

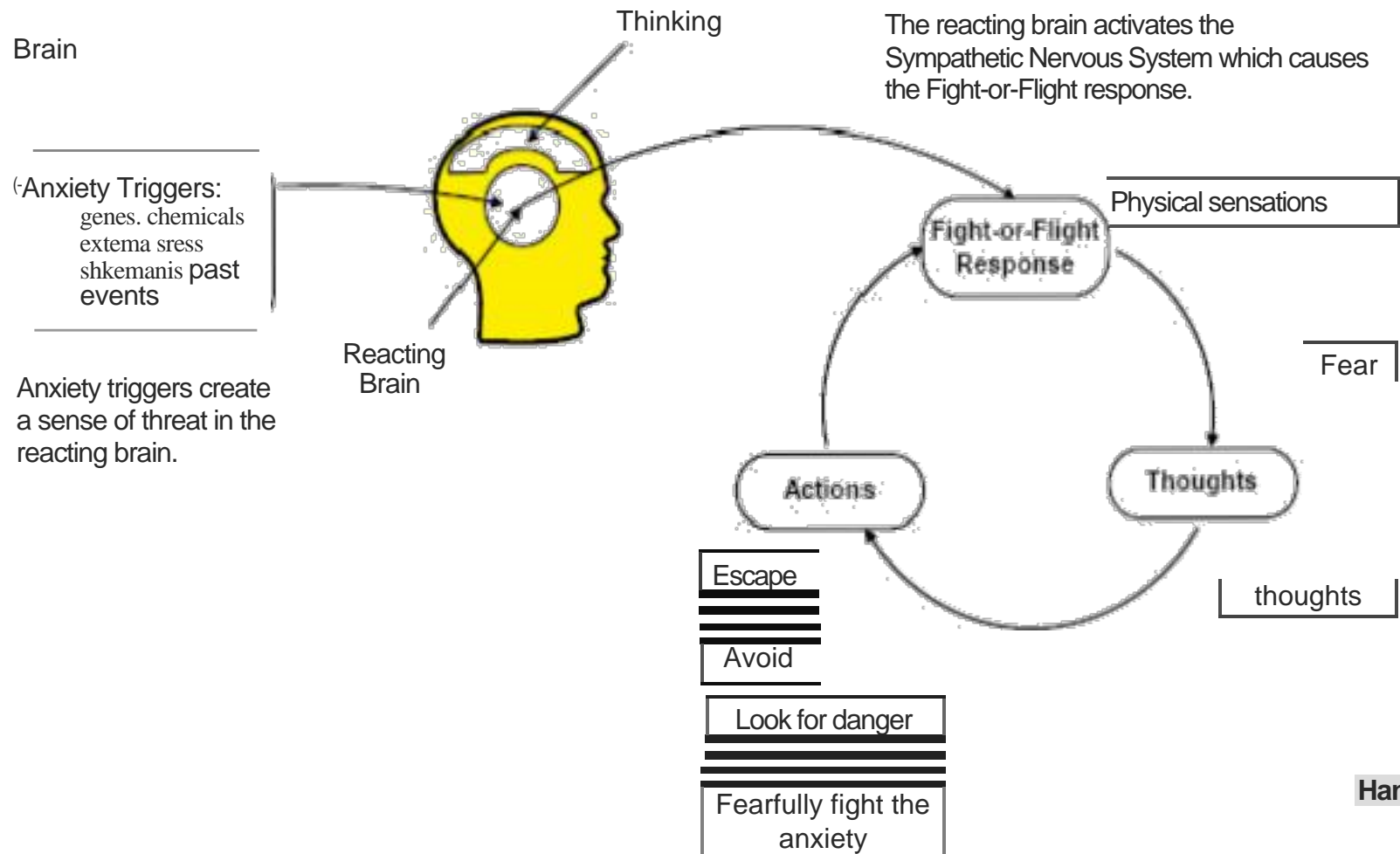
ANXIETY RESOURCES

WELLNESS TOOLS

- **Handout: Managing Overwhelming Emotions** A Personal action plan can help you take control of the areas of your life that affect how you react to and manage overwhelming emotions. [CLICK HERE to access handout](#)
- **Handout: Mindfulness** Discover the power of being fully present and aware of where you are and what you're doing, and not overreacting to or overwhelmed by what's going on around you. [CLICK HERE to access handout](#)
- **Handout: Building Resilience** Learn skills you can practice to train your mind and build mental resilience to stress. Resilience is the ability to “bounce back.”
[CLICK HERE to access handout](#)

