Anxiety Therapy Toolkit

7 Suggestions for Busy Practitioners

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Anxious patients present with a bewildering array of physical symptoms and a high level of emotional distress. Comorbidities and psychosocial stresses are confounding, yet often relevant factors in anxiety disorders.

Although not life-threatening, anxiety disorders are common, and unrelenting anxiety is associated with a great deal of suffering. Anxiety may also be a manifestation of other illnesses, some potentially life-threatening. But with or without comorbid illness, anxiety symptoms are very amenable to treatment. In general, patients respond best to a combination of medication and psychotherapy.

1. "The doctor is in..."

An anxious person has temporarily lost her mind, and any rational advice or analysis is mostly useless. It is exhausting to listen, so at certain moments, self-preservation seems the only option. While my patient is catastrophizing, I am aware of my desire to leave the room, or doze off, and I shift my energy inward. I take a mini mindfulness break. I am still in the room with her, but I take my mind elsewhere, to regain my own calm focus. At some moment, the patient will notice my absence and will comment on this, in

Gina's case

I had been treating an elderly woman with anxiety and long-standing neurotic traits. She stopped seeing me after a time, and then, a few months later, returned. As I was reviewing her history, she kept talking about a "pulling" and a "puckering."

I didn't know what she was trying to tell me, but as I probed a little, she confided in me something she had been afraid to tell anyone. She had noticed some changes in her left breast and, now, it had become painful and had broken through the skin. With her permission, I immediately telephoned a family physician in the building. He came to see her, and helped arrange the referral to a surgeon. I didn't hear the final outcome, but at that moment, the patient was much calmer than I had ever seen her. She thanked me for how I had helped her.

Joe's case

Joe, a software developer, put it this way: "Panic attacks are like a computer crash. When your computer crashes, you don't ask why, you reboot and you keep going. Otherwise, you can waste a lot of time."

In therapy, Joe came to recognize how emotional systems work differently from his more familiar rational thinking programs, and how limited each one can be.

"You have to learn to think your thoughts and feel your feelings. We get into trouble when we mix them up."

Table 1

A-W-A-R-E

A—Accept the anxiety

- Agree to receive your anxiety, don't fight it
- Replace your rejection, anger, and hatred of it with acceptance; by resisting, you're prolonging the unpleasantness of it
- Don't make it responsible for how you think, feel, and act

W—Watch your anxiety

- Look at it without judgment
- Rate it on a 0 to 10 scale and watch it go up and down
- Be one with your observing self
- Be detached
- Look at your thoughts, feelings, and actions as if you're a friendly, but not overly, concerned, bystander; be in the anxiety state, but not of it

A—Act with the anxiety

- Act as if you aren't anxious; function with it
- Slow down if you have to, but keep going
- Breathe slowly and normally
- If you run from the situation, your anxiety will go down, but your fear will go up; if you stay, both your anxiety and your fear will go down

R—Repeat the steps

- Continue to accept your anxiety, watch it, and act with it until it goes down to a comfortable level

E—Expect the best

- What you fear the most rarely happens
- By expecting future anxiety, you're putting yourself in a good position to accept it when it comes again

Modified from: Beck AT, Emery G, Greenberg RL: *Anxiety Disorders and Phobias: A Cognitive Perspective*. Basic Books, 1990.

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a polite or perhaps a negative tone. Once this conversation begins, I can respond and move into some reflection on anxiety and relaxation, and on the particular problems the patient is having. I might say something like, "Just now I am getting a little lost in the details…" or "Sometimes I can listen better with my eyes closed…" and I re-focus on the patient's experience as the purpose of our work.

When overloaded with information or emotion, a person wants to shift from the anxious state to a relaxed focus. Empathic attunement starts with the therapist. It may look like taking a nap, but, in fact, it is hard work, as I am tuning into myself and to the patient. I want to help the patient learn to do a partial tune out when her anxiety is increasing.

I know my particular style doesn't suit everyone. The point is learning relaxation is not a theoretic, but an experiential kind of learning. The other part of it is that to teach anxiety reduction, you need to know how to do it yourself. Like anxiety, calm is a state of mind and can be contagious.

2. Get the patient's permission

The above vignette also serves to highlight some boundary issues in the treatment of anxiety and the need for informed consent. In my work, I am always mindful of asking the patient for permission. The rationale for this is twofold.

First, the patient is vulnerable. Although my intention is for the patient's healing and well-being, this may not be what she feels. As she struggles with her anxiety, power dynamics tend to surface. I want to ensure the patient's comfort and safety as much as possible in the therapy situation.

Second, the fact is only the patient can work on her anxiety. Without her consent, treatment simply doesn't happen. The act of giving permission is the first step in taking some control in managing her anxiety symptoms.

