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PRACTICAL BEHAVIORAL STRATEGIES FOR ANXIETY MANAGEMENT

MARI YAMAMOTO, PHD

UW DEPARTMENT OF FAMILY MEDICINE

UW Medicine
UW SCHOOL OF MEDICINE

Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

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SPEAKER DISCLOSURES

✓ Any conflicts of interest? - NONE

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

Mark Duncan MD
Rick Ries MD
Kari Stephens PhD
Barb McCann PhD
Anna Ratzliff MD PhD
Betsy Payn MA PMP
Esther Solano
Cara Towle MSN RN

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OBJECTIVES

- Be able to explain CBT framework to a patient
- Practice teaching skills for cognitive, behavioral, and affective symptom management
- Identify patient education resources for common anxiety presentations

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ANXIETY IN PRIMARY CARE

- 2.8-8.5% estimated prevalence in primary care
- High utilizers of health care
  - Chest pain, shortness of breath
  - Difficult detection
- Common comorbidity with other psychiatrist illnesses
- Common anxiety disorders presenting in primary care:
  - GAD, Panic Disorder, Social Anxiety Disorder, and PTSD

(Deacon, Lickel, & Abramowitz, 2008; Fleet et al., 1996; Spitzer, Kroenke, Williams, & Löwe, 2006; Vermani, Marcus, & Katzman, 2011)

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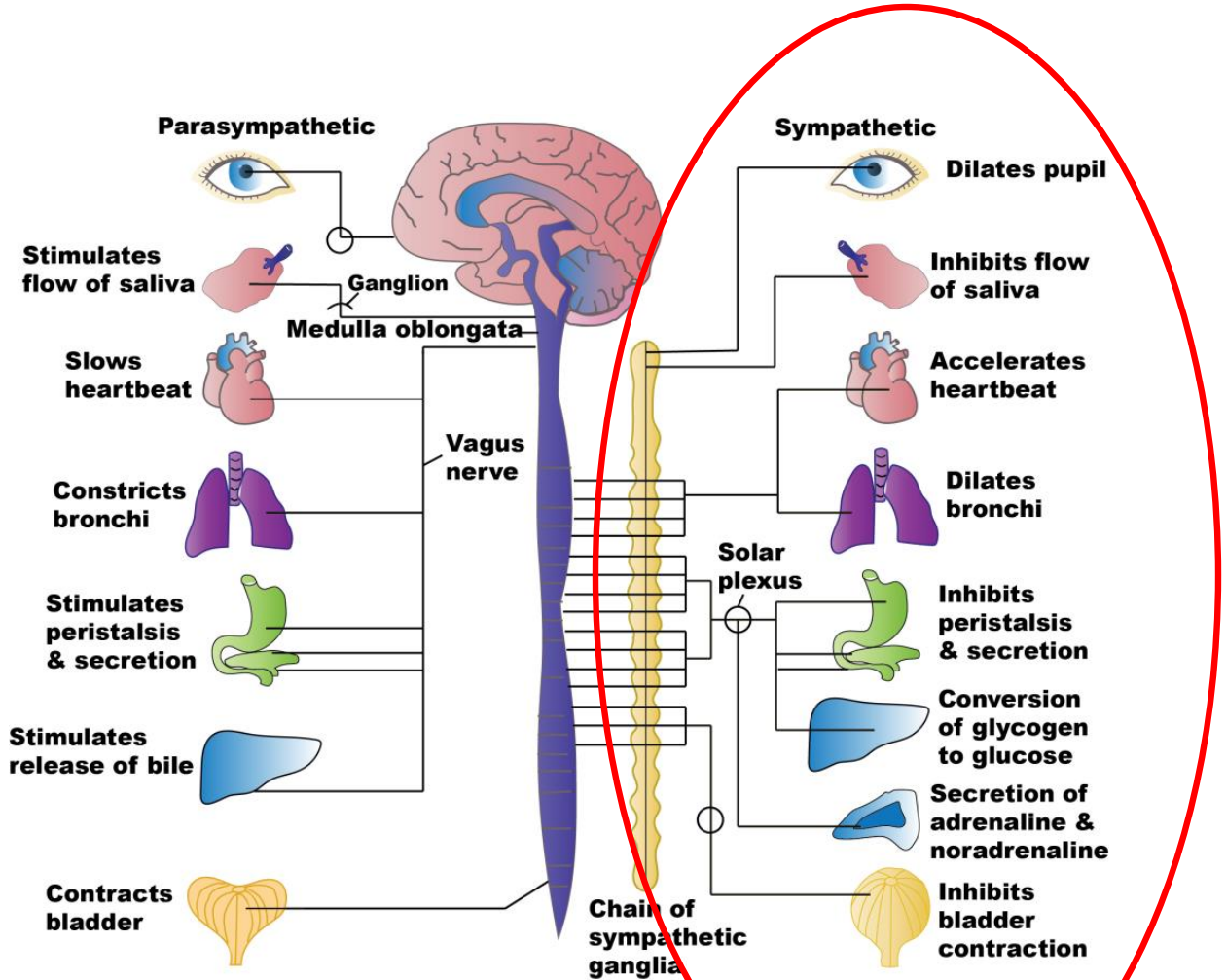
WHAT IS ANXIETY

- Feeling afraid/experiencing stress → survival instinct, part of being human!
- **Anxiety occurs in the absence of real danger**
- Body response when we believe we are in danger:
  - Flight/flight/freeze
    - Increased heart rate
    - Change in blood flow to large organs
    - Increase in rate and depth of breathing
    - Sweating
    - Pupil dilation
    - Decreased digestive activity
    - Muscle tension



(Centre for Clinical Interventions, *What is anxiety information sheet - Department of Health*)

WHAT ARE COMMON ANXIETY SYMPTOMS?

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WHAT ANXIETY SYMPTOMS DO YOU FIND MOST DIFFICULT TO MANAGE?

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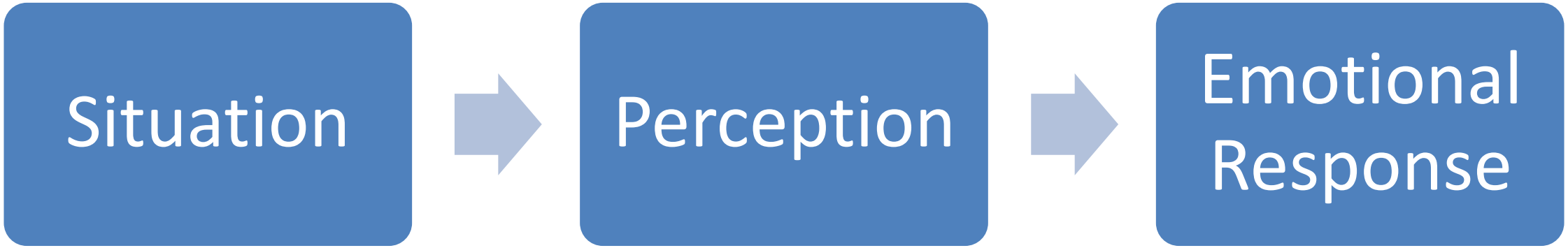
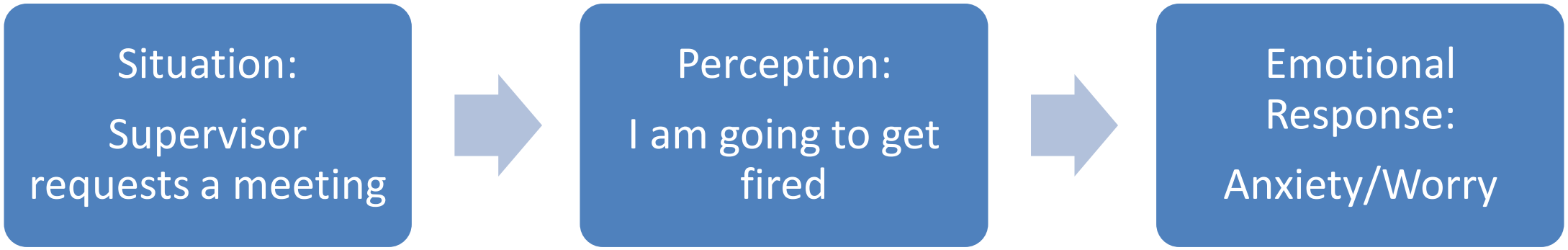


