Skills
Page 30	Building a New Pattern: Steps Toward Change
Page 31	Anxiety and the Elderly
Page 32	General Considerations
Page 33	Application to Your Work
Page 34	Case Studies
Page 38	Appendix
Page 54	References and Resources
Page 56	CTRI Workshops and Services

ANXIETY AND ITS NATURAL PURPOSE

Anxiety: What Is It?

An organized response by which a person senses, evaluates, anticipates and responds to cues of threat or danger in one's internal or external environment.



Anxiety is usually recognized through sensations, emotions, thoughts or behaviours:

Physical Sensations

- Increased heart rate
- Shallow breathing, tight chest
- Stomachaches, headaches, “butterflies”

Emotion

- Worry
- Apprehension
- Fear, dread
- Panic

Behaviour

- Withdrawing
- Fast repetitive talking, jitters
- **Avoiding** – not going to school or work; avoiding people, thoughts, emotions...

Cognitive/Thought Patterns

- Ruminating or obsessing
- “What if?!” scenarios
- Scanning for anxiety, threat

These indicators of anxiety act as **signals** to pay attention and cues for some kind of action to deal with the situation: whether to avoid, escape, problem-solve or act on the situation. This is a crucial part of the human instinctive system to stay safe and adapt.

*Is there such a good thing as **good** or **helpful** anxiety?*

STRESS, FEAR AND ANXIETY

Stress: A physical response generated by the nervous system to a challenge or threat, whether real or imagined, and from either internal or external sources.

Fear: A full emotional response (physical state, psychological sense of doom, apprehension, etc.) when in a physical stress response reacting to an immediate *threat*.

Anxiety: A full emotional response including the physical stress response *before or after* a threat or challenge. Serves as an alerting device of possible danger.

Worry: The cognitive side of anxiety. Repetitive, circular thinking that allows us to go over something over and over → problem-solve or perseverate.

Levels of Stress Response



Over time these responses become more ingrained, which makes them more efficient and also more *rigid* and automatic.

CONNECTION TO PATTERNS OF ANXIETY

What are typical examples of situations where you feel the physical effects of stress? These may be positive or negative experiences.

When are times that you notice you experience anxiety or worry which is focused on either past events or possible future situations instead of what is actually occurring? This may be personal to you, or what you notice with people you work with.

In supporting others with anxiety what do you find challenging as a helper?

THE STRESS RESPONSE SYSTEM

Lower Brain: Brainstem = Early Warning and Immediate Reaction

Sensory information from the organs and physical senses (sight, sounds) as well as pain sensations come through the brainstem first on the way to the **thalamus**. This initial data is sorted based on survival and basic experience. Any alarm can trigger the beginning of an alert response and send the information to the **limbic and adrenal systems**. This region is very reflexive, patterned and instinctual.

Middle Brain: The Limbic System = Emotion and Social Centre

The emotional brain sorts incoming stimuli as pleasurable or threatening. The “smoke alarm” of the emotional brain is the **amygdala**. It scans for any sign of threat, and acts as a *modulator*, assigning emotional significance to sensory information. It works closely with memory centres for categorization. This information is then shared with the **right orbitofrontal cortex**, which helps us engage and connect with others. The prefrontal cortex also works closely to discern the right action. The **hypothalamus** is the centre for the autonomic nervous system, including the automatic reaction pathways that trigger one to pursue or flee (fight/flight) through the release of adrenaline and glucocorticoids (i.e. cortisol) from adrenal glands.

Higher Brain: Prefrontal Cortex = Recognizing Patterns And Mapping Responses

The **right orbitofrontal cortex (ROFC)** organizes our response (both motor and autonomic) by integrating information from multiple sources and using working short-term memory. The ROFC and prefrontal cortex area rely on other areas such as the **insula** and **anterior cingulate** to sort through information from the limbic system, discerning significance of “threat”. Signals go back to the amygdala to modulate (up or down – regulate) emotional and autonomic responses. This region also allows the capacity for **imagination** and to take in and interpret social cues from others.

The Brain Includes the Body

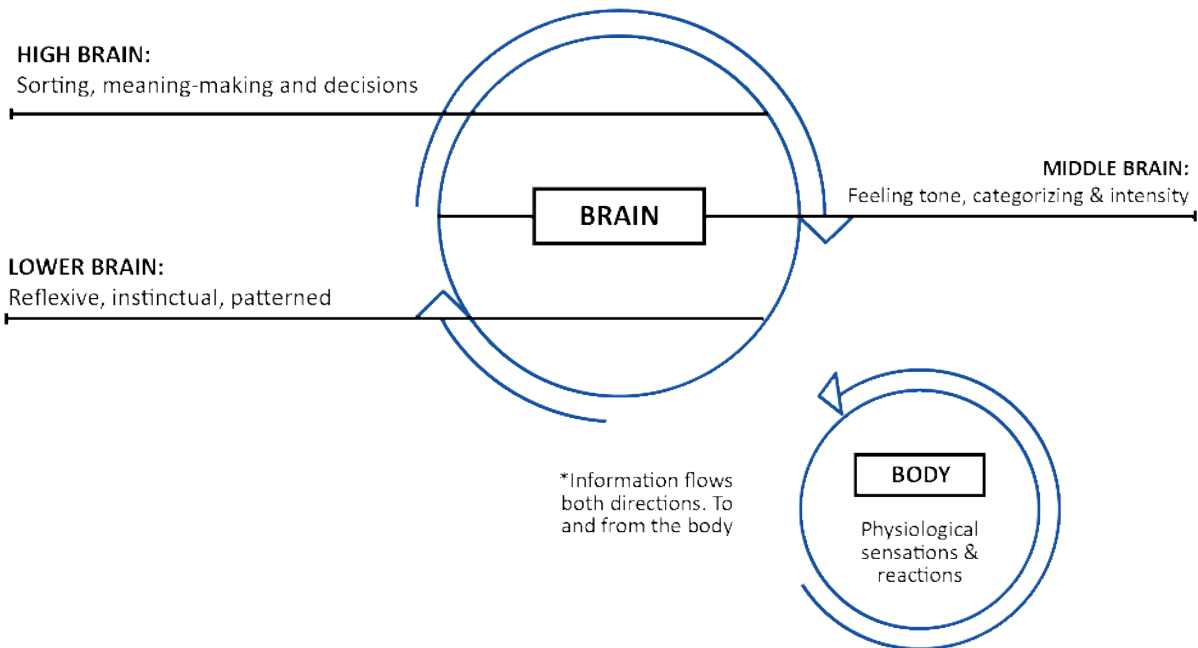
Although discussion of the brain typically focuses on the 3-pound organ between our ears, this is just the physical location of the “communication centre”. The reality of how the brain functions is that it is about the flow of energy and communication between all the systems in the human body. Optimally all systems of the brain/body system work together to balance stimulation of the **sympathetic nervous system** to rise to the demands of dealing with a stressor, and then stimulation of the **parasympathetic nervous system** to bring respiration, heart-rate, digestion, emotional signals and cognition back into a regulated rhythm of flexibility and openness.

Although we can see physical activity in specific brain regions, the lived experience and impact of this activity manifests in physical, intellectual, emotional and interactive capacities. Working at changing the brain and patterns of anxiety can involve all of these areas.

See Appendix page 40 for more information on the adrenal and other systems.

“Fear Circuitry” in the Brain: The Physiological Flow of Information

There are several areas of the brain involved in a stress/fear response and many different routes the information can take – each with its own purpose. When there is a disruption in the flow of any of these routes, we can see disordered patterns of anxiety. The disruption may be too much or too little information getting through, the “brakes” are not working to slow down the flow, or there is a misrouting of where it ends up.



Disruption from lower to higher: If the signal is too intense, the person can feel in a state of basic survival; there can be a sense of scarcity and imminent threat. Possible patterns that emerge from this: *hoarding, separation anxiety, panic or phobias*. The person will find it difficult or impossible to *think* their way out of this state.

Disruption from higher to lower: The thinking brain can overwork and have an oversensitive memory bank of potentially threatening stressors. Because something scary has happened before, it is possible that something scary *may happen* again. Possible patterns from this disruption are *constant thinking and generalized worry or social anxiety*.

Stuck in the middle: A crucial part of this response system is the ability to categorize and judge the level of stress/threat. Memory is key here and it can overgeneralize and attach a warning to innocent situations or be unable to sort through the automatic physical reaction and the “worrying” voice of the higher brain. A loop of being stuck in something scary *now* can result in patterns of *rumination, compulsions and obsessions*.

Anxiety patterns in the body: Because so much of anxiety is physiological, it is very common for a person to begin to associate many physical sensations with a bigger experience of anxiety. For example, the increased heart rate and change in breathing that naturally happens with increased physical activity or exercise can become associated with panic, and a person develops anxiety related to exercise, fearing it will set off a panic attack.

See Appendix pages 38 and 39 for descriptions of the different anxiety diagnoses and criteria. See pages 40 and 41 for more explanation of physiological flow and the role of medication.

PREVALENCE AND TRENDS

It is important to consider levels of anxiety within the contexts of developmental stage and external events within family, community and global levels of experience.

- In a recent nationwide community mental health survey, 22.7% of Canadians aged 15 or older reported *most days as quite or extremely stressful*.¹
- Lifetime prevalence rates vary with estimates that about 25% of the general population will suffer from an anxiety disorder at some point.
- Diagnoses and hospitalization rates tend to be about twice as high for women compared to men, and also higher for girls compared to boys.
- It is key to compare developmentally appropriate emergence of anxiety or worry with patterns that continue over time or exceed what would typically be expected.
*E.g.: Social anxiety typically increases between 12 – 15 years of age, then abates into later adolescence.*²

Research suggests disordered anxiety patterns earlier in life increase the risk for other disorders if left untreated.³

- Anxiety usually manifests earlier than mood or substance use disorders.
- Roughly 20% of people with anxiety disorder also suffer from a mood disorder.
- Incidence of an anxiety disorder in childhood or adolescence increases the likelihood of struggling with the same disorder or another anxiety disorder if untreated.
- Anxiety in later life is becoming an increasing concern, with rates higher than other affective disorders. Treatments for older adults often incur less robust results and there is often greater sensitivity to side effects of medications.⁴
- A developmental perspective on patterns of anxiety suggests earlier intervention and skill building is key for prevention.