THE ANXIETY CYCLE

How anxiety gets triggered and maintained

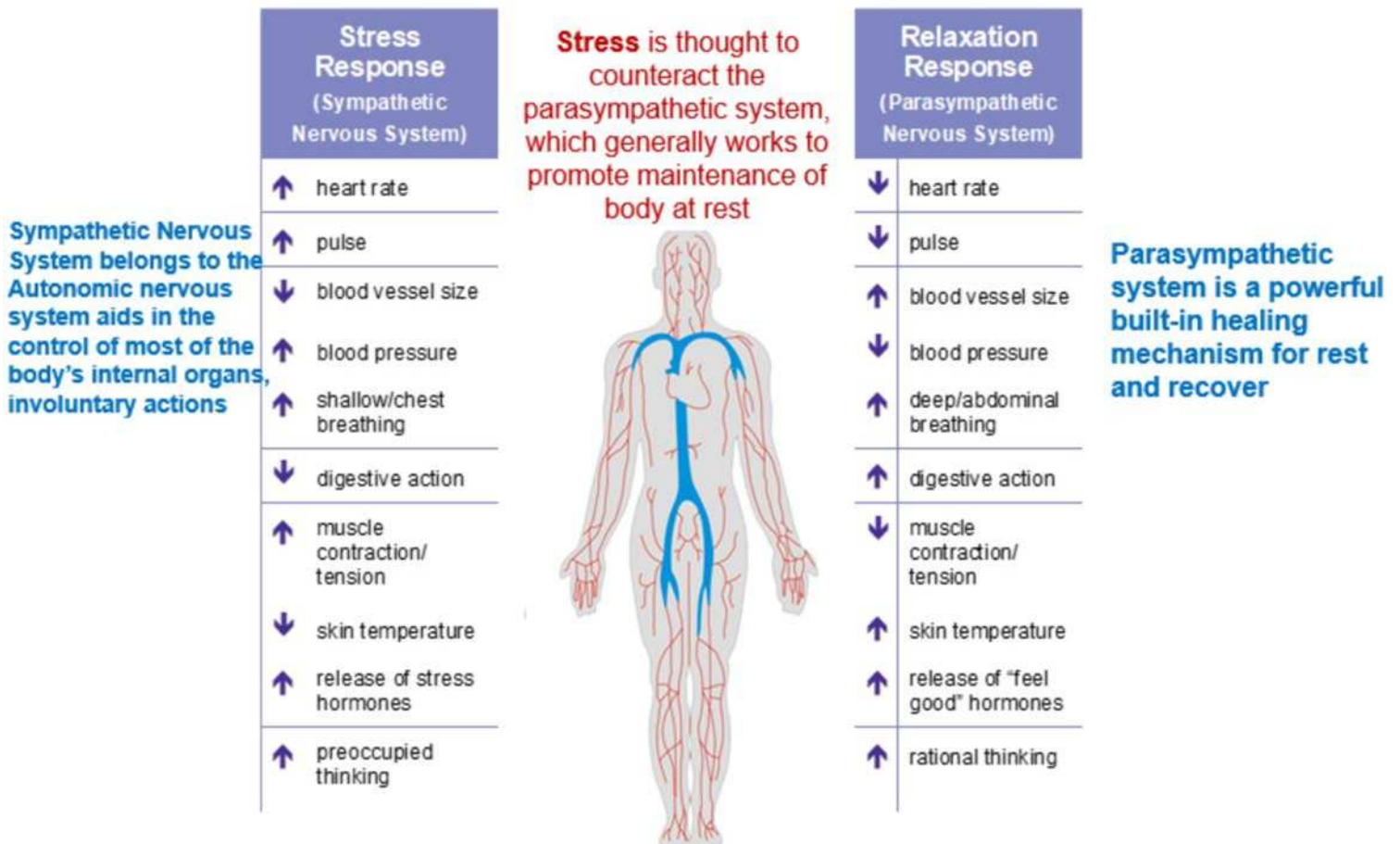


Handout

THE REACTING BRAIN VS. THE THINKING BRAIN

Acts like a Bodyguard: always awake, looking for danger.	Acts like a problem-solver: Analyzes.
Primitive.	More Advanced.
Reacts Automatically.	Thinks.
Can't Evaluate.	Can Evaluate.
Can't know if information about danger is true or not.	Can use facts to know if information about danger is true or not.
Learns danger easily. Learns safety slowly.	Learns danger or safety depending on the facts.
Only learns from repeated experience that something's safe.	Can learn something's safe from words and facts.

Stress Response and Relaxation Response



AUTONOMIC NERVOUS SYSTEM

Two parts work in seeming opposition to each other, to create balance in the body

Sympathetic Nervous System (SNS)

“Accelerator”

Regulates Fight or Flight Response:

- Suspends non-essential activity
- Prepares for strenuous physical activity
 - a Heart rate and force increased
