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 *consistency* 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.

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.

The Basics About Anxiety Disorders & Types, Symptoms, and Treatment
Volume I; Subject Two; Pages: Subject 2-21 – 2-33

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 ⇩
<u>Summarize Introduction of the Group Topic and Why It's Important (page Subject 2-21):</u> 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 ⇩

Skill Building Exercise and Discussion - Suggestions for topic discussion:	**Time-Frame**

To the 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 as it heals in the early recovery process from 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) become 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. Throughout this lesson you'll find the references to the extensive coverage of each of the Anxiety Disorders that are located in Appendix II so you can create numerous groups on specific Anxiety Disorders if you want.

30 Minutes

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 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.

Psychoeducation Part I: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame
Types of Anxiety Disorders	Subject 2-22	Name the ten types of Anxiety Disorders shown in Table One below that can frequently co-occur with Substance Use Disorders.	continued

Table One

1	Generalized Anxiety Disorder	6	Acute Stress Disorder & Posttraumatic Stress Disorder
2	Panic Disorder & Panic Attacks	7	Obsessive-Compulsive Disorder
3	Specific Phobia	8	Adjustment Disorders with Anxious Features
4	Social Anxiety Disorder or Social Phobia	9	Anxiety Disorder Due to a General Medical Condition
5	Agoraphobia	10	Substance Induced Anxiety Disorder

Similarities of Anxiety Disorders	Subject 2-23	Summarize five key similarities from the table in the text.	
Generalized Anxiety Disorder (GAD)	Subject 2-23	Summarize one paragraph.	
Symptoms of Generalized Anxiety Disorder (Refer to Appendix II-23 – II-24 for expanded information if you want to present a group exclusively on GAD.)	Subject 2-24	1. Summarize one paragraph. 2. Name the major underlined symptoms of GAD located in Table Two below. 3. A few examples of each are included in the table below. (Refer to the subject text or Appendix II for additional examples and explanations of symptoms.)	

Table Two

Physical Symptoms	Cognitive/Thinking Symptoms	Emotional Symptoms	Behavioral Symptoms
Physical Complaints: easily fatigued; muscle tension **Sleep Disturbances**: difficulty falling asleep; trouble staying asleep	**Difficulty Concentrating**: mind goes "blank"	**Excessive Anxiety and Worry**: about a number of events or activities like work or school performance; person finds it difficult to control the worry	**Functioning Impairment**: symptoms cause significant distress in areas of social, occupational, or other important areas of functioning

Treatment of Generalized Anxiety Disorder	Subject 2-24	Summarize one paragraph.	
Panic Disorder and Panic Attacks	Subject 2-24	Summarize one paragraph.	
Panic Attacks	Subject 2-24	Summarize one paragraph.	
Symptoms of Panic Attacks (Refer to Appendix II-25 – II-27 for expanded information if you want to present a group exclusively on Panic Disorder and Panic Attacks.)	Subject 2-24 – 2-25	1. Summarize one paragraph. 2. Name the major underlined symptoms located in Table Three on the next page. 3. A few examples of each are included in the table on the next page in each of them. (Refer to the subject text or Appendix II for additional examples and explanations of symptoms.)	

Psychoeducation Part I: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame

Table Three

Physical Symptoms	Cognitive/Thinking Distortions	Emotional Symptoms
Physical Symptoms: pounding heart or accelerates heart rate; sweating; trembling; sensations of shortness of breath or smothering; chest pain or discomfort	**Derealization**: feelings of unreality where "things don't seem real" **Depersonalization**: being detached from oneself	**Intense Fears**: fear of losing control or "losing mind"; fear of dying

continued

Treatment of Panic Disorder and Panic Attacks	Subject 2-25	Summarize one paragraph.
Phobias (Refer to Appendix II-28 – II-31 for expanded information if you want to present a group exclusively on Phobic Disorders.)	Subject 2-25	State introduction line.
Specific Phobia	Subject 2-25	Summarize one paragraph.
Symptoms of Specific Phobia	Subject 2-25 – 2-26	1. Name the major underlined symptoms of Specific Phobia located in Table Four below. 2. A few examples of each are included in the table below in each of them. (Refer to the subject text or Appendix II for additional examples and explanations of symptoms.)

