# Anxiety Disorders Toolkit

## Information and Resources for Effective Self-Management of Anxiety and Anxiety Disorders

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BC Partners for Mental Health and Addictions Information

**Anxiety Disorders Toolkit:**
**Information and Resources for Effective Self-Management of Anxiety and Anxiety Disorders**


**(links and contact information revised 2006)**

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**Funded by the Provincial Health Services Authority,**
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The BC Partners for Mental Health and Addictions Information brings together seven leading provincial mental health and addictions non-profit agencies. The agencies are working together because they recognize that people need to have access to quality information on mental health and substance use issues. The BC Partners want to promote information and tools backed by high-quality research that can help people and families living with mental health and addictions issues live productive, fulfilling lives. The seven agencies making up the BC Partners include the Anxiety Disorders Association of BC, BC Schizophrenia Society, Canadian Mental Health Association's BC Division, Centre for Addictions Research of BC, FORCE Society for Kids' Mental Health Care, Jessie's Hope Society, and Mood Disorders Association of BC. These organizations are well respected in the field and have regional networks throughout the province. Funding is provided by the Provincial Health Services Authority.

**www.heretohelp.bc.ca**

# Table of Contents






The sources used in this toolkit can be found online at **www.heretohelp.bc.ca**

If you are suffering from an anxiety disorder please know that you are not alone and there are strong reasons for you to feel hope for the future.

As you read through this toolkit you will learn the basic facts about anxiety and anxiety disorders. You will also learn that it is possible to effectively manage and even overcome the symptoms of anxiety disorders.

# Why do we need a toolkit for anxiety disorders?

Anxiety disorders are the number one mental health problem among adults and children. Approximately 1 in 10 people suffer from an anxiety disorder and 1 in 4 of us will experience significant problems with anxiety at some point in our lives. This means that over 400,000 British Columbians are currently suffering from at least one anxiety disorder. Unfortunately, the very nature of anxiety disorders means that many individuals and families suffer alone and in silence. Fortunately, there is good reason for people affected by anxiety problems to have hope. With high quality information and resources, individuals with anxiety disorders can and do overcome their anxiety problems and go on to have fulfilling and productive lives.

## What is the purpose of the anxiety disorders toolkit?

The purpose of this self-management toolkit is to provide British Columbians with top quality information that helps us identify and effectively manage problems due to anxiety disorders. How we cope with the symptoms of anxiety disorders on a daily basis plays a huge role in determining our current and future symptoms. When a person is informed and educated about their anxiety disorder(s) they are often more able to keep the symptoms in check and keep the interference due to excessive anxiety to a minimum. Getting educated and empowering ourselves by learning and practicing helpful coping strategies is referred to as *self-management*. To be successful at self-management people with an anxiety disorder need to be able to recognize their anxiety symptoms when they occur. We also need a whole range of additional information. To make self-management easier, this toolkit includes information about the characteristics of normal anxiety, the different types of anxiety disorders, effective treatment options, and basic self-management strategies that can help reduce symptoms of anxiety. Also included is information about other "easy to access" high quality resources. The toolkit will be most helpful for individuals coping with an anxiety disorder or problems with anxiety. Family, friends, health professionals, students and anyone who wants to learn more about the most common type of mental health problem will also find this toolkit a helpful resource

This toolkit takes an "evidence-based" approach. See *Disclaimer* on the next page.

## How do I use this toolkit?

There is a lot of information contained in this manual so take your time and read at your own pace. You can read any section in any order. Reread sections that apply to you so you have more than one opportunity to absorb everything you need to know. Be kind to yourself if you are trying to overcome the symptoms of an anxiety disorder. Change takes time and most of us have to make repeated attempts before we experience the benefits of our efforts. It is normal to experience some difficulties understanding the information and using the recommended strategies. Most people coping with an anxiety disorder find they feel empowered and liberated by the types of information and strategies included in this toolkit—even if they felt a bit overwhelmed at first.

**bibliography**

* For major references that informed this toolkit, see www.heretohelp.bc.ca/helpmewith/adtoolkit.shtml

## Should I consult other resources?

Many people find they need to consult more than one resource to get all the different information they need and this toolkit is by no means exhaustive. We recommend you seek out additional resources. Information about anxiety disorders is available from a large variety of sources including the internet, books, television, newspapers, radio and magazines. Sometimes it can be overwhelming trying to make sense of it all. Be aware that some information is high quality but some information is actually incorrect or misleading. An important component of self-management is being able to evaluate the quality of any piece of information so you are fully informed when making any decisions about your health, including managing anxiety disorders.

To make it easier for people to access high quality resources we have listed useful books and websites for each topic included in the toolkit. Some of the resources only concern one particular anxiety disorder or one specific issue related to anxiety disorders. Other resources contain a whole range of information about more than one topic or more than one anxiety disorder. We have included all evidence-based selections we are aware of for each topic but some topics have more available resources than others. Focus on getting access to the recommended resources that are listed in the sections that are the most relevant to you. Try to read one resource at a time so that you do not get overwhelmed.

* For more information about how you can become a better judge of health research findings and for summaries of mental health topics (including anxiety disorders) especially written for consumer and families see www.cochrane.org.

## Disclaimer

The BC Partners for Mental Health and Addictions Information seek to provide people with reliable and practical information. Facts and findings from well-conducted studies have been summarized to present the best available material on topics of interest. Special attention is given to ensuring that sources are credible, accurate, current, and relevant. The material is comprehensive, but it is not exhaustive and does not rule out numerous interventions that may be merited in particular cases. Readers will also find that the information is not a standard of care and does not stipulate a single correct approach for all situations. Decisions regarding specific interventions for individuals remain the responsibility of the individual person who has the illness in collaboration with their health care professional and support network. The information provided through the BC Partners is intended for educational use and general information and is not intended to provide, nor should it be considered to be a substitute for, professional medical advice or other professional services.

Please also note that some of the websites listed in this resource contain commercial products available for purchase. We do not endorse any of these online products or services available for a fee. We have chosen to include such websites due to the high quality of free evidence-based information and self-management programs also available.

The very nature of this self-management toolkit means that cognitive-behavioural strategies for anxiety disorders are emphasized over medications. Cognitive-behavioural strategies involve looking at how we think or what we believe (the “cognitive” part) and examining our behaviours or coping responses (the “behaviour” part). Increasing healthy cognitive-behavioural strategies is an important component of effective self-management (see page 36).

This by no means takes away from our endorsement of select medications as evidence-based treatments for anxiety disorders. Research clearly suggests that select medications are just as effective as cognitive-behavioural programs in the treatment of most anxiety disorders (see page 34). For this reason, medications are included in this toolkit as they can be an important component of effective self-management for some of the anxiety disorders.

To go directly to the self-test to see if you may be suffering from an anxiety disorder you can jump ahead to page 54. Remember to go back and read the relevant sections that you have skipped.

# What is anxiety?

When we feel threatened most of us will experience anxiety or fear. Some experiences will trigger anxiety in most of us (e.g., thinking about giving a talk to a large number of people or thinking a bear might be following you while walking in the forest). In our daily lives the things that make us feel anxiety can vary from person to person. For example, some people feel very anxious about snakes or spiders while others have them for pets.

When it comes to anxiety, ALL humans are naturally programmed to react with the "fight-flight-freeze" response. Anxiety and the fight-flight-freeze response is a normal alarm reaction. We would not have survived as a species if we did not have anxiety and the fight-flight-freeze response as it allows us to sense danger and react in a way that keeps us safe. Anxiety causes changes in the body that increase our ability to:

- defend ourselves against the source of danger ("fight")
- get away from something dangerous ("flight")
- remain still enough to avoid being detected by a source of danger ("freeze")

# What are common symptoms of anxiety?

Symptoms of anxiety can be broken down into four major categories:

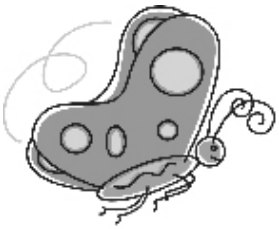
- emotions
- body responses
- thoughts
- behaviours

## Emotions (How we feel)

The emotions associated with anxiety can also be described as feeling fearful, worried, tense, on guard, scared, apprehensive, frightened, "freaked out", etc. We usually know we are feeling the emotion of anxiety when we are also experiencing anxious body responses, thoughts, or behaviours.

## Body responses (How our bodies react)

Anxiety can trigger a range of body responses involving blood flow, the heart, the lungs, muscles, vision, hearing, skin, hair, digestion, saliva, and other body systems. Anxiety causes a range of physiological changes in the body that can lead to the following symptoms:



- Rapid heart, heart palpitations, pounding heart
- Sweating
- Trembling or shaking
- Shortness of breath or smothering sensations
- Dry mouth or feeling of choking
- Chest pain or discomfort
- Nausea, stomach distress or gastrointestinal upset
- Urge to urinate or defecate
- Cold chills or hot flushes
- Dizziness, unsteady feelings, lightheadedness, or faintness
- Feelings of unreality or feeling detached from oneself
- Numbing or tingling sensations
- Visual changes (e.g., light seems too bright, spots, etc.)
- Blushing or red blotchy skin (especially around face)
- Muscle tension, aches, twitching, weakness or heaviness

These symptoms of anxiety are uncomfortable but they are not dangerous (and can even be helpful). For example, our hearts pump faster when we feel anxious to help us get more blood to the muscles in our legs and arms that we need to run away, fight or remain still until the danger passes. We might also feel dizzy or light-headed due to the sudden increase

in blood oxygen that happens as the heart pumps faster—this is a harmless side effect of the anxiety response. Some people also feel nauseous because the body shuts down our digestive system in the face of danger to save energy. The pupils in our eyes will often open up widely (allows us to see better) and often leads to light sensitivity or seeing spots. Each of the body symptoms listed above can be traced back to some kind of harmless or helpful change that is triggered by anxiety.

**Note:** The symptoms of anxiety do overlap with symptoms of some medical conditions. Always review any body symptoms of anxiety with your physician so that medical conditions can be ruled out.

## Thoughts (What goes through our mind)

When we feel anxious our patterns of thinking can change. We are more likely to notice and think about things related to real or potential sources of danger. The following are some common thinking patterns associated with anxiety:

- Frightening thoughts, images, urges or memories
- Something bad happening to self (dying, not being able to cope, being responsible for something terrible happening, embarrassing ourselves, etc)
- Something bad happening to someone else (family member dying, a child being harmed, spouse having an accident, etc)
- Something else bad happening (house burning down, personal possession being stolen, car crash, terrorist attack, etc)
- Increased attention and scanning for things related to the source of danger
- Difficulty concentrating on things not related to the source of danger
- Difficulty making decisions about other things
- Frightening dreams or nightmares

## Behaviours (How we respond)

Anxiety triggers a number of coping behaviours. Most of us will feel a strong urge to do things that eliminate the danger or make us feel safer. These are referred to as **safety behaviours** and common examples are listed below:

- Avoiding the feared situation, experience, place or people
- Escaping or leaving the feared situation, experience, place or people
- Needing to be with a person or pet who makes us feel safe
- Getting reassurance from others
- Telling ourselves reassuring things (e.g., "It will be ok")
- Finding a safe place to go to
- Scanning the situation for signs of danger
- Trying to distract ourselves
- Self-medicating the symptoms with drugs, alcohol or food
- Sleeping or napping so we don't have to think about it
- Carrying items that may prevent or help cope with a panic attack (e.g., medications, cell phone, vomit bag, etc).
- Compulsive behaviours that we repeat in an attempt to feel better (e.g., excessive cleaning or checking)
- Mental rituals that we repeat in our minds in an attempt to feel better (e.g., thinking the same word or phrase over and over)

example

**safety behaviours (indicated by "SB")**

*Mark is a 32 year-old computer programmer with panic disorder. His primary concern during a panic attack is that he is having a heart attack or stroke (even though his physician has confirmed he is in excellent health). Mark carries his cell phone on him at all times so he can call for help if needed (SB) and checks frequently to see if it is in his pocket (SB). He often leaves enjoyable events if the phone battery runs out (SB), avoids busy supermarkets or busy bridges (SB) and has stopped doing anything active that speeds up his heart rate (SB). Mark can't help but wonder whether there are better ways to cope with his panic and anxiety problems. He is starting to realize that his safety behaviours are making his anxiety worse over time. See page 45 for Mark's self-managament plan to overcome the safety behaviours associated with panic disorder.*

These behaviours are only considered safety behaviours if the main purpose is to prevent or eliminate feelings of anxiety or panic. If safety behaviours become frequent, compulsive and disruptive they tend to increase the severity of an anxiety disorder. Most of the safety behaviours are used with good intentions. Unfortunately they usually backfire and make the symptoms of anxiety worse in the long-term. For example many people with an anxiety disorder who take time off work often experience even higher levels of anxiety or end up on disability when they avoid work. Safety or avoidance behaviours do not empower people in their ability to cope with anxiety symptoms. You don't need to keep yourself safe from panic or anxiety by using safety or avoidance behaviours but you will never have a chance to find this out as long as you keep using them.

People with anxiety disorders often experience huge benefits in their symptoms if they are able to gradually decrease their use of safety behaviours. Research has also shown that people who don't give up this unhelpful way of coping have a higher rate of relapse compared to people who give up their safety behaviours. See page 45 for more information about how to build strengths by decreasing safety behaviours and overcoming avoidance.

# What are panic attacks?

Sometimes the symptoms of anxiety (see page 6) can occur very suddenly with high intensity resulting in a "panic attack". Every year approximately 1 in 3 of us will experience a panic attack—a sudden rush of intense anxiety symptoms that reach their peak within a few minutes. Most panic attacks experienced by people are strong anxiety reactions to:

- anticipating something stressful (e.g., new job, medical procedures, etc.)
- a stressful event (e.g., work deadline, relationship problem, etc.)
- experiences that cause physical symptoms (e.g., exercise, drinking coffee, using recreational drugs such as marijuana, etc.).

Many people with anxiety disorders also experience panic attacks. For example, individuals with obsessive-compulsive disorder may experience panic attacks in response to upsetting obsessions, or when their compulsions are interrupted. Individuals with social anxiety disorder may experience panic attacks when thinking about a feared social situation, when actually in the feared social situation, or when ruminating about a past social experience they believe went badly. People who suffer from generalized anxiety disorder may experience a panic attack when worrying excessively. People with specific phobias (e.g., excessive fear of dogs, storms, heights, etc.) can experience panic attacks when facing their fears either in their thoughts or during actual experiences. Individuals with post-traumatic stress disorder or acute stress disorder may experience panic attacks when thinking about the trauma and its aftermath. Individuals with agoraphobia may experience panic attacks in feared situations such as when leaving their home. For individuals with panic disorder it is excessive fear of the panic attacks themselves that becomes the problem. (For more information about these specific types of anxiety disorders see page 15). Most people who have panic attacks as part of their anxiety disorder find that the attacks lessen or stop after receiving effective treatment.

## How do I cope with a panic attack?

If you experience a panic attack (whether you have an anxiety disorder or not) try to remind yourself that the symptoms of a panic attack are uncomfortable symptoms of anxiety but they are not dangerous. A panic attack is NOT a sign that you are going to die, go crazy or lose control of yourself in some other way. See pages 15, 38 and 52 for more resources on coping with anxiety and panic attacks.

examples

**panic attacks not associated with an anxiety disorder**

*In early December, Marcello realized that he and his wife would not be able to afford many Christmas presents for the children due to excessive credit card debt. While reviewing the situation with his wife he became very upset that the children might be disappointed and he experienced a panic attack triggered by the stress of it all. The symptoms lasted for about 10 minutes at their peak intensity including rapid heart beat, sweating, and feelings of unreality. He felt quite tense and jittery for about an hour but has had no other major problems with anxiety recently.*

*Several months ago Charlotte's elderly mother was diagnosed with cancer. When thinking about all the different issues that needed attention and the responsibility of caring for her ill mother Charlotte experienced a panic attack. The symptoms lasted for about 5 minutes at their peak intensity including dizziness, tingling in her fingers and shortness of breath. Charlotte was also very tearful for about 30 minutes while she talked with her husband. She does not have an anxiety disorder but is experiencing some of the normal anxiety symptoms associated with caregiving for an ill loved one.*

*While writing an important professional certification exam Jake felt a sudden surge of anxiety symptoms and experienced a panic attack when thinking about the possibility of failing. Although he did not leave the room he experienced intense panic symptoms for several minutes that made it difficult to concentrate. Eventually his heart beat slowed down, the visual spots disappeared, his hands stopped shaking and the urge to leave the room went away. He does not have an anxiety disorder and Jake does not avoid these situations even when they make him feel a bit anxious or panicky.*

# How is normal anxiety different from an anxiety disorder?

All of us experience anxiety from time to time. Individuals with an anxiety disorder experience excessive symptoms of anxiety and associated symptoms on a regular basis for a prolonged period of time (months and years rather than just a few days or weeks).

## When is it a problem?

Assessment for an anxiety disorder should be considered under the following circumstances:
Symptoms of anxiety and associated problems….

- have been excessive and difficult to control for an extended period of time (more than just a few days or weeks)
- lead to significant emotional distress and personal suffering
- lead to significant interference in work, school, home or social activities

Sometimes the symptoms of an anxiety disorder are present most or all of the time. Sometimes the symptoms are only present when facing certain situations, places, experiences or people. It is also common for symptoms of an anxiety disorder to go up and down over time—people with an anxiety disorder often find that their symptoms get worse when they are under stress or feeling depressed.

# How common are anxiety disorders?

- It is estimated that over 400,000 British Columbians are currently suffering from an anxiety disorder
- Over 295,000 adults suffer from a mild anxiety disorder
- Over 70,000 adults suffer from a chronic anxiety disorder (symptoms present for at least one year with significant distress and interference in functioning)
- Over 38,000 adults suffer from a serious anxiety disorder (severe symptoms associated with significant disability)

Many people are unaware that anxiety disorders are the most common type of mental health problem. Approximately 1 in 10 people currently have an anxiety disorder and approximately 1 in 4 people will experience significant problems with anxiety at some point in their lives.