 - a Increases blood pressure
 - a Rapid breathing to supply more oxygen
 - a Pupils dilate
 - a Stomach-bladder-rectal muscles contract
 - a Digestion suspended

Release of adrenaline (epinephrine) & related chemicals into bloodstream to increase strength/stamina.

Parasympathetic Nervous System (PNS)

“Brake”

Regulates Resting Functions:

- Shuts down energy expenditure
- Conserves energy for growth and restoration
 - a Slows heart rate
 - a Decreases blood pressure
 - a Relaxes breathing
 - a Pupils constrict
 - a Prepares bladder and bowels
 - a Digestion increased

PANIC ATTACK:

Overreaction of the fight or flight response

Panic Cycle begins with:

1. Episode of unpleasant physical symptoms
2. No explanation for mysterious symptoms
3. High need for control, to appear normal, avoid disapproval (personality)
4. Increased awareness of body sensations
5. Negative anticipation – desire to avoid

RELAXATION RESPONSE:

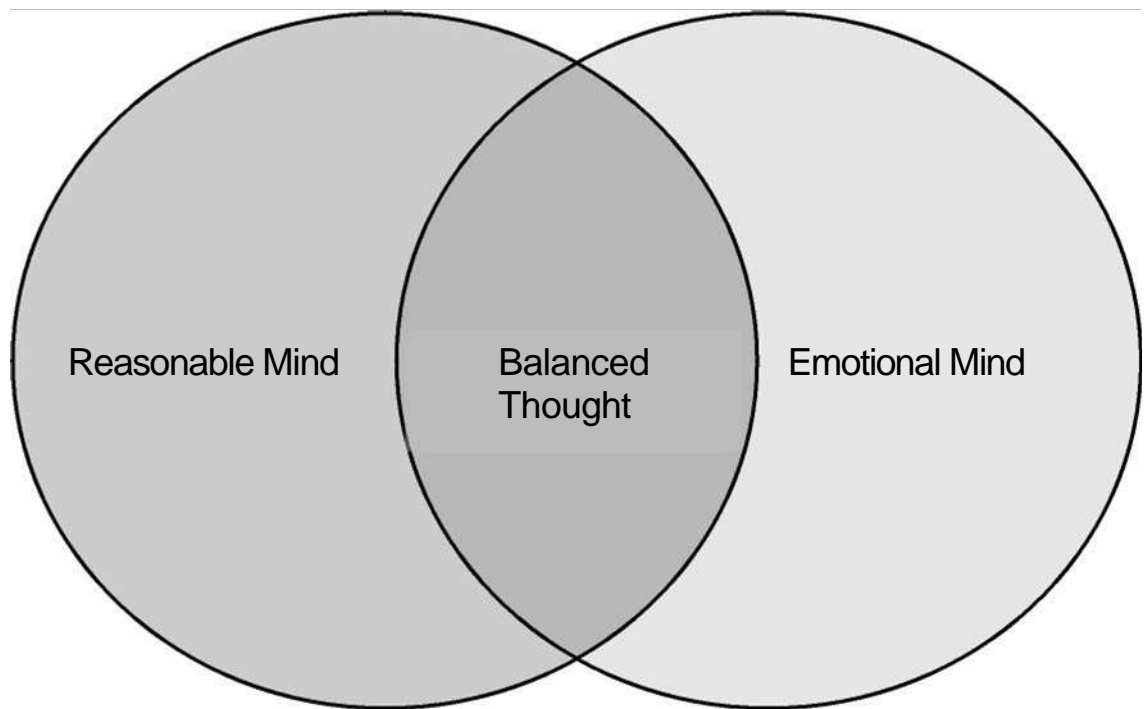
Accessed by consciously breathing diaphragmatically.