Table Four

Physical Symptoms	Cognitive/Thinking Symptoms	Emotional Symptoms	Behavioral Symptoms
Severe Anxiety or Panic Attack: exposure to feared object or situation provokes an immediate anxiety response	**Irrational Thinking:** person realizes the fear is excessive or unreasonable	**Persistent, Excessive, or Unreasonable Fear**: fear is triggered by the presence or anticipation of a specific object or situation like heights, animals, or receiving an injection	**Avoidance Behavior**: phobic object or situation is avoided or endured with intense anxiety or distress **Functioning Impairment**: avoidance or distress in feared situation interferes significantly with the person's typical routine

Social Phobia	Subject 2-26	Summarize two paragraphs.
Symptoms of Social Phobia	Subject 2-26	1. Name the major underlined symptoms located in Table Five on the next page. 2. A few examples are included in the table on the next page (Refer to the subject text or Appendix II for additional examples and explanations of symptoms.)

Psychoeducation Part I: Topics & Focus (continued)	Pages & Location	Presentation Suggestions	Time-Frame

Table Five

Physical and Cognitive/Thinking Symptoms	Emotional Symptoms	Behavioral Symptoms
Sever Anxiety: exposure to feared social situation provokes anxiety which may take the form of a Panic Attack **Irrational Thinking**: person realizes the fear is excessive or unreasonable	**Noticeable, Persistent, Unreasonable Fears**: triggered by social or performance situations in which the person is exposed to possible scrutiny by others; fear of acting in a way that will be humiliating or embarrassing	**Avoidance Behavior**: feared social situations are avoided or endured with intense anxiety or distress **Functioning Impairment**: avoidance or distress in feared social situation interferes significantly with the person's typical routine

continued

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. Do symptoms of anxiety cause you problems in functioning in your daily life?
3. What symptom(s) causes you the *most distress*?
4. How do you cope with this/these symptoms?
5. What has been the most helpul skill(s) you have used in coping with anxiety?
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?
9. Would you like to talk to your counselor, therapist, or case manger in more detail about symptoms of anxiety?

Break — **10 Minutes**

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Agoraphobia	Subject 2-27	Summarize one paragraph.	15 Minutes	20 Minutes
Symptoms of Agoraphobia	Subject 2-27	1. Name the major underlined symptoms located in Table Six on the next page. 2. A few examples are included in the table on the next page. (Refer to the subject text or Appendix II for additional examples and explanations of symptoms.)		

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing

Table Six

Cognitive/Thinking and Emotional Symptoms	Behavioral Symptoms
Intense, Extreme Fears: fearing places or situations where escape might be difficult or embarrassing or help may not be available in the event of having an Panic Attack or panic-like symptoms	**Avoidance Behaviors**: situations that cause anxiety or fear are avoided like restricting travel, *or* situations are endured with great distress

Treatment of Phobias	Subject 2-27	Summarize one paragraph.	continued	continued
Acute Stress Disorder and Posttraumatic Stress Disorder (PTSD)	Subject 2-27 – 2-28	1. Summarize one paragraph. 2. Summarize six examples in the table located in the text. 3. Summarize remaining paragraph.		
Symptoms of Posttraumatic Stress Disorder (Refer to Appendix II-31 – II-34 for expanded information if you want to present a group exclusively on PTSD.)	Subject 2-28	1. Name the major underlined symptoms of Posttraumatic Stress Disorder located in Table Seven below. 2. A few examples are included in the table below. (Refer to the subject text or Appendix II for additional examples and explanations of symptoms.)		