Many of these adults first experienced problems due to anxiety during their childhood (over 70,000 children and youth in British Columbia are currently suffering from at least one anxiety disorder). The average age of onset for an anxiety disorder is around age 12 but many people do not develop an anxiety disorder until their late teens or early adulthood years. Some people will only experience anxiety problems during middle to late adulthood but this is less common.

Anxiety disorders are real health problems that can affect a wide range of people with very different backgrounds. How much money a person makes, the kind of work a person does, level of intelligence, and how much school a person has completed does not protect a person from developing an anxiety disorder. People from all walks of life are affected by anxiety disorders including some of the most talented, intelligent, loveable and kind people you could hope to meet.

# How do I know if I have an anxiety disorder?

You should be assessed for an anxiety disorder if you experience ongoing or excessive symptoms of anxiety (see page 6) that lead to significant distress or significant interference in your work, school, home or personal life. Sometimes people are unaware that their responses to situations are the symptoms of an anxiety disorder.

See **www.heretohelp.bc.ca** for an interactive online self-test for anxiety disorders (and depression). Alternatively you can complete the self-test which is included in this toolkit (see Appendix 1).

Whether you complete the self-test online or use the paper version, be sure to take a printed copy to a professional who has expertise in anxiety disorders. Ask for a full assessment, official diagnosis and consultation regarding your treatment options. If your health professional is not an expert in the diagnosis and treatment of anxiety disorders please ask them for a referral to someone who has received specialized training in this area. It is your right to access someone who has the knowledge and the skills to provide you with effective evidence-based treatments (see page 33). A good health professional will gladly refer you on to a qualified expert if a problem is outside their area of expertise.

# What do anxiety disorders all have in common?

We often talk about "anxiety disorders" as if there was only one type but there are actually more than half a dozen different types of anxiety disorders. The anxiety disorders share many common features and more than half of the people with an anxiety disorder have more than one anxiety disorder. These people are not necessarily more ill but happen to have symptoms that fit the criteria for more than one anxiety disorder.

The first step in effectively managing an anxiety disorder is to identify which anxiety disorder(s) you have. The main types of anxiety disorders that can be diagnosed are listed below:


- panic disorder . . . . . see page 15
- agoraphobia . . . . . see page 17
- obsessive compulsive disorder . . see page 19
- social anxiety disorder . . . . . see page 22
- generalized anxiety disorder . . . . see page 24
- post-traumatic stress disorder . . see page 26
- specific phobias . . . . . see page 29

Despite their differences, there are many similarities and common features across the anxiety disorders including excessive symptoms of anxiety (emotions, behaviours, thoughts, and bodily reactions) (see page 6).

### Fear, dread, and trying to feel safe

Many people with an anxiety disorder also experience anticipatory anxiety. Anticipatory anxiety is when a person feels anxiety, fear or dread when thinking about an upcoming feared situation or experience (e.g., feeling anxiety when waiting in the pre-boarding area before having to get on a plane).

Many people suffering from an anxiety disorder use *safety behaviours* to feel less anxious and safe from danger (see page 45 for more information).

### Vulnerability to substance use problems

Individuals with an anxiety disorder can be more vulnerable to problems with substance use. Individuals most at risk are those who use alcohol or drugs to self-medicate their symptoms (e.g., using alcohol to feel less socially anxious when attending a work party). Benzodiazapines (e.g., Xanax, Ativan) are sometimes prescribed for people with anxiety disorders (especially those experiencing panic attacks). Unfortunately many people are unaware that benzodiazepines can be addictive. Likewise, some people with an anxiety disorder take over-the-counter or prescription medication for sleeping problems. Unfortunately these medications can also be addictive. For more information and helpful resources for substance use problems see the Substance Information LINK website (**www.silink.ca**).

### Barriers to diagnosis and treatment

It is common for people suffering from an anxiety disorder to go for years without a proper diagnosis. Sometimes this is because the anxiety and avoidance behaviours makes it difficult for the affected person to get help (e.g., extreme fear of leaving the house, traveling to a health care appointment, or interacting with a health professional). Other times people reach out for help but can not get access to a health professional who is trained to recognize and treat anxiety disorders. Research has shown that physicians recognize an anxiety disorder in less than half of their patients who actually have an anxiety disorder and of these more than two thirds will receive an incorrect anxiety disorder diagnosis (e.g., diagnosing social anxiety disorder or depression when the person is actually suffering from generalized anxiety disorder, etc).

As of 2003 most British Columbians with anxiety disorders do not have access to evidence-based treatments other than medications due to shortages in trained experts and a low number of programs provided by the Regional Health Authorities.

- For more information about effective treatment programs see page 33.
- For a full report on future plans and needs for anxiety disorder resources see the Provincial Anxiety Disorders Strategy Report at **www.anxietybc.com**.

## How are anxiety disorders different from depression?

Anxiety and depression are both negative emotional states that can be accompanied by a range of negative body reactions, thoughts and behaviours. Although the symptoms of anxiety and depression can overlap (e.g., fatigue, difficulty concentrating, changes in appetite, etc) there are also some important differences. Anxiety disorders and major depression are not the same thing. The main characteristics of anxiety disorders are excessive anxiety, fear, and avoidance of the things that trigger anxiety or fear (see page 6 for a list of common anxiety symptoms). The main characteristics of major depression are excessive sadness or emptiness and lack of motivation or pleasure in our usual activities.

The most common symptoms of depression can include:
- negative mood (feeling sad, "blue", empty, irritable)
- lack of motivation or interest in doing our usual activities or pleasurable things
- notable decreases or increases in appetite/weight/energy levels
- problems with sleep (e.g., sleeping too much, difficulty falling or staying asleep)
- feeling worthless, guilt or self-blame
- problems with thinking, concentrating or making decisions
- problems with sexual desire, sexual arousal or sexual performance
- thoughts about death, harm to self or others, or suicidal thoughts and urges

You are not alone if you have experienced problems with anxiety and depression. Approximately 50% of people with an anxiety disorder have also experienced depression. These rates are not surprising when you consider how demoralizing and depressing it can be to live with a poorly managed or untreated anxiety disorder.

There are a number of ways in which anxiety disorders can be association with increased risk of depression. Anxiety disorders:
- **Cause negative thoughts** and other difficult symptoms that lower our mood and lead us to feel hopeless about ourselves, the world and our future.
- **Lead to avoidance and isolation.** Most of us will become depressed if we are not actively involved with other people or enjoyable activities.
- **Puts strains on our personal and work place relationships.** This stress and any associated conflicts can also increase our risk for depression.
- **Share common biological pathways** with depression that when activated can lead to symptoms of both. This shared pathway may help explain why certain antidepressants that influence specific neurotransmitters in our brain have been found to be an effective treatment for both anxiety disorders and depression.

**are you experiencing thoughts about harming yourself or someone else?**

- If so, please go immediately to your personal physician or the emergency room at the nearest hospital. Tell a health professional the full details of what you are experiencing so that they can help you. If possible please tell a trusted person how you are feeling and ask them to stay with you until you are safe and have the resources you need.
- For 24-hour support during a crisis please see the emergency page near the front of every phone book for the telephone number to call in your home community.
- Write the number down if you think you might need it in the future and carry it with you in a safe place such as your wallet or purse.

Fortunately, depression associated with anxiety disorders often goes away or reduces significantly when the person gets proper treatment for the anxiety disorder. Sometimes a person may be too depressed to actively participate in a cognitive-behavioural treatment program for anxiety disorders and the depression will need to be treated first.

## Resources for depression

For an *Antidepressant Skills Workbook* created by BC experts see **www.mheccu.ubc.ca/publications** under 'Self-Care.'

The BC Partners for Mental Health and Addictions Information's *Depression Toolkit* and Primer fact sheet on depression are available on our website at **www.heretohelp.bc.ca**.

For more information about depression and how to effectively self-manage depression please see:

### Websites

- Canadian Mental Health Association, BC Division **www.cmha.bc.ca**
- Mood Disorders Association of BC **www.mdabc.ca**
- Mood Disorders Society of Canada **www.mooddisorderscanada.ca**
- Canadian Psychological Association Depression Fact Sheets **www.cpa.ca/factsheets/depression.htm**
- American Psychological Association Depression Information **www.apa.org/topics/topicdepress.html**

### Books

Burns, D.D. (1999). The feeling good handbook, Revised Edition. New York: Plume.
Burns, D.D. (1999). Feeling Good: The new mood therapy. New York: Quill.
Greenberger, D., & Padesky, C.A. (1995). Mind over mood: Change how you feel by changing the way you think. New York: Guilford Press.
Luciani, J. (2001). Self-coaching: How to heal anxiety and depression. John Wiley & Sons.

# How are anxiety disorders different from stress?

A very common myth is that anxiety disorders are the same thing as problems with stress. One of the reasons for the confusion between stress and anxiety disorders is because many symptoms of stress are also symptoms of anxiety. Shared symptoms of anxiety and stress can include:

- **Physical symptoms** (e.g.., rapid heart rate, muscle tension, upset stomach)
- **Cognitive symptoms** (e.g., distressing thoughts and difficulty concentrating)
- **Behaviours** (e.g., urge to escape the situation, urge to drink or use drugs)
- **Emotional symptoms** (e.g., feeling upset, irritable or numb)

During times of stress most of us will experience at least some of these symptoms. An anxiety disorder is only considered if the anxiety symptoms are excessive and the symptoms do not resolve when the stress is over. It is important to note that many people with an anxiety disorder experience increases in their symptoms when they are coping with stress. However, despite the connections between anxiety and stress please keep in mind that stress is not the same thing as an anxiety disorder. This is one reason why stress management techniques alone are not typically an effective treatment for anxiety disorders. That said, stress management can be an important component of effective self-management for anxiety disorders.

For the BC Partners' primer fact sheets on stress, managing mental health and other topics please see our website at **www.heretohelp.bc.ca**.

The BC Partners for Mental Health and Addictions Information also have a mental health toolkit that provides general information about positive mental health and wellness issues. Included are tips on self-care, how to live a healthier lifestyle, strategies to reduce stress and more. This information is relevant for all British Columbians including individuals and families affected by anxiety disorders. Download these *Wellness Modules* on our website at **www.heretohelp.bc.ca**.

# What are risk factors for anxiety disorders?

Many people wonder why there are parents with an anxiety disorder who have children who are free from anxiety problems or symptoms. Likewise, many children with an anxiety disorder have parents or relatives who are anxiety free. How can this be? The development of an anxiety disorder usually results from a complex combination of a large number of factors including our previous experiences, our beliefs, and our environment—not just genetic and biological factors. However most research studies tend to focus upon investigating only one factor at a time. Try to keep this in mind the next time you hear about any kind of research that has identified a risk factor for anxiety disorders—the odds are it is only one factor among many.

## Genetic predisposition

To date there has been substantial research in the area of genetics and mental health, including anxiety disorders. Researchers have attempted to locate specific genetic markers that are associated with the occurrence of specific disorders (e.g., panic disorder). From these types of studies we know that the tendency to feel anxiety or to have an anxiety disorder does run in families. What this means is that if you do suffer from an anxiety disorder there is a higher chance (compared to someone who does not suffer from an anxiety disorder) that other members of your family (e.g., child, sibling, parent, cousin, etc.) will also experience anxiety. We think of it as a vulnerability to developing anxiety. However, we have also learned that even if one family member experiences anxiety problems it is not a given that other family members will also have the same problems (in regards to the type of anxiety or degree of symptom severity).

## An existing anxiety disorder

Having one anxiety disorder can increase the risk of a person developing another anxiety disorder. As many as 70 % of people with one anxiety disorder have at least one other anxiety disorder. The anxiety disorders can co-occur in a variety of combinations. For example, a person with OCD may also have panic disorder, or social phobia. A person with PTSD may also have generalized anxiety disorder and so forth. Often one of the anxiety disorders is worse than the others and will be considered the *primary diagnosis*.

## Perfectionism

Higher levels of perfectionism have been associated with higher levels of anxiety and related symptoms. Perfectionistic goals for ourselves and others are typically not obtainable so they often add to the stress and suffering of a person with an anxiety disorder. If we continue to reach for perfectionistic goals (rather than standards of excellence that allow for some mistakes and flaws) we will be more likely to worry, feel anxious and engage in unhealthy ways of coping (e.g., avoiding things unless they can be done perfectly, not being able to delegate tasks to other people, spending too long on certain tasks, etc). Most of the research has focused upon the role of perfectionism in OCD or social phobia and it is considered a risk factor in the development of both these disorders. That said, many individuals who can be described as perfectionistic do not have an anxiety disorder.

For more information about perfectionism, the ways in which it can negatively impact mental health and strategies to overcome the costs of perfectionism see Antony, M.M., & Swinson, R.P. (1998). When perfect isn't good enough: Strategies for coping with perfectionism. Oakland, CA: New Harbinger Publications.

## Environmental factors

Post traumatic stress disorder is the only anxiety disorder for which a negative life event or experience is necessary for an anxiety disorder to develop. Most of us experience a range of stressful experiences throughout their life without them directly causing an anxiety disorder. We do know that some environmental factors can increase the risk of experiencing problems with anxiety and for some people these problems become a full blown anxiety disorder. For example, some people with anxiety disorders experienced high levels of family strife and tension during their childhood. These kinds of experiences can trigger anxiety and unhealthy ways of coping that increase the risk for anxiety disorders. Some people grow up observing and learning from parents or other role models who are very anxious and avoidant. If a child takes on the same coping style and doesn't have a chance to learn more healthy ways of coping they may be at increased risk for anxiety problems. Other times a person may develop a specific fear of a person, place, or thing after seeing something really bad or frightening happening. In summary, environmental factors are unlikely to be the main cause for an anxiety disorder but they are often one of several aggravating factors.

# What is panic disorder?

Approximately 3 to 4 out of every 100 people will suffer from panic disorder. The core feature of panic disorder is excessive fear of the bodily sensations associated with a panic attack (see page 8 for a description of panic attacks). In panic disorder the panic attacks occur unexpectedly when there is no real danger, they are not the result of a medical condition, and they do not reflect alcohol or drug intoxication.

The onset of panic disorder can occur at any age but is most typically sometime between late adolescence and the mid 30s. The rate of panic disorder is higher among women in comparison to men (ratio of approximately 2 to 1). Many people with panic disorder experience their first panic attack when coping with stress or when experimenting with recreational drugs such as marijuana.

People with panic disorder usually fear the panic attacks because they are concerned that something really terrible is happening to them:

- What if I am dying from a heart attack, stroke or some kind of disease?
- What if I am going crazy or losing my mind?
- What if I lose control and do something dangerous?
- What if I lose control and do something embarrassing?

Many people suffering from panic disorder seek medical treatment (e.g., going to the local emergency room, regular physician visits or using ambulance services). Many people with panic disorder go through extensive medical tests which typically fail to identify any significant medical problems as the underlying cause of the panic attacks.

People with panic disorder often try to prevent or stop the panic attacks by:

- Escaping situations that trigger anxiety or panicky feelings
- Finding a place that feels safe
- Being with another person or pet
- Avoiding situations, experiences or things that trigger anxiety or panicky feelings
- Using medications or other substances (sometimes inappropriately or excessively)

Many people with panic disorder also receive a diagnosis of agoraphobia (see page 17 for more information about agoraphobia).

Other problems associated with panic disorder can include using alcohol or drugs in an attempt to reduce anxiety symptoms, missing work and being on disability. Approximately 50 to 60% of individuals with panic disorder have problems with depression. For many of these individuals the depression is likely the result of living with panic disorder and its symptoms.

## Evidence-based treatments for panic disorder

- Cognitive-behavioural therapy (CBT)
- Serotonin reuptake inhibitors (e.g., paroxetine, fluvoxamine)
- Tricyclic antidepressants (e.g., imipramine, clomipramine)
- Benzodiazapines (e.g., clonazepam, alprazolam)

See page 33 for more details.

### resources for panic disorder

#### Books


- Clum, George A. (1990). Coping with Panic: A Drug-Free Approach to Dealing with Anxiety Attacks. Pacific Grove, CA: Brooks/Cole.
- Craske, M.G., & Barlow, D.H. (2000). Mastery of Your Anxiety and Panic, 3rd edition (MAP-3): Anxiety and Panic. San Antonio, TX: The Psychological Corporation.
- Eldridge, G.D., & Walker, J.R. (2000). Coping with Panic Workbook. Virginia: Self-change systems, Inc.
- Rachman, S.J., & de Silva, P. (1996). Panic disorder: The facts. Oxford University Press.
- Wilson, R. (1996) Don't panic: Taking control of anxiety attacks (revised edition). New York: Harper Perennial.
- Zuercher-White, E. (1997). An end to panic: Breakthrough techniques for overcoming panic disorder, 2nd Edition. Oakland, CA: New Harbinger Publications.