¹ Statistics Canada Community Health Survey of Mental Health and Wellbeing (2012), retrieved August 7, 2014 at www.statcan.gc.ca.

² Kozina, A. (2014), "Developmental and time-related trends of anxiety from childhood to early adolescence: Two-wave cohort study", *European Journal of Developmental Psychology*, 11:5, 546-559, retrieved August 7, 2014.

³ Mohr, C. & Schneider, S. C. Mohr, & S. Schneider. (2013). "Anxiety Disorders", in *European Child Adolescent Psychiatry*, 22, 17–22.

⁴ Shrestha, et al. (2011), "Innovations in research for treatment of late-life anxiety", in *Aging & Mental Health*, 15:7, 811-821.

OVERVIEW OF WORKING WITH ANXIETY

Anxiety is a normal and adaptive part of life when it helps alert us to real stressors and is therefore “in order”. There are times anxiety becomes “dis-ordered” when it is recurring unnecessarily and is lasting long after any threat is past.

Signs that a pattern of anxiety may warrant further attention and intervention:

- When a pattern of anxious emotion, thinking and/or behaviour is causing distress or disruption for an ongoing period of time, keeps repeating or is escalating.
- When the pattern is not reasonably fitting with external stressors, changes or developmental stage (*e.g., separation anxiety is expected up to ~ 24 months*).
- When anxiety emerges or escalates in relation to a stressor or life crisis, and the person is struggling to cope or manage so the anxiety becomes an additional stressor in itself.

The strategies we will explore to work on addressing disruptive anxiety patterns use a “whole-brain” approach, working at addressing symptoms and changing the underlying disrupted flow of information in the nervous system.

*** Focus on the state of the body**

*** Focus on the state of the mind & body connection**

*** Focus on the thinking mind**

*** Focus on social skills**

These strategies can be used singly, layered together or matched for what fits with a particular helper and participant. Regardless of which type of strategy one uses, in order to work at changing anxiety people need the following:

- **Awareness**
- **Skills**
- **Support**

FOCUS ON THE BODY

To create the best conditions for a healthy flow of energy and information through the brain and nervous system, attention to the state of the body is key.

Nutrition

Many doctors and researchers emphasize the importance of increasing whole, natural and unprocessed foods. This helps to reduce the stress on the body for metabolizing food and the impact of unnatural chemicals and toxins. Many people do not drink enough water. Dehydration adds to the body's stress.

Link between brain chemicals and diet: Key neurochemicals and hormones that become out of balance in chronic patterns of stress and anxiety are cortisol, adrenalin, serotonin, dopamine, GABA and insulin. Key substances to monitor that affect these levels are caffeine, alcohol, sweeteners and drugs (such as nicotine, illicit and prescription drugs). Changes due to life cycle stages such as menopause are common precursors to increases or onset of anxiety patterns.

Activity Levels

More and more research shows that regular exercise eases anxiety. Aerobic exercise in particular can reduce one's physical sensitivity to stimuli such as elevated heart and breathing rates that can trigger possible panic. Exercise also promotes new brain cell growth and assists the body's regulation of blood sugar levels by normalizing cortisol levels. Movement and stretching aids tension release.

Sleep

Difficulty sleeping is perhaps both the most common symptom of and trigger for anxiety. It can be normal to have a bad sleep now and then, but inadequate sleep and rest over time is what tips a person into "dis-ease". The body needs restful sleep to be able to turn off the stress response.

See Appendix page 45 for more information related to diet, rest and activity.

Working with Breath

Learning to monitor and work at regulating breathing is a fundamental skill for settling the anxious body.

- Breathing is immediately affected when shifting into an anxious response. In order to move adrenaline and oxygen more quickly through the whole body, the sympathetic response shortens and quickens breathing rhythms.
- Consciously slowing down and lengthening the rhythm of breath immediately stimulates the parasympathetic branch of the autonomic nervous system.
- Becoming aware of the breath rhythm and consciously choosing to regulate it stimulates the higher brain (prefrontal cortex), strengthening the capacity to use awareness to override the reflexive lower brain that is stimulating panic or fear.

Steps for Teaching the Use of Breath for Regulation

1. Help the person learn to notice and describe their breathing rhythms in many different situations, including when anxious.

Pause and notice:

- Where can I notice my breathing? In nostrils or mouth, feeling chest rise and fall?
- What is the pace of my breath like? Shallow, jagged, gulping, even, smooth, deep, stop and start...?

2. Support shifting the rhythm of breath

- Place one hand on chest and other hand on abdomen. Practice breathing into each hand in order to feel the difference between chest and belly breathing.
- Use an image to help focus on taking a slow, full breath to completely expand lungs, and then to exhale fully, emptying the lungs.
 - *Imagine blowing up a balloon and then watching it deflate.*
 - *Inhale at a pace to comfortably suck through a straw and exhale at a pace to blow off the petals of a flower one by one.*
 - *Use counting at a regular pace to keep inhale and exhale long and even.*

It is important to learn to *expand* the belly when inhaling and allow it to naturally be soft and empty when exhaling.

3. Encourage practice of these techniques at many natural points in the day (e.g.: upon waking, before eating, stopping at traffic light, set a timer on phone, etc.).

See Appendix page 49 for an additional breathing exercise.

Learning the Language of the Body → Sensation

The raw data of the lower brain is pure body sensation information. This comes in through our senses cued to the outside world (sight, sound, taste, smell, touch) and our internal perception of sensation within our bodies.

Strategy: Choose one sense and immerse into it deeply – *absorb* it.

- Sight – watch a sunset; gaze at clouds; look at a favourite picture.
- Sound – listen with your eyes closed to music; notice all that you hear right now.
- Smell – track the sensation of breathing in a pleasant aroma; notice the reaction of the rest of the body while connecting with different smells.
- Touch – give your own arm a massage; notice the feel of grass under your feet; run cool water over wrists; drink tea; feel the sensation of support from chair.
- Taste – slow down and take in all the sensations of tasting – try to describe the sensation rather than naming the item you are tasting (e.g., sour, sweet, tangy, etc.).

As a helper, support the person to expand and deepen this experience by asking:

- *Where do you feel this sensation in your body?*
- *What other qualities can you describe about this sensation?*
- *Take your time and imagine really letting this sensation soak into you and permeate or take up more space.*

Strategy: Gather items that allow a person to experiment and practice noticing with different senses (beads, lotion, pictures, clay, pillows, rocks, etc.). Help the person note which sensations they find soothing or settling and which others may be agitating.

Keep track together of which sensory items shift tension and anxiety for the person.

Movement and Connection with the Body



Intentional movements to notice and relax muscles help interrupt this vicious cycle.

Strategy: Stretching exercises

Moving and stretching muscles and ligaments allow the release and flow of built-up stress hormones and chemicals in the body and brain. Increasing general flexibility and agility in daily activities interrupts the pattern of tensed and braced muscles which then helpfully stimulates the parasympathetic system.

- Intentionally yawn and stretch the jaw and face muscles. This pairs well with remembering to do some regulating breath exercises.
- Sit or stand with spine upright, stretching shoulders back, opening up chest.
- Do shoulder and arm circles, going from small to big and exploring directions.

Strategy: Neck rolls and stretches

Stand or sit with your spine upright and so you are well supported. Gently release your head so that it tips forward – only as far as is comfortable. Explore small, gentle neck rolls from side to side (caution going back) and stretching. Find what is comfortable right now. Clicks and cracks in the neck muscles are normal as they release and let go.

Strategy: Tense and release

Systematically go through general muscle areas focusing on one at a time. Intentionally tense and squeeze those muscles groups for about 5 seconds, then release and breathe fully. Go through *head and face, shoulders and arms, fists, abdomen, legs, feet and toes*. It can be useful to experiment starting from the feet up as well.

Strategy: Finger push-ups

Place the fingertips of one hand against those from your other hand. Gently, slowly and firmly push your palms toward and then away from each other while keeping your fingers strong – like a push-up. Try to take at least five seconds for each “push-up.”

Rhythmic Movement

Activities with consistent physical rhythms soothe the lower brain and help with regulation.

- Walking is a natural rhythmic movement – matching the breath to the pace of walking supports the body and mind working together to settle.
 - Dancing, swinging, jump rope, swaying and stretching can all be intentional rhythmic movements used to support regulation.
-
-
-

Combining simple movements with other senses such as sound or sight deepens the activation of the parasympathetic nervous system.

- Collaborative games involving music, drum-beat, clapping rhythms.
- Humming or singing while doing simple movements.
- Saying phrases out loud while walking:

*“Just step”; “Breathing in openness”; “breathing out tension”;
“Breathe and step – 1”; “Breathe and step – 2”, etc.*

Being Still or Quieting: Practicing Resting

Create a tranquil space by limiting stimulation (light, sound, interruption, etc.) and practicing stilling the body and the mind. Choosing a simple stimulation to focus the mind can help, such as a mantra, music without lyrics, soothing visual to look at.

It can be particularly useful to practice this after spending some time doing more active movement. This supports the body to release stress and chemicals and then deepen the state of regulation. Note that this doesn't have to be completely still. Some people regulate better with some stimulation (walking slowly, swimming, gentle movements).

FOCUS ON THE MIND–BODY CONNECTION

Building Motivation for Change

The natural response to recurring anxiety is to **avoid** situations that become associated with it. This tends to perpetuate anxiety and create barriers to working on change.

- Give information to help the person understand how anxiety affects the body, mind, emotions and behaviours.
- Identify barriers that come up that make it hard to engage with the activities.
 - Beliefs that tell the person they can't or don't deserve to be without anxiety (see pages 26 and 27 for strategies to work with beliefs).
 - Difficult emotions and memories that come up when slowing down. There may be a need for further work on resolving trauma or crisis situations.
- Emphasize where the person has choice – although there are lots of things we can't control, we can influence our own actions, thoughts and body states.