Table Seven

Physical Symptoms	Cognitive/Thinking and Emotional Symptoms	Behavioral Symptoms
Persistent Increased Arousal: difficulty falling asleep; irritability or outbursts of anger; difficulty concentrating; alert watchfulness; exaggerated startle response	**Persistent Re-experiencing of Traumatic Event**: recurrent, intrusive, and distressing recollections of the event, including images, thoughts, or perceptions; acting or feeling as if the traumatic event were recurring, including a sense of reliving the experience; intense psychological distress at exposure to cues that resemble an aspect of the traumatic event	**Persistent Avoidance of Stimuli Associated with the Trauma and Numbing of General Responsiveness**: efforts to avoid activities, places, or people that arouse recollections of the trauma; markedly diminished interest in significant activities; feeling of detachment from others; restricted range of affect, such as unable to have loving feelings

Treatment of Posttraumatic Stress Disorder	Subject 2-28	Summarize two paragraphs.		
Obsessive-Compulsive Disorder (OCD)	Subject 2-29	Summarize one paragraph.		
The Differences Between Common Concerns and OCD	Subject 2-29	Summarize two paragraphs.		

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Obsessions and Compulsions Defined	Subject 2-29	1. Summarize one paragraph. 2. State the three examples shown in the table located in the text.	continued	continued
Symptoms of Obsessive-Compulsive Disorder (Refer to Appendix II-35 – II-37 for expanded information if you want to present a group exclusively on OCD.)	Subject 2-30	1. Summarize one paragraph. 2. Name the major underlined symptoms of Obsessive-Compulsive Disorder in Table Eight below. 3. A few examples are included in the table below. (Refer to the subject text or Appendix II for additional examples and explanations of symptoms.)		

Table Eight

Cognitive/Thinking and Emotional Symptoms	Behavioral Symptoms
Obsessions: persistent, recurrent thoughts, impulses, or images that are experienced as intrusive and inappropriate and cause noticeable anxiety or distress, thoughts, impulses or images that are in excess of worries about real life problems	**Compulsions**: repetitive behaviors such as hand washing, keeping things in order, or checking and rechecking things, *or* mental acts like praying, counting, or repeating words silently that a person feels driven to perform in response to an obsession **Functioning Impairment:** obsessions or compulsions cause significant distress, are time consuming (take more than 1 hour a day), or significantly interfere with the person's typical routine **Insight or OCD "With Poor Insight":** at some point a person with insight has recognized that the obsessions or compulsions are excessive or unreasonable; "with poor insight" is when for the most part during the course of the disorder a person does not recognize that the obsessions and compulsions are excessive or unreasonable

Treatment of Obsessive-Compulsive Disorder	Subject 2-30	Summarize one paragraph.		
Anxiety Disorder Due to a Generalized Medical Condition	Subject 2-30 – 2-31	1. Summarize one paragraph. 2. State examples from the table located in the text. 3. Summarize remaining brief paragraph.		

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. Do symptoms of anxiety cause you problems in functioning in your daily life?
3. What symptom(s) causes you the *most distress*?
4. How do you cope with this/these symptoms?
5. What has been the most helpful skill(s) you have used in coping with anxiety?

Psychoeducation Part II: Topics & Focus	Pages & Location	Presentation Suggestions	Time-Frame with Crisis Processing	Time-Frame without Crisis Processing
Treatment of Anxiety Disorders	Subject 2-31 – 2-33	1. Name the treatment for Anxiety Disorders located in the Table Nine below. 2. Summarize each of the treatments located in the text.	15 Minutes	20 Minutes

Table Nine

1	Education	6	Family Therapy and Support
2	Congitive-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* medical disorders like 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.
5. What area(s) have you made progress in or experienced success(es)? How did you accomplish that?
6. What areas of recovery for an Anxiety Disorder or reducing nervousness do you relate to personally?
7. What new 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

Group "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 today or this week to protect their recovery, *or* 3. Read a daily meditation for the day.	5 Minutes