#### Websites

- Agoraphobia and Panic Foundation: www.paniccure.com
- For online cognitive-behavioural self-management programs that teach you how to self-manage your symptoms of panic disorder see the following websites:
- www.paniccenter.net
- www.anxieties.com/panic.php

- See page 52 for additional resources on panic disorder.

example

## panic disorder with agoraphobia

*Charlie is a 44 year-old married man with three teen aged sons. He has been on leave from his job as a bank teller for the past 5 months due to panic disorder and agoraphobia. His first panic attack was trigged when smoking marijuana for the first and only time during the 1970's. He experienced rapid pounding heart, difficulty breathing, feelings of unreality, and tingling in his fingers. During this first panic attack he experienced fear he was dying of a heart attack or stroke and he went immediately to the emergency room at the local hospital. Since that time he has experienced approximately one panic attack each week and often worries about having a future panic attack. He feared that his panic symptoms meant he was about to die from a heart attack or stroke even though his physician has ruled out any medical problems.*

*Over the years he has experienced significant interference in his life due to his symptoms and fear of triggering a panic attack. For example, he quit outdoor recreational activities he previously enjoyed as a young man and he had been unable to do many things away from the home without being accompanied by another "safe" person such as his wife or his brother. He also tended to avoid going back to any places he has experienced a panic attack. During the last year he began to experience heart palpitations and chest pain during his panic attacks. He experienced a particularly intense panic attack during a staff meeting that led him to leave work that day. Since that time he had been unable to return to work due to fear of another severe panic attack. In addition he continued to avoid a number of activities or situations he has avoided for many years including exercise or physical exertion, drinking coffee or colas, movie theatres, or being home alone. He was finding himself increasingly reliant upon doing things with his wife due to fear he would be unable to get medical assistance during a panic attack. He felt very depressed about not being able to work. His physician has prescribed him some anti-anxiety medication and he only felt safe if he carried it with him at all times.*

*Fortunately, Charlie signed up for a cognitive-behavioural program in his community that helps people with panic disorder get back their lives. He has been attending weekly sessions where he learns effective coping strategies he can use on a daily basis. At first Charlie was really skeptical that this program would help but his physician told him 80% of people experience benefits. Now Charlie is finding the cognitive-behavioural strategies really make a difference. During the past month he has experienced fewer panic attacks using controlled breathing and less frightening ways of thinking about anxiety symptoms. He still uses his medications from time to time but much less than before. By gradually overcoming his avoidance behaviours Charlie has been able to work out at the gym and he is becoming less dependent upon his wife. He is feeling much more confident and optimistic about the future and is making arrangements with his boss about gradually returning to work in the next little while.Charlie knows he will still experience occasional periods of anxiety but now he has the skills to manage and cope much more effectively.*

# What is agoraphobia?

The rate of agoraphobia without panic disorder is controversial as different studies have found different rates. Among the general population approximately 2 to 5 out of every 100 people report symptoms of agoraphobia without panic disorder. However over 95% of people who seek treatment for agoraphobia also have panic disorder. We also know that the longer someone lives with panic disorder the more likely they are to eventually develop symptoms of agoraphobia. Women are 4 times as likely to develop agoraphobia compared to men.

Agoraphobia is when a person has excessive fear of being in a situation in which escape may be difficult or assistance unavailable. In these situations their main fear is experiencing symptoms of anxiety (see page 6 for a list of symptoms) or incapacitating and embarrassing symptoms (e.g., loss of bowel control, feeling dizzy and falling over). These concerns can lead to significant avoidance of several types of situations:
Some people with agoraphobia are able to enter these situations but do so with extreme discomfort or only if someone else goes with them. Most people with agoraphobia also have panic disorder (see page 15 for more information on panic disorder).

It is important to note that in some cultures the movement of women away from the home is restricted and this is not the same thing as agoraphobia. Interestingly, people who have to leave their house for work are less likely to have agoraphobia. Many people with agoraphobia experience significant interference in their lives. For example, some people are unable to travel, work, complete homemaking responsibilities (e.g., getting groceries, running errands, etc.) or attend appointments (e.g., doctor or dentist visits, parent/teacher interviews).

- restaurants
- waiting in lines
- traffic jams
- shopping malls
- parks
- isolated places
- being out of town
- driving situations
- elevators
- tunnels
- small crowded places
- buses, trains, boats
- airplanes
- health care visits
- hairdresser/barber
- movie theatres
- sports arenas
- being alone at home
- being away from home

## Evidence-based treatments for agoraphobia

- Behaviour therapy (BT)
- Medications are not evidence-based treatments for agoraphobia without panic disorder.

See page 33 for more details.

### resources for agoraphobia

**Books**

* Craske, M.G., & Barlow, D.H. (2000). Mastery of Your Anxiety and Panic, 3rd edition (MAP-3): Agoraphobia. San Antonio, TX: The Psychological Corporation.

**Websites**

* Agoraphobics Building Independent Lives (ABIL): www.anxietysupport.org
* Agoraphobia and Panic Foundation: www.paniccure.com/Overcoming_Agoraphobia/Overcoming_Agoraphobia.htm

* See page 52 for additional resources on agoraphobia.

example

### agoraphobia without panic disorder

*Helen is a 69 year-old woman who raised four children who are now adults. She lives with her husband and frequently looks after her grandchildren during the day. She developed agoraphobia during her early twenties. Although she has never had a full panic attack she did experience a dizzy spell when home alone with two of her infant children. She feared something bad would happen to her children if she were to pass out and be incapacitated. For over three decades she has continued to be extremely fearful of feeling dizzy or passing out. Her main concerns were that no one would be able to assist her if she is alone and had symptoms, that she would cause harm by passing out (e.g., crash her car if driving) or that she would make a fool of herself (e.g., fall down in public). As a result she avoided the following situations: driving a car, being alone at home or away from home alone, waiting in lines, heights, planes, and baby-sitting her grandchildren when alone. For years she required her husband or sister to go with her when doing errands or going shopping, which has made her very dependent and housebound at times. She also felt frequent dread in a variety of additional situations even when accompanied by her husband (church services, social gatherings, etc.). She often left situations in which she felt dizzy and felt like there had been many "near misses" over the years (i.e., she believed she would have passed out or embarrassed herself by falling down if she had remained in the situation). Helen would have liked a part time job several times during her life but her agoraphobia prevented her from doing so, even though the family could have used the extra money. Her husband has been very supportive but has expressed disappointment that they have been unable to travel during their retirement years due to her fears. The negative impact of her agoraphobia on her family has led to high levels of guilt that has compounded her suffering.*

*Recently all this started to change and Helen is proud that her friends and family have noticed the improvements. For the past few months Helen has been attending an anxiety disorder support group that follows evidence-based principles in their approach. The group leaders teach other members ways of coping that have been shown to benefit people suffering from avoidance and agoraphobia. They have also given Helen some books that cover lots of really helpful information. The leaders and members of this support group helped Helen develop a plan of action that doesn't feel overwhelming but helps her gradually work towards facing her fears and doing some of the things she has been dreaming about all her life. With the support of other group members Helen has been working on daily assignments starting with small challenges and gradually working up to some more difficult tasks. Some tasks she does with her husband, other family members or a good friend. Other assignments she works on alone then reports back to the support group about how it went. So far she has been successful at waiting in line at a small store with a good friend, watching her grandchildren alone for several hours, and driving to the local supermarket with her husband in the front seat. Helen knows there are still lots of things she needs to work on but she is so much more motivated given her recent successes. There have been some difficult weeks but with the support of her family, friends and support group she knows she can continue to get her life and independence back.*

# What is obsessive-compulsive disorder?

Approximately 1 to 2 out of every 100 adults meet criteria for obseeive-compulsive disorder (OCD) and men are just as likely as women to have this anxiety disorder. OCD is most likely to begin during the early teens or early adult years but approximately 1 in 4 will experience a childhood onset. Studies have shown the average age of onset tends to be younger for males than females, and an earlier onset of OCD is often associated with a more severe form of the disorder regardless of gender. For most people the OCD develops gradually over time but some people with OCD report a sudden onset of their symptoms.

## Obsessions

Obsessions are unwanted ideas, thoughts, images or impulses that occur over and over again and create discomfort or distress such as anxiety, guilt or shame. People with OCD typically experience unwanted obsessions every day along with excessive anxiety and discomfort.

Common themes of obsessions:

- fear of contamination (germs, bacteria, viruses, dirt, radiation, etc.)
- excessive doubts about something
- need to have things in a particular order or arrangement
- unwanted aggressive/horrific thoughts or urges
- fear of illness or disease
- unwanted sexual thoughts or urges
- unwanted religious/spiritual thoughts or urges
- numbers, colors, superstitions, etc.
- need to know things (e.g., certain facts)

Most obsessions are accompanied by the fear that something catastrophic or terrible may happen (e.g., someone will be harmed or die). Because obsessions lead to high levels of anxiety and distress, many people with OCD attempt to block the obsessions or distract themselves. Most people with OCD also try to feel safe by engaging in compulsive behaviours or mental rituals.

## Compulsions

A compulsion is a thought or behaviour that a person uses over and over again to prevent or reduce anxiety, discomfort or distress. The goal of a compulsion is not to provide pleasure or gratification. (For this reason, behaviours such as gambling, overeating or sexual acts are not considered compulsions even though they may feel "compulsive" to the person engaging in them). Many people with OCD are aware their compulsions are unrealistic or excessive but they feel driven to do them. Often the compulsions are performed in a set way with rules, even if the rules don't make much sense to the person (e.g., washing hands exactly 10 times counting down from 10 to 1). Compulsions can also be unrealistic in the way they are used to prevent a bad event from happening (e.g., deliberately telling a person "have a safe flight" exactly seven times to prevent them from dying in a plane crash). People are more likely to engage in compulsions at home or when alone than when they are with friends, teachers, people they work with or even strangers. Often a person feels compelled to repeat a compulsion if they are interrupted or until it "feels right".

It is very important to remember that rituals performed for cultural, religious or spiritual reasons are only considered compulsions if they are considered excessive by members of the same group, if they interfere with a person's functioning or if they are done at inappropriate times or places.

### resources for OCD

#### Books


- Baer, L. (2000). Getting control: Overcoming your obsessions and compulsions, Revised Edition. New York, NY: Plume.
- de Silva, P. & Rachman, S.J. (1998). Obsessive-Compulsive Disorder: The Facts. (2nd edition). Oxford.
- Foa, E.B., & Kozak, M.J. (1997). Mastery of your obsessive compulsive disorder, client workbook. San Antonio, TX: The Psychological Corporation.
- Foa, E.B., & Wilson, R. (2001). Stop obsessing! How to overcome your obsessions and compulsions, revised edition. New York: Bantam.
- Hyman, B.M., & Pedrick, C. (1999). The OCD workbook: Your guide to breaking free from obsessive-compulsive disorder. Oakland, CA: New Harbinger Publications.
- Penzel, F. (2000). Obsessive-Compulsive Disorders: Getting well and Staying well. Oxford University Press.
- Schwartz, J.M. (1996). Brain Lock: Free yourself from Obsessive-Compulsive Behavior. New York: Regan Books, Harper Collins.
- Steketee, G.S. (1999). Overcoming obsessive compulsive disorder (client manual). Oakland, CA: New Harbinger Publications.
- Steketee, G., & White, K. (1990). When once is not enough: Help for obsessive compulsives. Oakland, CA: New Harbinger Publications.

**Common compulsions:**

- washing or cleaning (body parts, kitchen, food, etc)
- checking (locks, appliances, body parts, etc)
- repeating actions
- counting
- requesting or demanding assurances from others
- ordering or arranging
- hoarding or not being able to throw away things
- touching or tapping objects
- mental rituals (repeating words or phrases)

Without proper treatment, OCD tends to be chronic and can worsen during times of stress. Most people with OCD have more than one type of obsession or compulsion. Some people with OCD experience a change in the types of obsessions and compulsions they experience over the years. The intensity and frequency of obsessions and compulsions often go up and down and are most likely to worsen when experiencing life stress or symptoms of depression.

Sometimes people with OCD are uncertain about whether their obsessions and compulsions are excessive (e.g., someone with OCD might recognize their checking compulsion is excessive except when locking up the house each night before bed). It is very common for people with OCD to report a surge in anxiety or tension when attempting to resist a compulsion. For this reason many people with OCD are only able to delay their compulsions or they yield to them entirely. It is also common for people with OCD to incorporate their compulsions into their daily routines. Sometimes loved ones become involved (e.g., all family members removing their shoes and changing out of work clothes before entering the family home to avoid triggering distress in a family member with obsessions and compulsions around fear of germs and dirt). Sometimes the desire to resist compulsions goes away, especially if the person has been coping with the OCD for a long time. This may be one of the reasons why an earlier age of onset is often associated with a more severe form of the disorder. Children are often unaware their symptoms are excessive and do not want to resist compulsions (which can add to the challenges faced by parents of a child with OCD).

## Associated problems

OCD can seriously interfere with a person's functioning in terms of normal routine, work, relationships, family, school, and social activities. Many people with OCD try and avoid the objects, activities or situations that trigger obsessions and compulsions. The avoidance is usually directly related to the content of the obsession and often restricts the person's activities. To illustrate, a person with obsessions about bacteria may avoid touching doorknobs and money. A person with obsessions about harming a loved one may lock away all the knives and sharp tools. Some individuals become completely housebound and may also have serious restrictions in their activities within their own home (e.g., not entering certain rooms in the house). Some people also experience social isolation due to their OCD, as being with others or having others in their home can trigger obsessions and compulsions (e.g., a person with ordering and arranging obsessions and compulsions may avoid having other people in their home in case they touch or mess up objects in the home).

Many people with OCD have at least one other anxiety disorder, problems with depression or another type of mental health problem (e.g., eating disorder). OCD can also co-occur with Tourette's disorder (which is typically diagnosed during childhood or teen years) (see www.anxietybc.com for more information). Among individuals with OCD approximately 5 to 7% have Tourette's disorder and between 20 to 30% of people with OCD report past or current tics. Approximately 35 to 50% of people with Tourette's disorder suffer from OCD.

Evidence-based Treatments for OCD:

- Cognitive-behavioural therapy (CBT)
- Serotonin Reuptake Inhibitors (e.g., sertraline, fluoxetine)

### resources for OCD

**Websites**

- For an online cognitive-behavioural self help program for OCD see: www.anxieties.com/ocd.php
- For a source of high quality information and resources for OCD see the following US site: Obsessive Compulsive Foundation (OCF): www.ocfoundation.org

- See page 52 for additional resources on OCD.

example

## obsessive-compulsive disorder

*Cole is a 44 year old man who lives with his wife and their two teenage children. Cole has experienced obsessions and compulsions around both checking and ordering/arranging for as long as he can remember. As a child he would place the objects in his bedroom in groups of three and would get so upset at his siblings for moving them that his parents allowed him to place a lock on his door. He would also compulsively check his schoolwork for mistakes and this often interfered with completing exams or homework. Cole was unable to finish grade 12 or attend university for this reason. Due to the interference of his OCD, Cole has chosen to work for over 20 years as a maintenance worker at a local hospital even though he always wanted to be a pharmacist. Cole has noticed that his compulsive checking of his work increases when he feels moody or when he has experienced tension or conflict with a family member. He has often been reprimanded for his slow speed at work due to his obsessions about making a mistake and his compulsive checking (e.g., redoing a job to be sure he has completed it properly, going back to a past job site to check that electrical switches are off, completing a job very slowly in order to prevent any mistakes). Without the help of his union he would have lost his job on several occasions and this has created conflict with some of his coworkers.*

*At home he experiences strong urges to arrange objects in set places (e.g., from smallest to largest in straight lines) and will get very upset if his wife, children or their friends touch or move certain objects in the home. As a result his children rarely invite friends home and are spending increasing amounts of time away from the home when Cole is there. This has been very upsetting for him as he cares deeply about his children. His wife has been very understanding but his symptoms have been stressful for her. Cole is unable to send a letter or email without spending substantial time checking it for errors or comments that could be misinterpreted by the reader. He will often ask his wife to check these kinds of things for him even if inconvenient for her. Recently he took a trip with his wife to Hawaii, which was very stressful due to his compulsive checking of their luggage and tickets at home, the airport and the hotel. Cole feels as if his OCD has interfered with his ability to reach his full potential and he wondered if he would ever be able to enjoy work or leisure activities without his obsessions or compulsions getting in the way.*

*Cole recently began to feel optimistic about his future for the first time in a long time. His physician prescribed him a moderate dose of an antidepressant shown to be effective for obsessive-compulsive disorder. At first he didn't feel any benefits but after about a month Cole realized his obsessions were much lower than before. He has also experienced fewer symptoms of anxiety and an increased ability to resist the urges to engage in compulsions. During the past month Cole has noticed that when he resists the urges to engage in compulsions the obsessions go away even faster. He has found it easier to concentrate and make decisions. Now he is beginning to feel less depressed and more confident in himself. His supervisor has noticed Cole is more productive at work so this has eased some of the work tension. The tension at home is also much lower. He reviews his symptoms from time to time with his physician but the benefits have outweighed any of the occasional negative side effects he has experienced. Cole has started to read one of the recommended books on OCD. From what he has read so far he will likely experience even more benefits if he adds some cognitive-behavioural strategies to his existing self-management program.*

# What is social anxiety disorder?

Recent studies suggest that social anxiety disorder is the most common anxiety disorder with approximately 7 to 13 out of every 100 people suffering from this disorder at some point in their lifetime. Social anxiety disorder is just as likely to occur in men as in women. Although the onset can occur at any time, most people with social anxiety disorder first experienced problems during early childhood or their teens.

When describing social anxiety disorder it is important to point out the difference between shyness vs. social anxiety disorder. Shyness is feeling uncomfortable, anxious or tense when talking with other people or when doing something in front of other people. Feeling shy in certain situations can be a normal and common experience (e.g., when giving a talk in front of a group of people or when going on a date with a new person). For some people the excessive shyness or "social anxiety" leads to significant problems such as social isolation/loneliness, unemployment, limited educational or career achievements, or avoiding important things (e.g., work related activities, getting together with friends or family). Social anxiety disorder is also associated with increased risk of substance abuse if people try to self-medicate their symptoms (e.g., using alcohol to feel less inhibited in social situations).

## Main Features

People with social anxiety disorder have one thing in common: excessive fear of embarrassment/humiliation or being evaluated negatively by other people. Most people with social phobia describe a strong fear that they might do or say the wrong thing. For example, "What if they think I am an idiot or a loser? What if they don't like me? What if I make them mad at me? What if I go blank and can't think of the right thing? What if I tremble or shake and they notice?" The common underlying concern is the fear that other people will reject them in some way for being incompetent. People with social anxiety disorder often experience a variety of physical symptoms of anxiety (e.g., rapid heart beat, sweating, blushing, trembling or shaking, or an urgent need to urinate) (see page 6 for more information about anxiety symptoms). Sometimes it is these symptoms (and the fear that others will notice and think negatively of them) that becomes the focus for a person with social anxiety disorder.