Costs and Benefits of Working on Change

Coping Strategy	Costs in the Short Term	Costs in the Long Term	Possible Benefits in the Short Term	Possible Benefits in the Long Term
<i>Avoiding going out in crowds</i>	<i>I feel isolated; hard to get errands done</i>	<i>I may lose more friends; miss out on fun</i>	<i>I feel better at home – less anxious</i>	<i>??</i>
<i>Checking my physical health repeatedly</i>	<i>Time and money to go to doctor; my own time gobbled up – it's relentless</i>	<i>Lose my doctor's support; others don't take me seriously;</i>	<i>I feel temporary relief every time a test is negative</i>	<i>I can catch if anything is going wrong early</i>

See Appendix page 46 for a blank chart and some additional questions.

Anxiety tends to perpetuate a sense of urgency, impatience and all-or-nothing expectations.

- Use invitational language that includes words or phrases like *experiment, try out, if you're willing, just to see, etc.* This engages the reactive brain to be more open.
- Coach the person to break down a possible goal into small, manageable steps toward something different. All-or-nothing expectations often lead to a person being set up for failure before they start, and cause more anxiety.
- Coach the person to evaluate realistically any attempt at something different. Learning something new is anxiety-provoking and active support is necessary.
- Scaling: help the person learn to gauge the current level of their anxiety using a scale (such as 0 = no anxiety up to 10 = the highest it gets). Follow up with:
 - *What made you choose 8? What does 8 mean to you?*
 - *What would need to be different for you to move from 8 to 7?*

Strategy I Am Trying	When Did I Try It?	How Did It Affect My Day?	General Level Of Anxiety (0 – 10)
<i>Belly breathing</i>	<i>Lunch time</i>	<i>Slowed down; didn't feel nausea after eating</i>	<i>Before: 8 After: 6</i>
<i>Tense and release</i>	<i>Before bed</i>	<i>Felt less anxious for a while, then it built up a bit</i>	<i>Before: 7 After: 5.5</i>

Possible follow-up questions to explore trying different strategies:

- *What are parts of, e.g., belly breathing, you liked?*
- *What are parts of this strategy you didn't like or found difficult?*
- *When was it easier or harder to try?*
- *What ideas do you have of how we could adjust this strategy to be better for you?*

See Appendix page 49 for a blank chart.

Getting the Middle Brain on Board

In an anxious body and brain, the middle brain is highly sensitized and reactive – this can disrupt the important cycle of stimulation-regulation between the sympathetic and parasympathetic branches in the autonomic nervous system.

A main brain region that regulates the emotional limbic centre, either turning up or down its signals, is the right orbito-frontal cortex (ROFC). Connecting conscious awareness with physical and emotional states is a key skill for strengthening this regulatory capacity. This same brain region also houses our *social and affiliative* circuitry. Having the *attuned support* of a helper is perhaps the core re-regulating experience.

Strategy: Mindfulness Techniques

A growing body of research is clearly showing the positive effects of cultivating the ability to stay connected to the present moment; aware of sensation, thought, emotion, but without struggling to change any of it. While engaged in this state, the ROFC is actively engaging with the limbic and brainstem areas tracking present experience.

- Introduce the basic idea and benefit of learning and training our minds to settle.
 - Keep beginning practices simple. Practice holding focus of attention on the breath, simple movement or an external stimulus such as a sound or picture. It won't take long to notice how jumpy and unruly the mind and attention is. Use lots of encouragement and normalization of this to practice bringing attention back, over and over.
-
-

Strategy: Intentional Attunement as a Helper: The Key to Calming the Amygdala

Ensuring your own body, voice, posture and thoughts are as settled as possible helps you support the other person and allows their ROFC to attune to yours and co-regulate.

Strategy: Use Imagery, Colour, Creativity, Music and Multiple Senses

Take a piece of paper and a pencil, crayon or marker. Without over-thinking, draw or express how anxiety shows up for you. Try not to edit yourself – you can't do it wrong!

Strategy: Laugh Often!

Strategy: Guided Imagery and Visualization

The human capacity for imagination contributes to achievement and innovation. However, this capacity is also the playground of worry, rumination and anticipatory anxiety. People prone to anxiety tend to have very vivid and active imaginations. Rather than trying to suppress this it can be profoundly productive to learn to use skillful imagination to relieve stress, expand problem-solving capacity and even to worry well.

- Imagery stimulates the limbic and emotional regions of the brain along with the cortex – this allows expansion of awareness, possibilities and of choices.
- Imagery facilitates connections of a current situation to a bigger picture.
- Imagery that uses imagination to tap into multiple senses activates these regions of the brain, providing the opportunity to strengthen neural maps using the whole nervous system.

-
-
- Practice using imagination to go to a place that is soothing, comforting, exciting and joyful, or life-giving in some way. As a helper, prompt the person to deepen this experience by imagining sights, sounds, tactile sensations, etc.
 - Use guided visualizations to experiment going to intentional states.
 - Use evocative imagery which is interactive to facilitate the person practicing deepening a state they choose.
 - *Choose a quality that you'd like to experience.*
 - *Bring to mind a time you felt you did embody this quality; if this is difficult, think of someone else whom you see as embodying this quality.*
 - *Pay attention to what you notice in your body as you imagine this.*
 - *Experiment with increasing the sense and intensity of this quality in your imagination – find what is comfortable.*
 - *Note what you see, feel and sense as you imagine this – (use your prefrontal cortex to **observe and remember**).*
 - *While still connected to the sensation of embodying this quality – bring to mind a situation or relationship where you would like to also have this quality. What do you notice? What is different, if anything?*
 - *Spend some time reflecting through writing, drawing or talking afterwards to help you integrate this new connection.*

FOCUS ON THE THINKING MIND

Re-Training the Higher Brain

What do we really have control over?

Read the following statements and quickly circle or star the ones you believe you *can control*. Leave blank any that you believe are outside of your control.

1. How often I think about something
2. Whether I do something I say that I will do
3. Whether other people do what they say they will do
4. What choices I make
5. How others respond to my choices
6. How I spend my time
7. What someone else is thinking
8. My values and what is important to me
9. What I feel at any given point
10. How I behave toward other people
11. How nervous I get
12. The direction I want my life to go

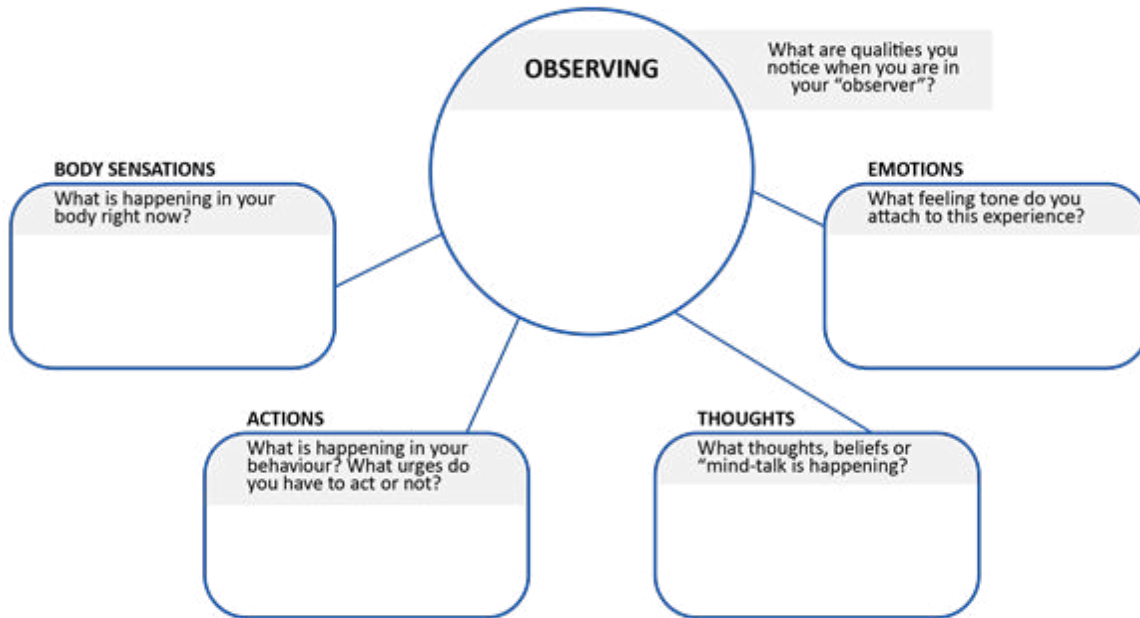
Adapted from Forsyth & Eifert (2007)

Consider the following:

- What do you notice about any pattern of your responses?
- Do you over- or under-estimate your control?
- Is there a difference between 'influence' and 'control'? What does that mean to you?

Developing Observer Ability

One of the most important roles of the prefrontal cortex is to work with the limbic region to discern how intense a “threat” or worry really is. This involves awareness, discerning what is helpful and unhelpful worry and choosing possible actions.



Stopping and Interrupting Worry Loops

Cognitive strategies focus on the prefrontal cortex and allow this powerful executive part of the brain to shift attention, interrupt rumination and slowly “cool” a hot, firing limbic system. These strategies need lots of repetition to compete with the adrenalized anxious patterns.

