The Basics About Anxiety Disorders & Types, Symptoms, and Treatment

Evidence Based Practices (EBP): Integrated System of Care; Universal Dual Diagnosis Capabilities; Principles of Empathy and Hope; Motivational Interviewing Approach; Stages of Change Model Design; Strength Based; Skill Building; Solution Focused; Neurochemistry Based Disorders of the Brain; Symptom Identification; Symptom Management; EBP Curriculum Topics, i.e. Nutrition, Stress Management, Cognitive Behavioral, and more…

Consistency in the Group Setting

The importance of *consistenc*y in a treatment setting can't be overstated. This is especially true when people are placed in vulnerable situations. *Inconsistency* can, at best, increase uncertainty and insecurity for the person receiving services. At worst, unpredictability can create a sense of helplessness while simultaneously decreasing a person's development of self-reliance. In fact, all human beings benefit from a dependable approach in the treatment of chronic disorders. When a person learns they can rely on consistency, they are less stressed and more relaxed. Consistency in the group setting includes the group structure, psychoeducational material, and the approach.

Each agency or facility will have different requirements – such as group receipts or paperwork – however, consistency can still include a structure similar to the following:

1. Group members pick up: a. Clip Board, b. Paper, and c. Pencil/Pen as they enter the room.
2. Group facilitator picks up the group receipts from each person in the group, and/or the group facilitator passes out the sign-in sheet for the group members to sign.
3. Group facilitator provides a Positive Group Beginning, Consistent Psychoeducational Material, Consistent Approach, and a Positive Group Closure.

Psychoeducational Groups and Crisis Event Processing (when requested)

Notes to Facilitator(s):

1. *The Basics, Second Edition* meets the definitions and goals of Psychoeducational Groups, Skill Building Groups, and Cognitive Behavioral Groups.
2. Group participants who have become accustomed to Interpersonal Processing Groups – as well as staff who have facilitated them – may find it a challenge to now facilitate Psychoeducational Groups.
3. Likewise, facilitators who may have followed a more lecture-style education presentation, may find it challenging to now devote at least 1/3rd of group time to specific topic discussions and interactions.
4. Both types of groups (Interpersonal Processing Groups and Psychoeducational Groups) are extremely important, yet each has different goals and structure.
5. The structure of Psychoeducational Groups, Skill Building Groups, and/or Cognitive-Behavioral Groups in no way means that there will not be *interaction* – far from it. It just means that the interactions, discussions, and exercises will be about the topic(s) of each group.
6. Facilitators *may* – or not – still want to allow time in each group for the group member(s) to discuss a crisis that may have occurred since the last group.
7. We do know, of course, that *every* person in group is typically experiencing many challenges each and every week; however, most of these incidents are often best resolved in ways other than group time where the event does not pertain to every group member.
8. Suggested responses to a challenge, problem, or crisis can also include suggesting the person contact their primary care provider; schedule a 1:1 appointment; reschedule their next 1:1 to an earlier time; or, meet with the facilitator after group to explore options and develop a plan.
9. A facilitator would, of course, not *"grade"* an event as being worthy or not for group time. If a person requests individual time in the group, then that would be accepted as valid and time allotted at the end of the group.
10. Over time, the group begins to understand the differences between a situation, a challenge, a problem, or a crisis and can make decisions to utilize group time or continue with the current psychoeducational topic.

Prepare Professionals

Suggestions for professionals to prepare themselves for group typically includes:

1. Review all content material, appendices, and/or handouts *prior* to group to avoid a lecturing style.
2. Decide beforehand the *key points* to be covered in each group to produce flexibility for group responses, discussions, or questions.
3. Gain an overall understanding of the content so summarizing is possible in order to create an interactive facilitation style.
4. Determine the group structure to achieve the essential balance between education and discussions.
5. Check group room to be sure there are enough clipboards, pencils or pens, and markers or chalk for the board.
6. Make enough copies of any handouts *before* group.
7. Write any group content on the board *prior* to the beginning of group whenever possible.

