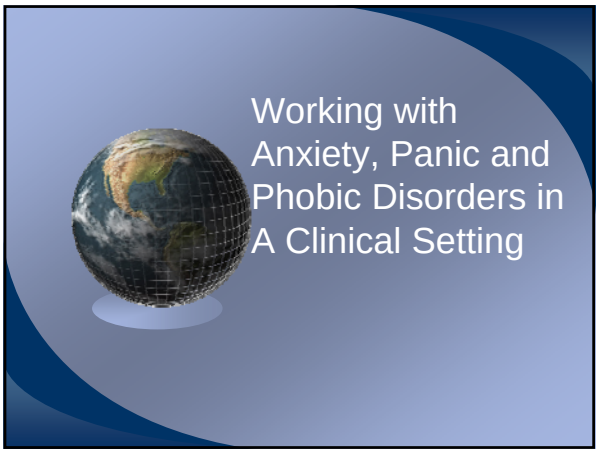


Three Levels of Anxiety Disorders

- Anxiety: excessive worry, obsession either with particular stimulus or general anxiety
- Panic: physical reactions to anxiety (spells or attacks of heart racing, etc.)
- Phobia: Strong fear with avoidance of specific stimulus

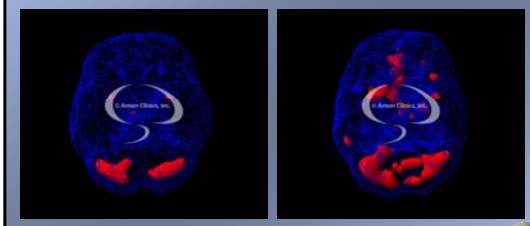
Learning and Applying Clinical Skills for Anxiety Disorders

- Methodical, mechanical practice
- Easily learned
- Easily integrated with other counselling systems
- Quickly reinforces client change, growth and clinical compliance

Physiology of Anxiety

- When an individual experiences anxiety body reacts with
- Adrenalin rush
  - Increases focused
  - Heightened activity related to concern
- Corticotrophin (cortisol) increase in brain: a stress hormone.
  - Blocks neurotransmitter relay in prefrontal lobe
  - Increases activity in limbic system

Normal Brain vs. Anxious Brain

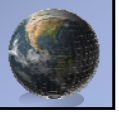


First Step Toward Intervention

- Identification of anxiety (general or specific stimuli) and measurement of extent of anxiety
  - Severity determines nature of intervention
  - Low level anxiety easily treated in groups
  - Severe cases need intensive (individual) treatment

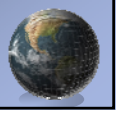
Two methods of identification

- Clinical interview
  - Generally person-centered
  - Targeted toward anxiety disorder as diagnostic features identified
- Identification instrument
  - Anxiety scale available at http://www.csus.edu/indiv/d/downsl



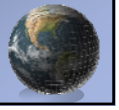
Stress Inoculation Protocol

- Help client identify and define the nature and extent of the anxiety and its effects on behavior and outcomes (Socratic dialogue – 3/6/9/12 sequence)
- Discover highest level stressor and Develop a SUDS (Subjective Units of Distress Scale) level of 100 (or 10)
- Spend time recording image of stressor at 100, symptoms, sensations, physiological reactions



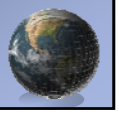
First Step of Inoculation

- Teach progressive relaxation and establish lowest level of hierarchical scale (1 on SUDS scale)



Continued Development of Scale

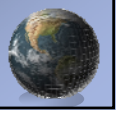
- Develop and record incremental increases in distress by both nature of test and its environmental factors and by symptomatic response
- At each level, a full set of experienced symptoms, emotions, and reactions should be identified and documented
  - For use in sessions
  - For follow-up measurement
  - Can be done with inventory instrument but best done with guided imagery.
- Guided Imagery
- Relaxed position in chair
- Close eyes
- Capture image of and describe situation