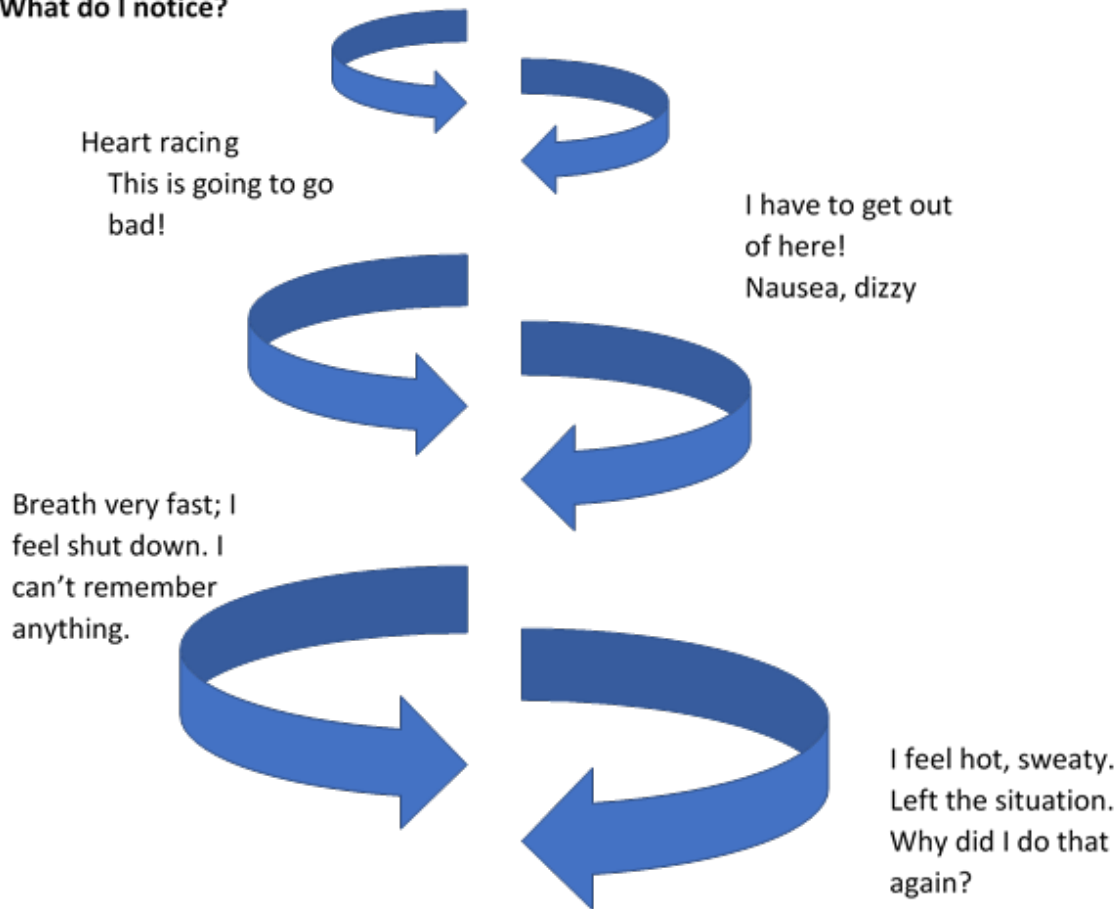
Strategy: Interrupting the Loop

- Literally say “stop” either out loud or inside your mind to yourself.
- Visualize “stop”, a stop sign or a red light.
- Use a physical reminder – elastic band on your wrist, “worry” rock in your pocket.

These are very simple ideas to teach; however, they won’t work on their own. These need to be taught along with the next strategies of what to do after “stopping”.

As a person becomes more aware of how anxiety shows up in different ways, this pattern can be interrupted at many points:

What do I notice?



Redirecting onto a Positive or Productive Pathway

The interruption of an anxious worry loop is very important and will need a compelling stimulus to hold one's attention and compete with the adrenalized pattern of the worry.

- Contain the worry or anxiety by drawing or writing it out and then physically place it in a "container" – this can be a journal, box, envelope, drawer or an imaginary container of any size, shape and material.
- Shift focus onto something else. This is intentional distraction and is different from reactive avoiding.
 - *Turn on music*
 - *Go for a walk*
 - *Do some laundry*
 - *Watch TV, play video games*
 - *Sing or talk out loud*
 - *Change your location*
 - *Focus on a positive poem, affirmation or picture*

Be careful not to let these distraction strategies take over. Key is that you feel better.

- Use mindfulness strategies to refocus on the task at hand or on another mindful activity.
- Make a list when **not** anxious of positive and pleasant things to think about (a prior or dream vacation, favourite movie, the steps of a favourite recipe, etc.)
- Brain – shift → intentionally engage the "left mode" by doing crossword puzzles, sequencing tasks such as lists, math problems or reading technical information.
- Individualize these strategies into a personal plan:

Strategy I Plan to Use: *Write out the strategy in as much detail as you can.*

- *E.g.: Visualize Stop Sign – like the one on end of my street.*
- *Write in my journal for maximum 10 minutes.*
- *Go on my "vacation to Hawaii".*
- *Practice Positive self-statements: I am working on taking care of myself; I have a family I love and I know they love me; I'm aiming for "good enough", not perfect.*

When Did I Use My Strategy?

Monday at lunch

How Did It Affect Me?

After 10 minutes I felt calmer; was able to go back to work.

See Appendix page 49 for a blank chart.

Problem Solving: Reality-Checking

Practicing reality-checking and exploring whether a worry is likely or not likely is an important life skill. Children, adolescents and young adults in particular all need to develop this skill. Anyone who has an anxious brain will often struggle with keeping perspective and can benefit from strengthening this capacity.

Situation: <i>What is happening?</i>	<i>I had to open several doors.</i>
Thoughts / Beliefs: Scale Your Worry:	<i>My hands are dirty. I need to wash them.</i> 7
Check the Evidence: <i>What tells you this worry or thought may be true? What tells you that it might not be?</i>	<i>I have a healthy immune system to fight germs. I have often touched doors and not gotten sick.</i>
Realistic View: <i>what is a balanced way to look at it?</i> Scale Your Worry:	<i>Even if there are germs my body can fight them. I can wash my hands before I eat dinner.</i> 4

Adapted from Rapee (2008)

This strategy needs lots of practice to become a pattern in thinking. As a helper you can support this by talking many situations through using the chart, encouraging and using your attuned presence, and asking questions like the following to help check evidence:

- *What else might happen? What has happened other times?*
- *Are you trying to read other people's minds? Are you trying to control things you don't have control over?*
- *If you can imagine 2 weeks (months, years...) down the road, how do you feel or think about this?*
- *If this were your friend, what would you say to them?*
- *Is there other information you need before you can reach a conclusion?*

Problem Solving: Worrying Well

Of course life is full of stressors and changes, so it makes good sense that a person does worry about them. Remember anxiety is adaptive when there is a real stressor. People need skills then to come up with a plan for when they face a real worry.

Situation: <i>What is happening?</i>	<i>My family is going through a divorce.</i>
Thoughts / Beliefs: Scale Your Worry:	<i>I'm scared that relationships are going to be lost.</i> 9
Check the Evidence: <i>What tells you this worry or thought may be true? What tells you that it might not be?</i>	<i>I have seen this happen with many of my friends.</i> <i>I already feel and notice changes in people.</i>
What Can't I Control? What Do I Have Control Over? What Steps Can I Take? What Information Do I Need? What Support Do I Need? Scale Your Worry:	<i>I can't stop the divorce from happening.</i> <i>I can choose to communicate; ask questions.</i> <i>I can talk to my lawyer about my options.</i> <i>I can write a letter to the people I want to keep working on the relationship with.</i> <i>I can spend time with my friends who are outside of this situation for some "down" time and they care about me.</i> 4

For those who persistently worry, using these worksheets often can be important. Part of the practice is then to only work on them at agreed times. This can become another thought interruption strategy: *I will tackle that at 4:00 when I work on my worry worksheets.*

See Appendix pages 50 and 51 for blank charts.

EXPANDING SOCIAL SKILLS

All human beings are interdependent on one another to be able to live the fullest and happiest lives they possibly can. Not only do people generally crave relationships and social connections, each person literally requires interaction with other attentive human beings to be able to develop the self-awareness and regulation capacities needed to navigate the stresses of life.

Community – Getting Connection

Spending time in the presence of a caring “other” who is emotionally resonating with a person widens that person's ability to manage emotions and to be more open.

Tips for helpers:

- Explore who are supportive people that they feel *attune* to them. Who are their care-givers?
- Are they accessible and responsive? Quality matters.
- Can relationships be strengthened? Is there room for teaching attunement?
- Map their relationships and supports – look for gaps or potential connections to strengthen.
- Teach life skills of building relationships.
- Group work can be beneficial for the social aspects of anxiety.
- Spiritual and/or cultural involvement deepens a sense of connection.

Compassion – Giving Connection

One of the interesting findings in emerging research is the remarkable difference being able to “give back” or offer support to others makes for reducing stress levels and solidifying an internal sense of balance. This can happen in many ways:

- Teach someone else some of the strategies learned.
 - An anxious teen will become more regulated by helping calm a child.
- Build and practice social skills.
 - Practice how to greet and connect with others: “Put on your calm body and pleasant face.”

As people become more flexible and regulated, they often have a natural increase in desire to be connected to others and to engage with life. It becomes more comfortable.

Strategy Focus: Building Social Skills

Social anxiety is the most common of the anxiety disorders, and for many with other kinds of anxiety, there is a social component as well. This aspect of anxiety differs slightly in that a person may not fear for their physical safety, but rather fears embarrassment, humiliation, shame and/or exposure in the presence of others.

In addition to the other skills covered in this manual, developing skills to function in social situations is crucial to lessen the hold of social anxiety.

Following are some common areas that can be useful to explore:

- Common social interactions that are part of a person’s day and managing personal business, e.g., purchasing or returning items, banking, making phone calls.
- Social interactions that are necessary to function in one’s job or at school, e.g., talking to one’s supervisor or to a teacher, asking for help, interacting with peers.
- Being able to ask others out for recreational reasons – friendships or dating.

Skill Areas That Are Useful to Develop

- Expand understanding and tolerance of physical side of anxiety (flushing).
- Ways to start and maintain conversations.
- Practicing saying “No” when needed.
- Learning to make efficient decisions.
- Assertive communication.
- Conflict management.

Practice

Identify one social skill that may be relevant for someone you work with and break it down into smaller skill steps. Manageable steps is the key!

Social Skill: _____

Steps: 1. _____

2. _____

3. _____

4. _____

5. _____

Key for Balance

Change usually does not happen in a straight line, but loops back and forward...



BUILDING A NEW PATTERN: STEPS TOWARD CHANGE

After experimenting and learning many different kinds of strategies it is important to review and reflect on which ones have been tried, which ones are helpful for *this person* and in *this situation*. Then plans for next steps can become clear:

Body-Based Strategies

Middle Brain Strategies

Thinking Brain Strategies

Social Skill Strategies

Which ones have I tried? What was helpful? What else would I like to try?