GENERAL COGNITIVE MODEL

- "Cognitive therapy is based on the *cognitive model*, which hypothesizes that people's emotions and behaviors are influenced by their perception of events. It is not a situation in and of itself that determines what people feel but rather the way in which they *construe* a situation (Beck, 1964; Ellis, 1962)" - Beck, 1995, p. 14



COGNITIVE MODEL - ANXIETY

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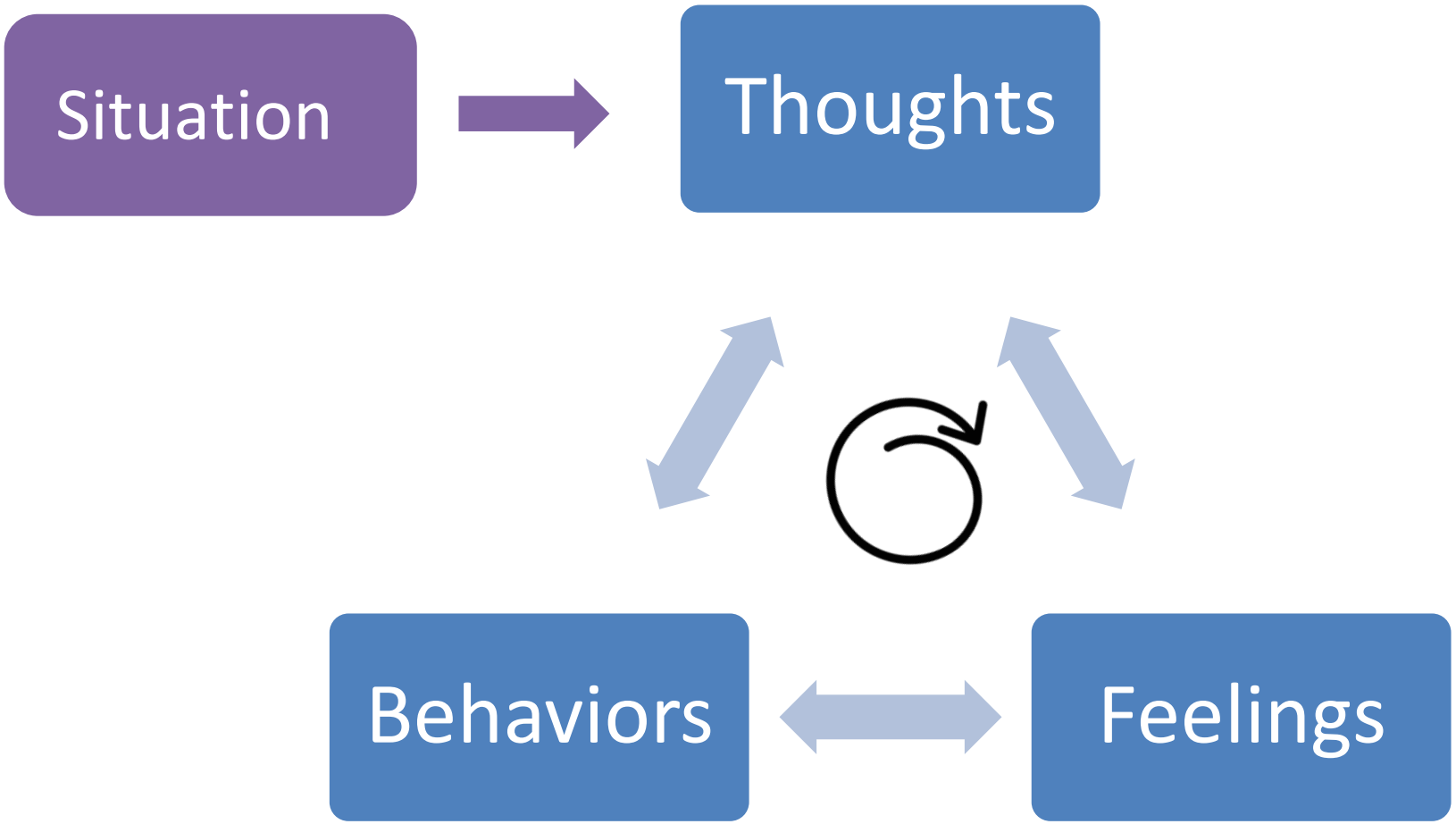
COGNITIVE BEHAVIORAL THERAPY (CBT) TRIAD



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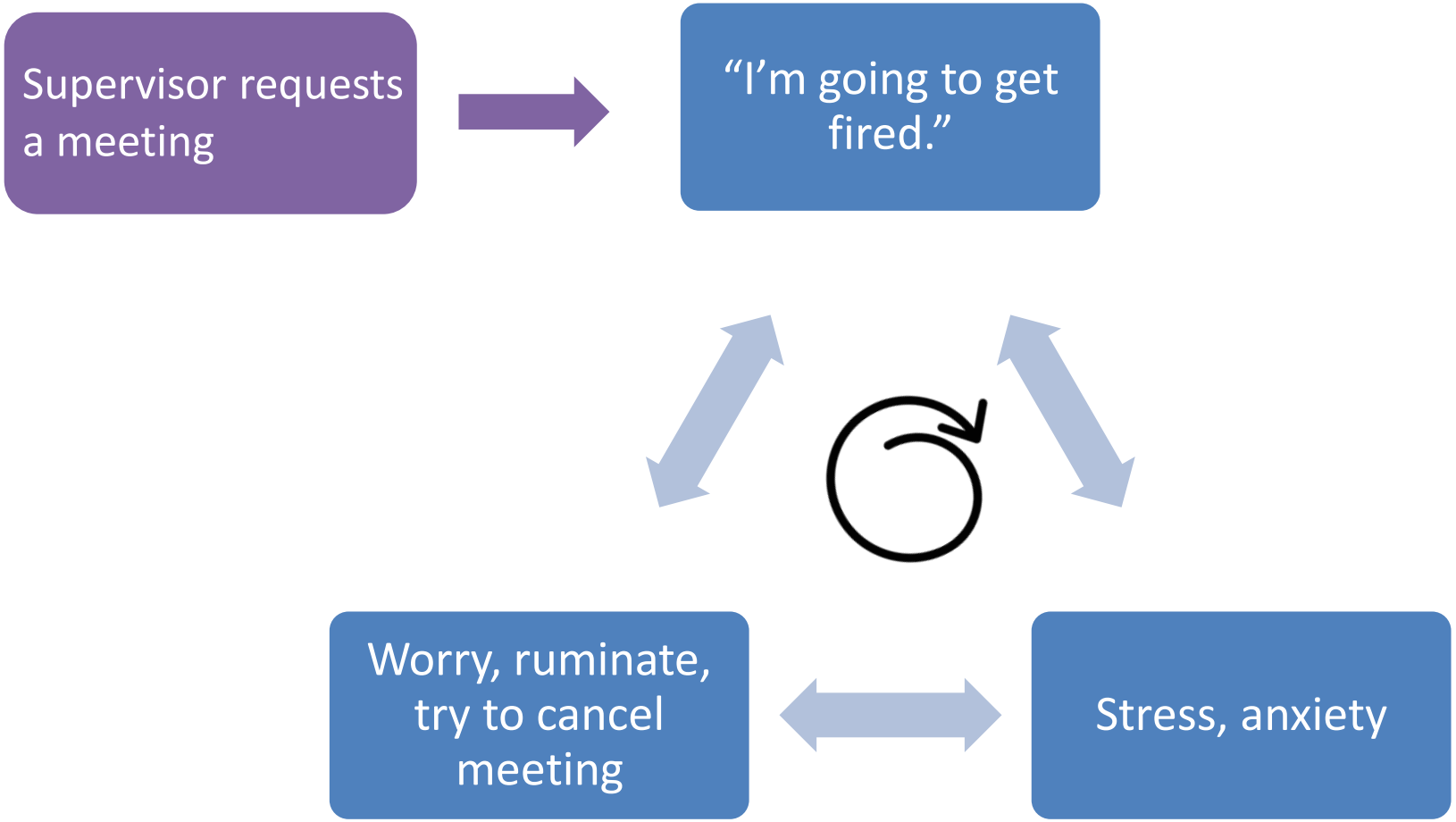
CBT TRIAD