Chronic stress can be reduced by regularly eliciting the relaxation response while minimizing the habitual stress response. This can be done by intentionally taking time to practice relaxation methods.

Adapted from TPMG
“Undoing Perpetual Stress” – R. O'Connor
“Anxiety, Phobia & Panic” – R. Peurifoy

MINDFULNESS

States of Mind



What Skills:

Observe experience

Describe experience – put into words

Participate – Be involved in the moment

Act from the balanced thought

Practice skills

How Skills:

Non-judgmental – Accept, don't evaluate

One-mindfully – Do one thing at a time

TEN COMMANDMENTS TO REMEMBER DURING A PANIC ATTACK

- 1) It does not matter if you feel frightened, bewildered, unreal, unsteady. These feelings are nothing more than an exaggeration of the normal bodily reactions to stress.
- 2) Just because you have these sensations doesn't mean you are very sick. The feelings are just unpleasant and frightening, not dangerous. Nothing worse will happen to you.
- 3) Let your feelings come. They've been in charge of you. You've been pumping them up and making them more acute. Stop pumping. Don't run away from panic. When you feel the panic mount, take a deep breath and, as you breathe out, let go. Keep trying. Stay there almost as if you were floating in space. Don't fight the feeling of panic. Accept it. You can do it.
- 4) Try to make yourself as comfortable as possible without escaping, if you're on a street, lean against a post or wall. If you're at the cosmetics department of the department store, find a quieter counter or corner. If you're in a boutique, tell the salesperson you don't feel well and want to sit for a while. Do not jump into a cab and go home in fear.
- 5) Stop adding to your panic with frightening thoughts about what is happening and where it may lead. Don't indulge in self pity and think, "Why can't I be like all the other normal people? Why do I have to go through all this?" Just accept what is happening to you. If you do this, what you fear most will not happen.
- 6) Think about what is really happening to your body at this moment. Do not think, "something terrible is going to happen. I must get out." Repeat to yourself, "I will not fall, faint, die or lose control."
- 7) Now wait and give the fear time to pass. Do not run away. Others have found the strength. You will too. Notice that as you stop adding the frightening thoughts to your panic, the fear starts to fade away by itself.
- 8) This is your opportunity to practice. Think of it that way. Even if you feel isolated in space, one of these days you will not feel that way. Sometime soon you will be able to go through the panic and say, "I did it." Once you say this, you will have gone a long way toward conquering fear. Think about the progress you have already made. You are in the situation!
- 9) Try to distract yourself from what is going on inside you. Look at your surroundings. See the other people on the street, on the bus. They are with you, not against you.
- 10) When the panic subsides, let your body go loose, take a deep breath, and go on with your day. Remember, each time you cope with a panic, you reduce your fear.