People with social anxiety disorder may fear only one specific social situation or a variety of social situations such as public speaking, eating or drinking in front of other people, writing/working/playing while others are watching, making conversation, dating situations, parties, joining or leaving a social situation, interacting with an authority figure or having to be assertive. Because social anxiety disorder can lead people to avoid social activities, some people with social anxiety disorder become socially isolated and lonely which can be a risk factor for developing depression.

## Evidence-based Treatments for social anxiety disorder

- Cognitive-behavioural therapy (CBT)
- Behaviour therapy (BT)
- Serotonin reuptake inhibitors (e.g., fluvoxamine, paroxetine)
- Monoamine oxidase inhibitors (e.g., phenelzine)
- Benzodiazapines (e.g., clonazepam)
- Beta blockers are not an evidence-based treatment for social phobia.

See page 33 for more details.

### resources for social anxiety disorder

#### Books

- Antony, M.M., & Swinson, R.P. (2000). The shyness and social anxiety workbook: Proven, step-by-step techniques for overcoming your fear. Oakland, CA: New Harbinger Publications.
- Carmin, C.N., Pollard, C.A., Flynn, T., & Markway, B.G. (1992). Dying of embarrassment: Help for social anxiety and phobia. New Harbinger Publications.
- Hope, D.A., Heimberg, R.G., Juster, H.R. & Turk, C.L. (2000). Managing social anxiety. San Antonio, TX: The Psychological Corporation.
- Markway, B.G. & Markway, G.P. 2001. Painfully Shy: How to Overcome Social Anxiety and Reclaim Your Life. Thomas Dunne Books. St. Martins Press.
- Stein, M.B., & Walker, J.R. (2001). Triumph over shyness: Conquering shyness and social anxiety. New York: McGraw-Hill.

#### Websites

- For an online source on painful shyness and social anxiety search for "painful shyness" at www.apahelpcenter.org
- For an online cognitive-behavioural self-help program see www.anxieties.com/sap.php
- For a self-test, information about painful shyness and social anxiety disorder, and useful self-management information see www.markway.com
- For an online article that reviews shyness, social anxiety, research to date and effective treatment methods please see www.shyness.com/encyclopedia.html

- See page 52 for additional resources on social anxiety disorder.

example

## social anxiety disorder

*Sandra is a 35 year old female with social phobia who lives alone. She experiences extreme fear of negative evaluation when interacting with most people. She was extremely anxious as a child and spent most of her teens alone, as it was very difficult for her to be in social situations with her family or peers. Her main fear is that other people will disagree with her or get angry with her. She is very concerned that interacting with other people will result in some kind of verbal conflict that she will not be able to handle or that it will draw the attention of other people. She has feared any type of interpersonal conflict with other people for as long as she can remember. As a result she especially avoids conversations that require her to express an opinion and it is difficult for her to watch or overhear any kind of interpersonal conflict (even if on a TV show).*

*Her anxiety is most severe when she is interacting with family members or the people who live in her apartment building. Her social anxiety is very upsetting for her and she often feels anxious for most of the day. She has been unemployed and living off her small savings for the past 3 months after leaving her job due to extreme anxiety when interacting with coworkers or customers. She would love to have friends but tends to avoid people once they express any kind of interest in her (e.g., asking personal questions or what she thinks about something). She has been using alcohol to try and reduce her anxiety at family functions and now this has become a second problem (e.g., she feels like she is becoming dependent on using it, she worries excessively that family members will confront her about her drinking,). She wants to have a romantic relationship and close relationships with friends and family, but she feels too tense and nervous to get close to others. She spends much of her time thinking about everything she is missing out on because of her fears and anxiety symptoms. She is worried she will never be able to have a husband or family of her own and is finding it harder to be optimistic about her future.*

*Sandra ended up talking to another family member about how she was feeling and found out that she is not the only person is her family to have coped with severe anxiety problems. This helped her feel more comfortable talking to her physician who prescribed her an antidepressant shown to be effective for symptoms of social anxiety disorder. Sandra couldn't believe how much better she felt after several weeks and is starting to think she is not as shy as she thought. She still feels anxious around other people but she has been seeing a few select family members and friends more often lately. With the support of a close friend she has also started attending a local support group for overcoming alcohol problems. She is now learning about the connections between her social anxiety symptoms and her urge to use alcohol to make the symptoms go away. Sandra has been visiting several websites that provide tips on healthy ways to manage social anxiety that increase her confidence and self-esteem. She is also going to talk to her physician about getting a referral to a cognitive-behavioural treatment program. From what she had read this type of program will teach her some extra skills that will make it easier to return to work and build up a more satisfying social life.*

# What is generalized anxiety disorder?

From time to time all of us will find ourselves worrying about ourselves, someone we care about or some kind of experience or event in our lives (especially if we are coping with stress). Worries typically involve fear that something bad may happen and the fear we may be unable to cope with future stressful experiences. Sometimes worries can be about real problems and how they are going to turn out. Sometimes worries can be about future or potential problems that may never actually happen.

## Excessive worry

For people with generalized anxiety disorder (GAD) it becomes very difficult to control their worries even when their life is going relatively well. The frequency and intensity of worry thoughts and images is high, and the person worries about a variety of different areas rather than just one thing. Often the excessive worrying is associated with other disruptive and uncomfortable symptoms including sleep disturbance, muscle tension, restlessness/being on edge, being easily fatigued, irritability, and difficulty concentrating. Other individuals complain of feeling shaky or twitchy, muscle soreness, cold clammy hands, sweating, dry mouth, nausea, diarrhea, urinary frequency, an exaggerated startle response, trouble swallowing or a "lump in the throat." Some people with GAD also have physical conditions associated with chronic stress such as recurrent headaches or irritable bowel syndrome while others struggle with substance use problems as they try to reduce the excessive worrying and related symptoms with alcohol and/or drugs.

Approximately 3 to 4 out of every 100 people currently meet criteria for GAD. GAD typically becomes a significant problem during the late teens or early twenties, but many people with GAD remember being anxious as children. The rates of GAD tend to be higher among the elderly, with as many as 7 out of every 100 elderly individuals suffering from symptoms. We also know that GAD seems to affect more women than men. People coping with lower socioeconomic status (e.g., lower incomes, poor housing, etc.) are also more likely to have GAD, possibly due to a higher rate of life stressors that can make a person more vulnerable to uncontrollable worry.

## Worry themes

In general, people with GAD worry about the same things as people with normal levels of worry. However people with GAD often worry about the worst case scenario (e.g., "Is my husband late home from work because he has been in a terrible car accident?" "What if my boss fires me? etc). Common worry themes include:

- relationships
- work or school
- family or friends
- pets
- health issues
- finances
- community or world affairs
- being late for appointments
- getting tasks completed
- other daily hassles

Although all of us worry from time to time, people with GAD find it difficult to control their excessive worry and it causes great distress and/or interferes with how they want to live their lives. Some people with GAD have positive beliefs about their worrying which make it difficult to give up (e.g., worrying helps me solve problems, worrying helps protect me from bad things, worrying helps prepare me emotionally for when bad things happens, worrying motivates me, worrying makes me a caring person). Some people with GAD have negative beliefs about their worry (e.g., worrying could give me cancer, worrying could make me lose my mind, my worrying may cause the bad thing to happen).

### resources on worry and generalized anxiety disorder

**Books**

* Copeland, M.E. (1998). The worry control workbook. New Harbinger Publications.
* White, J. (1999). Overcoming Generalized Anxiety Disorder – Client Manual: A relaxation, cognitive restructuring, and exposure-based protocol for the treatment of GAD. New Harbinger Publications.

**Websites**

* For an online cognitive-behavioural self-help program for generalized anxiety and worry see the following website: www.anxieties.com/gad.php

* See page 52 for additional resources on GAD.

example

## generalized anxiety disorder

*Donald is a 54-year-old pulp and paper mill employee who lives with his wife of 30 years with whom he has three adult children and 7 grand children. Donald experienced the onset of problems with worry during his first few years of marriage when he would worry excessively about finances, his children and their futures, and his parent's health. Since that time he worried uncontrollably about his grandchildren being harmed, saving enough for retirement, his own health and his wife's health. Donald's worry interfered with his ability to enjoy his life as he always felt tense and on guard. He has also turned down multiple promotions at work due to excessive worry he couldn't handle the increased stress and responsibilities. His back and neck constantly ached from the tension. His worrying also led to long-term problems falling asleep. He had become dependent upon sleeping pills and still felt easily fatigued most days. Sometimes he experienced upsetting images about his grandchildren being injured or harmed when worrying about them. Twice in the past these images triggered a panic attack as they were so upsetting. After a bad period of worry he often felt depressed for weeks afterwards. Donald felt envious of the enjoyment other people seem to get from life and he often felt hopeless when it came to managing his worry.*

*Donald heard a story on the news about generalized anxiety disorder and realized with I shock that this is what he might be coping with. After reviewing his symptoms with his physician he agreed to try an antidepressant shown to be effective for generalized anxiety disorder. After several months he did experience some benefits including less intense worry, greater ability to concentrate and less fatigue. However after experiencing some improvements Donald was motivated to experience more. He got a referral to a private clinical psychologist who specializes in cognitive-behavioural treatment for anxiety disorders. Donald has learnt several important strategies including ways to tolerate uncertainty without worrying and ways to problem solve real stress that can trigger worry. He has also been able to reduce his use of sleeping pills and muscle tension by using relaxation strategies. Donald has noticed himself enjoying the moment in a way he never thought was possible in the past. He now believes that a combination of medication and cognitive-behavioural strategies will be a very effective way for him to manage his anxiety and enjoy the years to come.*

### Evidence-based treatments for GAD

- Cognitive-behavioural therapy (CBT)
- Benzodiazepines (e.g., alprazolam, lorazepam)
- Buspirone
- Several antidepressants including venlafaxine, serotonin reuptake inhibitors (e.g., paroxetine) and tricyclic antidepressants (e.g., imipramine)

See page 33 for more details.

# What is post-traumatic stress disorder?

**resources on PTSD**

**Books**

* Matsakis, A. (1996). I can't get over it: A handbook for trauma survivors, Second Edition. Oakland, CA: New Harbinger Publications.

**Websites**

* International Society for Traumatic Stress Studies www.istss.org/resources/index.htm
* PTSD Alliance www.ptsdalliance.org
* BC Institute Against Family Violence www.bcifv.org

* See page 52 for additional resources on PTSD.

As many as 7 out of 10 people will experience a traumatic event at some point in their lives. Traumatic events are those that evoke a sense of fear, helplessness or horror due to serious injury, threat of serious injury, death, threat of death or threats to our physical integrity. The traumatic event might be directly experienced by us or we may be traumatized by watching the event happen to someone else or finding out it has happened to someone else. There are some events that are traumatic for most people such as the murder of a loved one, a sexual assault, or losing one's home in a fire.

The following are examples of different types of traumatic experiences:

- sexual or physical assault
- domestic violence or spouse abuse
- children who have experienced physical, sexual or verbal abuse
- crime related victimization (e.g., mugging, assault, robbery, shootings, home invasions)
- natural disasters (e.g., fires, floods, hurricanes, earthquakes)
- terrorism
- war related experiences and combat
- serious accidents (e.g., automobile, boat, train, airplane accidents or industrial/work accidents)
- torture
- forced confinement or imprisonment

## Normal reactions to trauma

Not everyone who experiences a trauma will go on to develop post-traumatic stress disorder but many people experience symptoms of post traumatic stress after a traumatic event. For example, studies have shown that following a trauma, most of us will experience symptoms such as disruption in sleep, decreases in appetite, difficulty concentrating, intrusive thoughts or memories, nightmares and other common symptoms of anxiety. For most people these symptoms begin to decrease in intensity over time. They are able to move on with their lives despite their difficult experiences with no ongoing anxiety problems.

## Risk factors

For some people exposed to a traumatic event the symptoms do not decrease in intensity over time and lead to ongoing problems. Research studies show that approximately 1 to 14 out of every 100 people will experience post-traumatic stress disorder (PTSD) in their lifetime. Whether or not the post-trauma symptoms lead to problems can be influenced by a variety of factors including the person's psychological health before the trauma, the age of the survivor (both the young and the elderly may be more at risk), the degree of support from community or loved ones, and the presence of other stressful or traumatic events. Men are exposed to a higher rate of traumatic events but women are more likely to meet criteria for PTSD. This could be due to a variety of factors that researchers are currently exploring. For example, the specific kinds of traumas experienced by women (e.g., more likely to be sexually assaulted than men) may increase the risk of women developing PTSD. Men and women may cope differently with anxiety or trauma. Men and women may also differ in how willing they are to report symptoms of trauma to other people.

## Main features

People with PTSD experience symptoms that can be divided into three main categories that are listed below.

### Re-experiencing the traumatic event:

- unwanted, distressing thoughts or images about the event
- distressing dreams or nightmares about the event
- acting or feeling as if the event was happening all over again (e.g., flashbacks)
- feeling extremely upset if something reminds you of the event
- experiencing a severe physical reaction when something reminds you of the event (e.g., rapid heart rate, shaking and trembling, difficulty breathing)

### Avoidance and numbing

- trying to avoid thoughts, feelings, conversations, people, places or activities that remind you of the event
- being unable to recall an important part of the trauma
- experiencing a drop in one's interest or participation in activities you used to enjoy
- feeling detached or cut off from other people
- feeling "numbed out" or having trouble experiencing some emotions (e.g., trouble having loving feelings)
- a sense that one's future will be short or limited (e.g., won't have a normal life span or won't get married or have children because of event)

### Increased arousal

- difficulty falling asleep or staying asleep
- irritability or outbursts of anger
- difficulty concentrating on things
- being excessively on guard (e.g., constantly scanning your surroundings)
- being easily startled

## Prevention of PTSD

In an attempt to prevent the development of PTSD many communities or organizations will automatically send in mental health professionals to do a single session "debriefing" when there has been some kind of trauma. People are usually encouraged to talk about the traumatic event and sometimes attendance at these events is compulsory. Unfortunately recent evidence suggests that these single session trauma debriefings are rarely helpful and may actually increase the risk of developing PTSD in some people. For this reason most experts now recommend that people should not be forced to participate in these post-trauma debriefing sessions. If post trauma symptoms do not resolve in time and continue to create problems then the evidence-based treatments listed below should be considered as options.

## Evidence-based treatments for PTSD

- Cognitive-behavioural therapy (CBT)
- Eye movement desensitization and reprocessing (EMDR)
- Several antidepressants including serotonin reuptake inhibitors (e.g., sertraline, paroxetine), monoamine oxidase inhibitors (e.g., phenelzine) and tricyclic antidepressants (e.g., imipramine)

See page 33 for more details.

example

## post-traumatic stress disorder

*Sharon is a 23 year-old single woman who lives with her older sister. She left university 2 years ago after being sexually assaulted while out on a date with a male student she met through class. Since being sexually assaulted she experienced a variety of symptoms that did not go away with time. She had unwanted memories of the assault whenever she saw a man who resembled the person who assaulted her. She often has nightmares about the assault and sometimes they were so distressing she was unable to fall back asleep without leaving the lights on or taking an extra sleeping pill. She experienced several panic attacks when thinking about the assault and avoided watching movies that may show a rape scene. She had been unable to talk about the assault with her physician even though she was afraid she may have been exposed to a sexually transmitted disease. She never told any friends or family as she was scared they will not believe her or will think badly of her (even though a person is never to blame for a sexual assault regardless of the circumstances). She was unable to continue attending university due to fear she would see the man who assaulted her and extreme difficulties concentrating on schoolwork. She no longer felt any enjoyment when with friends or family and she let all of her hobbies go (e.g., quit her soccer team, didn't feel like reading her favorite type of books anymore). She felt cut off from all of those around her and she doubted whether she would ever be intimate with a man again. This was particularly upsetting as she believes it will prevent her from having a family of her own despite her strong desire to have children. When out in public she felt constantly on guard, especially if men were around. She found it difficult to keep a job and did not feel safe living on her own. She had become very angry when her sister had brought male friends to their apartment and this was creating tension in their relationship.*

*Fortunately Sharon saw a brochure at a local community center about symptoms of post traumatic stress disorder. She had the courage to call one of the support numbers listed for more information. Sharon eventually asked her physician for a referral to a clinic that specializes in the diagnosis and treatment of anxiety disorders. The therapist she was assigned to put her at ease and was very gentle and kind. They worked together as a team and went at a gradual pace so that Sharon was not overwhelmed. Gradually Sharon has been able to face the difficult memories of what she has been through. She has also learned ways to put her life back together and build up her strengths again. The memories are intruding less, she is less irritable with others and she is feeling ready to return to school even though she knows it will be challenging at first. Sharon is starting to feel safe again and day by day is doing more of the things she always enjoyed in the past. Sharon will never forget what she went through but she now knows that she was not to blame and life can be good again.*

# What are specific phobias?

Approximately 9 to 11 out of every 100 adults have a specific phobia – excessive and persistent fear of a specific object or situation. Many people in the general population fear some kind of object or situation. For example, many people fear snakes, spiders, heights or flying on planes. For most of us these fears do not create ongoing distress or get in the way of our lives. For people with a specific phobia, their excessive fear leads to significant distress and interference in their lives.

Many people with a specific phobia try to avoid the object or situation as well as anything that reminds them of it (e.g., thoughts, conversations, pictures, etc.). Other people with specific phobia may endure coming face to face with the feared object or situation with extreme dread and discomfort. A person is only diagnosed with a specific phobia if the fear, dread or avoidance of the object or situation leads to significant interference in school, work, social or daily functioning.

Specific phobias can be divided up into five general categories:

- **situational** types (e.g., bridges, elevators, flying, driving, enclosed places, etc.)
- natural environment types (e.g., storms, heights, water, etc.)
- **Blood-injection-injury** types (e.g., blood, injuries, injections, medical
- **Animal/Insect** types (e.g., dogs, snakes, spiders, bees, birds, cats, horses, mice, etc.)
- **Other** types (e.g., situations that may lead to choking, vomiting or contracting an illness, loud sounds, people in costumes [may be specific phobia for children] or any other situation or object that creates a phobic response that is not included in the other categories).