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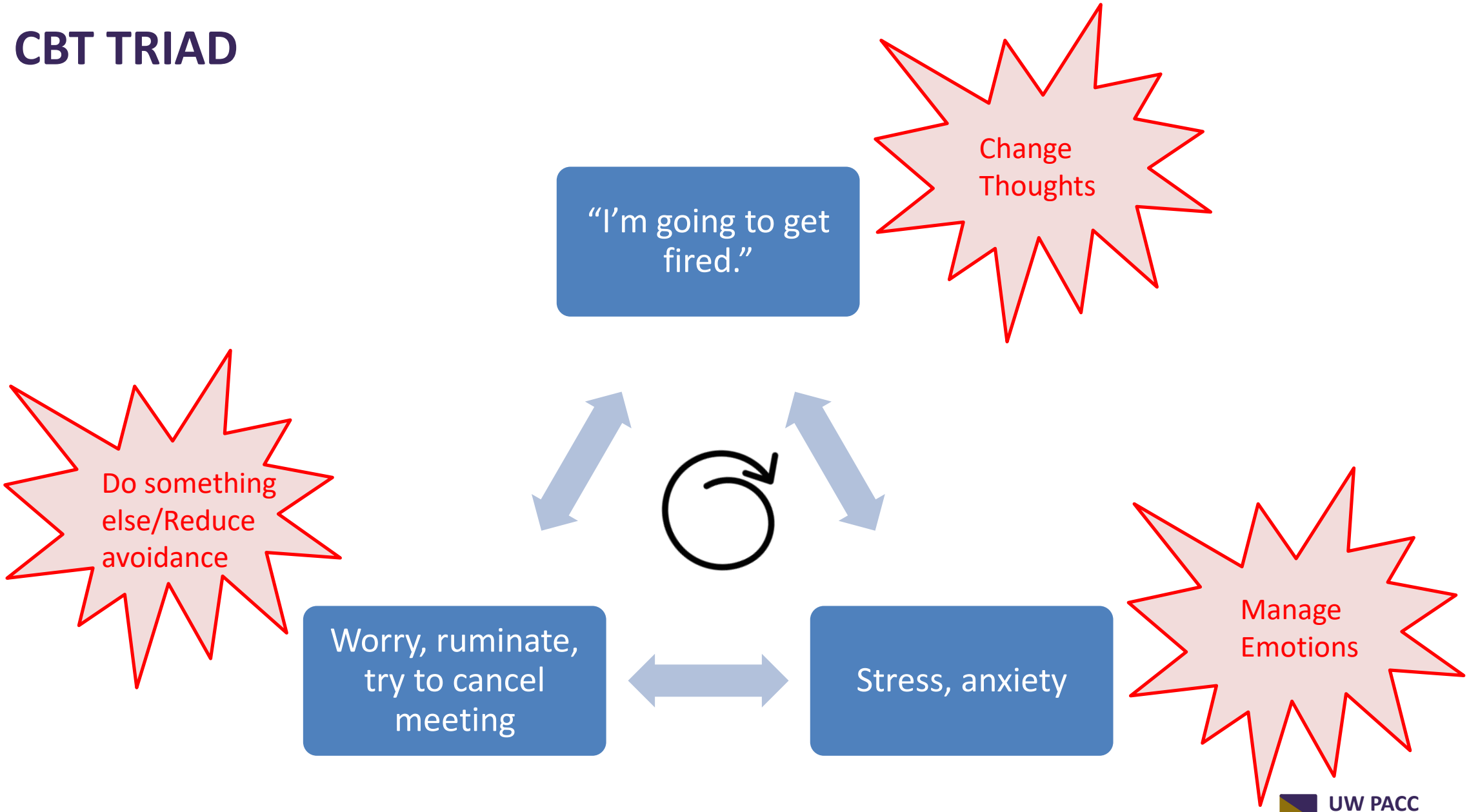

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CBT Buckets

All CBT techniques fall into one of these buckets, regardless of the specific name or manual

Affective Change

Recognize emotions

Calm negative emotions

Regulate emotional responses

Behavior Change

↑ new behaviors

↓ old behaviors

Change contingencies

Cognitive Change

Identify maladaptive thoughts

Challenge old thoughts

Develop new thoughts

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WHAT CAN WE CHANGE?

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AFFECT MANAGEMENT

- **Somatic Management** = need to be able to recognize & reduce physiological arousal to be able to cope with distress
  - **Emotional awareness** = learn to recognize situations/thoughts/feelings
  - **Relaxation techniques**

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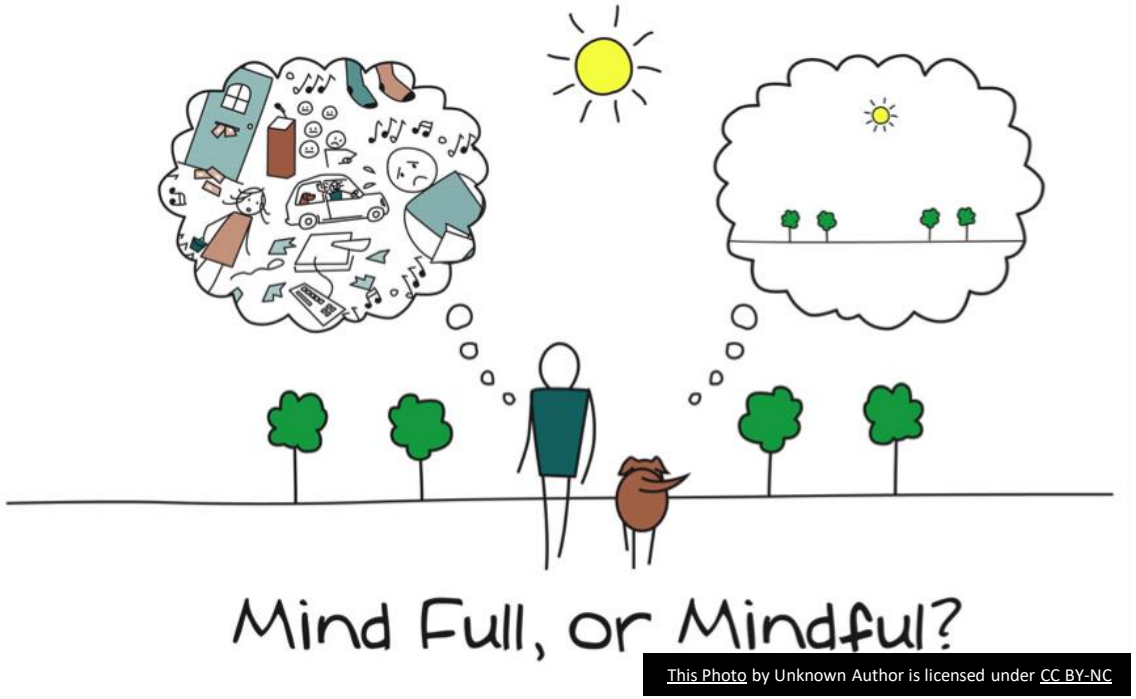
SOMATIC MANAGEMENT SKILLS



- **2 types of somatic management**
  - In the moment = fast acting for fast calming
  - Ongoing daily practice = reset baseline levels; good for chronic stress management, sleep, etc.
- **In the moment**
  - Breathing Retraining/ Diaphragmatic Breathing
  - 5-sense Grounding
- **Ongoing**
  - Relaxation Training
  - Progressive Muscle Relaxation (PMR)
  - Guided visual imagery
  - Mindfulness