- Have client insert self into image, experience it, and describe thoughts, emotions, responses
- Record SUDS level achieved
- Recording Experience
  - Be sure to solicit deeper detail
- Must be familiar with symptoms and understand situation details to help
- The more you know about the client's response the more vivid the experience
- Faithfully record all detail so you can recapture it during treatment
- If it is not real in each experience, the client will not receive full benefit of inoculation

Desensitization Steps To Set Data Base

- Develop 100 on SUDS Scale
- Develop 50 on SUDS Scale
- Develop 25 on SUDS Scale
- Develop 75 on SUDS Scale
- Read each back to the client upon completion
- Read back entire scale when finished with inventory
- Increments of Inoculation
- Assume 5 sessions



Scaling relaxation to maximum SUDS scales

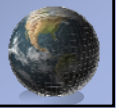
- 25 SUDS level desensitization
- 50 SUDS level desensitization
- 75 SUDS level desensitization
- 100 SUDS level desensitization

Desensitization Sessions

- Guided imagery to capture maximum immersion at SUDS level
- Set stage, environment, induce "trance"
- Read back recorded client data at SUDS level
- Record SUDS level achieved until as close as possible
- With image retained by client, recall and work on relaxation techniques
- Body inventory and systematic relaxation
- Breathing techniques
- Record resultant SUDS level, discuss and record results
- Reinforce progress

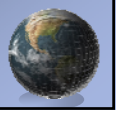
Homework

- Practice technique once daily
- Monitor self and practice techniques ASAP whenever anxiety is present
- Interrupt cycle before infusion of Corticotrophins
- Report back
  - Practices (Inoculations)
  - Interruptions
  - Frequency
  - Success
  - SUDS levels before and after



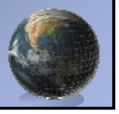
Cognitive Intervention

- Once the client has some tools, begin working on self dialogue (automatic thoughts)
  - What does the client hear about self that is self defeating
  - Develop counterstrategies (disputations)
- Guide client through process of discovery of ways to shut down responses and develop new ways to meet potential anxieties before they interfere with function.

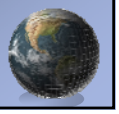


Automatic Thoughts: Types

- Cognitive theory says these are the basis of development of emotional problems
- Thought distortions
  - Arbitrary Inferences
    - the drawing of an unjustified conclusion
  - Selective Abstractions
    - the focusing of attention on one detail without regard to the rest of the
  - Overgeneralizations
    - the drawing of a general conclusion based upon a limited event

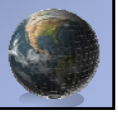


- Magnification or minimization
  - Catastrophizing relatively minor situations or acting as if important situations are of little concern
- Personalization
  - The belief that references of others are you one's self when they are not
- Labeling or mislabeling
  - Stereotyping or giving false characteristics to things or people, easier to distance oneself
- Polarized Thinking
  - Things can only be one of two ways, always opposites



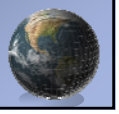
Nature of Automatic Thoughts

- Specific
- Discrete
- Reflexive
- Autonomous (no effort, hard to shut off)
- Thought of as plausible
- Untested against reality
- Ignored
- Same theme
- Idiosyncratic (seen as unique)
- Internal reality

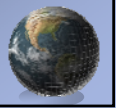


How they affect behavior

- Self Monitor (self instruction)
- Deficit (addictions/impulsive disorders)
- Over-regulation (inhibition, frights)
  - Should and contradictory shoulds
  - (obsess) rules
- Internal Reality
- Built by associations, generalizations



Follow Up!!!!!



Adaptation to Group Setting

- Assume that only moderately anxious will "respond" to treatment
- Use generalized imagery and follow-up self inventory
- Inoculate with assumption that "guided imagery sets stage but details guided but not repeated by counselor (It is a good idea to review scale inventory details before inoculation)
- If a client identifies panic, provide personal sessions.