Situational type phobias are the most commonly diagnosed, followed by natural environment, blood-injection-injury, and animal types respectively. In general, 75 to 90 % of individuals with animal, natural environment, and situational types of specific phobias are women. The only exceptions are heights and blood-injection-injury phobias of which 55 to 70 % are women. Many people with specific phobia have more than one fear within the same subtype (e.g., fear of enclosed places and elevators, fear of snakes and spiders, etc.).

## Risk factors

Specific phobias can develop at any age including childhood. Some people develop a specific phobia after being exposed to a traumatic or frightening event. For example some individuals develop a driving phobia after being in a motor vehicle accident while others develop a dog phobia after being bitten by a dog. It is important to remember that most people exposed to these types of events do not tend to develop a specific phobia. Other individuals develop a specific phobia after experiencing a panic attack or observing someone else in the feared situation. For example some people fear heights after watching someone else fall from a high place while others fear water after watching someone drown or almost drown. Other times people develop a phobia after being told or instructed to fear the object or situation. For example some children may develop a phobia of an animal or insect after an adult repeatedly tells them the animal or insect is dangerous. Many people with specific phobias can trace their fears back to childhood but there are also some people with specific phobia who developed their fears as an adult (typically this occurs during early adulthood).

## Main features

People with specific phobias sometimes fear harm due to the object or situation. For example someone with a phobia of flying may fear dying as a result of a plane crash. Someone with a bee phobia may fear dying from a bee sting. Someone with a height phobia may fear falling over the edge of the building and being injured or killed. Other individuals with specific phobias may fear losing control. For example a person with a bridge phobia may fear losing control of their car and crashing. Others with specific phobia fear panicking. For example someone with a phobia of water may fear having a panic attack if they enter deep water. Fear of fainting is also a common fear among those with specific phobias. Many people with specific phobia of blood, injections or injuries fear passing out if they see or hear about any of these three things.

### resources for specific phobias

**Books**

* Antony, M.M., Craske, M.G., & Barlow, D.H. (1995). Mastery of your specific phobia (client workbook). San Antonio, TX: The Psychological Corporation; Graywind Publications: Boulder, CO.
* Brown, D. (1996). Flying without fear. Oakland, CA: New Harbinger Publications.

**Websites**

* For an online cognitive-behavioural self-help program for overcoming fear of flying see the site: www.anxieties.com/flying.php
* For an online cognitive-behavioural self-help program for overcoming other specific phobias see the site: www.anxieties.com/phobias.php

* See page 52 for additional resources on specific phobias.

example

**specific phobia**

*Joe is a 21-year-old college student who lives with his parents and younger sister. During the past year he was diagnosed with diabetes and his management program includes daily insulin injections. He has always been uncomfortable with seeing injections or blood for as long as he can remember. As a child he passed out once when having his blood drawn for standard medical tests. Since that time he avoided viewing or thinking about anything related to injections, blood or medical procedures as they make him feel anxious, nauseous and dizzy. He also experienced a limited symptom panic attack during his first year of college when he had to walk by a blood donor clinic being conducted in the main foyer of the college building. Since his diabetes diagnosis he had been unable to give himself his own injections or complete the training for self-injecting with the nurse at the local diabetes centre. His mother and father had to make special arrangements so that one of them is able to administer his insulin injections and this created problems for them at their places of employment. Joe had been unable to watch anyone give him the injections (he always looked away), he felt extremely anxious leading up to his scheduled injection times, and it sometimes took over an hour for him to allow them to give him the injection. Joe was often exhausted and upset for hours after an injection and this interfered with his ability to attend classes and study. Sometimes he was unable to allow his parents to give the injection or he did not show up at home at the agreed upon times. This unpredictable behaviour was leading to many arguments with his concerned parents and his doctor was very worried about his health if he was unable to comply with his insulin program. Joe was aware he was putting his health in serious danger, which only added to his suffering. Recently he had felt very depressed and hopeless about the future because of these problems.*

*Everything changed when Joe received a referral to a local mental health team who has staff with specialized training in cognitive-behavioural treatment for specific phobias. With the help of the diabetes clinic nursing staff his therapist has set up a gradual plan that allows Joe to build up his tolerance for having his insulin injections. They started with getting Joe used to looking at the needle, filling up the needle with the insulin and then watching videos of other people getting insulin injections. With lots of practice these situations no longer cause extreme anxiety. Joe still requires someone else to give him his injections but he is has been much more cooperative and doesn't feel panicky anymore. This has relieved a huge amount of daily stress for him and his family. He plans to work up to watching himself getting the injections (on video first and then in real life). Eventually he will practice giving himself his own injections. His parents are really proud of him as it takes a lot of courage to cope with an illness like diabetes in combination with a phobia of needles. Joe is feeling less depressed as he feels confident he will be able to live independently and do all the exciting things he has planned for his life.*

## Associated problems

Most people with specific phobias experience a restricted lifestyle or limitations in their functioning as a result of their excessive fear and related symptoms. For example, having a flying phobia can interfere with taking certain jobs, taking certain vacations, or visiting out of town family and friends. Other times the specific phobia may actually lead to a health threat (e.g., avoiding necessary invasive medical procedures such as surgery or not being able to receive proper treatment via injections).

## Evidence-based treatments for specific phobias

- Cognitive-behavioural therapy (CBT)
- No medications have been shown to be an effective treatment for specific phobias.

See page 33 for more details.

# Why should I consider getting treatment?

Most people are unable to effectively self-manage their anxiety disorder until they receive some form of effective treatment. There are many costs to untreated or poorly managed anxiety disorders:

- Increased risk of depression, substance use or suicide
- Increased and excessive use of health care services (e.g., diagnostic tests, ambulance services, and visits to physicians, specialists, or hospital emergency rooms)
- Increased risk of disability status (anxiety disorders are the second highest source of disability among people with mental health conditions after depression)

Why suffer needlessly when there are treatments that work (see page 33). Effective treatment helps people lower their symptoms, improve their self-esteem and get back to enjoying their lives again. Here are some personal testimonials from real people who have benefited from receiving evidence-based treatments for anxiety disorders:

*It's been more than 2 years since my last panic attack.... Last year I moved into my own apartment... I've even traveled on my own again.... And I'm not afraid of my own heartbeat... I've come to appreciate the power our brains have over our bodies, and the greater power our spirit has over both... I've come to accept that I was suffering from panic attacks and not dying from some mysterious disease.*

*I now have the strategies to combat the negative thoughts... I am able to tackle my daily life and not avoid things.... I have become more focused at work and am working more efficiently/effectively... I am doing more with family and friends...I feel healthier and have not seen my doctor since I have started (cognitive-behavioural program)... Nor have I called in sick to work.*

*After all these years of not knowing what was wrong with me not only did I learn what it is (this horrible thing in my mind was an anxiety disorder called Obsessive Compulsive Disorder) - but I became more aware of the thinking patterns that get me in trouble and I was taught the tools to cope. I am slowly learning that everyone has horrible scary thoughts sometimes and that I'm just like everyone else. I am becoming more confident to take risks. My mind is clearer, I'm much less stressed, and I'm able to enjoy life without constantly having intrusions running through my head.*

*I had been reluctant to try medications... it's not like it is instant happiness. It makes you want to live like a normal person, accomplish things for myself and set goals for the future.*

# What should I tell my health professional?

Research has shown that only one third of the people with an anxiety disorder have seen a health professional regarding their anxiety problems and the majority of these people do not end up receiving any treatment. Research also suggests that two thirds of people with an anxiety disorder may not have received a correct diagnosis. The purpose of the following information is to help you increase the probability of getting a proper assessment, diagnosis and treatment plan.

## Review all of your symptoms

Many people with an anxiety disorder will focus on their body symptoms of anxiety when discussing their anxiety problems with their physician (e.g., "My heart seems to be beating too fast", "I am having difficulty breathing", "I have been feeling dizzy and nauseous" etc). These symptoms can be especially frightening and uncomfortable so it is no wonder body symptoms are often the main thing we focus on telling our health professional. Unfortunately we know that the odds of your physician correctly identifying your anxiety disorder decreases if you start by telling them about these symptoms. To increase the odds of getting a proper diagnosis be sure to also tell your physician about your other symptoms of anxiety (emotions, thoughts, and behaviours). We recommend you fill out the checklist provided on the following page and take it with you to your physician or health professional.

Other important things to mention to your physician or health professional include any stressful events or major changes in your life that have happened recently. Also tell them about any family history of mental health or substance use problems.

The BC Partners for Mental Health and Addictions Information have a Mental Illness Toolkit available on our website at **www.heretohelp.bc.ca**. This toolkit also contains useful tips on reviewing your symptoms and on speaking to your mental health care professional.

### tips for talking with your doctor or mental health professional

The average patient asks only two questions during an entire medical visit lasting an average of 15 minutes. However, studies demonstrate that patients who are actively involved in decision-making are more satisfied, have a better quality of life and have better health outcomes. Since most people's treatment path for a mental disorder begins in the family doctor's office, below are some tips for empowering yourself and starting a conversation about disabling anxiety in your life:

* **P**lan — Think about what you want to tell your doctor or learn from your mental health professional today. Once you have a list, number the most important things.
* **R**eport — When you see the doctor, tell him or her what you want to talk about during your visit.
* **E**xchange Information — Make sure you tell the doctor about what's wrong. Printing out an online screening tool or bringing a diary you may have been keeping can help. Make sure to include both physical and emotional symptoms. Sometimes it can help to bring a friend or relative along for support and to help describe your behaviour and symptoms if you're unable to.
* **P**articipate — Discuss with your doctor the different ways of handling your health problems. Make sure you understand the positive and negative features about each choice. Ask lots of questions.
* **A**gree — Be sure you and your doctor agree on a treatment plan you can live with.
* **RE**peat — Tell you doctor what you think you will need to take care of the problem.

The BC Mental Health Information Line can also give you a list of possible places for referral that you could suggest to your doctor. If you want to find a new family doctor, the College of Physicans and Surgeons of BC can provide you with a list of doctors accepting patients in your area

Source: Institute for Healthcare Communication P.R.E.P.A.R.E. Patient Education Program.
www.healthcarecomm.org/index.php?sec=courses&sub=special&course=1

## My anxiety symptoms checklist

Check off any symptoms that you have been experiencing for several weeks or more. Only include symptoms that are excessive or cause significant disruption or interference on a regular basis. Review with a health professional trained in the diagnosis and treatment of anxiety disorders.

**Anxiety symptoms**

- ❑ Feeling anxious, fearful, scared, tense, worried, etc.
- ❑ Rapid heart, heart palpitations, pounding heart
- ❑ Sweating
- ❑ Trembling or shaking
- ❑ Shortness of breath or smothering sensations
- ❑ Dry mouth or feeling of choking
- ❑ Chest pain or discomfort
- ❑ Nausea, stomach distress or gastrointestinal upset
- ❑ Urge to urinate or defecate
- ❑ Cold chills or hot flushes
- ❑ Dizziness, unsteady feelings, lightheadedness, or faintness
- ❑ Feelings of unreality or feeling detached from oneself
- ❑ Numbing or tingling sensations
- ❑ Visual changes (e.g., light seems too bright, spots, etc.)
- ❑ Blushing or red blotchy skin (especially around face)
- ❑ Muscle tension, aches, twitching, weakness or heaviness
- ❑ Thoughts or images of something bad happening to self (dying, not being able to cope, being responsible for something terrible happening, embarrassing ourselves, etc)
- ❑ Thoughts or images of something bad happening to someone else (family member dying, a child being harmed, spouse having an accident, etc)
- ❑ Thoughts or images of something else bad happening (house burning down, personal possession being stolen, terrorism attack, etc)
- ❑ Other frightening thoughts, images, urges or memories (tell your health professional as many details as you can about the content)
- ❑ Increased attention and scanning for things related to the source of danger
- ❑ Difficulty concentrating on things not related to the source of danger
- ❑ Difficulty making decisions about other things
- ❑ Frightening dreams or nightmares
- ❑ Avoidance of the feared situation, experience, place or people
- ❑ Needing to escape or leave the feared situation, experience, place or people
- ❑ Needing to be with a person or pet who makes me feel safe
- ❑ Getting reassurance from others
- ❑ Telling myself reassuring things (e.g., "It will be ok")
- ❑ Needing to find a safe place to go to
- ❑ Scanning the situation for signs of danger
- ❑ Trying to distract myself
- ❑ Self-medicating the symptoms with drugs, alcohol or food
- ❑ Sleeping or napping so I don't have to think about it
- ❑ Excessive checking or cleaning
- ❑ Other compulsive behaviours or mental rituals
- ❑ Other symptoms or problems associated with my anxiety:

checklist

# What are effective treatments for anxiety disorders?

One of the strongest reasons for us to feel optimistic about anxiety disorders is that we actually have effective treatments that have been shown to work – they allow people to better manage their anxiety problems so they can lead fulfilling and productive lives.

Two basic types of treatments have been shown to work: 1) medications and 2) cognitive-behavioural therapy. We call these *evidence-based* treatments because the results of the studies (i.e., "the evidence") show that they work very effectively. Evidence-based treatments are endorsed and recommended by the Anxiety Disorders Association of BC (ADABC) and the BC Partners. Be sure to ask your health professional for access to an evidence-based treatment if you have been diagnosed with an anxiety disorder.

## Medications

Medications (pharmacological treatment of anxiety disorders) impact the symptoms of anxiety disorders at the biochemical level. A variety of medications are available that help improve symptoms presumably by influencing important neurotransmitters in the brain. Several medications have been shown to significantly lower symptoms for some people suffering from anxiety disorders. Some of the most commonly used medications are listed briefly below.

### Serotonin Reuptake Inhibitors (SRIs)

These medications are also known as Selective Serotonin Reuptake Inhibitors (SSRIs). Examples include paroxetine (Paxil), fluvoxamine (Luvox), sertraline (Zoloft), fluoxetine (Prozac) and citalopram (Celexa).

These medications were first used as antidepressants but are also effective in treating some anxiety disorders. They typically take several weeks before benefits can be observed. Common sides effects can include dry mouth, drowsiness, constipation, gastrointestinal symptoms, headache and sexual dysfunction. In some people, these medications can cause a temporary increase in anxiety when they are first started.

### Tricyclic Antidepressants (TCAs)

Examples include amitriptyline (Elavil), imipramine (Tofranil), and clomipramine (Anafranil). These medications were originally used in the treatment of depression but are also effective in treating some anxiety disorders. Like the SRIs, it typically take a few weeks before benefits are observed and common side effects include dry mouth, drowsiness, constipation, gastrointestinal symptoms, headache and sexual dysfunction. The TCAs are an older class of medication than the SRIs, and in some individuals can cause problems with low blood pressure.

### Benzodiazepines

Examples include alprazolam (Xanax), lorazepam (Ativan), diazepam (Valium), and clonazepam (Rivotril). These medications work very quickly. However they are not recommended for long-term use for anxiety disorders as they can be addictive and lose their effectiveness over time. Common side effects can include drowsiness, fatigue, unsteadiness, lightheadedness, and memory problems. Elderly individuals should avoid taking this class of medication when possible. Benzodiazepines can also interact with alcohol, other medications and drugs.

### Beta blockers

Examples include propranolol (Inderal), nadolol (Corgard), and atenolol (Tenormin). Beta blockers are primarily used to reduce the physiological symptoms associated with anxiety (e.g., heart palpitations, excessive sweating, excessive trembling or shaking, etc). They work by reducing blood pressure and slowing the heart beat.

### Monoamine Oxidase Inhibitors (MAOIs)

Examples include phenelzine (Nardil) and tranylcypromine (Parnate). These medications were originally used in the treatment of depression but are also effective in treating some anxiety disorders. The MAOIs require strict dietary restrictions (e.g., no wine, cheese or foods with tyramine) and can not be taken with a large number of other medications.

### Other medications

There are also a range of other medications that are used in the treatment of anxiety disorders such as buspirone and venlafaxine. There are also a range of newer medications that have not yet been thoroughly researched. Ask your physician or psychiatrist to review each medication option with you in detail.

### some cautions regarding medications

- Some medications work slower than others (many need to be taken for several weeks before their benefits are observable).
- Some people will experience temporary side effects when they start a new medication treatment for an anxiety disorder. Always review any negative side effects with your physician or psychiatrist.
- Some people are unable to tolerate the unwanted side effects.
- Some people need to try several different types of medications before finding one that works for them.
- Symptoms of an anxiety disorder often return when people stop taking medications for anxiety.
- Some people are unable to take medications due to complicating factors (e.g., pregnant women or the elderly) or their personal beliefs.
- Some medications can be addictive or cause withdrawal syndromes.
- NEVER stop taking a prescribed medication without consulting your physician or psychiatrist. Medications must be gradually tapered to prevent a rapid return of symptoms or other unwanted side effects.

### Costs and coverage

Medication treatment is typically provided by physicians or psychiatrists. Visits to these health professionals are free under the current Medical Services Plan in BC. There is typically some cost involved in purchasing the medications as prescription coverage is typically less than 100% on most health benefit plans. Plan G is a mental health prescription drug plan that provides medications for low income residents who can not afford medications and are at risk for serious consequences such as hospitalization. For more information about the No-Charge Psychiatric Medication Program (Plan G) contact your physician or psychiatrist. For forms and more information contact your local mental health services center (listed in the blue pages of your telephone directory under Health Authorities).

For more detailed information about medications for anxiety disorders including typical doses, answers to frequently asked questions and a checklist you can use to track common side effects see The Feeling Good Handbook (Revised Edition, 1999) by David D. Burns. New York: Plume, Penguin Books Ltd.