Adapted from Fensterheim, H., and Doer, J. Stop Running Scared! New York: Dell, 1977

THINGS TO SAY DURING PANIC

Cognitive Coping Strategies Designed by Agoraphobics

Stay with the feeling – don't fight it.

The worst that could happen is discomfort.

I've lived through this before and I'll make it this time too.

It only **feels** threatening.

It **will** pass.

The best thing that can happen is when it's over I won't be as afraid of it next time!

I only **feel** out of control.

Then a positive: I'm driving OK, I'm walking OK.

By letting go, I'm in control.

I may **feel** out of control, but I'm in control.

I am not going to die.

I have done this before, and I'm going to do it again and nothing bad will happen.

The worst thing that can happen is I'll panic (and that hasn't hurt me yet).

The best thing that can happen is that I'll be one step closer to recovery.

I **will** make it home. I always make it home.

I can do this and I will do this because I want to do this.

If I have to feel high symptoms to get better, I will.

Feeling symptoms is good – it means I'm working hard toward recovery.

I'll never get better if I keep running from the symptoms.

I am getting better.

I am a brave, hard working person and I'm proud of me.

THINGS THAT DON'T WORK IN TRYING TO MANAGE ANXIETY

- 1) Avoiding what scares you – “avoidance fertilizes anxiety”
- 2) Whining and complaining (usually includes lack of motivation to explore productive solutions)
- 3) Seeking continual help and reassurance (depending likely increases anxiety)
- 4) Hoping for miracles (hope without dedicated effort will likely be disappointing)
- 5) Relying on quick fixes
- 6) Staying overly focused on “Why me?” – exploration of why only goes so far.
- 7) Drinking to try and squelch anxiety (disrupts sleep, can become a habit, can worsen anxiety)
- 8) Trying too hard (stressing out about stressing out puts too much pressure on getting it right)
- 9) Medication as the one and only solution

STAGES OF CHANGE – WHERE ARE YOU WITH REGARD TO MAKING CHANGE TO BETTER MANAGE YOUR ANXIETY?

- ☐ Not interested in making change
- ☐ Considering change
- ☐ Ready to make a plan
- ☐ Ready to take action
- ☐ Maintaining changes

Coping Aid

GENERAL

- Take mediation as prescribed – daily
- Get adequate restful sleep
- Eat nutritionally regularly
- Eliminate/reduce caffeine intake
- Reduce sugar intake

BREATHE

- Practice relaxation breathing techniques

REALITY

- When panicky feelings make you mentally confused
 - Menthol cough drops/mints
 - Menthol inhaler

RELAXATION

- Use headphones with radio or tape recorder (while shopping, at dentist, as car passenger)
- Play relaxation tape

THOUGHT CHANGE

- Rubber band on wrist – snap and say “stop”
- Slap thigh – say “stop”
- Use positive self-talk

DIVERSION

- Say alphabet backwards
- Count by 3's from 100 backwards
- At stop lights
 - Read joke book
 - Make shopping list – apply lipstick
- At checkout counter
 - Add coins
 - Identify coins in pocket by touch
- Become a people watcher – use imagination on career, age, destination etc.

DESENSITIZATION

Purpose: to reduce the frequency and severity of inappropriate fear response by using relaxation and practice.

Goal: to expand boundaries gradually and steadily.

- Operate within your comfort zone at first
- Do things you want to do
- Choose time, place, and circumstances
- Gradually expand your comfort zone by doing:
 - New things within your comfort zone
 - Similar things outside your comfort zone
 - Eventually, new things outside your comfort zone

Unexpected Situations:

- Use coping techniques and aids
- Identify cause and degree of reaction (if any)
- Enter in calendar and journal (to chart progress)

Coping Techniques:

- Relaxation
- Breathing
 - Lift shoulders as you INHALE “PEACE”
 - Drop and relax shoulders as you EXHALE “FEAR”
 - BREATHE – do not tense
 - FACE – do not run
 - RELAX – do not fight
 - LET TIME PASS – do not be impatient
- Use relaxation techniques again
- Slowly resume activity

The goal is not to achieve an anxiety-free life but to be able to handle anxious feelings when they arise as comfortably as possible, without retreat.