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Master Guide & Master Tips to Professionals

Note: *The Master Guide* (located at the beginning of Volume I & II) and the *Master Tips to Professionals* (located at the back of Volume I) have many topics to assist in the group process like Master Tip #39: Suggestions For Managing Handouts For Groups (pages Master Tips 64-67). Other tips include:

1. Master Guide: Interactive Style (pages Master Guide 10-11)
2. Master Tip #1: Suggestions for Beginning Group (pages Master Tips 1-4)
3. Master Tip #3: Empathetic Treatment Approach (pages Master Tips 7-9)
4. Master Tip #4: Promoting Hope (page Master Tips 9)
5. Master Tip #5: Maintaining a Consistent, Nonjudgmental, and Positive Attitude (pages Master Tips 10-13)
6. Master Tip #12: Responding to Requests for Copies of Appendices (pages Master Tips 27-29)
7. Master Tip #13: Depth of Psychoeducational Content (pages Master Tips 29-30)
8. Master Tip #14: Group Closure Suggestions (pages Master Tips 30-31)
9. Master Tip #16: Motivational Interviewing (pages Master Tips 31-32)

Present Curriculum/Topic

1. It is extremely important that each group participant leave every group with more Psychoeducation than they came in with – which may also include discussing a "familiar topic" yet with a "present-day" focus. Psychoeducational Groups are designed to provide education about all areas related to the management of Substance Use Disorders and Psychiatric Disorders. Psychoeducational Groups are not Interpersonal Processing Groups – even though interaction and processing the particular *psychoeducational topic(s)* is essential to individualizing the topic(s) or skill(s) presented.
2. It is recommended that a minimum of 1/3rd of group time be devoted to interaction (therapeutic counseling *topic* discussions). This can be accomplished – depending on the individual style of the group facilitator(s) – by any "present education-interact/discuss – present education-interact/discuss" combination while still structuring the group to include the curriculum/topic education to be covered.
3. The presentation of material will, of course, be modified by the facilitator to match the functioning skills of group participants. It is important to note, however, that *The Basics, Second Edition* was written in a conversational language while taking into consideration a wide-range of symptom acuity and severity. Persons with co-occurring psychiatric and substance disorders benefit from learning about their disorders and how to manage them, as do all individuals with any chronic disorder(s). Each group participant will retain what is meaningful to them at the present time.

Group Beginning Suggestions

A positive group beginning (and ending) is extremely important. There are many ways to begin (and end) a group in a positive way. Suggestions to choose from can include:

1. Reading the Thought For The Day from a meditation book. (Note: Meditation books that also contain an index at the end of the book – such as *Easy Does It* – are helpful in choosing a specific reading that matches the topic(s) presented in group like Self-Esteem.), or
2. Reading an inspirational or humorous curriculum handout from *The Basics, Second Edition*, or
3. Practicing a deep breathing or a stretching exercise, *or*
4. Sharing of one thing that each person is grateful for today, *or*
5. Sharing of one positive thing that he/she did that contributed to their recovery in the past few days, or
6. Reading an AA Slogan with a brief explanation or AA/NA/Dual Recovery inspirational reading.

* Recommended Beginning: Breathing Exercise (located on page Master Tips 3)

Practice Curriculum/Topic

Practicing subject material is the best way participants can internalize and personalize the curriculum content. Practice includes the group interactions, worksheets, exercises, handouts, and content discussions.

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The Basics About Anxiety Disorders & Types, Symptoms, and Treatment
Volume I; Subject Two; Pages: Appendix II-20 – II-23; Subject 2-21 – 2-23

Based on a 2-Hour group: Two 50 minute segments	Time-Frame
Group Beginning	**20 Minutes Total**
Positive group beginning (suggestions are located on the previous page).	5 Minutes
1. Brief Group Introductions: (Note: The *interactions* in a psychoeducational group are discussions about the *topics*, not interpersonal processing or case management questions which do not apply to the entire group.) a. Ask the group members to tell the group their name. b. Welcome any group members who are new to this group or phase. 2. Crisis Processing (when requested and optional): a. Ask the group if anyone has experienced a crisis since their last group, and if they need/want additional time in this group to discuss it, i.e. what happened, how they managed the crisis, and/or explore options and develop a plan. b. Let the person(s) know that you will allow time at the end of this group for them to share their experience and receive support from their fellow group members.	10 Minutes
Summarize Introduction of the Group Topic and Why It's Important (page Subject 2-21): Occasional feelings of anxiety, fear, and worry are natural. Words used to describe life in today's fast-paced world often include stressed out, nervous, or descriptions like "having too much on my plate." Many people face much more than just "average anxiety" or "average stress." Instead of supplying a person with the needed level of anxiety that's a part of life or preparing a person for action, excessive anxiety fills a person with dread or apprehensive (Miller, 1994). Now this normally helpful emotion is doing just the opposite by *keeping* a person from coping and interferes with day-to-day functioning. Without treatment, intense anxiety can be crippling and take over a person's life. Anxiety Disorders, as a group, are the most common of all the mental health disorders and affect 23 million Americans (Hyman, 1998; National Institute of Mental Health, 2001, O'Connell, 1998; NIMH, 2002). Today we will talk today about the different types of anxiety disorders, the symptoms, and the treatments.	5 Minutes