## Cognitive/behavioural treatments (CBT)

Of the psychosocial treatments only cognitive-behavioural or behavioural programs have been shown to be effective for people coping with anxiety disorders. *Cognitive/Behavioural Treatment* (CBT) includes a behavioural component that helps the person:

- decrease the patterns of behaviour that make the symptoms worse
- increase the patterns of behaviour that make the symptoms less severe or disappear

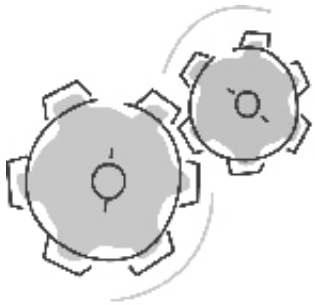
Programs that include the cognitive component also help the person identify and correct any faulty beliefs or thinking patterns that make the symptoms worse.

CBT programs usually involve once weekly sessions with an expert for about 8 to 20 weeks. There are also some excellent self-help books, programs and websites that provide CBT programs. Research studies have shown that CBT programs for anxiety disorders are just as effective as medications and may be superior to medications in the long-term.

Programs for anxiety disorders are not widely available in BC. Physicians, psychiatrists and most mental health professionals are not typically trained or covered by MSP in the delivery of CBT programs. Clinical psychologists are the most likely group of professionals to receive training in CBT for anxiety disorders but their services are not currently covered under the MSP plan unless they are seen in a hospital setting. Alternative options for accessing CBT include online programs (e.g., the cognitive-behavioural self-management program available at **www.paniccenter.net**), self-help readings and some select clinics, mental health centers or community programs. Private CBT from a psychologist is available at your own cost. Contact the British Columbia Psychological Association Referral Service (Tel: 1-800-730-0522 or **www.psychologists.bc.ca/referral.html**). Some Employee Assistance Programs cover visits with a clinical psychologist. Always ask to work with someone who has received specialized training in evidence-based approaches to anxiety disorders.

### some cautions regarding CBT

- It can take time for the benefits of CBT to be observable
- Sometimes symptoms can feel like they are getting worse before they get better (learning to manage any type of mental health problem requires effort and can trigger some distress which is normal and expected)
- CBT requires repeated efforts and practice to benefit from the skills
- Sometimes depression, substance use problems, life stressors or some other mental health problem needs to be addressed first before the anxiety disorder can be successfully treated
- Sometimes a person may need to combine medications with CBT to get benefits
- Sometimes a person may need to gradually reduce their medications to benefit from CBT



# What should I know about alternative or complementary treatments?

Research has shown the majority of people who have experienced anxiety attacks report using some form of alternative or complementary treatments and often at the same time they are pursuing more conventional treatment.

Commonly used alternative or complementary treatments used by people with anxiety symptoms include the following:

- relaxation techniques
- eye movement desensitization and reprocessing (EMDR)
- imagery
- self-help groups
- hypnosis
- biofeedback
- herbal medicines
- megavitamins
- homeopathy
- naturopathy
- massage
- chiropractics
- osteopathy
- acupuncture
- yoga
- dietary modifications
- special diet for gaining or losing weight
- lifestyle diet
- energy healing
- aromatherapy
- other lifestyle intervention programs
- laughter
- folk remedies
- melatonin

## Need for further research

Some of these remedies have been in use for hundreds or thousands of years across a variety of people and cultures. Any treatment or remedy typically has both pros and cons—even when dealing with alternative or natural remedies. Unfortunately most alternative therapies and treatments for anxiety disorders have not been thoroughly researched, although the number of good studies is gradually increasing. At this point in time we can not currently endorse any alternative treatments as effective evidence-based treatments for anxiety disorders. Some of the alternative remedies look promising and may emerge as evidence-based treatment options if there is sufficient evidence from well-conducted studies. See **www.cochrane.org** for reviews of existing research examining alternative treatments for mental health problems including anxiety. For the Health Canada Directorate of Natural Health Products including warnings for certain products see: **www.hc-sc.gc.ca/hpfb-dgpsa/nhpd-dpsn/index.html**

## Making a treatment choice

As you read through this information please keep in mind that alternative or complementary treatments are not the first recommended course of treatment for anxiety disorders (see page 33 for information about evidence-based treatments for anxiety disorders). However you may end up considering an alternative treatment if you have failed to benefit from evidence-based treatments.

## Herbal remedies

The most common herbal remedy taken for anxiety symptoms is *Kava* (derived from the Kava plant). A few studies suggest that short-term use of Kava (1 to 24 weeks) is effective in lowering symptoms of anxiety. Kava has been associated with a range of negative side effects (e.g., skin problems, hair loss, etc) and can interact with other medications and alcohol. Unfortunately Kava has also been associated with liver toxicity which can lead to death. As a result Health Canada has advised consumers to discontinue or avoid taking any products that contain Kava. Please be aware that there are over 3 dozen different names for Kava (e.g., kava-kava, long pepper, gi, ava root, etc). For more detailed information about Kava including its various names and common side effects see the following site: **media.healthcanada.net/english/protection/warnings/2002/2002_02e.htm**

No other herbal remedies have been shown to significantly reduce anxiety symptoms in well-conducted studies. Unless future evidence suggests otherwise there are no herbal remedies that can be recommended as evidence-based treatment for anxiety disorders.

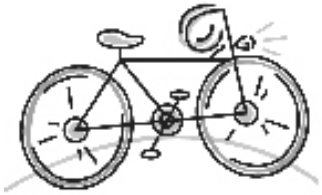
**Some general cautions regarding herbal remedies:**

- Make sure you talk to your physician and your pharmacist about any natural or herbal remedies you are taking (or considering taking). Many of these alternative treatments have side effects and can interact with prescription medications, alcohol and other substances or drugs.
- The quality and quantity of active ingredients in herbal therapies often varies widely across different brands and preparations. Many people are also surprised to learn that a high proportion of herbal remedies are contaminated with pesticides, herbicides, or heavy metals.

## EMDR

EMDR (Eye Movement Desensitization and Reprocessing) is a relatively new therapy that integrates elements of a variety of psychotherapies (e.g., psychodynamic, cognitive-behavioural, interpersonal, etc). EMDR aims to rapidly change unhealthy thinking patterns and reduce excessive fears. It usually includes rapid eye movements, alternating hand taps or different types of sounds which are theorized to promote more rapid and healthy processing of the information that helps maintain the anxiety disorder. EMDR has been shown to be as effective as CBT but only in the treatment of PTSD (see page 26). It is important to note that EMDR is not an evidence-based treatment for any other anxiety disorders. In fact research to date suggests that EMDR is an ineffective treatment for panic disorder, agoraphobia or specific phobias.

## Exercise



Research studies have shown that regular physical exercise and higher levels of physical fitness are associated with lower symptoms of anxiety. Exercise also seems to result in lower levels of depression and protects people from the negative effects of stress. However exercise is not currently considered an evidence-based treatment for anxiety disorders. It is unlikely that exercise alone is enough for a person to overcome the symptoms of an anxiety disorder. That said, regular exercise is probably good self-care behaviour for a person with an anxiety disorder even if it only provides temporary relief in some of the symptoms (e.g., muscle tension).

## Relaxation, controlled breathing, yoga, and meditation

Relaxation, yoga, meditation and other self-regulatory techniques have a positive impact on a variety of physical symptoms (e.g., blood pressure, heart rate, etc). However they have not been widely researched as a stand alone treatment for anxiety disorders. Like exercise, these techniques are unlikely to be enough on their own for a person to overcome the symptoms of an anxiety disorder. That said, relaxation strategies, controlled breathing and other similar skills are often included as part of evidence-based CBT (see page 35). These techniques are unlikely to be harmful if used properly and can be an effective way to reduce anxiety symptoms or preventing them from getting worse.

## Transcranial magnetic stimulation (TMS)

TMS is a relatively new neurophysiological technique first used in the mid-1980's. TMS involves non-invasive stimulation of the part of the brain referred to as the cerebral cortex. A Cochrane review (see **www.conchrane.org**) concluded there is not enough research yet in this area so we can not recommend TMS as a treatment for anxiety disorders. In fact, initial studies seem to indicate that TMS is an ineffective treatment for obsessive-compulsive disorder. Unless future evidence suggests otherwise TMS is not recommended as an evidence-based treatment for anxiety disorders.

# Are self-help groups useful?

Self-help groups have a long-standing history and role in helping people cope with mental health problems, mental illness and substance use problems. Many people find comfort in knowing they are not alone and benefit from the emotional support and practical tips that are often provided. It is important to keep in mind that some support groups are better than others. Problematic support groups are those that do not empower people and instead keep people trapped in old unhealthy coping patterns that do not help make things better. Some support groups only allow a place for members to "vent" without attempting to solve any ongoing problems. Although it is very important to feel heard and understood by others, a group should provide more than a venue for members to voice their concerns. The best support groups are those that provide members with reliable and accurate information that helps them better understand their mental health problem. A critical component is also the passing of knowledge about helpful resources and coping strategies that actually help a person make progress (e.g., places to get treatment, effective self-management strategies, high quality books and websites, etc).

# What are effective ways of managing anxiety disorders?

## Educating and empowering yourself

The first step in effective management of anxiety disorders is learning as much as we can about the specific anxiety disorder(s) we are suffering from. Start by reading each section in this toolkit that contains information relevant to you and your situation. Then try exploring some of the recommended books or websites. Consulting with a health professional who is an expert in the diagnosis and treatment of anxiety disorders is also recommended.

Getting access to evidence-based treatments for anxiety disorders from a trained expert can be incredibly empowering because they actually work. With the right professional and treatment many people experience significant reductions in their symptoms and notable improvements in their quality of life. Sometimes your self-management program will involve cognitive-behavioural programs (see page 35). Attending any appointments and practicing new coping strategies on a daily basis is a big part of self-management when using cognitive-behavioural therapy. Sometimes medications will be prescribed by your physician or psychiatrist. If you are taking antidepressant medications remembering not to miss a dose can be an important component of self-management. Keep antidepressant medications in an easy to access place and take them at the same time each day (e.g., at breakfast, before going to bed, etc). If your prescription is getting low be sure to renew it before you run out or contact your physician to decide upon the next steps. Never stop taking a medication without consulting your physician or psychiatrist to avoid problems.

For more information on adjusting to the diagnosis of a mental illness (including an anxiety disorder) and general tips on developing and maintaining your own personalized self-management plan see the **Mental Disorders Toolkit** also produced by the BC Partners for Mental Health and Addictions Information at **www.heretohelp.bc.ca**.

### Tracking symptoms

We can also empower ourselves by becoming familiar with the specific things that trigger our symptoms of excessive anxiety (see page 45 for a list of common triggers and page 6 for common symptoms of anxiety). Knowing our own personal triggers and how we think, feel or behave when coping with excessive anxiety can help us decide what things we need to include in our self-management plan. This information can also be very valuable when working with a health professional as they will ask you to describe your typical triggers and symptoms.

Use the tracking symptoms sheet to document any episodes of excessive anxiety (see page 40 for your own worksheet). Try to track your symptoms for one or two weeks to obtain an accurate picture of your current symptoms. Many people continue to use these tracking sheets as a way of monitoring how well they are self-managing their symptoms.

Each time you experience excessive anxiety ask yourself the following questions and write your answers in the space provided.

- What specific experience or situation triggered the excessive anxiety?
- What body symptoms were experienced along with the excessive anxiety?
- What thoughts were experienced along with the excessive anxiety?
- What behaviours or coping responses were used?
- What was the outcome?

example

| situation or experience | thoughts | body symptoms | behaviours or coping responses | outcome |
|---|---|---|---|---|
| Giving a talk to a group of 50 people | What if they notice how nervous I am and think badly of me? | Felt flushed, heart was pounding, felt shaky and sweaty | Felt the urge to escape from the room | Rushed my talk a bit due to the anxiety. Was able to answer some questions but had difficulty concentrating |
| Sitting in a crowded movie theatre | What if I am about to pass out and cannot get out of the threatre in time? | Felt dizzy, felt nauseous, felt hard to breathe | Felt the urge to escape the threatre, told my friend in case I needed their help | Left the threatre to get some fresh air. Didn't feel like I could go back in |

## Managing bodily symptoms

It is often the excessive body symptoms of anxiety (including panic attacks) that cause problems for people with anxiety disorders (see page 6). These symptoms are not dangerous; many people feel better when they have skills to better manage them. Evidence-based strategies include controlled breathing or muscle relaxation.

### General tips

Do not wait until you are feeling really anxious to learn and practice controlled breathing or other forms of relaxation. Instead put aside time to master these strategies when your anxiety levels are low. As your skills increase so will your ability to use these same strategies when your anxiety is higher.

It is normal to feel a bit anxious when you first use these strategies. It can be a new, unfamiliar or even scary experience trying to let our guard down when we have been coping with excessive anxiety. Eventually the anxiety will pass and we begin to feel the benefits of controlled breathing and relaxation.

It is normal to feel a bit dizzy or lightheaded when you first start using these strategies as they can result in an initial burst of oxygen to the brain. This is not dangerous and indicates you are successfully engaging in relaxed breathing. These skills take time and practice to be effective.

# WORKSHEET: Tracking symptoms

Each time you experience excessive anxiety ask yourself the following questions and write your answers in the space provided.

* What specific experience or situation triggered the excessive anxiety?
* What body symptoms were experienced along with the excessive anxiety?
* What thoughts were experienced along with the excessive anxiety?
* What behaviours or coping responses were used?
* What was the outcome?

| situation or experience | thoughts | body symptoms | behaviours or coping responses | outcome |
|---|---|---|---|---|
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### Controlled breathing

Controlled breathing involves slowly breathing in through our nose and then slowly breathing out through our mouth.

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| Breathe in deeply through your nose as you count slowly from 1 to 4. | Allow the cool air to travel all the way down into your belly. Your lower stomach will gently inflate and will extend out (do not force this – it will happen naturally). | Breathe out through your mouth as you count slowly from 1 to 4. | As you breath out your lower stomach will gently deflate. Imagine all your tension being carried away with your warm breath. |

Note: Try not to raise your chest and shoulders up and down as you breathe. You can test this by placing the palm of one hand on your chest and the other on your lower stomach. The hand on your chest should remain still while the hand on your stomach should gently move out and in as you breathe.

### Muscle relaxation

Another strategy to manage bodily symptoms of anxiety is to combine controlled breathing with muscle relaxation skills. For easy to follow instructions for basic muscle relaxation, please see the BC Partners' website. Our version takes approximately 20 minutes for beginners but can be shortened down to about 5 minutes with practice.

### Other sources for step by step relaxation skills:

- Local bookstores may carry relaxation audio tapes, CDs or DVDs.
- Local community programs often include relaxation.
- Bourne, E.J. (2000). The anxiety and phobia workbook, 3rd edition. Oakland, CA: New Harbinger Publications.
- Davis, M., Eshelman, E.R. & McKay, M. (1995). The relaxation and stress reduction workbook, fourth edition. Oakland, CA: New Harbinger Publications.

**caution**

- These strategies should never be used to fight or block anxiety symptoms, and they should not be used to distract ourselves away from anxiety or an anxiety-provoking situation.
- If you use these strategies for these purposes they will be ineffective and may increase anxiety.
- The strategies work best if you use them to help you relax with the symptoms as they pass in their own time while you remain in the anxiety-provoking situation.
- The best approach is to experiment with tolerating some anxiety symptoms without using these strategies as often as possible to build up your strengths.

## Healthy thinking patterns

Our thinking patterns and our beliefs about the world have a very strong impact on our feelings, our behaviours, and our bodily reactions. Studies show that 80 to 90% of us experience the types of thoughts that people with anxiety disorders experience (see page 7). Most of us are able to dismiss these thoughts without any ongoing problems. In comparison, people with anxiety disorders tend to experience upsetting thoughts, images or urges on a daily basis. These thoughts do not go away with time and sometimes the thoughts can get distorted. When negative thoughts become distorted they are not entirely based on the facts even though it feels like they are true. People with anxiety disorders often feel like anxious thoughts pop into their minds even when they don't want to be thinking about them. The negative thinking patterns associated with anxiety disorders can also make us feel sad and angry.

### Negative thinking patterns

In his 1999 book The Feeling Good Handbook, Dr. Burns identifies several common patterns of negative thinking that can trigger or maintain negative emotions including anxiety. We all engage in some or all of these distorted thinking patterns from time to time—whether we have an anxiety disorder or not. Take the following survey to figure out which kinds of negative thinking patterns are associated with your excessive anxiety. Check off all of those that apply to you.

### Self-managing negative thinking patterns

If we believe these ways of thinking are true, we are more like to experience symptoms of anxiety (see page 7). It can be helpful to figure out which of your negative thinking patterns are true, which ones are false and which ones need a little bit of adjusting. For example, some people with OCD who fear getting HIV are able to reduce their feelings of anxiety and avoidance of other people when they learn we can not catch HIV by touching doorknobs.

self-test

## Negative thinking patterns

- ❑ **All-or-nothing thinking.** You see things in black-or-white categories. If a situation falls short of perfect you see it as a total failure.
- ❑ **Overgeneralization.** You see a single negative event, such as a romantic rejection or a career reversal, as a never-ending pattern of defeat by using words such as "always" or "never" when you think about it.
- ❑ **Mental filter.** You pick out a single negative detail and dwell on it exclusively, so that your vision of all of reality becomes darkened, like the drop of ink that discolors a beaker of water.
- ❑ **Discounting the positive.** You reject positive experiences by insisting that they "don't count". If you do a good job, you may tell yourself that it wasn't good enough or that anyone could have done as well. Discounting the positive takes the joy out of life and makes you feel inadequate and unrewarded.
- ❑ **Jumping to conclusions.** You interpret things negatively when there are no facts to support your conclusion.
- ❑ **Mind reading.** Without checking it out, you arbitrarily conclude that someone is reacting negatively to you.
- ❑ **Fortune-telling.** You predict that things will turn out badly.
- ❑ **Magnification.** You exaggerate the importance of your problems and shortcomings, or you minimize the importance of your desirable qualities. This is also called the "binocular trick".
- ❑ **Emotional reasoning.** You assume that your negative emotions necessarily reflect the way things really are.
- ❑ **"Should" statements.** You tell yourself that things should be the way you hoped or expected them to be.
- ❑ **Labeling.** Labeling is an extreme form of all-or-nothing thinking. Instead of saying "I made a mistake," you attach a negative label to yourself.
- ❑ **Personalization and blame.** Personalization occurs when you hold yourself personally responsible for an event that isn't entirely under your control.