Deep Breathing for Relaxation

Diaphragmatic breathing can bring about a feeling of calm and relaxation when it is purposefully done. It can help you let go of problems and worries and focus quietly on the present moment.

Getting Ready

First notice how you breathe now. Place one hand on your chest and one hand on your stomach. Breathe as you normally do. Notice the movement of your hands. Which hand has the most movement? With Deep Breathing, the goal is to have the hand on your stomach move obviously, while the hand on your chest barely moves.

Now, get into a comfortable position. You may want to close your eyes so you can focus better on the mid-section of your body.

Practicing The Skill

Place both hands on the lower part of your stomach and breathe in so that the incoming air expands that area and gently pushes against your hands. Your stomach muscles should be relaxed. Then, gently push with your hands as you exhale slowly. Allow a moment of letting go of your diaphragm muscle before you start inhaling again. If using an image in your mind helps, picture a balloon on your stomach which inflates when you inhale and deflates when you exhale. Practice this several times. Lastly, imagine the tension and stress leaving your body as you exhale while mentally saying to yourself, “I am becoming more and more relaxed and calm”

Here are some important tips for mastering this skill:

- * Wear loose, comfortable clothing and find a quiet, relaxing place to practice.
- * Start practicing with only 3 to 5 deep breaths. Slowly increase your practice time up to 5 minutes. Practice several times a day.
- * In the beginning, you might find it helpful to practice deep breathing while lying down on your bed or on the floor. Bend your knees and place your feet comfortably apart.
- * If you feel light-headed, dizzy, or anxious, you may be breathing too deeply or too quickly. If this happens, stop practicing for a moment and breathe normally until the symptoms pass. Also, inhaling and exhaling through your nose can help prevent hyperventilation.
- * As you progress, practice deep breathing in a variety of settings.
- * Be patient and gentle with yourself.

ANXIETY

Anxiety is a state of apprehension and uneasiness, usually with a variety of physical manifestations. Common manifestations include:

<u>Physical Symptoms</u>	Nervousness Dizziness Nausea Diarrhea Shortness of breath Sweating Trembling/shaking Choking or smothering sensation	Clammy hands Muscular tension Hot and cold flashes Rapid heartbeat Numbness Chest pain or discomfort Faintness
<u>Thoughts</u>	"I'm going crazy" "I'm having a heart attack" "I can't handle this" "I'm losing control" "People will laugh at me" "This will never go away" "This is controlling my life" "Everyone can see I'm a happen" mess"	"I can't stop thinking about this" "I will never get better" "I feel so vulnerable" "I can't stand this" "I'm going to die" "I'm going to faint" "I'm making a fool out of myself" "Something bad is going to
<u>Feelings</u>	Fear Terror Shame Humiliation Irritability	Anxiety Vulnerability Embarrassment Weakness
<u>Behaviors</u>	Hypervigilance and scanning Distractibility Restlessness Worried speech Agitation Easy startle Impatience	Avoidance of certain places/people/things Pacing Fidgeting Sighing Repetitive behaviors

Some degree of anxiety or tension is normal, especially in response to stressful events. When anxiety becomes severe or continues to be present well after a stressful event, it can become a problem.

There are five generally recognized “anxiety disorders”:

1. Panic Disorder

Panic disorder is characterized by episodes of intense panic or terror which often seem to come “out of the blue.” At these times, many people experience disturbing body sensations (see above). Although a panic attack usually lasts only a few minutes, people with panic disorder usually experience dread of the next attack and they may begin to doubt their sanity.