Applying the Strategies to Future Goals

Another skill is to plan manageable steps that will challenge old patterns but not be overwhelming. The following chart is an example of a tool that can help practice this:

Rate: 9 8	These are the hardest steps <i>Going somewhere new alone</i> <i>Being alone when anxious</i>	Which strategies may help?
6 5	These are medium-hard <i>Planning meals for the day</i> <i>Getting tasks done alone</i>	Which strategies may help?
2	These are small worries <i>Walking the dog</i>	Which strategies may help? <i>1. breathing exercises at home</i> <i>2. taking a friend along</i>

ANXIETY AND THE ELDERLY

There is increasing attention in the research and clinical literature toward the rates of anxiety in the aging population, and this is seen to be a likely growing area of mental health concern.

Areas That May Be of Particular Relevance for Support of the Elderly

- Recognizing and identifying anxiety as warranting its own attention (not dismissing as old age or simply connected to other health concerns).
- Developing skills for relaxing the body and practicing resting (not only sleep).
- Problem-solving and exploring what person can and cannot control. This may include dealing with losses: of control, of relationships, of health both physical and mental.
- Reducing the struggle against loss. Balance *fight* with *acceptance* and/or *engagement*.
- Managing and containing worry.
- Increasing pleasurable activities and ability to take in pleasure.
- Facing real fears and making plans for them. E.g.: increased fears of falling.
- Continuing to move and befriend the body.
- Coping with chronic pain.
- Cognitive practice – continuing to learn new things.

Some Practical Tips for Presenting Information and Supporting Practice Of Strategies with the Elderly

- Repeat and summarize small portions of information often.
- Present information in multiple modalities (visual, hands-on, vocal, etc.).
- Give information and activities in ways that the person can easily review (handouts, audio-taped, video-taped).
- Consider group work in addition to individual work – social connection is key.

GENERAL CONSIDERATIONS

General Considerations for Helpers

- Work on your own stress & worry. You are your own best tool for regulating someone else.
- Develop your own sensation-awareness. This will make you more open and able to resonate and “read” others.
- Remember anxiety is contagious – when you are around someone who is anxious, your own “sympathetic” response will start. This helps us recognize what is happening for the other person, but we need to catch our own reaction.
- Help with planning which strategies to use when. Some can be done anywhere while others might cause reactions from others which can generate more anxiety. For example – face yoga can catch a bit of attention!
- Think about “dosage.” This means that when learning anything new, people need to build up slowly. Also what we think might be a small step may be huge to someone else.
- Choose the level of giving support you can sustain. Supporting someone struggling with anxiety can evoke our own sense of urgency to find a solution. Be careful not to promise something you can’t deliver, and also remember that it often takes a lot of practice over time for significant change.
- The anxious brain/body can change! And it needs to start with small steps. Remember that any attempt is beneficial. Even someone choosing to begin is turning a corner and can bring relief.
- Persistence is key! Many steps and strategies can make a difference. However it is the repetition and consistency that really sculpts changes in the brain, in our behaviours and in relationships.
- Anxiety is creative attention and energy gone awry. We don’t want to get rid of it completely – we want to refocus its use and manage its intensity.

APPLICATION TO YOUR WORK

Consider people or a person you work with and how their anxiety fits with the information you have heard so far.

What is already underway? What do you want to continue as part of your work with them? How can you enhance that work with information from today?

What are additional steps that you can support or work on?

Use the following chart to plan some possible next steps:

Current stage of the journey: What goals make sense to focus on?	Route to get there: What might be some key steps to get there?	Steps taken: What are the first steps to take to apply this in your work?

Are there areas you feel you need more information?

Are there other helpers who might be important to connect with or bring onto the team?

Case Description #2 – Adolescent

Jocelyn is a 16-year-old female who reports having panic attacks that happen “out of the blue.” Jocelyn is struggling with attending school, missing several days most weeks for the last three months. She reports experiencing up to three panic attacks a day. Jocelyn is avoiding her friends and has cancelled her plans for a part-time job at a local garden store as she feels it is too far away for her to be able to come home if she needs to. Her parents regularly pick her up from school when she or the guidance counselor call and say she is unable to stay.

Jocelyn’s parents are supportive, yet frustrated. They describe an inability to calm her down during her attacks and that she is spending more time holed up in her room and arguing with them about attending other regular activities. They are worried and yet also irritated by a belief that Jocelyn is exaggerating her physical discomfort, as the doctors reported nothing physically wrong with her when they had her assessed at the emergency room after one of her initial attacks.

Questions

1. What stands out to you about Jocelyn’s anxiety? Which parts are more concerning and which are less concerning?
2. What are some examples of strategies you think might be helpful with Jocelyn?
3. Which type of strategy do you think might be good to try first with Jocelyn?

Case Description #3 – Adult

Terilyn is a 41-year-old woman who has survived many difficult life experiences. Defying the prediction of her family that she would “amount to nothing,” and a childhood steeped in poverty and with alcoholic parents, Terilyn worked her way through college to get a job and was self-sufficient by the time she was 21. After two abusive relationships and a divorce, Terilyn is currently in a supportive relationship, although she maintains her own residence and doesn’t want to get married or live together.

Terilyn works hard at her work and her relationship. However, she reports deriving little pleasure out of life and struggles daily with anxiety and worry. She describes being anxious for as long as she can remember. She has tried medication off and on with the support of a psychiatrist, but Terilyn wishes she could live without the drugs. Terilyn gets easily frustrated with others and believes she is a difficult friend as she is very particular. Terilyn maintains her home as her sanctuary. Her current partner is supportive although confused about the intensity of her reactions to his attempts to help her with household maintenance – when she will often get upset and shut down.

Questions

- 1. What stands out to you about Terilyn’s anxiety? Which parts are more concerning and which are less concerning?
- 2. What are some examples of strategies you think might be helpful with Terilyn?
- 3. Which type of strategy do you think might be good to try first with Terilyn?

APPENDIX

Descriptions of Anxiety Disorder Diagnoses in DSM-5

Separation Anxiety Disorder (SAD)

Characterized by excessive worry or fear beyond what is developmentally appropriate, about being separated from attachment figures. Often shows up around refusal to go to school or to stay at others' homes. Usually presents with somatic complaints (e.g., stomachaches or headaches), as well as persistent nightmares.

Associated with subsequent development of panic disorder and depression. Onset typically in childhood and can be expressed into adult years.

Selective Mutism – Onset in childhood

Failure to speak in social situations where there is no underlying language problem and there is a general expectation for speaking. The child may speak in company of familiar adults or situations. Consequences usually impact academic or occupational settings. High correlation with family history of anxiety.

Specific Phobia – Onset often in childhood

Persistent and significant fear that is unreasonable and excessive to the presence or perception of a specific situation or object; often linked to an incident. Common types are of animals, environmental happenings, blood-injection, injuries or situations such as flying, driving, tunnels, etc. There isn't a specific cognitive ideation with this fear.

Social Phobia or Social Anxiety Disorder – Onset typically in adolescence.

Persistent and significant fear of one or more social situations in which a person is exposed to unfamiliar people or there is the potential of scrutiny by others. There is a fear of behaving in a way that is embarrassing or humiliating. This may be accompanied by panic attacks or by avoidance of social situations. Often linked with agoraphobia.

Agoraphobia – Onset typically adolescence or early adulthood.

Persistent anxiety or fear of at least two of the following:

- Using public transportation
- Being in enclosed spaces
- Being outside of the home alone
- Being in open spaces
- Standing in line or being in a crowd

Generalized Anxiety Disorder (GAD) – Onset usually mid-adulthood.

Excessive worry and apprehension over a number of activities and events, occurring almost daily for a period of six months or more. There is difficulty handling the anxiety and it is accompanied by persistent restlessness, feeling "on edge," easily fatigued, difficulty concentrating, irritability, muscle tension and difficulty sleeping.

Panic Disorder – Onset typically early adulthood. Recurring panic attacks with worry between them of further attacks. They may be due to expected sources or unexpected occurrences. They are sudden episodes of intense fear or discomfort accompanied by at least four of the following:

- Heart palpitations or fast rate
- Sweating
- Trembling or shaking
- Shortness of breath or difficulty breathing
- Choking sensation
- Chest discomfort or pain
- Nausea
- Dizziness, lightheadedness
- Feeling of unreality or detachment
- Fear of losing control or going crazy
- Fear of dying
- Numbness or tingling sensations
- Chills or hot flashes

Panic attacks also serve as a red flag (specifier) and prognostic factor for many other disorders such as other anxiety disorders, substance use and depression).

Substance or Medication-induced Anxiety Disorder

Anxiety due to intoxication or withdrawal from a substance or medication. This diagnosis is specific to when the anxiety is not better explained by other categories, and the anxiety exists specifically in the time period of intoxication or withdrawal.

In the DSM-IV-TR, obsessive-compulsive disorder (OCD) and related disorders as well as post-traumatic stress disorder (PTSD) were listed under the Anxiety Disorders. These each now are listed as their own separate categories in the DSM-5.

There is increasing research evidence demonstrating common factors across a number of different OCD-related disorders, such as obsessive thoughts and/or repetitive behaviours. There is a strong anxiety component in these disorders and they require specific treatment to these other factors. In the DSM-5, disorders in this chapter include obsessive-compulsive disorder, body dysmorphic disorder, trichotillomania (hair-pulling disorder), hoarding disorder and excoriation (skin-picking) disorder.

PTSD is now listed under Trauma and Stressor-Related Disorders. There are some changes to the criteria for post-traumatic stress disorder and acute stress disorder, plus some reconceptualization of adjustment disorders and reactive attachment disorder, which relates specifically to childhood experiences and social attachments.

Additional information from Pathuk & Perry (2005); Grohol, J. (2013). DSM-5 Changes: Anxiety Disorders & Phobias. Psych Central.

“Fear Circuitry” in the Brain: The Chemical Component

Norepinephrine System (Adrenalized system)

- Produced in the adrenal glands above the kidneys, epinephrine (or adrenaline) mobilizes the body to deal with acute stress or danger. Norepinephrine is the neurotransmitter that signals its release. The majority of these signals come from the locus ceruleus, which connects to all the emotion centres in the brain. This system also stimulates increased heart rate and pressure, redistribution of blood from intestines and skin to the muscles and extremities.