Adapted from Burns,1999

People who fear dying of a heart attack or stroke during a panic attack are often reassured to learn these symptoms do not mean they are dying. If we learn that our worst fears are not supported by the evidence this can help us lower our symptoms of anxiety and associated problems such as the urge to avoid or escape. For this reason, evaluating the evidence for and against negative thinking patterns is an important component of self-management for anxiety disorders.

## Questions to ask
**(adapted from Greenberger & Padesky, 1995)**

- ✶ Have I had any experiences that show that this thought is not completely true all of the time?
- ✶ If my best friend or someone I loved had this thought, what would I tell them?
- ✶ If my best friend or someone who loves me knew I was thinking this thought, what would they say to me? What evidence would they point out to me that would suggest that my thoughts were not 100% true?
- ✶ When I am not feeling this way, do I think about this type of situation any differently? How?
- ✶ When I have felt this way in the past, what did I think about that helped me feel better?
- ✶ Are there any small things that contradict my thoughts that I might be discounting as not important?
- ✶ Have I been in this type of situation before? What happened? Is there anything different between this situation and previous ones? What have I learned from prior experiences that could help me now?
- ✶ Five years from now, if I look back at this situation, will I look at it any differently? Will I focus on any different part of my experience?
- ✶ Are there any strengths or positives in me or the situation that I am ignoring?
- ✶ Am I jumping to any conclusions that are not completely justified by the facts and evidence?
- ✶ Am I blaming myself for something over which I do not have complete control?

### Evaluating the evidence

The best way to determine if a thought is true or not is to examine "the evidence." Like a detective we need to gather all the facts we have and then collect any evidence we need that is missing. In their 1995 book Mind Over Mood, Dr. Greenberger and Dr. Padesky recommend asking yourself a series of questions in order evaluate negative thoughts and beliefs.

### Tracking Progress

Use the **Healthy Thinking Worksheet** (see page 44) to track your work as you answer these questions. People often find that the evidence supports more positive, healthy and empowering ways of thinking about their current situation. If you are not sure which type of thinking pattern you are dealing with just make your best guess and proceed with the next step. The important part of this process is weighing up all the evidence for and against a particular thought or belief so that you are in a stronger position to evaluate whether it is true or not.

example

| thoughts | type of distortions(s) | question(s) to challenge distortions | Answers |
|---|---|---|---|
| "I am a complete failure at everything in my life." | All-or-nothing (black and white) thinking | What would my best friend say? Am I ignoring some positives? What has helped in the past? | I am really good at some things in my life. Just because I made a mistake or can't do everything really well doesn't mean I am a complete failure. In the past these feelings hadn't lasted forever |
| "This new relationship isn't going to last and I'm going to end up alone again." | Jumping to conclusions and fortune-telling error | What does the evidence suggest? Am I blaming myself for something not under my control? | They seem to like spending time with me. They call to make plans with me. I can't control how the other person feels—all I can do is be myself. There are other people who do love and care for me even if this relationship doesn't work out. |

### Resources for healthy thinking patterns


- Antony, M.M. & Swinson, R.P. When perfect isn't good enough: Strategies for coping with perfectionism. Oakland, CA: New Harbinger Publications.
- Bourne, E.J. (2000). The anxiety and phobia workbook (3rd edition). Oakland, CA: New Harbinger Publications, Inc.
- Burns, D.D. (1999). The Feeling Good Handbook, Revised Edition. New York: Plume.
- Burns, D.D. (1999). Feeling good: The new mood therapy. New York: Quill.
- Greenberger, D, & Padesky, C.A. (1995). Mind over Mood: Change how you feel by changing the way you think. New York: The Guilford Press.
- McKay, M. Davis, M. & Fanning, P. (1997). Thoughts and feelings: Taking control of your moods and your life. New Harbinger Publications, Inc.


* For additional information about how to self-manage negative thinking patterns please see the section(s) in this toolkit that address the particular anxiety disorder(s) you are suffering from.
* Many of the recommended self-help books and websites contain helpful strategies for self-managing the specific types of thoughts and beliefs that can accompany panic disorder, agoraphobia, obsessive compulsive disorder, social anxiety disorder, generalized anxiety disorder, post-traumatic stress disorder, and specific phobias.

## Building strengths: overcoming safety and avoidance behaviours

Many people with anxiety disorders feel trapped and unable to do the things they want to do. Even basic activities in daily living can become difficult (e.g., driving, shopping, being around other people). Some people with anxiety disorders are unable to leave their home or go to work due to the severe avoidance associated with their anxiety disorder symptoms. A critical component of recovery for a person with an anxiety disorder is building up their strengths and decreasing safety behaviours (see page 45) such as avoidance of the things they fear. This process is not something that happens over night. Building strengths and overcoming avoidance happens gradually over time with lots of practice. This process works best if we break things down into manageable chunks.

# WORKSHEET: Healthy thinking

Use this worksheet to examine negative thoughts that upset you or hold you back from reaching your potential.

* Write down your most distressing thought
* Identify any distortions in this thought (make your best guess and then move on to next step)
* Identify questions to challenge the thought distortion
* Write down answers to the questions based on the evidence
* What do you conclude?

| thoughts | type of distortion(s) | questions to challenge distortions | answers |
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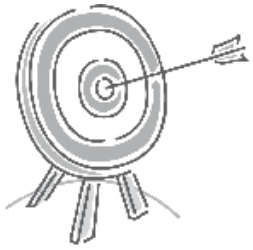
### STEP 1: List anxiety triggers and safety behaviours

Make a list of all the things you avoid doing because of anxiety, the things you do to feel safe from anxiety, and anything that triggers excessive anxiety. Consult your tracking symptoms worksheet for ideas. Be sure to include the daily things you avoid that most other people do. Examples of common triggers:

- Being in moving vehicle
- Shopping
- Going to the mall
- Going to the dentist or doctor
- Getting an injection or medical procedure
- Being in a high place
- Insects or animals
- Being away from home
- Touching things that feel dirty
- Being alone
- Being with other people
- Interacting with your boss
- Going to a party
- Saying no to an unreasonable request
- Answering the phone
- Going to the movies
- Going to work
- Having things out of order or imperfect
- Dating
- Answering the phone
- Being without a cell phone, vomit bag, or other items that feel like they prevent anxiety.
- Assigning responsibility for something to someone else



### STEP 2: Selecting a focus for self-management

Choose a few items from your list. To set yourself up for success choose the LEAST anxiety-provoking items first. Do not start with something that feels overwhelming—better to start small and gradually work up to the more anxiety provoking situations. Imagine how satisfied and proud you will feel when you are able to remove something from this list. Save your initial list so that you can track your progress over time by crossing off those things you have successfully mastered.

### STEP 3: Developing the next steps

Break down each feared item into a series of manageable chunks. See the following example to help you understand how to approach this step.

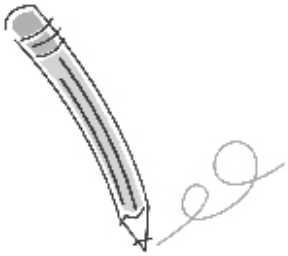
example

*On page 7 we told you about Mark, the computer programmer. He has broken down each item (e.g., cell phone, supermarkets, bridges) into more than one different type of task or challenge. He imagined how he would feel doing each task and rated them using the scale below.*

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| no anxiety at all | | | | | | | | | extreme anxiety |

| Mark's Next Steps | Anxiety Rating (0 - 10) |
|---|---|
| Leaving cell phone in car when away from home alone | 2.0 |
| Leaving cell phone at home when with friends, family or coworkers | 4.0 |
| Leaving cell phone at home when away from home alone | 5.0 |
| Going to supermarket during evening hours when less busy | 6.0 |
| Going to supermarket during day hours when more busy | 7.0 |
| Running up 1 flight of stairs without checking heart rate | 7.0 |
| Driving over bridge as passenger in car | 7.5 |
| Driving over bridge with friend or family member | 8.0 |
| Running up several flights of stairs without checking heart rate | 8.0 |
| Driving over bridge alone during the day | 8.5 |
| Working out at the gym for 30 minutes | 9.0 |
| Driving over bridge alone at night | 9.5 |

*Mark will begin practicing the item with the lowest rating (leaving cell phone in car when away from home) until his level of anxiety drops as close to 0/10 as possible. Some items will be mastered within days or weeks while others will take longer. When he feels comfortable with a particular item he can then proceed to the next item on the list.*



**Now it is your turn...**

- Brainstorm ways to break each item down into more than one manageable component (get a trusted person to help if you get stuck). For example, if you are targeting riding the bus you might end up with several items including: riding the bus one stop with a friend, riding the bus several stops with a friend, riding one stop alone, and riding several stops alone. Make sure you include lots of items that feel manageable (low to moderate ratings of anxiety).

- Imagine what it would be like to experience each item and rate using the anxiety scale.

- Using the **Building Strengths** form (see page 47) go ahead and arrange all the items from the least difficult (lower anxiety ratings) to the most difficult (higher anxiety ratings).

- Begin practicing the least difficult item on a daily basis. When your anxiety level has dropped to 0 or close to 0/10 then proceed to the next item. Don't be tempted to jump ahead—best results are achieved when gradually working through all the steps in order. If you find an item is more difficult than you expected then redo the anxiety rating and move it to where it belongs in the list. When you have successfully worked through an item celebrate your success—reward yourself by doing something special! Plan your rewards in advance to increase your motivation and to give yourself something to aim for.

- **Note:** Expect to feel some anxiety and discomfort when completing each task. This powerful technique works by gradually decreasing your anxiety each time you practice until the anxiety no longer returns. It really does work and is thought by many experts to be the most critical component of effective treatment (see page 33).

- After you have mastered all the items go back to your original list of safety behaviours and choose some new areas for your self-management focus. Work through developing the next steps and repeat this process to continue building strengths, decreasing safety behaviours and overcoming avoidance.

Pre-existing plans for overcoming safety and avoidance behaviours have been developed for the following fears:

- Supermarkets
- Shopping in a supermarket
- Riding as a passenger in a car
- Airports and flying
- Driving alone
- Being around strangers
- Being in a crowd
- Heights
- Socializing with groups of people
- Restaurants
- Elevators
- Bridges
- Buses and trains
- Dentists and doctors

See Bourne, E.J. (2000). The anxiety and phobia workbook, 3rd edition. Oakland, CA: New Harbinger Publications.

# WORKSHEET: Building strengths

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| no anxiety at all | | | | | | | | | extreme anxiety |

| my next steps | anxiety rating |
|---|---|
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## Relapse prevention and maintaining gains

We all have our vulnerabilities. For people with an anxiety disorder their vulnerability is likely anxiety symptoms, especially when coping with stress or when feeling depressed. Many people who have received successful treatment for anxiety disorders fear the return of their symptoms. This is a normal concern and relapse prevention should be included in the management plan for an anxiety disorder.

### Keep the facts in mind

- A lapse in symptoms (e.g., a few weeks of very high anxiety symptoms) does not necessarily mean you are having a full blown relapse of your anxiety disorder.
- Lapses are very common and typically pass with time. Remind yourself that you typically feel better in a few days or weeks. In the mean time focus on continuing to do the usual things in your life even when you are feeling anxiety. Remind yourself that even when we are not at 100% we can still accomplish a lot.
- If the symptoms do not go away in time go ahead then make an appointment to review your concerns with a health professional so that you can access additional treatment or resources if necessary.

### Maintain an active self-management program

Just like exercise, if we stop using self-management strategies then we usually start to lose the benefits. The best way to prevent a lapse or relapse in anxiety disorder symptoms is to actively use our self-management strategies on a daily basis.

- **Educating and empowering self.** There is always new information coming out about anxiety disorders and effective treatment or self-management options. See page 52 for additional resources with reliable and accurate information.
- **Managing bodily symptoms.** People who regularly use controlled breathing, muscle relaxation, yoga, or exercise find these skills become easier to use over time. Keeping body symptoms of anxiety well-managed can help us better manage panic attacks and can save valuable physical, mental and emotional resources. These skills can also be helpful in improving sleep quality when used around bedtime.
- **Healthy thinking patterns.** Sometimes we need to remind ourselves of the facts in order to maintain a healthy perspective—otherwise old unhealthy patterns of thinking can sneak back into our lives and start to create problems again. Other times new negative thinking patterns are triggered and we need to evaluate them just like older negative thinking patterns we have already worked on.
- **Building strengths: decreasing safety behaviours and overcoming avoidance.** Perhaps the most important component of relapse prevention involves continued effort into building strengths by decreasing safety behaviours and overcoming avoidance (see page 45). Just like athletes, those people who have been training and practicing for some time will be stronger and more effective than people who have just started their program.
  - Continue to get ongoing experience being around feared situations and triggers. The more familiar you are with something the less frightening it becomes.
  - Try not to avoid things whenever possible as it actually increases anxiety over time.
  - Always look for ways to push yourself. Don't kid yourself that being careful with yourself is good self-care.
  - Try new things, do something you have always dreamed about or plan an adventure. This way you will learn to enjoy feeling excited about life again without feeling anxious.

- **Be prepared for "Red Flags."** Red flags are events or experiences that can sometimes increase the symptoms of an anxiety disorder. Note that both positive and negative life events can be red flags.

  - Relationship problems
  - Starting a new relationship
  - Starting a new job or new school
  - Other work or school stress
  - Financial problems or gains
  - Pregnancy and post-partum
  - Parenting stressors
  - Health problems (self or others)
  - Feeling depressed
  - Getting engaged or married
  - Getting separated or divorced
  - Death of a loved one
  - Death of a pet
  - Any other life events involving change
  - Having too many responsibilities
  - Exams or job interviews
  - Sleeping problems
  - Drinking or using drugs
  - Any other stressful experiences

**Relapse Prevention checklist**

- ❑ I stay informed by consulting good websites or other educational materials about anxiety and anxiety disorders
- ❑ I am aware of my negative thinking patterns that increase my anxiety
- ❑ I am actively working on my unhealthy thinking patterns and developing more healthy thinking patterns based on the facts and evidence
- ❑ I actively practice skills such as controlled breathing or relaxation strategies that help reduce my body symptoms of anxiety
- ❑ I am actively building my strengths by gradually overcoming avoidance of the things I fear and decreasing safety behaviours
- ❑ I engage in good basic self-care behaviours and stress management

# What can family and friends do to help?

A person with an anxiety disorder is much better equipped for effective self-management if they have at least one other significant person in their life to provide effective support. The key word here is "effective" support as even when we have good intentions we can sometimes offer the wrong kind of support to a person with an anxiety disorder. To help family or friends provide effective support to a person with an anxiety disorder we have included some basic tips and strategies. If you are a person suffering from an anxiety disorder we recommend that you get a trusted person to read this section and discuss the information together. If you are trying to help a loved one better manage an anxiety disorder please know that you can play a critical role in helping them reach their potential and improve the quality of their life.

## What helps?

### Getting educated

The first and most important step is to get educated about anxiety and the particular anxiety disorder(s) that your loved one suffers from (see pages 15-30 for detailed descriptions of all the anxiety disorders). Also get familiar with the different types of treatment options that have been shown to work (see page 33). If your loved one is still learning about their anxiety disorder this is also something you can do together (e.g., visit the library together, read information from books, brochures, or the internet together).

## resources for family and friends

### Websites

* Family/Friends Support: Supporting a Friend/Family Member. Anxiety Disorders Association of Manitoba (ADAM). www.adam.mb.ca/familyfriends.html
* Kenneth V. Strong. Anxiety Disorders: The caregivers (Information for support people, family and friends, 3rd Edition). New York: Select-Books, Inc. In press. To order a copy visit: pacificcoast.net/~kstrong/

* See page 52 for additional resources.

### Talk about the issues

It can be overwhelming to get diagnosed with an anxiety disorder. There is a lot of new information to take in and it can be difficult to make decisions about what to do. Talking openly in a non-judgmental and gentle way with your loved one when they need to talk can help them start to make sense of it all. Keep in mind you will need to back off and carry on as usual when they want to focus on things other than anxiety. Offer to be there when they need you for emotional or practical support. For example, some people with an anxiety disorder are able to attend treatment sessions if a loved one drives them to their appointments. Other people with an anxiety disorder are able to make huge improvements in overcoming avoidance behaviours if a loved one is willing to go with them to some of the places they had previously been avoiding. Sometimes just letting the person know that their diagnosis doesn't change how you feel about them can be the most helpful thing of all.

### Working with health professionals

A good health professional will actively involve family or friends in the treatment plan for a person suffering from an anxiety disorder. This is especially true for cognitive-behavioural treatment programs (see page 35) as loved ones can provide encouragement and support that helps with various treatment components such as overcoming avoidance behaviours. If your loved one is getting cognitive-behavioural treatment offer to get involved but do not be offended or upset if they turn down your request. If you are able to get involved the health professional will often schedule a session with you and your loved one to review ways in which you can help.

### Focus on the successes

When managing an anxiety disorder there are often bumps along the road (e.g., symptom flare ups, days when effective self-management strategies are not used effectively, etc). A support person can help the affected person remember that ups and downs are normal and to be expected. The best thing to do is focus on the positives. Compliment your loved one for successes including approaching things they fear, doing new things, working on more positive and healthy ways of thinking, getting more information about the anxiety disorder, use of relaxation strategies and more. Positive feedback helps create a positive cycle as it usually increases a person's motivation to do even more to better self-manage the anxiety disorder.