2. Phobias

People who have phobias have attacks of panic or fear that they can clearly associate with specific objects or situations. As a result, they avoid or wish to avoid situations which they believe will trigger their panic. There are several different categories of phobias:

- a) Agoraphobia is the fear and avoidance of situations from which there is no easy escape or in which no help can be found. Many people become agoraphobic because they have panic attacks and never know when the next one will happen. Thus they fear being away from home or without a familiar person or being home alone.
- b) Simple Phobia is the fear and avoidance of a specific object or situation, such as heights, flying, driving, animals, etc.
- c) Social Phobia is the fear of embarrassing oneself. Some people fear and avoid very specific situations, such as public speaking, while others fear virtually any social situation. Extreme shyness is a form of generalized social phobia.

3. Generalized Anxiety Disorder

Generalized Anxiety Disorder is persistent, all-pervasive anxiety, experienced in a wide range of situations. The person feels chronically tense and anxious and may be worried, uneasy or edgy for no good reason. There may be many physical symptoms, such as those described previously. Mild phobias, obsessions and brooding or ruminations may be present as well.

4. Obsessive-Compulsive Disorder

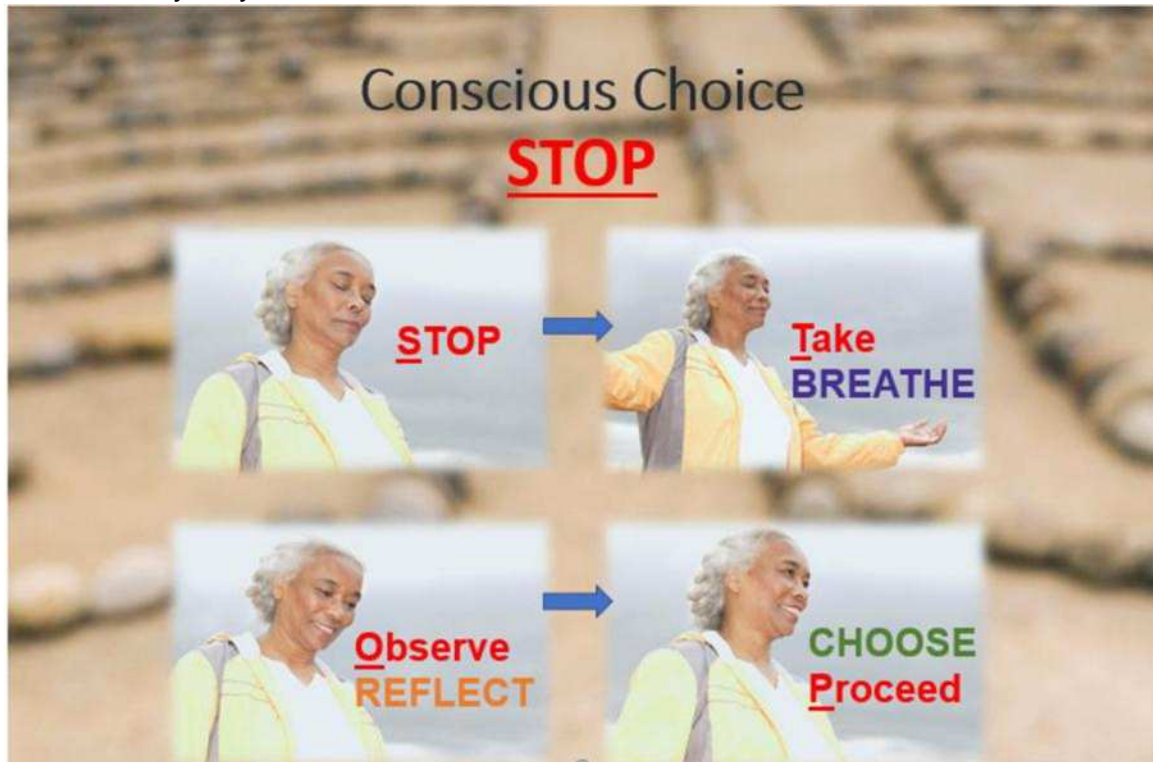
People with Obsessive-Compulsive Disorder experience obsessions or compulsions which are a significant source of distress to the individual. The symptoms may interfere with social functioning.