Serotonin System

- Serotonin contributes to our sense of well-being and is a complex neurotransmitter that is involved in increasing and decreasing anxiety.

Dopamine System

- This neurotransmitter is most connected to a sense of reward and pleasure, and is closely related to endorphins, our naturally produced pleasure chemical (close to morphine and heroin). It plays an important role in regulating moods.

Corticotropin-Releasing Hormone System (Cortisol)

- Located in the hypothalamus, which is the master gland controller to release hormones. Cortisol is the slow-acting stress hormone that works to help the body and nervous system sustain response to prolonged stress.
- After short term stress or alarm response, if one is able to settle and shift down from alarm, the nervous system calms down. If one stays aroused, then cortisol is released.
- A perpetuating cycle can occur: the more cortisol in the system, the more fear is generated causing difficulty resting and sleeping... the less sleep and rest one gets, the more the body becomes stressed and the more cortisol is released.
- Increased cortisol levels also raise hunger cues to stimulate “refuelling.” This can lead to higher cravings for sugar (quick energy), carbohydrates and to overeating.

GABA (Gamma-Aminobutyric Acid) Receptors

- Located mostly in the cortex, GABA is the main quieting neurotransmitter in the brain.
- Benzodiazepines work on this system.

The Role of Medications

People often have a strong bias either toward or against use of medications in general. If considering medication, it is important to have a proper assessment done for the type of anxiety and other co-occurring mental and physical health concerns to ensure the right medication and dosage for a particular person.

It is usually important to view medication as one tool and not the whole answer to the issue. If used correctly, medication can greatly alleviate or help manage symptoms, but it does not necessarily address the underlying cause of the disorder.

Key indicators for the use of medication:

- Significant and/or chronic struggle with sleep.
- Safety concerns – i.e. suicidal thoughts and feelings.
- To manage symptoms and allow full use of other treatments.

Generally used less with children and adolescents as there can be more vulnerability to other effects as the child is still developing. It is typically best to try other treatments first.

Benzodiazepines

These are often referred to as anti-anxiety medications. They are tranquilizing and act quickly, usually within one-half hour, and effects last about 4 hours. They are considered more addictive for some. Usually prescribed for panic, phobias and generalized anxiety. Examples: alprazolam (Xanax), lorazepam (Ativan), clonazepam (Klonopin).

Beta Blockers

A quick-acting medication which suppresses the autonomic nervous system by blocking norepinephrine receptors, reducing the physiological arousal during anxiety. These medications are commonly used to treat hypertension. By reducing the physical symptoms, a person can more easily cope with infrequent anxiety, such as stage fright.

Selective Serotonin Reuptake Inhibitors (SSRIs)

Typically a first approach with medication; there are fewer side effects than some others and they are not addictive. SSRIs block the reabsorption of serotonin so there remains a higher level available in the brain. Levels in the brain need to build up over time. Used for OCD, panic, general anxiety and depression. Examples: fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa).

Tricyclic Antidepressants

These drugs also maintain higher levels of neurotransmitters in the brain; however they are older and have more troubling side effects. Used for panic and general anxiety. Examples: imipramine (Tofranil), amitriptyline (Elavil), venlafaxine (Effexor), nortriptyline (Aventyl).

Others

Another class of antidepressants are called MAOIs, and a newer anti-anxiety medication called Buspirone increases serotonin levels and decreases dopamine. It is a mildly tranquilizing drug and is usually used for milder generalized anxiety.

See <http://www.healthyplace.com> as one source for more information on medications.

Assessment Considerations for Anxiety

Functional Components: *How anxiety shows up and interferes with daily living.*

- Developmental and medical history.
- Historical course of problem.
 - Family history of anxiety.
 - When first noticed signs of anxiety – knowledge of progression.
- Fear cues – external and internal cues, intrusive thoughts, images, memories.
- Feared consequences – what do they fear will happen if exposed to fear cues.
- Safety-seeking behaviours: avoidance or compulsive protective rituals.

Risk Factors that Increase Vulnerability

Physical

- Food sensitivities or allergies.
- Diet high in caffeine, sugar or processed foods.
- Stimulating substance use (e.g., amphetamines, cocaine).
- Withdrawal from alcohol or tranquilizing substances (e.g., sedatives, tranquilizers).
- Difficulty sleeping.

Social, Emotional and Relationships

- Family history of anxiety.
- Family history of difficulty coping with anxiety.
- Quality of attachment history:
 - Lack of attuned or nurturing caregiving.
 - Overly critical or harsh caregiving.
 - Fearful or overprotecting and cautious caregiving.
- Lack of positive human touch, affection.
- Significant relationship changes: separation, divorce, loss, death, estrangement.

Emotional

- Sudden shifts in affect: e.g., intense crying, rage, despair.
- Easily activated and quick to react: e.g., irritability, easily excitable, jittery and tense.
- Frequent feelings of helplessness or overwhelmed.

Behavioural and Intellectual

- Lack of regular exercise or over-exercise.
- Difficulty asking for help or accepting help and support.
- Difficulty resting and taking breaks.
- Difficulty celebrating accomplishments, no matter how small.
- Difficulty accepting mistakes and moving on.

What Builds Anxiety

Predisposing Influences

Genes

- Greater sensitivity to sensory stimulation.
- Different levels of neurotransmitters such as dopamine and serotonin.

Temperament

- Some are born naturally biased toward avoidance and caution.
- Energy levels, outgoing, easygoing or not, attention to detail.

Gene-Environment Interaction

- Genetic codes expressed after experience.
- Cautious caregivers respond with and model anxiety and caution.
- Child's temperament evokes reactions from those caring for them.

Development

- Brain is developing into adulthood, emotional centres are vulnerable in adolescence.

+

Precipitating Influences

Early Negative Life Events

- Trauma (e.g., abuse, hostile divorce) embeds greater sensitivity to stress.
- Chronic stressors: family conflict, multiple moves, medical or dental procedures.

Significant Conditioning Experiences

- Social humiliation; embarrassment in front of others.
- Self-conscious of scrutiny of others; self-scrutiny.

+/or

Maintaining Influences

Cognitive Biases

- Belief that one is unable to handle stress; distorted thought patterns.

Struggling with Social Skills

- Tendency to withdraw or to cling.

Continuing Avoidance

- Anticipatory anxiety; negative beliefs about self and situations.

Cultural Trends Toward Continuous Activation

- Too much access to too much information too quickly.
- Mainstream culture typically celebrates overachieving and high expectations.
- Many people comment that there are fewer opportunities to learn how to settle.

Normal Developmental Fears and Anxiety

It is also important to note that in the early developmental periods children are significantly affected and influenced by their parents' reactions to situations.

0 – 6 months

- Loud noises
- Quick changes of position, things approaching rapidly

7 – 12 months

- Strangers, unfamiliar objects or situations
- Separation from caregiver

1 – 5 Years

- Strangers
- Storms, ghosts, loud noises
- Animals, insects, monsters
- Dark
- Bodily injury
- Separation from caregivers

6 – 12 Years

- Bodily injury, disease
- Death
- Ghosts, supernatural beings
- Staying alone, rejection
- Criticism, punishment, failure

13 – 18 Years

- Tests and exams
- School performance
- Body image, appearance
- Peer scrutiny and rejection
- Social embarrassment
- Sexuality
- Future

Common Maintaining Beliefs and Behaviours for Anxiety

- Overexaggeration of probability of feared outcome.
- Overexaggeration of consequences of feared outcome.
- Rigidity toward uncertainty – refusing to risk possibility of feared outcome.
- Underestimating ability to cope or tolerate discomfort.
- Rigidity of memory – overemphasizing recall of negative events and downplaying or ignoring exceptions.
- Selective attention – increased vigilance of thoughts, body sensations or situations scanning for potential threat or sign of danger.
- Over-reliance on safety strategies – Engaging in these behaviours paradoxically can perpetuate the anxiety because:
 - They work! Anxiety often *temporarily* lessens with these actions.
 - There isn't any questioning of the original assessment of threat.
 - The strategies often take a lot of time and attention – no new info.
 - The focussed attention for strategies reinforces selective attention.

Essentials for Balanced Physical Health Foundation

Food

- ✓ Eat more organic or foods with fewer pesticides. Reduce intake of refined sugars.
- ✓ Eat smaller amounts more often through the day. Avoid eating too late in the day.
- ✓ Research suggests eating enough protein and omega-3 fatty foods (e.g., fish) serves as a protective function for the brain and nervous system.
- ✓ Adding antioxidants to one's diet can help protect and boost brain functioning: examples are berries, dark leafy green vegetables, nuts and spices.

Water

- ✓ Many people do not drink enough water. Dehydration adds to the body's stress.
- ✓ Make sure to drink more water in the early parts of the day and between meals.
- ✓ Avoid caffeinated drinks – they can cause over activation and increase anxiety.
- ✓ Avoid alcohol – although it can lower anxiety in the short term, alcohol can reduce the body's ability to naturally settle and anxiety may be even higher in withdrawal.

Sleep

- ✓ Become aware and attuned of when and how much rest your body needs, e.g., going to bed 15 minutes earlier each night until you find you are more rested.
- ✓ Develop a bedtime routine that promotes calmness. Plan evening activities and a regimen that cues your nervous system to settle and wind down for sleep.
- ✓ Plan quiet, soothing activities before going to bed, e.g., bath, music, drawing.
- ✓ Practice breathing or mindfulness activities. Put a picture on your ceiling to remind you of an exercise or of your “soothing place” to focus on if you wake up.
- ✓ Stop or limit eating and drinking for a number of hours before sleep. Adjust when you stop drinking caffeine in the day back gradually until you notice easier sleep.
- ✓ Ensure your sleeping space is quiet, cool and dark – fully block windows and do not have a digital clock or light shining toward your face.
- ✓ Plan how to focus your “busy mind” if you wake in the night. Choose a benign or pleasant topic or activity to think through (e.g.: *imagine doing a favourite hobby*).

Activity: What Do You Do for Fun? Get Moving!