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5-SENSES GROUNDING

5 things you can see

4 things you can touch/feel

3 things you can hear

2 things you can smell

1 thing you can taste/imagine tasting

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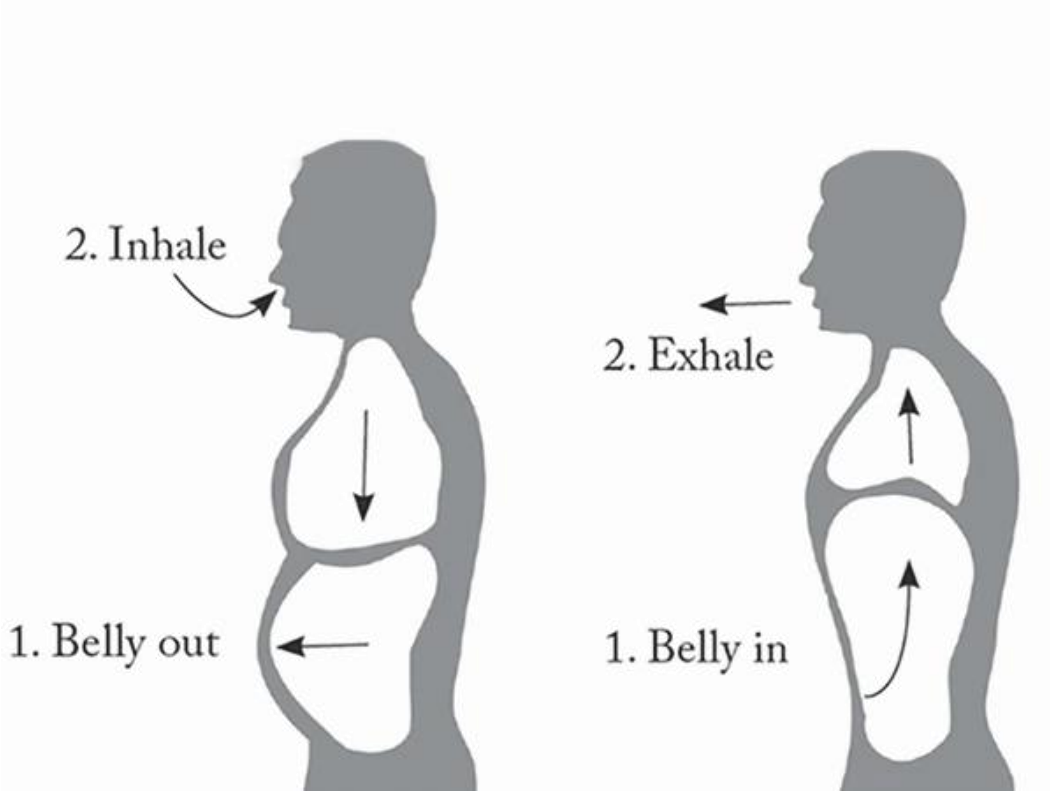
BREATHING RETRAINING

- **Rationale**: One of the problems for clients is being constantly on edge/anxious (fight/flight/freeze)
- **Shallow breathing → Anxiety.** Normal breathing pattern when scared or threatened. Helpful then; not so helpful all the time.
- **Deep, regular breathing → Calm/relaxation.** Incompatible with the physical state of being anxious, so helps reduce anxiety.



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TEACHING BREATHING TRAINING

- Psychoeducation - When people are in an aroused state they tend to breathe from their chest and also to breathe more quickly and deeply, taking in too much oxygen. This can actually increase symptoms of anxiety, including dizziness, breathlessness and even disorientation. The aim of this exercise is to slow down your breathing and decrease the amount of oxygen you take in, which will lead to a decrease in anxiety. It can also be used to manage states of irritation or anger and as a meditative tool for feeling calm and grounded.
- Practice

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HELPFUL MINDFULNESS RESOURCES

- Centre for Clinical Interventions
- Mobile apps (free)
  - Mindfulness Coach (VA)
  - UCLA Mindful (website has recordings in many languages
  - COVID Coach (VA)
  - Breathe2Relax

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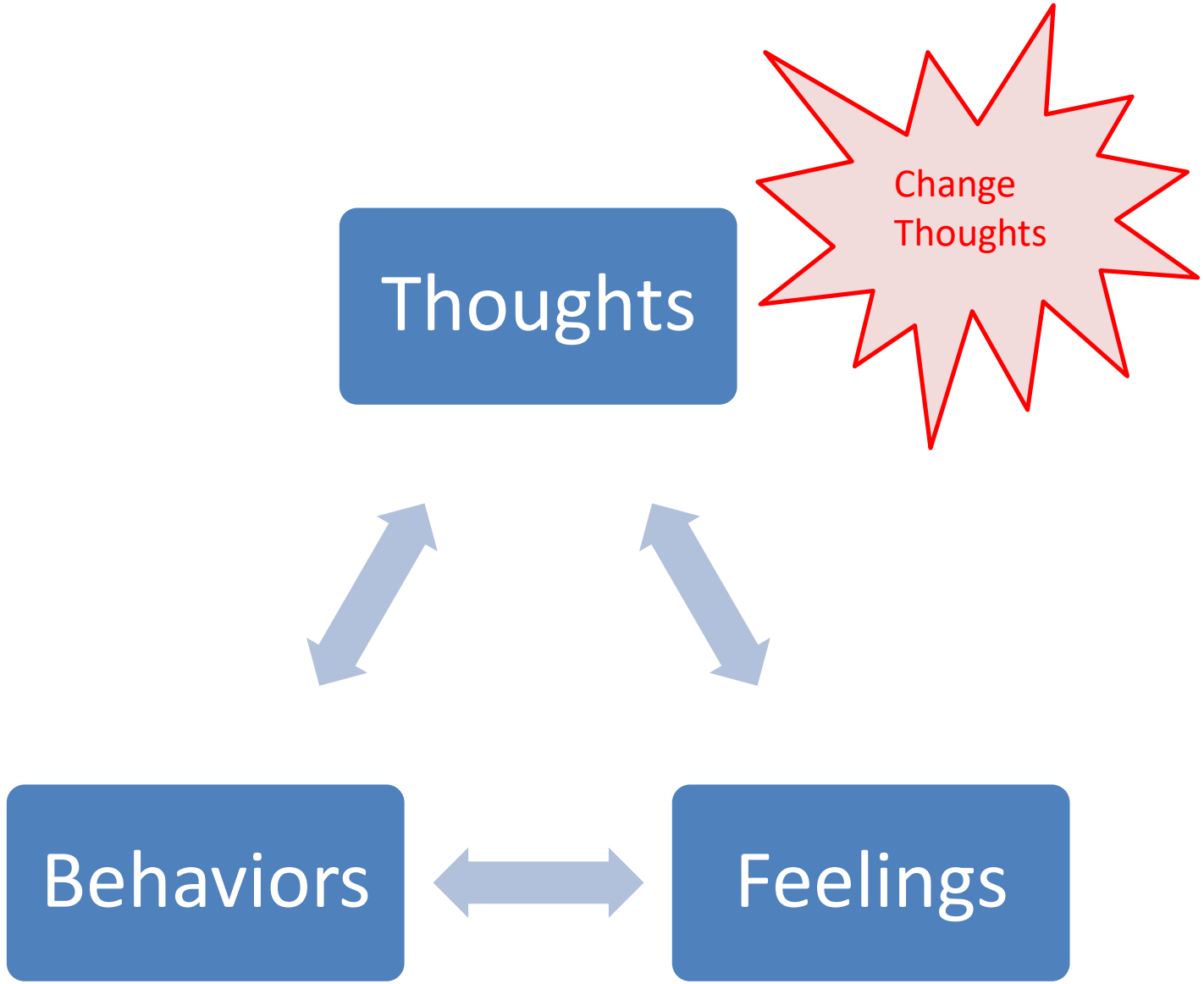
CBT TRIAD