- a) Obsessions are recurrent, disturbing thoughts, images, or impulses which create intense anxiety. The most common obsessions are contamination, doubts, and thoughts or images of violence
- b.) Compulsions are rituals or routines which the obsessive-compulsive person performs in order to relieve his or her intense anxiety. The most common compulsions are washing or checking.

5. Post-Traumatic Stress Disorder

People with Post-Traumatic Stress Disorder have personally experienced, and felt helpless in the face of, a traumatic event, such as war, rape, kidnapping, or serious accident. The symptoms can range from constantly reliving the event to a

general emotional numbing. Persistent low-level anxiety, panic attacks, nightmares, exaggerated startle response, and insomnia are common. Because any reminder of the trauma may evoke distress, the person may avoid situations similar in any way to the traumatic event.



RAIN

acronym, first coined about 20 years ago by Michele McDonald

- **Recognize** what is going on (inside yourself)
- **Allow** the experience to be there, just as it is (life just as it is, just be)
- **Investigate** with kindness (Intimate attention, Inner experience)
- **Natural awareness**, which comes from not identifying with the experience (rest in the natural awareness, observer)

What to Do About Anxiety

1. Rule Out Medical Problems

If you are concerned that a medical problem is contributing to your anxiety, contact your physician and get it checked out. If you are medically cleared, you can remind yourself of this. If a medical condition exists, you need to learn to discriminate between symptoms that should be a cause for concern, and those that should not be considered dangerous.

2. Panic Attacks Pass

A wave of panic is like a wave in the ocean: it builds, crests, and falls. You will be okay. If you have been medically cleared, you can reassure yourself that you are not having a heart attack or a stroke. You are not going crazy.

3. Physical Relaxation Techniques

There are a large number of these. One is to take a deep breath. Hold it - - then let it go. The pharmacy sells tapes on Autogenic Training, relaxation and visualization.

4. Approach, Don't Avoid

If something is anxiety-arousing, don't avoid it. Approach it, but do so a little bit at a time. It's just like learning to play a sport or a musical instrument – you progress with small steps and repeated practice.

If you are avoiding memories of a traumatic event, the same principle applies. You need to learn from your own experience that you can think, talk, or write about what happened. Although the remembering may be painful, you will be okay.

This principle applies with compulsive behaviors as well. Gradually increase the length of time you refrain from performing a repetitive behavior. You can learn, from your own experience, that you can tolerate postponing the behavior for increasingly longer intervals.

5. Thinking Techniques

Suppose you have had some bad experiences with anxiety recently. Then you encounter another stressful situation, or your body experiences some physiological arousal or symptoms. Your automatic response may be to PANIC. Your thoughts magnify the probability and magnitude of the DANGER and your VULNERABILITY to harm. You may not be able to change the initial situation or sensations that made you anxious, but you CAN learn to change what you say to yourself in your head about these things.

Here is an example of thoughts that can increase – or decrease – your anxiety:

Thoughts that increase anxiety, and perceptions of danger and vulnerability

Situation:
Heart pounds in
grocery store. You
left a meeting
early last week
because of
anxiety.

OH NO! I'm
probably going to
faint. Or maybe
I'm having a heart
attack. I've got to
get out of here. I'll
never be able to
come in here
again!

Thoughts that decrease anxiety, perceptions of danger and vulnerability

ACCEPT:
1) what is
happening
2) feelings about it
Oh no! That
pounding heart
again. I HATE it
when this
happens. I get so
panicky!

BUT.....

But I need to
remember that the
doctor told me that
I'm medically
OK. This is
anxiety, NOT a
heart attack. It will
pass. It has
before. And I
know what I need
to do: breathe,
and keep going. I
can step outside if
I need to, and then
come back. I will
be okay.

6. Medication

For some anxiety symptoms, medication is helpful. You can talk with your provider about whether medication would be useful for you.

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