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Skill Building Exercise and Discussion - Suggestions for topic discussion:	Time-Frame
To Facilitator(s): 1. It is recommended that any group content for this particular group be written on the board prior to the beginning of group – whenever possible. 2. This group is never intended to diagnosis an Anxiety Disorder. It *is* intended to provide enough information for participants to decide if they relate to these symptoms of anxiety and if they would like/need to explore this further with their therapist, counselor, case manager, etc. 3. In the cases where a person says these symptoms of anxiousness are a part of the common anxiety caused by the nervous system healing in the early recovery process of Substance Disorders, a facilitator can let the person(s) know: a. If something does change, like symptoms of anxiety (fearfulness, excessive worry, or any other symptoms) becoming more acute, *or* b. If symptoms of anxiety do not lessen with abstinence or harm reduction – the person is then encouraged to bring this up with their primary counselor for further discussion. 4. For the individual(s) who may see a strong identification with an Anxiety Disorder or has a history of anxious symptoms or has a diagnosis of an Anxiety Disorder – it would be recommended that he/she follow-up right away with their primary service provider for evaluation and/or specific treatment planning. 5. You *may* or *may not* decide to cover the information in the group that is found in the next section (depending on your specific group) about the symptoms of Anxiety Disorders. However, these points are *important* and you may want to interject them as you go or in the sequence below. **To the Group:** When talking about symptoms of any Psychiatric Disorder like Anxiety Disorders, there are a few things to keep in mind: 1. A specific set of criteria must be met in order to diagnose a Psychiatric Disorder. 2. When any of us read about mental health disorders we experience common responses. We often look at the symptoms and say: "Oh my, I have *that one* and *that one* and *that one* too! I must have a psychiatric disorder." That is very typical among us human beings. 3. Remember to have a specific illness – a person would have to have specific *symptoms*, a specific *number* of symptoms, for a specific *amount of time*, and the symptoms have to be *severe enough* to cause *significant distress* in important areas of the person's functioning. 4. Also the diagnosis of an Anxiety Disorder must rule out or eliminate other causes for the symptoms. This would include Substance Use Disorders. In other words when symptoms of anxiety are caused by substance abuse or substance dependence, a diagnosis would be made of "Substance-Induced Anxiety Disorder." In that situation, the symptoms of anxiety would lessen or clear with continued recovery for Substance Use Disorders. 5. However, whether symptoms of anxiety are substance-induced or not, it is still very important to address *any* symptoms that are persistent, or *any* symptoms that don't clear with recovery, or *any* symptoms you may have experienced for a long time, or *any* symptoms that are causing you distress at the present time. 6. Self-awareness is a skill to develop and education about symptoms is critical to that process. 7. We want you to be aware of any symptoms you may be experiencing now or may or experience in the *future*. We – your treatment team – want to be sure we are working *with* you in symptom management and treatment planning to meet your individual needs. 8. In other words, symptoms of anxiety are treated *as if* they *won't* clear with time.	30 Minutes

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Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
The Basics About Anxiety Disorders	Appendix II-20 – II-23	Summarize the sections in the table listed below: (The time and detail you devote to these sections will depend on your specific group. However, it's worth consideration to remember that the causes (which includes neurochemistry) of Psychiatric Disorders is often the most meaningful to group participants – at all levels of symptom severity. It's an excellent way to: a. Understand Anxiety Disorders, b. Relieve self-judgment for experiencing the symptoms of anxiety, and c. Explain the reasons for the specific treatment of Anxiety Disorders.)	continued
Feeling Anxious Versus an Anxiety Disorder	Subject 2-21	1. Summarize information in two paragraphs. 2. Name the function of anxiousness at different ages.	
Anxiety Disorders Aren't Just a Case of "Nerves"	Subject 2-21 – 2-22	Summarize two paragraphs.	
The Frequency of Anxiety Disorders	Subject 2-22	Summarize one paragraph.	
Types of Anxiety Disorders	Subject 2-22	Summarize the information for each of the first six Anxiety Disorders found in the table below:	
Break			10 Minutes