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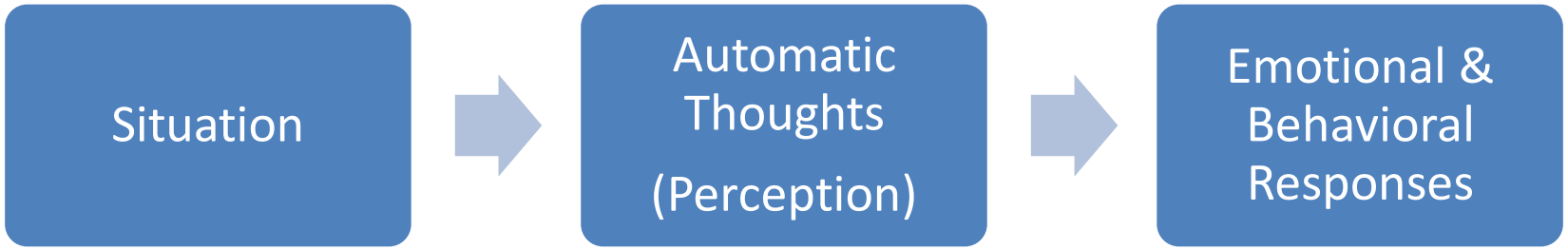
GENERAL COGNITIVE MODEL: REVIEW

- Situations/events don't cause negative feelings or maladaptive behavior → the *automatic thoughts* triggered by the situation do
- In words: *Negative events & stress elicit negative thoughts that in turn → psychopathology*
- In pictures:



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(A) ANTECEDENT/ ACTIVATING EVANT	(B) BELIEFS/ SELF-TALK/ AUTOMATIC THOUGHTS	(C) CONSEQUENCES/ EMOTIONS/ PHYSICAL REACTIONS	(D) DISPUTING/ ALTERNATIVE RESPONSES	(E) EFFECT/IMPACT OF DISPUTING
Supervisor requests to have a meeting.	- "I'm going to get fired." - "I won't be able to pay my bills." - "I'm going to lose my housing."	Feel anxious, worried, stressed, would like to tell supervisor I can't make the meeting	-I have been working at my job for a year; performance review was positive -We've had team changes, maybe they want to discuss -I haven't gotten any negative feedback	Feel less anxious Plan to attend meeting

- What is the **evidence** that the automatic thought is true? What is the evidence that it is not true?
- Are there **alternative explanations** for that event, or alternative ways to view the situation?
- What are the **implications** if the thought is true? What is upsetting about it? What is most realistic? What can I do about it?
- Is the automatic thought helpful? Even if it is true, does it help me to focus on it or repeat it to myself?
- What would I tell a good friend in the same situation?

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COMMON AUTOMATIC THOUGHT PATTERNS

Filtering: You take all the negative details and magnify them while filtering out all positive aspects of a situation.

All-or-Nothing Thinking: Things are black or white, good or bad. You have to be perfect or you are a failure.

Overgeneralization: You come to a general conclusion based on a single incident or piece of evidence. If something bad happens once, you expect it to happen over and over again.

Over-estimating: You believe that a negative outcome is more likely than it actually is.

Catastrophizing: You think that if something negative happens, it will become a disaster with a terrible outcome - often this follows over-estimating.

Mind-Reading: Without their saying so, you know what people are feeling and why they act the way they do. In particular, you are able to figure out how people are feeling toward you.

Personalization: Thinking that everything people do or say is some kind of reaction to you. You also compare yourself to others, trying to determine who is smarter, better looking, etc.

Control Fallacies: If you feel externally controlled, you see yourself as helpless, a victim of fate. The fallacy of internal control has you responsible for the pain and happiness of everyone around you

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COMMON AUTOMATIC THOUGHT PATTERNS

Fallacy of Fairness: You feel resentful because you think you know what's fair but other people won't agree with you.

Blaming: You hold other people responsible for your pain, or take the other tack and blame yourself for every problem.

Shoulds: You have a list of Ironclad rules about how you and other people should act. People who break the rules anger you and you feel guilty if you violate the rules.

Emotional Reasoning: You believe that what you feel must be true-automatically. If you feel stupid and boring, then you must be stupid and boring.

Fallacy of Change: You expect other people will change to suit you if you just pressure them enough. You need to change people because your hopes for happiness seem to depend entirely on them.

Global Labeling: You generalize one or two qualities into a negative global judgment.

Being Right: You are continually on trial to prove that your opinions and actions are correct. Being wrong is unthinkable and you will go to any length to demonstrate your rightness.

Heaven's Reward Fallacy: You expect all your sacrifice and self-denial to pay off, as if there were someone keeping score. You feel bitter when the reward doesn't come.

CHALLENGING NEGATIVE THOUGHTS

- **Step 1 = Identify automatic thoughts** (thought record)
- **Step 2 = Evidence for & against**
  - Rationale = Thoughts are generated automatically and may or may not be accurate. Humans are prone to common cognitive errors (handout). Going to learn how to evaluate our own thinking to fix errors when they happen.
- **Step 3 = Developing new thoughts**
  - Use ratings to demonstrate *small* shifts in how much believe automatic thoughts
  - Goal is *not* to completely get rid of the negative thoughts, but to recognize may not be totally accurate → make space for more adaptive thoughts
  - Language = more "balanced" thinking
- **Step 4 = Repeat regularly – every session!**
  - Rationale = this is not about changing a specific thought, it is about learning the skill of identifying & challenging thoughts

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WHAT IS BEHAVIORAL ACTIVATION (BA)?

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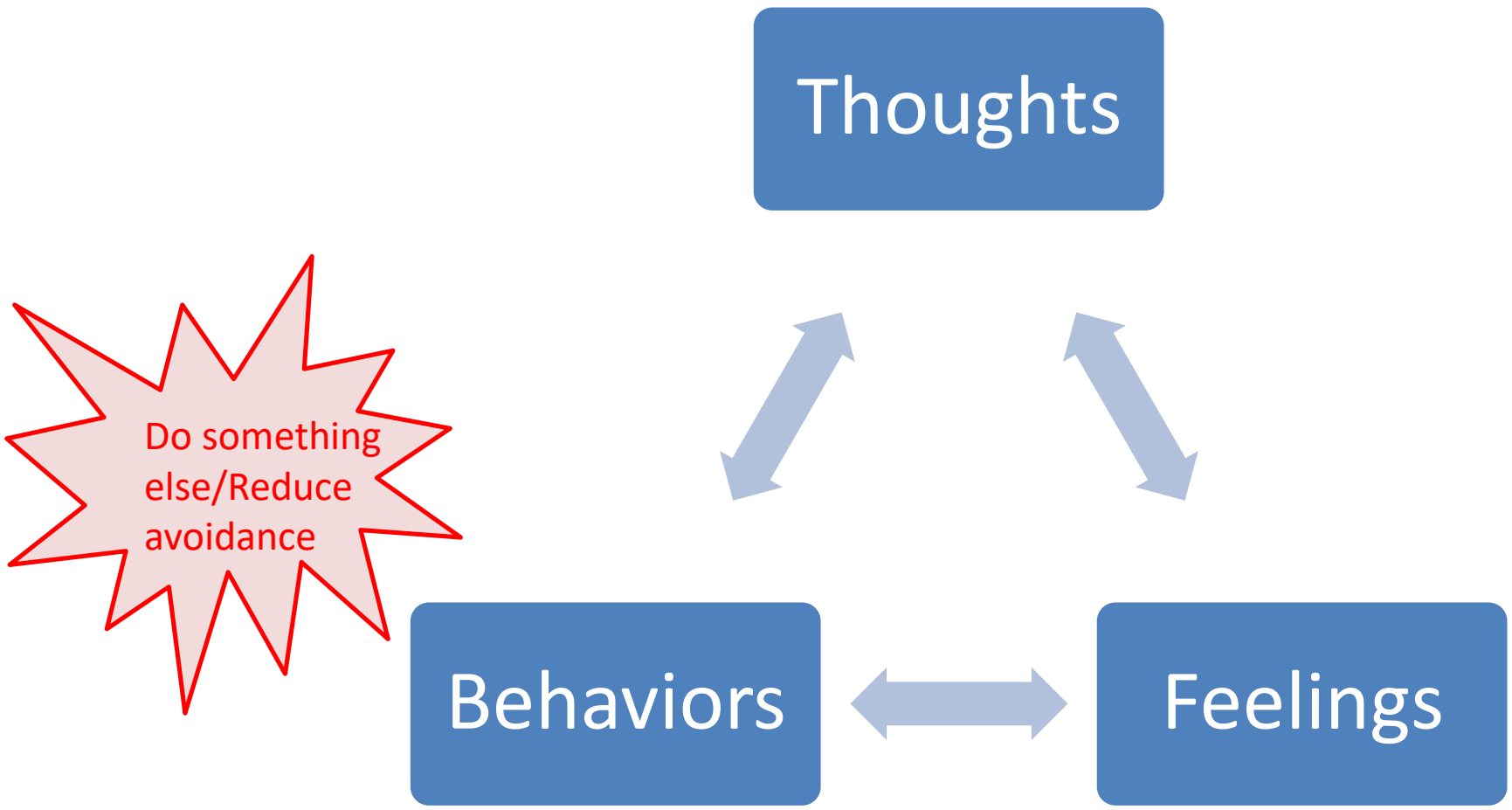
CBT TRIAD