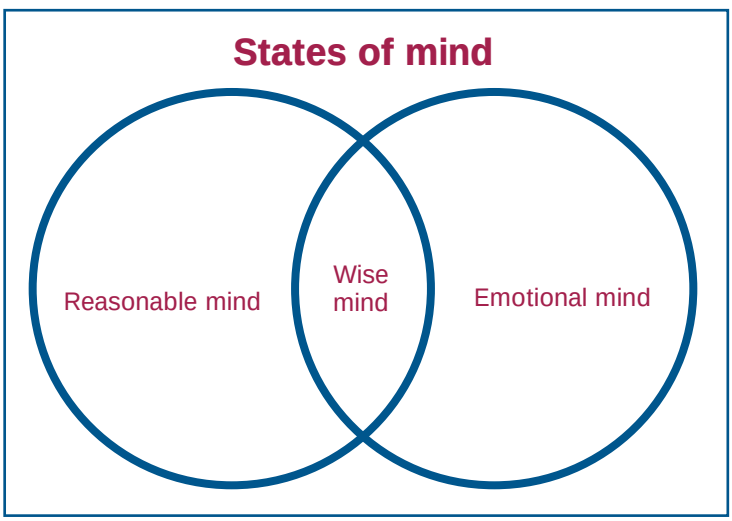

Figure 1. States of mind. (Modified from: Linehan M: *Manual for Treating Borderline Personality Disorder: Skills Training Manual.* The Guilford Press, 1993.)

3. Teach A-W-A-R-E

To cope with anxiety, remember A-W-A-R-E (Table 1).

4. Work with feelings and thoughts

The "emotional mind" sees the problem in a particular way, which is different from how the "thinking mind" processes the same information. Important decisions are best made with the "wise mind," which sees both the thinking and emotional minds (Figure 1). Patients with anxiety tend to have difficulty differentiating emotions, and these approaches can help with that.

5. Help the patient face the fears

Freud taught that whatever else the patient does in therapy, she must face the fear. This is true for anxiety-related habits and behaviours too. Here are a few strategies for patients to use:

- ***What if:*** When a patient is prone to catastrophic thinking, suggest she list all the "what if" scenarios that come to mind. Once she has generated a list, she should choose one to explore in detail, asking the question, "What if…" She must consider what she plans to do, should this event actually happen.
- ***Worry time:*** Like a jogger, who feels the desire to run on a regular basis, a "worrier" has a need (or a habit) of the mind wanting to run. When the worry is excessive, the patient feels stressed. She may try not to worry, but that usually doesn't work. Deciding to have a regular "worry time" is like making time for physical exercise. It is active, time-limited, and with practice, a person can learn to shift from worry into more purposeful activities. Ask the patient to set some specific goals (*e.g.*, to have more relaxing sleep), to schedule a specific time, and to include a plan for how to end the worry time. A good way to end is to switch to a different activity immediately afterwards.

Table 2
Reducing symptoms of anxiety

Four basic skills:

1. Cue-control relaxation

- Use a simple cue available in a specific anxiety situation
- Example: A socially anxious man learns to use an exit sign in a movie theatre as a cue to relax

2. Diaphragmatic breathing

- Relaxation training (can come in many forms)

3. Coping self-statements

- Replace anxious thoughts with calming intentions
- Example: "I can't breathe" becomes "I am slowing my breathing"

4. Distraction (redirection)

- When worrying, consciously shift to a different activity

Modified from: Peurifoy RZ: *Anxiety, Phobias, and Panic: A Step-by-Step Program for Regaining Control of Your Life.* Warner Books, 1995.

6. Teach anxiety reduction techniques

Patients with panic disorder can be encouraged to develop an emergency support plan, which can be implemented in the event of a panic attack. This might include telephone numbers of support people, a quiet or safe place that she can easily get to, or specific written instructions (for herself or other person to refer to). Agoraphobia and anticipatory anxiety tend to improve as the patient challenges herself to go out with the support plan in place.

Table 2 lists some anxiety reduction skills.

7. What is the physician's role?

Some patients don't respond well to all of our best therapeutic efforts. Some seek surgical cures, with less than optimal outcomes, and some have chronic, unrelenting symptoms

(and polypharmacy). Psychiatrists, challenged by such patients, may refer them back to family physicians.

A collaborative approach is preferable, with the motto: "Do no harm." Palliative care medicine has a lot to offer, as the emphasis is not on "cure," but on care and symptom management. As physicians, we do what we can to alleviate suffering and to improve the patient's quality of life. Intractable anxiety is very common in patients who have experienced childhood trauma. When your treatment efforts seem ineffectual, you may be dealing with complex post-traumatic stress disorder, comorbid addiction, personality disorder, or somatization disorder—all common in patients with a past history of trauma. Like high-risk surgery, the treatment of intractable anxiety often requires a team, with the family physician being part of that team. Dx

Take-home message

How can a family physician treat anxiety?

1. Focus on patients' experiences and centre yourself.
2. Get patients' permission.
3. Teach patients to accept anxiety, to watch it, to act with it, and to expect the best.
4. Work with patients' feelings and thoughts.
5. Help patients face their fears and confront their habits.
6. Teach anxiety reduction techniques.
7. Do what you can to alleviate suffering and improve quality of life, while adhering to the motto, "Do no harm."

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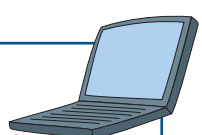

The Anxiety Network International: *www.anxietynetwork.com*