Research shows that regular exercise is key for easing anxiety. Aerobic exercise in particular can reduce one's physical sensitivity to stimuli such as elevated heart and breathing rates that can trigger panic. Exercise also promotes new brain cell growth and assists the body's regulation of blood sugar levels by normalizing cortisol levels.

Examples of levels of activity:

Moderate: Bike riding, playground activities, brisk walking

Vigorous: Jogging, cross-country skiing, rollerblading, swimming

The enjoyment level is important – notice the ratio of high or low enjoyment levels. Consider how you could do some activities differently to increase your enjoyment level.

Costs and Benefits of Working on Change

It takes a lot of energy to work on change and even more to battle the forces of anxiety and worry. It is common for people to worry both about worrying and also to worry about stopping worrying! The following chart can be a way to work through some of these contradictory worries that come up when we are trying to change. It can also be used to sort through more and less helpful coping strategies.

Coping Strategy	Costs in the Short Term	Costs in the Long Term	Possible benefits in the Short Term	Possible Benefits in the Long Term

Some possible follow-up questions:

- Which of these columns carries more **weight** for you right now? Has that changed since the last time you did this?
- How strongly do you believe each column?
- Which area would you be interested in working on some change for yourself?
- What are some reasons you want things to stay the same as they are now?
- What are some reasons you would like things to be different?

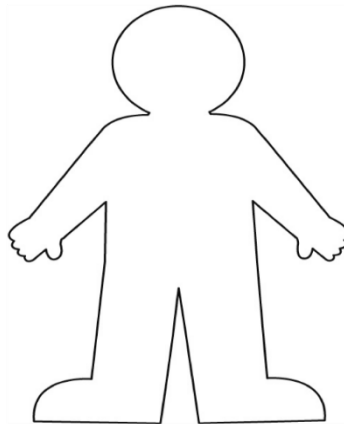
It can also be productive to reflect on general costs of anxiety or worry about possible costs in these areas:

- Relationships
- Career
- Health
- Financial
- Emotional life
- Freedom

Additional Strategies for Recognizing Anxiety

Which words fit when you feel anxiety in your body?

Dizzy **Achey Head**
Nausea **Tingly**
Sweaty **Racing Heart**
Cold **Tight** _____



Put an X on the parts of your body that you feel the most when you are worried

What Do I Notice That Escalates My Anxiety?

As It Grows
Thoughts:

Urge for Action:

As It Grows
Thoughts:

Urge for Action:

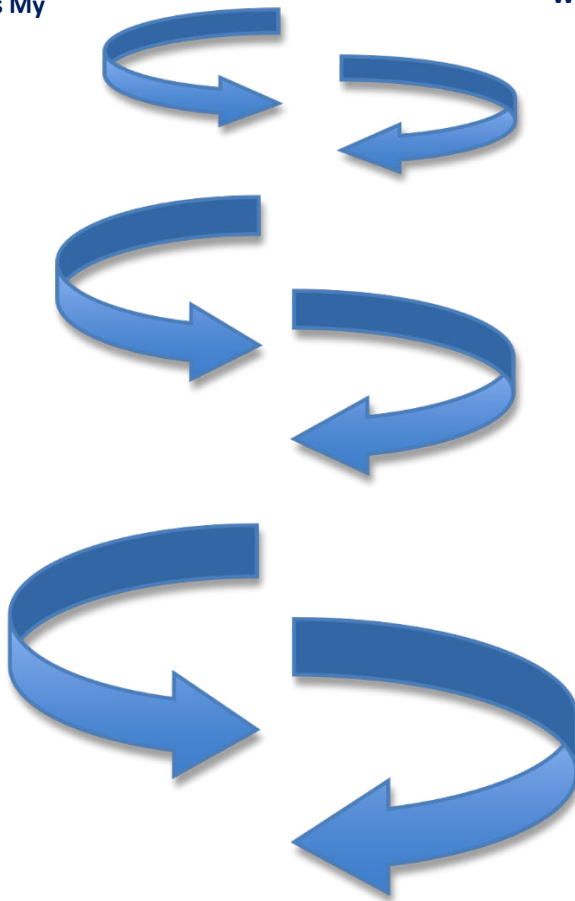
What Settles My Anxiety?

To Settle It Down
Thoughts:

Urge for Action:

To Settle It Down
Thoughts:

Urge for Action:



Anxiety Glasses Exercise

(Adapted from McCurry, 2009)

When a person is anxious they are looking at the world through *anxiety lenses*. In the moment it is easy to assume that is the way things are and react. However if a person can develop the understanding of how their anxiety *masks and distorts* what they see, it is possible to respond more calmly, flexibly and adaptively.

1. Take a pair of glasses that have coloured lenses, horizontal bars, or some other distortion on their lenses. You can add stickers onto one or both lens to add to this effect. Invite the person to put these on and describe what they see. How is their vision affected? What is it like to try to move around the room with them on (carefully 😊).
2. Take the glasses off and then move around and look at the same items. How is it different with the *lenses* off? Notice what you now see or observe what perhaps you missed before.
3. Discuss: How is this like when *anxiety* colours or distorts one's vision or perception? How is the sticker or smudge on the lens like an intense emotion? Or a persistent worry thought? How are you able to navigate the world *alongside* or *in spite of* that "smudge"?

Additional Strategies for Attending to the Body and Sensation

5-4-3-2-1: Using Sensory Information to Quiet The Nervous System

Direct the person to notice and name what they are currently sensing in the moment:

- Name 5 things you see ("I see the lamp, I see the window," etc.)
- Name 5 things you hear ("I hear the fan, I hear my voice, I still hear the fan...")
- Name 5 things you feel ("I feel my shirt on my arm, I feel my shoes, I feel the pillow...")
- Now name 4 things you see, hear, feel... and continue through 3, 2 and 1.
- Ensure you keep your voice tone calm, slow and encouraging.

Walking Meditation

Plan a short route to walk outside or intentionally take slow paces back and forth across a room or down a hallway. Walk slowly and practice using your awareness to notice the sensations in your feet and legs. Feel the bottom of your feet as they make contact with the ground. Notice which muscles in your legs flex and let go as you take each step. Practise this every day.

Body Scan

Lying down or sitting comfortably in a chair, start either at the top of your head or the bottom of your feet. Use your awareness like a "scanner" and slowly pause at each different body part, noting any tension or sensation and moving on to the next body part. This is different from tensing and releasing as here the purpose is purely to develop the ability to attune and be aware, letting go of trying to change anything. This helps alleviate the struggle against tension and anxiety.

This can be a good exercise when you are getting ready to go to sleep.

Additional Strategy for Developing Observation and Mindfulness

Observing Breath Exercise

Part 1: Get as comfortable as you can in your chair or lying down. Look gently around the room and bring your awareness to the ceiling for a moment, then to a wall or point far away from you. Next bring your awareness to the space just in front of you, about two feet in front of you. Notice how you can move your awareness around to different spots.

Now let your attention go inward – feel free to close your eyes if that’s comfortable. We’re going to explore your inner mind and take a look around – as if we were floating comfortably on a calm lake (or sitting in a pleasant meadow, etc.)

Allow your awareness to find your breath wherever you can feel it easily – your nostrils, chest, belly, lungs... And just follow the wave of your breath... in and out. [pause]

Recognize your breath as the “anchor” for a buoy in the centre of your lake (or a central spot in your meadow – like holding on to the string of a kite). Your breath can be the anchor for the rest of the activity in your mind, such as your thoughts, any images, etc. So when you notice your thoughts floating away somewhere else – allow your anchor (or kite string) to catch and gently pull your awareness back to your breath.

Continue to follow the waves of your breath for a few minutes. Practise this every day.

Part 2: (add this on to part 1 after person has practised observing breath for a while)

As you stay aware of the anchor of your breath, allow yourself to intentionally notice your mental activity, wherever it may go. Notice that you can be aware of this activity without being swept away with it. Whenever you like you can bring your attention back to your breath at the centre.

Stay connected to your breath anchor, and watch what images, memories, thoughts, feelings, etc. may rise to the surface. Let yourself acknowledge or name these mental activities (“There is my worry,” “I’m thinking about my mom,” “I feel really tired” ...) and then let each one float off in its own “boat” (or off on the breeze) and out of your awareness. Take your time with this for a few minutes. Then gently let your eyes open.

Monitor the New Strategies You Are Trying

Strategy I am trying	When did I try it?	How did it affect my day?	General level of anxiety (0 – 10)
			Before: After:
			Before: After:
			Before: After:

Problem-Solving: Check Out Your Thinking Mind

<p>Situation: <i>What is happening?</i></p>	
<p>Thoughts / Beliefs:</p> <p>Scale Your Worry:</p>	
<p>Check the Evidence: <i>What tells you this worry or thought may be true?</i> <i>What tells you that it might not be?</i></p>	
<p>Realistic View: <i>What is a balanced way to look at it?</i></p> <p>Scale Your Worry:</p>	

<p>Situation: <i>What is happening?</i></p>	
<p>Thoughts / Beliefs:</p> <p>Scale Your Worry:</p>	
<p>Check the Evidence: <i>What tells you this worry or thought may be true?</i> <i>What tells you that it might not be?</i></p>	
<p>Realistic View: <i>What is a balanced way to look at it?</i></p> <p>Scale Your Worry:</p>	

Worrying Well: Using Your Thinking Mind

<p>Situation: <i>What is happening?</i></p>	
<p>Thoughts / Beliefs:</p> <p>Scale Your Worry:</p>	
<p>Check the Evidence: <i>What tells you this worry or thought may be true? What tells you that it might not be?</i></p>	
<p>What Can't I Control?</p> <p>What Do I Have Control Over?</p> <p>What Steps Can I Take?</p> <p>What Information Do I Need?</p> <p>What Support Do I Need?</p> <p>Scale Your Worry:</p>	

Tracking What I'm Working on Now

Strategy I am trying	When did I try it?	How did it affect my day?	General level of anxiety (0 – 10)

Planning Steps Toward Future Goals

Rate:	These are the hardest steps	Which strategies may help?
	These are medium-hard	Which strategies may help?
	These are small worries	Which strategies may help? 1. 2.

Tips for Family and Friends

The family and relationships of an anxious child or adult are a key part of their foundation. Family members inevitably develop patterns of coping and interaction related to the anxiety, usually involving *reacting or avoiding*.