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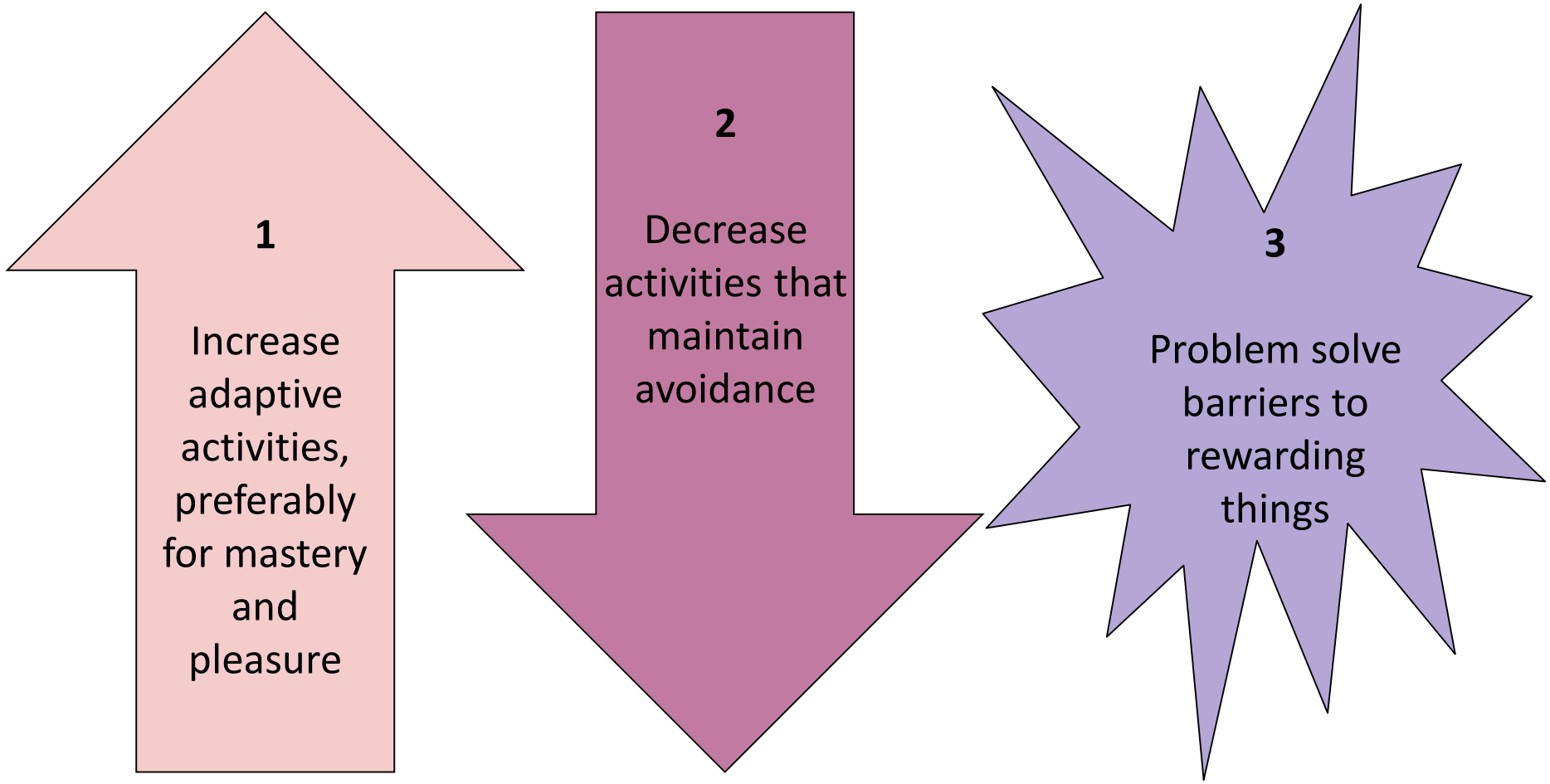
3 GOALS OF BEHAVIORAL ACTIVATION



(Stephens & Raue, 2019)

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STEP 1: EXPLAIN THE MODEL AND RATIONALE

FEEL ANXIOUS

Do less and avoid difficult or anxiety producing situations

(Stephens & Raue, 2019)

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STEP 1: EXPLAIN THE MODEL AND RATIONALE

FEEL BETTER

Do MORE, Realize it may not be as bad as you think

(Stephens & Raue, 2019)

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THE ROLE OF AVOIDANCE

TRAP - trigger, response, avoidance pattern
TRAC - trigger, response, alternative coping

(Stephens & Raue, 2019)

What is it?

- "the action of keeping away from or not doing something" (Oxford Languages)

Why do it?

- Short-term gain, long-term LOSS

What to do about it?

- Identify avoidance behaviors and help to choose alternative coping behaviors.

(Jacobson, Martell, Dimidjian, 2001; Stephens & Raue, 20)