1	Prevalence	2	Risk Factors	3	Causes

1	Generalized Anxiety Disorder	Excessive anxiety and worry about every day routine life events and activities even though the source of the worry may be hard to pinpoint.
2	Panic Disorder & Panic Attacks	Repeated episodes of intense fear or discomfort that strike repeatedly and often without warning.
3	Specific Phobia	Excessive and unreasonable fear of an object or a situation that poses no actual danger like heights, dogs, or closed-in places.
4	Social Anxiety Disorder or Social Phobia	Persistent fear of being watched by others, embarrassed, or humiliated in social situations.
5	Agoraphobia	Profound fear of being in any situation or place that escape might be difficult or help would be unavailable in the event of a Panic Attack.
6	Acute Stress Disorder & Posttraumatic Stress Disorder	Specific symptoms like recurrent, intrusive, and distressing recollections of an event that occurs after exposure to a terrifying event or ordeal where grave physical harm occurred or was threatened.

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Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Types of Anxiety Disorders (continued)	Subject 2-22	Summarize the information for each of the remaining Anxiety Disorders in the table below:	15 Minutes	20 Minutes

7	Obsessive-Compulsive Disorder	Repeated, unwanted thoughts or compulsive, repetitive behaviors that seem impossible to stop or control.
8	Adjustment Disorder with Anxious Features	Excessive nervousness, worry, or jitteriness within three months after an identifiable stressor like a divorce or a string of problems that wear a person down.
9	Anxiety Disorder Due To A Medical Condition	Significant anxiety, panic attacks, obsessions, or compulsions that are the direct result of a general medical condition, such as hormone deficiencies or thyroid problems.
10	Substance Induced Anxiety Disorder	Excessive anxiety, panic attacks, obsessions, or compulsions that develop within one month of substance intoxication or acute withdrawal.

Similarities Among Anxiety Disorders	Subject 2-23	Discuss information found in this table so participants have time to clearly see the similarities.

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group

1. Is there a symptom(s) of anxiety that we have mentioned that you relate to personally?
2. How do you cope with this/these symptoms?
3. What has been the most helpul skill(s) you have used in coping with anxiety?
4. Do symptoms of anxiety cause you problems in functioning in your daily life?
5. What symptom(s) causes you the *most distress*?
6. Do you experience times of anxiety not related to substance abuse or withdrawal?
7. During times of abstinence have you experienced symptoms of anxiety?
8. Do any members of your family have Anxiety Disorders or struggle with anxiousness?

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Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Treatment of Anxiety Disorders	Subject 2-23	Name the treatment for Anxiety Disorders located in the table below.	15 Minutes	20 Minutes

1	Education	6	Family Therapy and Support
2	Cognitive-Behavioral Therapy	7	Support & Self-Help Groups
3	Psychotherapy	8	Medication
4	Exposure Therapy	9	Relaxation Techniques
5	Stress Management & Balanced Living	10	Harm Reduction of Goal of Abstinence

Skill Building Exercise and Discussion - Suggestions for topic discussion:

To the Group:

1. All chronic illnesses have similar treatment recommendations.
2. For instance, developing relaxation techniques is part of the treatment of anxiety and is also recommended for individuals in recovery for substance disorders, depression, *and* heart disease.
3. Another example is that developing balanced living skills is recommended for *every* chronic disorder as well.
4. Whether you personally have an Anxiety Disorder or not – as we look at the treatment of Anxiety Disorders – ask yourself how you're doing in each of these areas that *would* apply to *your* personal recovery plan.
5. What areas of recovery for an Anxiety Disorder do you relate to in *your* personal program of recovery?
6. What area(s) have you made progress in or experienced success(es)? How did you accomplish that?
7. What area(s) will you work to improve that will strengthen *your* recovery for an Anxiety Disorder? Or help you cope with anxiousness?

Crisis Processing	Time-Frame
1. Ask the group member(s) to tell the group what happened. 2. Explore options and/or develop an immediate plan for coping. 3. Allow the group to offer support.	10 Minutes

"Paper Work"	Time-Frame
Group participants fill out Group Notes.	5 Minutes

Group Closure	Time-Frame
1. Read or ask a group participant to read an inspirational reading of your choice, *or* 2. Ask each group participant what they will do this week to protect their recovery, *or* 3. Read a daily meditation for the day.	5 Minutes

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