Learn to “Resist the Pull of the Tide” (Reacting)

When anxiety wells up there is a demand for *reaction* – to *do something about it!* One of the most important roles a parent or supporter can play is to slow this down and *choose how to act* instead. What will support going in the desired direction?

Swimming with the Tide

At times being an aid and acting alongside is most helpful. This might be doing a breathing exercise with the person, or providing a structure to help them sculpt their brains to take in information more slowly and practice regulating:

E.g.: “I have something to tell you that is probably going to make you a little nervous (giving heads up). There will be some new kids at the party you haven’t met before.”

Treading Water

At other times just staying present and not acting is more important. This gives space for the person to figure out their next step on their own. This is not ignoring or avoiding the person – it is attuned staying still. You may give some verbal coaching but the emphasis is more on being patient, quiet and present.

What Direction Are We Going?

Destination	Journey goals	Swimming with tide	Treading water
Stop compulsive handwashing	Child expresses feelings with age-appropriate words	Give suggestions of vocabulary – do exercise	Calmly ask question and wait for answer
No more panic attacks	Learning breathing exercises	Do exercise with the child	Remind child of exercise – wait for them to do it

Other Tips

- Be willing to name the anxiety, talk about it and acknowledge your frustration.
- Be real. Trying to ignore or suppress the struggle just tends to feed it.
- Learn and manage your own anxiety. Take time to observe your own reactions and the impact of anxiety on your family.
- Learn to recognize the layers of anxiety for your child or loved one. Often the angry conflict or the rude or oppositional behaviour is a mask on top of anxiety.
- Cultivate and model curiosity – “I wonder what ...” Imagination and tolerance of some mystery and questioning is a healthy life skill.
- Become a team leader for handling anxiety differently.
- Choose battles wisely: think about which strategies and what timing matches your own level of rest, time, patience, hunger, etc. This can change day to day.

REFERENCES AND RESOURCES

Academic Resources and Research

- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Alfano, C., & Beidel, D. (Eds.) (2011). *Social anxiety in adolescents and young adults*. Washington, DC: American Psychological Association.
- DuPont, R., DuPont Spencer, E., & DuPont, C. (2003). *The anxiety cure: An 8 step program for getting well*. New York: John Wiley & Sons.
- DuPont Spencer, E., DuPont, R., & DuPont, C. (2003). *The Anxiety Cure for Kids: A guide for parents*. New York: John Wiley & Sons.
- Emmons, H. (2010). *The chemistry of calm*. New York: Touchstone Books.
- Grohol, J. (2013). DSM-5 changes: Anxiety disorders & phobias. *Psych Central*.
- Lusk, P., & Melnyk, B. (2013). COPE for depressed and anxious teens: A brief cognitive-behavioural skills building intervention. *In Journal of Child and Adolescent Psychiatric Nursing, 26*, 23–31.
- McCurry, C. (2009). *Parenting your anxious child with mindfulness and acceptance*. Oakland, CA: New Harbinger.
- Pathuk, S., & Perry, B. (2006). Anxiety disorders. In C. Coffey (Ed.), *Pediatric Neuropsychiatry*, (pp. 285–305). Philadelphia: Lippincott Williams & Wilkins.
- Sapolsky, R. (2004). *Why zebras don't get ulcers: The acclaimed guide to stress, stress-related diseases and coping*. New York: St. Martin's Press.
- Scaer, R.C. (2007). *The body bears the burden. 2nd ed.* New York: Routledge.
- Scaer, R.C. (2012). *8 keys to brain-body balance*. New York: WW Norton.
- Schore, A. (2003). *Affect dysregulation and disorders of the self*. New York: WW Norton.
- Schore, A. (2003). *Affect regulation and the repair of the self*. New York: WW Norton.
- Siegel, D. (2010). *Mindsight: The new science of personal transformation*. New York: Bantam Books.
- Simpson, H., Neria, Y., Lewis-Fernandez, R., & Schneier, F. (Eds.) (2010). *Anxiety Disorders: Theory, research & clinical perspectives*. Cambridge, UK: Cambridge University Press.
- Wehrenberg, M. (2007). *The Anxious Brain: The neurobiological basis of anxiety disorders and how to treat them*. New York: W.W. Norton.

Websites

www.healthyplace.com. A consumer mental health site with information on mental health disorders, medications and other treatments.

www.anxietycanada.ca. Anxiety Disorders Association of Canada.

Lots of information on research, resources and educational materials.

<http://www.nimh.nih.gov/>. National Institute of Mental Health.

www.cmha.ca. Canadian Mental Health Association.

www.authentic happiness.org. Research and information on positive psychology.

www.anxietybc.com. A self-help resource with information and resources.

Self Help Resources

Bourne, E. (2005). *The anxiety and phobia workbook. 4th Edition*. Oakland, CA: New Harbinger.

Carson, R. (2003). *Taming your gremlin*. New York: Harper Collins.

Chansky, T. (2004). *Freeing your child from anxiety: Powerful, practical solutions to overcome your child's fears, worries and phobias*. New York: Broadway Books.

Dacey, J., & Fiore, L. (2002). *Your anxious child: How parents and teachers can relieve anxiety in children*. San Francisco: Jossey Bass.

Fleming, J., & Kocovski, N. (2013). *The mindfulness and acceptance workbook for social anxiety and shyness*. Oakland, CA: New Harbinger.

Forsyth, J., & Eifert, G. (2007). *The mindfulness and acceptance workbook for anxiety*. Oakland, CA: New Harbinger.

Garland, E.J. (2009). *Taming worry dragons: A manual for children, parents, and other coaches, 4th edition*. BC Children's Hospital. Available online at <http://bookstore.cw.bc.ca>.

Guanci, A. (2007). *David and the worry beast: Helping children cope with anxiety*. Far Hills, N.J.: New Horizon Press.

Huebner, D. (2006). *What to do when you worry too much: A kid's guide to overcoming anxiety*. APA, Washington, DC: Magination Press.

Hyman, B., & Pedrick, C. (2005). *The OCD workbook: Your guide to breaking free from obsessive-compulsive disorder*. Oakland, CA: New Harbinger.

Manassis, K. (2008). *Keys to parenting your anxious child*. Happaage, NY: Barrons Educational Series.

Rapee, R. (Ed.) (2008). *Helping your anxious child: A step by step guide for parents*. Oakland, CA: New Harbinger.

Shapiro, L., Sprague, R., & McKay, M. (2009). *The relaxation and stress reduction workbook for kids: Help for children to cope with stress, anxiety and transitions*. Oakland, CA: New Harbinger.

CTRI WORKSHOPS AND SERVICES

Training

Our training is available in **public** (open workshops that anyone can attend), **on-site** (on-location, right where you are), **live stream, on-demand** and **webinar** formats (access training right from your computer, from any location). Below is a sample of the 50 different workshops we offer. For a complete list of the training we offer, please visit our website.

Trauma and Crisis Response Workshops

Crisis Response Planning
Critical Incident Group Debriefing
Trauma – Strategies for Resolving the Impact of Post-Traumatic Stress
Trauma Informed Care – Building a Culture of Strength
Vicarious Trauma – Strategies for Resilience
Walking Through Grief – Helping Others Deal with Loss

Counselling Skills Workshops

Anxiety – Practical Intervention Strategies
Brief Focused Counselling Skills – Strategies from Leading Frameworks
Cognitive Behavioural Therapy – Tools for Thinking Differently
Depression – Practical Intervention Strategies
Dialectical Behaviour Therapy – Balancing Acceptance and Change
The Ethics of Helping – Boundaries and Relationships
Mindfulness Counselling Strategies – Activating Compassion and Regulation

Children & Youth Issues Workshops

Addictions and Youth – Substances, Technology, Porn
Challenging Behaviours in Youth – Strategies for Intervention
Mental Health Concerns in Children and Youth
Play Therapy – Tools for Helping Children and Youth
Self-Injury Behaviour in Youth – Issues & Strategies

Addictions & Mental Health Workshops

Addictions and Mental Illness – Working with Co-occurring Disorders
Borderline Personality Disorder – Understanding and Supporting
Harm Reduction – A Framework for Change, Choice and Control

Violence and Restorative Justice Workshops

De-escalating Potentially Violent Situations™
Restorative Justice – Guiding Principles for Communities and Organizations
Violence Threat Assessment – Planning and Response

Disability Support

Autism – Strategies for Self-Regulation, Learning and Challenging Behaviours
Fetal Alcohol Spectrum Disorder – Strategies for Supporting

Member Plan

CTRI offers a membership plan that provides the member with unlimited access to our on-demand webinars for \$12.99 a month. Member benefits include:

- Unlimited access to all pre-recorded webinars whenever and however often you want. New content added throughout the year.
- Notification of special discounts and promotions on products and training only available to members

Consulting Services

CTRI's consulting services are designed to help individuals, caregivers, communities and organizations prevent and cope with unfortunate and distressing events. To explore how to implement these services, please contact us to discuss your needs in more detail.

- Clinical Consultation
- Crisis Response Team and Plan Development
- Critical Incident Group Debriefing
- Disability Support – FASD and Autism Consultation
- Mediation – Conflict Resolution
- Suicide Prevention Plan Development
- Violence Risk Assessment and Planning

Assessment Tools

CTRI Assessment Tools help leaders and organizations have thoughtful and proactive discussions related to a variety of topics and issues. Each Assessment Tool Package includes one Facilitator's Guide and 25 copies of the Assessment Tool questionnaire.

- Wellness Assessment Tool
- Workplace Violence Assessment Tool
- Emergency Preparedness Assessment Tool

Books

Through our ACHIEVE Publishing division, we have three book titles available for purchase:

- *Counselling Insights – Practical Strategies for Helping Others with Anxiety Grief and More*, edited by Vicki Enns and written in collaboration with eight of CTRI's trainers.
- *The Culture Question – How to Create a Workplace Where People Like to Work* by Randy Grieser, Eric Stutzman, Wendy Loewen and Michael Labun
- *The Ordinary Leader – 10 Key Insights for Building and Leading a Thriving Organization*, by Randy Grieser