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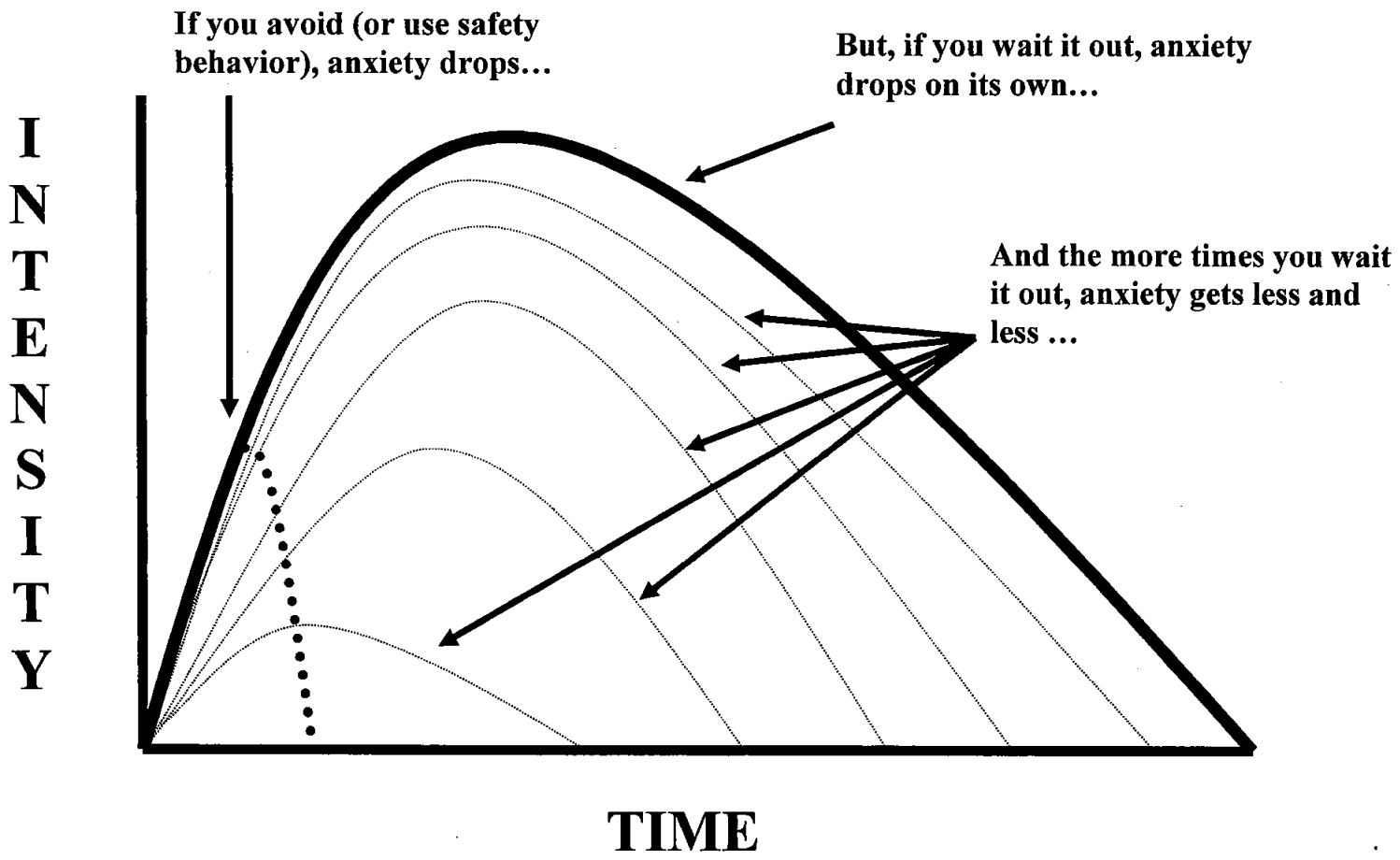
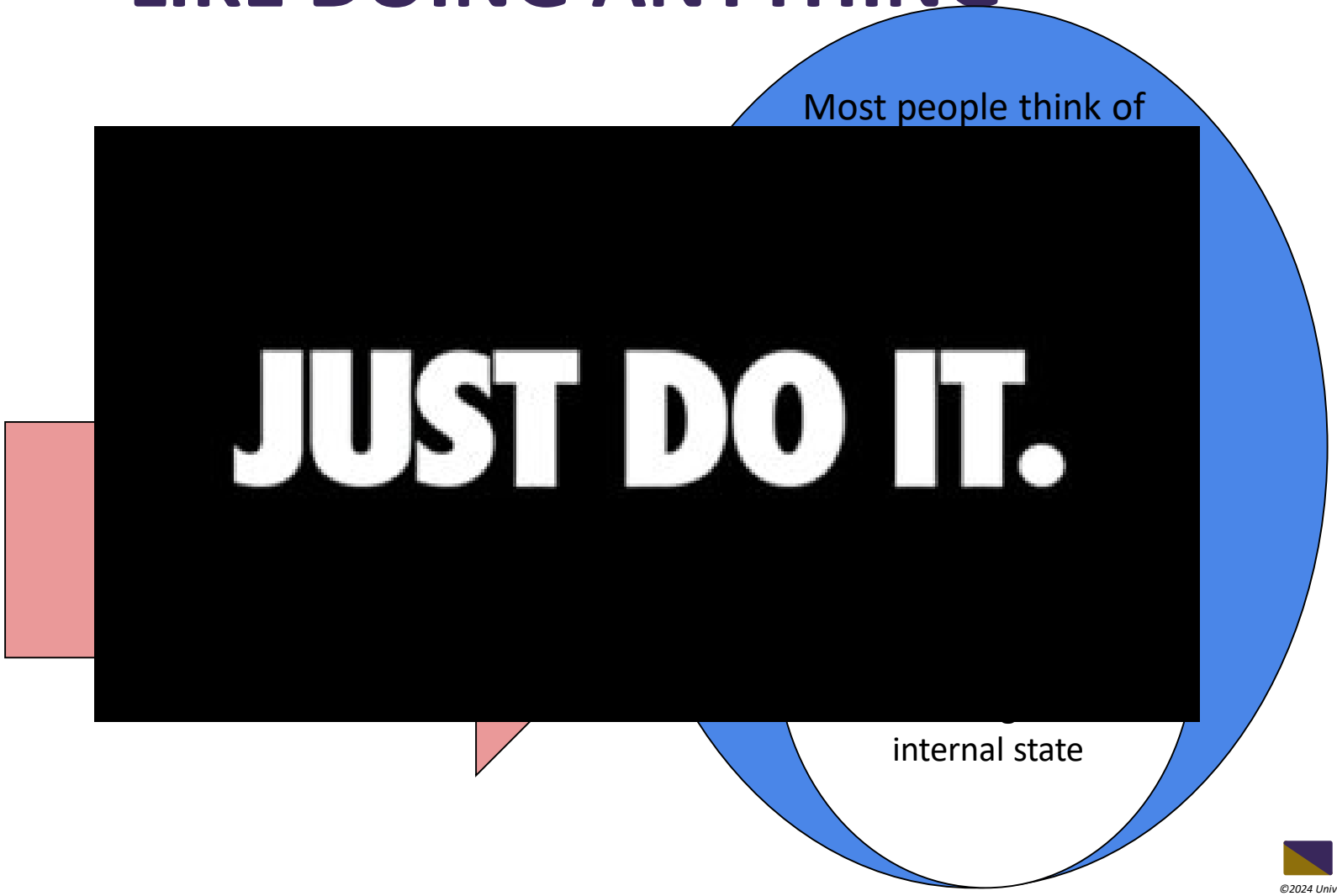
Anxiety Comes and Goes



“BUT THE PROBLEM IS I DON’T FEEL LIKE DOING ANYTHING”



(Stephens & Raue, 2019)

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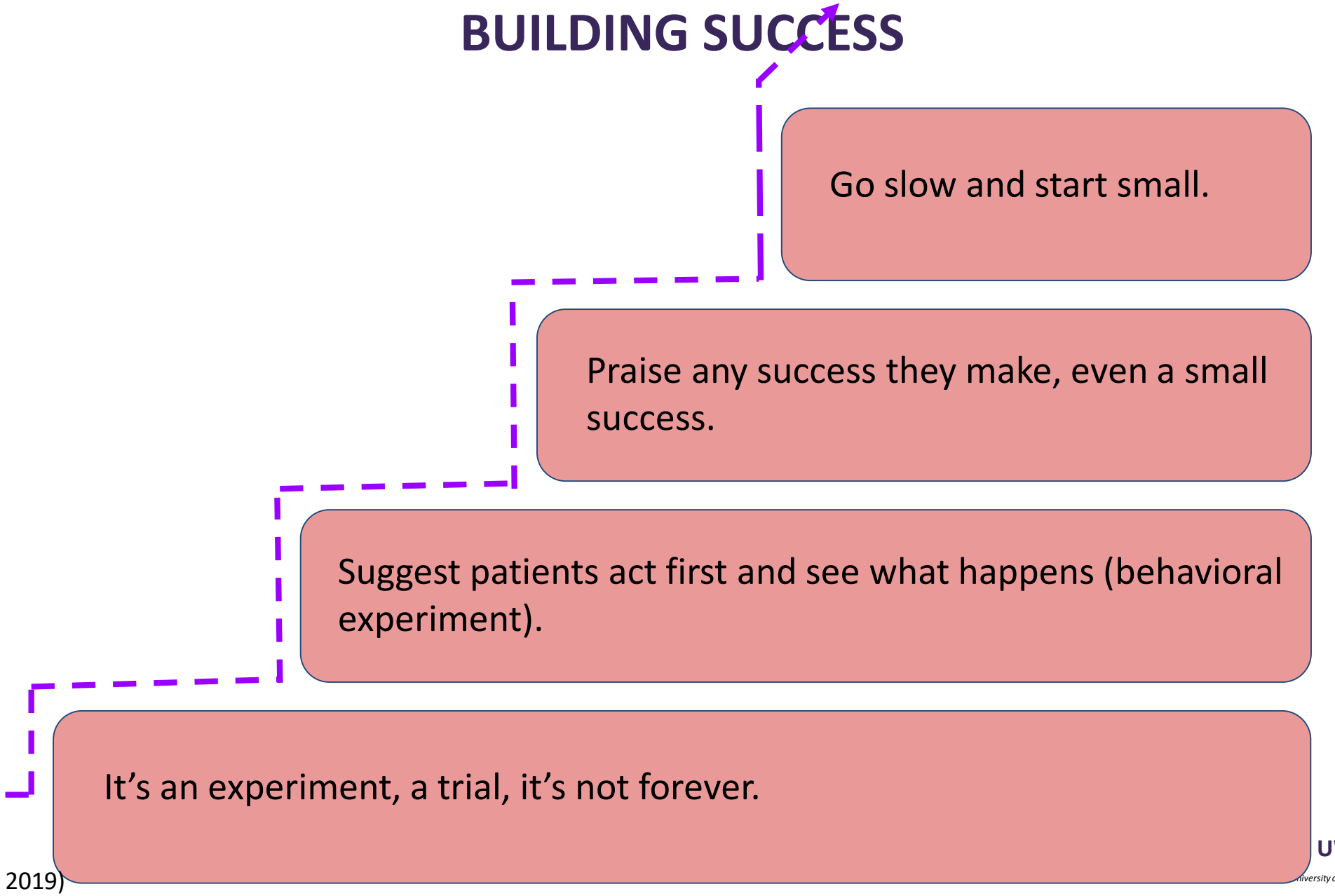
BUILDING SUCCESS