### Factor in the anxiety disorder when appropriate

It is important that the anxiety disorder does not drag family and friends into unhealthy behaviour patterns that are disruptive or make the anxiety disorder worse over time. That said, it is important that family and friends recognize that anxiety disorders are a real health problem and sometimes allowances need to be made. Ideally any allowances are part of an effective treatment program that gradually reduces the amount of allowances that need to be made over time. Family and friends may need to allow a little bit more time for the affected person to complete certain tasks (especially those that involve approaching feared things). There may also be things the affected person can not do or places they can not go at this point in their recovery. Try to be patient and understanding but know that you are not alone if you find this difficult and frustrating at times. Check with your community to see if there is an existing support group for people with anxiety disorders and their friends or family. A listing of BC support groups for anxiety disorders is also available at www.anxietybc.com (contact the ADABC to add your support group to the list).

### Reward effort not outcome

It is important to reward a person with an anxiety disorder for the effort they put into managing their anxiety disorder—even if their attempts are unsuccessful at times. It usually takes more than one attempt for us to be successful at managing the symptoms of an anxiety disorder. Expressing positive support (e.g., compliments, planning something special as a reward, etc), can help keep a person motivated to stick with self-management strategies until they see changes in their symptoms as a result of their efforts.

### What doesn't help?

There are many things that we can do with good intentions that actually back fire and make the symptoms of an anxiety disorder worse.

#### Do not encourage avoidance

It can be tempting to recommend that a person just stay away from the things that cause them anxiety (e.g., don't drink caffeine, stay away from crowds, don't fly in planes, etc). Unfortunately this makes the anxiety worse in the long run and prevents us from doing the things we need and want to do. (e.g., unable to do things alone, unable to go places, etc). As a result, telling the person to avoid or escape the feared situation is not usually good advice. Telling the person to take a sick day or a leave of absence from work or school due to anxiety is also not usually good advice. One of the most important things a support person can do is encourage the person with an anxiety disorder to avoid as few feared things as possible and work towards approaching things they are currently avoiding. The best strategy is to recommend that the person gradually take on the least feared things and move up to the most feared things (see page 45 for more information about overcoming avoidance and associated problems). Encourage your loved one to approach things one step at a time if it seems like too much (e.g., why don't we just try 5 minutes and see how it goes, etc.).

#### Do not push too hard or too soon

Research has shown that most people can successfully overcome their avoidance if they start with the least feared things and gradually work up to the most feared things. This process usually takes weeks or months of ongoing efforts. If a support person pushes, coaxes or forces a person with an anxiety disorder to face a fear before they are ready this strategy will back fire. The person with an anxiety disorder may experience a large flare up in their symptoms and may be less motivated or willing to try overcoming their avoidance in the future. Do not scold or berate a person with an anxiety disorder when you feel frustrated. Do not tell a person with an anxiety disorder "relax!", "calm down!", "don't be stupid!" or other insulting comments. These are not helpful and only increase the affected person's anxiety while decreasing their self-esteem and motivation. Progress and recovery is possible when managing an anxiety disorder but it is a process that takes time – do not expect your loved one to make "overnight" progress.

## What are common problems that can coexist with anxiety disorders?

There are a variety of other conditions that can occur with anxiety disorders. These co-existing problems are often referred to as "concurrent" or "comorbid" conditions. The most common co-existing conditions include:

- More than one anxiety disorder
- Depression or bipolar disorder
- Substance use problems
- Attention deficit hyperactivity disorder (ADHD) or attention deficity disorder (ADD)
- Learning disabilities
- Sleep disorders
- Tourette's syndrome
- Trichotillomania (obsessive hair-pulling)
- Chronic illness or health problems (e.g., Irritable Bowel Syndrome, chronic pain, etc)

A person with an anxiety disorder will usually need to effectively manage any other comorbid conditions to effectively manage their anxiety disorder. For example, problems with sleep or depression can often aggrevate the symptoms of an anxiety disorder. See your health professional for diagnosis and treatment of any comorbid conditions.

## other useful websites

* Anxiety Disorders Association of Canada (ADAC) www.anxietycanada.ca
* Anxiety Disorders Association of Manitoba (ADAM) www.adam.mb.ca
* Anxiety Disorders Association of Ontario (ADAO) www.anxietydisordersontario.ca
* Association/Troubles Anxieux du Québec (ATAQ) www.ataq.org
* Anxiety Disorders Association of America (ADAA) www.adaa.org
* Freedom from Fear (FFF) www.freedomfromfear.com
* Canadian Mental Health Association www.cmha.ca
* Canadian Mental Health Association, BC Division www.cmha.bc.ca
* National Institute of Mental Health www.nimh.nih.gov/publicat/anxiety.cfm
* Clinical Research Unit for Anxiety and Depression (CRUFAD) www.crufad.com
* the Anxiety Panic internet resource (tAPir) www.algy.com/anxiety
* Cochrane Collaboration Consumer Network www.cochrane.org (search for topics relating to anxiety and anxiety disorders for excellent summaries and reviews of current research)

# Where do I go to get more help?

There are currently limited choices for people affected by anxiety disorders. Available resources vary by community and region. The list below includes some of the most common contacts for treatment options in your area. Please note that some of the resources will be free while others will have a fee for service. Be sure to ask when setting up an appointment with any health professional or clinic.

- Physician or medical clinics
- Local mental health centres
- The Mental Health Information Line (604-669-7600 or 1-800-661-2121)
- Psychiatrists
- Psychologists (contact the British Columbia Psychological Association Referral Service at 604-730-0522 or 1-800-730-0522 and ask for a cognitive-behavioural therapist with expertise and training in anxiety disorders)
- Registered clinical counsellors (**www.bc-counsellors.org**)
- Other type of health professional with expertise and training in evidence-based approaches to anxiety disorders
- Outpatient clinics at local hospital (contact the outpatient psychiatry or psychology department or call the main reception listed in phone book)

## Resources to get help

For more information about the different types of mental health professionals and the types of services they provide please see the **Mental Disorders Toolkit** produced by the BC Partners. See **www.heretohelp.bc.ca** for more information.

For more information about resources for anxiety disorders in your area please contact your Regional Health Authority.

- **Vancouver Coastal Health Authority** www.vch.ca
  1-866-884-0888 or 604-736-2033
- **Fraser Health Authority** www.fraserhealth.ca
  1-877-935-5669 or 604-587-4600
- **Interior Health Authority** www.interiorhealth.ca
  250-862-4200
- **Northern Health Authortity** www.northernhealth.ca
  1-866-565-2999 or 250-565-2649
- **Vancouver Island Health Authority** www.viha.ca
  1-877-370-8699 or 250-370-8699

# What are other useful resources for coping with anxiety and anxiety disorders?

## Anxiety Disorders Association of British Columbia (ADABC)

The ADABC is a non-profit organization dedicated to promoting the awareness of anxiety disorders and improving access to evidence-based treatment in British Columbia. See the ADABC website at **www.anxietybc.com** for a wide range of information related to anxiety disorders.

## BC Partners for Mental Health and Addictions Information

The BC Partners are currently comprised of the Anxiety Disorders Association of BC (ADABC), the BC Schizophrenia Society (BCSS), the Canadian Mental Health Association's BC Division (CMHA), the Centre for Addictions Research of BC, Jessie's Hope Society, and the Mood Disorders Association of BC (MDA). Combined, the groups have more than 100 years of service to British Columbians and regional branch networks or linkages throughout the province. You can find us on the web at **www.heretohelp.bc.ca**.

# Concluding remarks

We hope that this Anxiety Disorders Toolkit contains information that is helpful to you or your loved one. Even though we know a lot about anxiety disorders and how to effectively manage them it is surprising how many people are suffering alone and in silence. Many are unaware that the problems they are experiencing are a real health problem that can be treated or effectively managed. If you know of someone who may benefit from this information please share what you have learned. Let them know they can get their own copy of this toolkit by contacting the BC Partners at **www.heretohelp.bc.ca** or the ADABC at **www.anxietybc.com**.

## Resources for kids and families

We acknowledge that the information and resources included in the Anxiety Disorders Toolkit are primarily geared towards adults coping with anxiety disorders. That said, a lot of the information included will be relevant to kids and families affected by anxiety disorders. We do acknowledge a need for high quality evidence-based information about anxiety disorder specifically targeted to the ways in which anxiety disorders impact kids and their families. Many of the websites listed on this page under "other useful websites" contains information specific to kids with anxiety disorders. The websites listed below also contain evidence-based information, recommended books or videos, and coping tips designed specifically for children, teens, and families affected by anxiety disorders.

- **The Child Anxiety Network**
  www.childanxiety.net
- **American Academy of Child and Adolescent Psychiarty**
  www.aacap.org/info_families
- **National Institute of Mental Health**
  www.nimh.nih.gov/healthinformation/childmenu.cfm
- **UCLA Child & Adolescent OCD and Anxiety Program**
  www.npi.ucla.edu/caap
- **Child Anxiety and Phobia Program, Florida State University**
  www.fiu.edu/~capp/apd.htm
- **Obsessive-Compulsive Foundation**
  www.ocdfoundation.org
- **the Anxiety Panic internet resource**
  www.algy.com/anxiety/children.php

The **Ministry of Child and Family Development (MCFD)** in British Columbia has a Child and Youth Mental Health plan that seeks to address badly needed resources for kids and families affected by anxiety disorders. For more information see:
**www.mcf.gov.bc.ca/mental_health/index.htm**

## Multicultural resources

We also acknowledge that the information and resources included in the Anxiety Disorders Toolkit are geared towards individuals who can read, write and speak in English. There is an urgent need for high quality information about anxiety disorders in a variety of languages given the cultural diversity of British Columbians.

For information on anxiety and anxiety disorders in Arabic, Chinese, Spanish and Vietnamese please see **www.mmha.org.au/TranslatedInformation**.

# Appendix: Self-test for anxiety disorders

*Source: Diagnostic and Statistical Manual of Mental Disorders: 4th Ed. American Psychiatric Association, 1997.*

* These questions are not meant to be diagnostic. If you think you may have a problem with anxiety, contact your family physician.
* The severity of anxiety occurs on a continuum. For the problem to be considered a disorder, it must be impairing your functioning.

## Panic attacks

- ❑ *Do you experience any of the following physical sensations that are accompanied by intense fear: palpitations/increased heart rate, sweating, trembling/shaking, shortness of breath, choking, chest pain, nausea, dizziness/lightheadedness, derealization, fear of losing control/going crazy, fear of dying, numbness/tingling, chills or hot flushes.*
- ❑ *Do you have at least four of these symptoms at once?*
- ❑ *Do they reach their peak within 10 minutes?*

*If you answered yes to all of the above, you have likely experienced a panic attack. People have panic attacks for all kinds of reasons. Please continue to determine if you may have an anxiety disorder.*

## Panic disorder with or without agoraphobia

- ❑ *Do you experience repeated unexpected panic attacks?*
- ❑ *As a result of these attacks have you been worried about having more attacks, worried about the consequences of these attacks (e.g., I may embarrass myself, have a tumor, die), or have you changed your daily routine as a result of the attacks (e.g., stopped exercising, stopped drinking caffeine, avoiding excessive stress).*

*If you answered yes to the above two questions, and it is significantly impairing your life, you might have panic disorder without agoraphobia.*

- ❑ *Do you avoid places or situations because of the fear of having a panic attack and being unable to get help, being unable to leave, or embarrassing yourself (e.g., crowds, waiting in lines, being away from home alone)?*

*If you answered yes to the above three questions, and it is significantly impairing your life, you might have panic disorder with agoraphobia.*

## Specific phobia

- ❑ *Do you have unrealistic or excessive fears of objects or situations such as flying, heights, animals, water, enclosed spaces, storms, needles, and/or blood?*
- ❑ *Do you always experience anxiety when confronted with the feared object or situation or know that you will be confronted by it? You may get so anxious, you might have a panic attack.*
- ❑ *Do you try to avoid the feared object or situation at all costs?*
- ❑ *Does the fear and/or avoidance significantly interfere with your life?*

*If you answered yes to the above 4 questions, and it is significantly impairing your life, you may have a specific phobia*.*

## Social phobia

- ❑ *When you are in social situations are you unusually worried about being embarrassed or being evaluated negatively by other people?*
- ❑ *Do you experience anxiety nearly every time you are in a social situation or know that you will be in a social situation? You may get so anxious you may experience a panic attack.*
- ❑ *Do you know that your fear is unreasonably high?*
- ❑ *Do avoid social situations or if impossible to avoid it, do you tolerate them with severe amounts of anxiety?*
- ❑ *Does your fear and/or avoidance of social situations significantly interfere with your life? Are you quite distressed about having this fear of social situations?*

*If you answered yes to the above 5 questions, and it is impairing your life, you may have social phobia.*

## Obsessive–compulsive disorder

- ❑ *Do you have frequent unwanted thoughts, images, or impulses that are difficult, if not impossible to get rid of and cause extensive anxiety (e.g., thoughts of harming someone, blasmephous thoughts/images, urge to drive car into oncoming traffic)?*
- ❑ *Do you try to ignore, fight, or control the thoughts, images, or impulses?*

*If you answered yes to the above 2 questions, and it is significantly interfering with your life, you might be experiencing obsessions.*

- ❑ *Do you repeat behaviours (e.g., handwashing, checking) or mental acts (e.g., counting, praying) in response to the obsessions?*
- ❑ *Do you do these behaviors to prevent a feared consequence?*

*If you answered yes to the above 2 questions, you might be experiencing compulsions.*

- ❑ *Do you recognize that your obsessions and/or compulsions are unreasonable and/or excessive?*
- ❑ *Do the obsessions and/or compulsions cause great distress, are they time-consuming (at least one hour) or significantly interfere with your life?*

*If you have obsessions and/or compulsions and you answered yes to the above 2 questions, you might have obsessive-compulsive disorder.*

** The anxiety or avoidance must not be due to some other mental disorder, like PTSD, OCD, separation anxiety, or social anxiety disorder.*

## Acute stress disorder

- ❑ *Have you experienced or witnessed an event where you or someone else thought they might die or experience serious injury?*
- ❑ *If you answered yes to number1, did you respond with extreme fear, helplessness, or horror?*
- ❑ *During or after the event did you experience any of the following:*
  - ❑ *numbness or detachment*
  - ❑ *feeling as if you were in a daze and unaware of your surroundings*
  - ❑ *feeling as if you had stepped out of your body or that you were separated from others*
  - ❑ *inability to recall aspects of the event*
- ❑ *Do you re-experience the event in any of the following ways: frequent dreams, thoughts, images, and/or flashbacks.*
- ❑ *Do you try to avoid being reminded of the event?*
- ❑ *Are you experiencing difficulty sleeping, irritability, difficulty concentrating, restlessness, and/or easily startled?*
- ❑ *Have the above problems significantly interfered with your life or stopped you from pursuing help for yourself?*
- ❑ *Has the event occurred less than one month ago?*

*If you answered yes to questions 1-8, and it is significantly impairing your life, you might be experiencing acute stress disorder. If you answered yes to questions 1-7 but no to questions 8, please refer to post-traumatic stress disorder.*

## Generalized anxiety disorder

- ❑ *For the past 6 months (at least) do you worry about a number of daily activities (e.g., work, home repairs, getting to appointments on time)?*
- ❑ *Do you find the worry difficult to control?*
- ❑ *When you are worrying do you experience any of the following:*
  - ❑ *restlessness/being on edge*
  - ❑ *fatigue*
  - ❑ *difficulty concentrating*
  - ❑ *irritability*
  - ❑ *muscle tension*
  - ❑ *sleep problems*
- ❑ *Does the worry significantly interfere with your life?*

*If you answered yes to the above 4 questions AND you are not exclusively worried about having a panic attack (see panic disorder), social ridicule (see social phobia), contamination/break-in (see obsessive-compulsive disorder), you may have generalized anxiety disorder.*

## Post-traumatic stress disorder

- ❑ *Have you experience or witnessed an event where you or others were threatened with death or severe injury?*
- ❑ *If you answered yes to number 1, did you respond with fear, helplessness, or horror?*
- ❑ *Do you relive the event in any of the following ways?*
  - ❑ *recurrent flashbacks while awake (it can be as if you are experiencing the event again)*
  - ❑ *frequent nightmares of the event*
  - ❑ *intrusive recollections of the event – focusing on a particular image or perception*
  - ❑ *extreme distress when you come across things that remind you of the event*
  - ❑ *panic-like symptoms when experience reminders of the event*
- ❑ *Do you attempt to avoid thinking about the event or try to numb yourself in any of the following ways?*
  - ❑ *avoid thinking, feeling, or talking about the event*
  - ❑ *avoid people, activities, or places that remind you about the event*
  - ❑ *can recall important parts of the event*
  - ❑ *significantly decreased interest in activities or participating in activities*
  - ❑ *feeling detached from others*
  - ❑ *inability to experience strong emotion (except fear and anger)*
  - ❑ *inability to see yourself in the future*
- ❑ *Do you experience any of the following since you experienced the traumatic event?*
  - ❑ *sleep problems*
  - ❑ *anger/irritability*
  - ❑ *problems concentrating*
  - ❑ *on guard or on edge*
  - ❑ *easily startled*

*If you answered yes to questions 1-5, and it is significantly impairing your life, you might be experiencing post-traumatic stress disorder.*

We are strongly committed to matching this toolkit to the needs of the individuals and families who will be using the information and resources. To help us improve this toolkit we welcome your comments, suggestions and feedback.

**Did you find the information provided in this anxiety disorders toolkit useful?**

**Did you find the information accurate? Please identify any errors.**

**Did you find the information clear in terms of writing style, size and appearance of text, general presentation and content?**

**Were there sections in this toolkit that were perhaps not as comprehensive as they could be?**

**Did you find the exercises contained in this toolkit useful and effective?**

**Please mail or fax this document back to us or fill out our online version of this form at www.heretohelp.bc.ca, where you will find the rest of our series of toolkits and other information regarding mental health and substance use.**

**BC Partners for Mental Health and Addictions Information**

* c/o 1200 - 1111 Melville Street
  Vancouver, BC Canada V6E 3V6
* bcpartners@heretohelp.bc.ca
* www.heretohelp.bc.ca
* tel: 1 800 661 2121
* fax: 604 688 3236

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fax: 604-688-3236
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