(Stephens & Raue, 2019)

SELECT BA TARGETS AND MAKE A *SPECIFIC* PLAN

The more specific the plan, the more likely it will be followed (think SMART goals)

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DESCRIBING CBT TO A PATIENT

- Summarize presenting problems
- Present concept of CBT
  - Many problems
  - Problems are related in part to how we think and how we act
  - Work together to identify when experiencing problems, and this will give us ideas about where we can start to make changes
  - Active role in therapy to identify when problems are occurring, be willing to try new skills, and to practice the skills outside of the sessions

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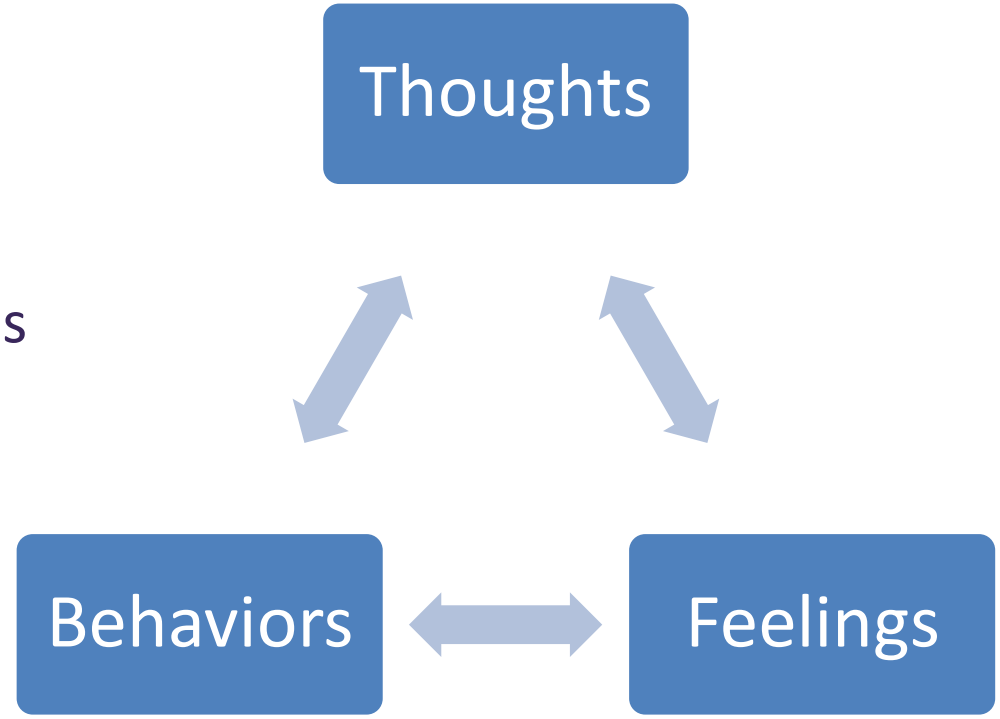
DESCRIBING CBT TO A PATIENT

- Show the model
- Highlight how these are interrelated
- We can intervene with skills in each domain to help regulate emotion



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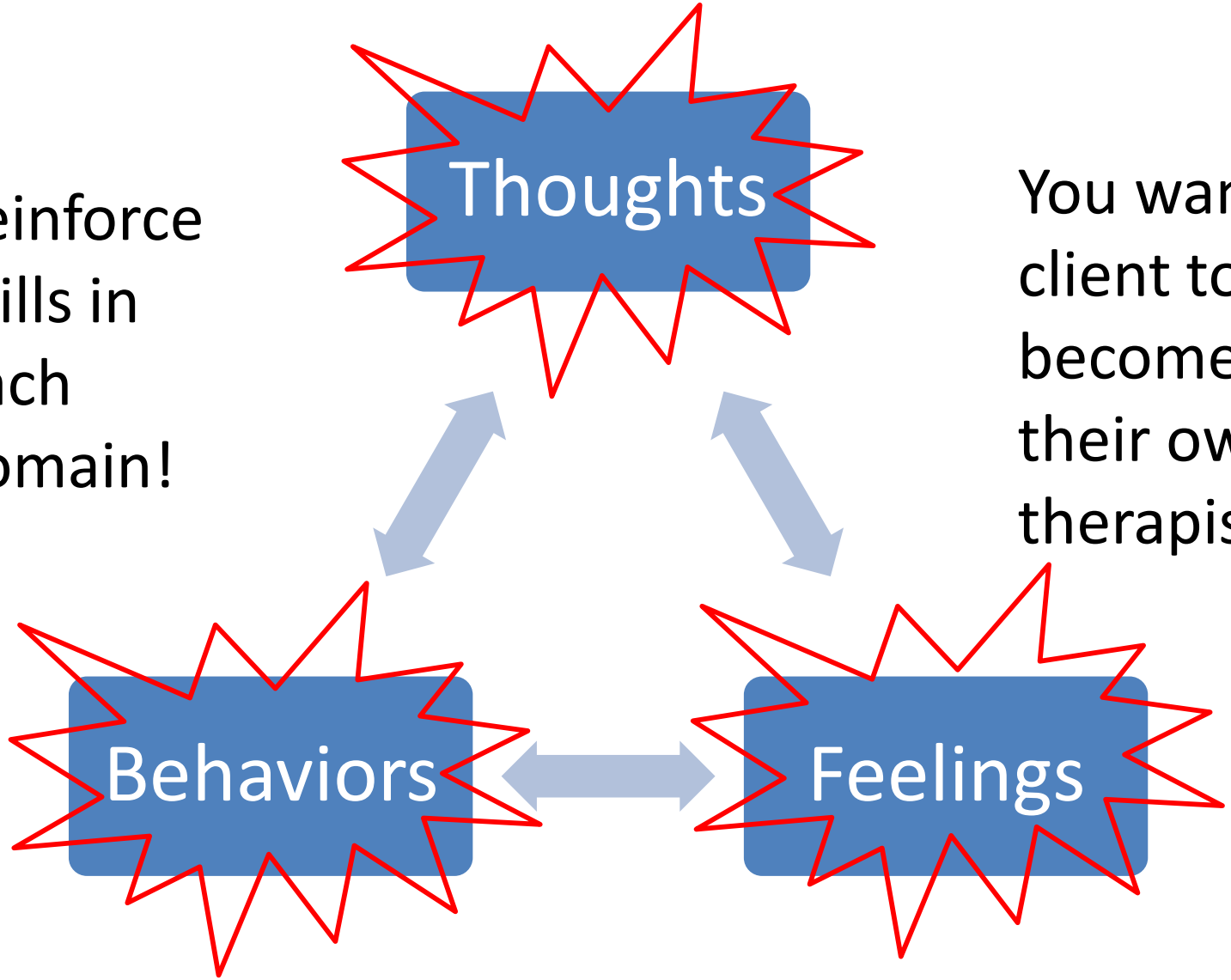
CBT IN REVIEW

Reinforce skills in each domain!



You want client to become their own therapist

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PATIENT RESOURCES

- Centre for Clinical Interventions
  - Resources → for Clinicians
  - https://www.cci.health.wa.gov.au/Resources/For-Clinicians
  - Psychoeducation handouts for panic, GAD, diaphragmatic breathing, mindfulness

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Behavioral activation materials adapted from talk by Kari Stephens, PhD and Patrick Raue, PhD

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