

What is Anxiety?



ANXIETY IS THE FEELING WE GET WHEN OUR BODY RESPONDS TO A FRIGHTENING OR THREATENING EXPERIENCE.

IT HAS BEEN CALLED THE “FIGHT OR FLIGHT” RESPONSE. IT IS SIMPLY YOUR BODY PREPARING FOR ACTION, EITHER TO FIGHT DANGER OR RUN AWAY FROM IT AS FAST AS POSSIBLE. THE PURPOSE OF THE PHYSICAL SYMPTOMS OF ANXIETY, THEREFORE IS TO PREPARE YOUR BODY TO COPE WITH THREAT.

TO UNDERSTAND WHAT IS HAPPENING IN YOUR BODY, IMAGINE THAT YOU ARE ABOUT TO BE ATTACKED.

What is Anxiety



- As soon as you are aware of the threat, your muscles tense ready for action. Your heart beats faster to carry blood to your muscles and brain, where it is most needed. You breathe faster to provide oxygen which is needed for energy. You sweat to stop your body overheating. Your mouth becomes dry and your tummy may have butterflies. When you realise that the “attacker” is in fact a friend, the feelings die away, but you may feel shaky and weak after the experience.
- Fortunately, nowadays we are not often in such life or death situations, but unfortunately many of the stresses we do face can't be fought or run away from, so the symptoms don't help.

What causes anxiety



- There may be many reasons why someone becomes anxious.
- Some people may have an anxious personality and have learned to worry.
- Others may have a series of stressful life events to cope with,
for example bereavements, redundancy, divorce.
- Others may be under pressure, at work, or home, for example,
because of family problems or bills.

What keeps it going



- Sometimes anxiety can go on and on, and become a life long problem. There can be a number of reasons for this:
 - 1. If someone has an anxious personality and is a worrier, then they will probably be in the habit of feeling anxious.
 - 2. Sometimes people have ongoing stresses over a number of years which means they develop the habit of being anxious.
 - 3. Sometimes a vicious circle of anxiety develops – as the bodily symptoms of anxiety can be frightening, unusual and unpleasant, people often react by thinking that there is something physically wrong, or that something truly awful is going to happen. This in itself causes more symptoms, and so a vicious circle develops.

What keeps it going



- 5. Avoidance – once a vicious circle has developed with lots of anxious thoughts increasing the anxiety symptoms, avoidance is often used as a way of coping. It is natural to avoid something that is dangerous, but the sorts of things that people tend to avoid when they suffer from anxiety are most often not real dangers but busy shops, buses, crowded places, eating out, talking to people etc. Not only are these things not dangerous, but they are quite necessary. Avoiding them can make life very inconvenient and difficult. This sort of avoidance can also result in a great loss of confidence which can affect how good you feel about yourself, which in turn makes you feel more anxious – another vicious circle!

Cognitive Behavioural Therapy



- **How is CBT different to other therapies?**
- **Pragmatic**
- **Highly structured**
- **Focused on current problems**
- **Collaborative**

Step 2



Step 5: Inpatient care, crisis teams	Risk to life, severe self-neglect	Medication, combined treatments, ECT
Step 4: Mental health specialists including crisis teams	Treatment-resistant, recurrent, atypical and psychotic depression, and those at significant risk	Medication, complex psychological interventions, combined treatments
Step 3: Primary care team, primary care mental health worker	Moderate or severe depression	Medication, psychological interventions, social support
Step 2: Primary care team, primary care mental health worker	Mild depression	Watchful waiting, guided self-help, computerised CBT, exercise, brief psychological interventions
Step 1: GP, practice nurse	Recognition	Assessment

Psychological Wellbeing Practitioner



- Trained in common mental health problems- Depression and Anxiety disorders
- Brief treatments- up to six sessions, 30 minutes in length
- Face to face or telephone
- Focus on a self-management approach
- Signpost where necessary to other appropriate services

Disorders treated at Step 2

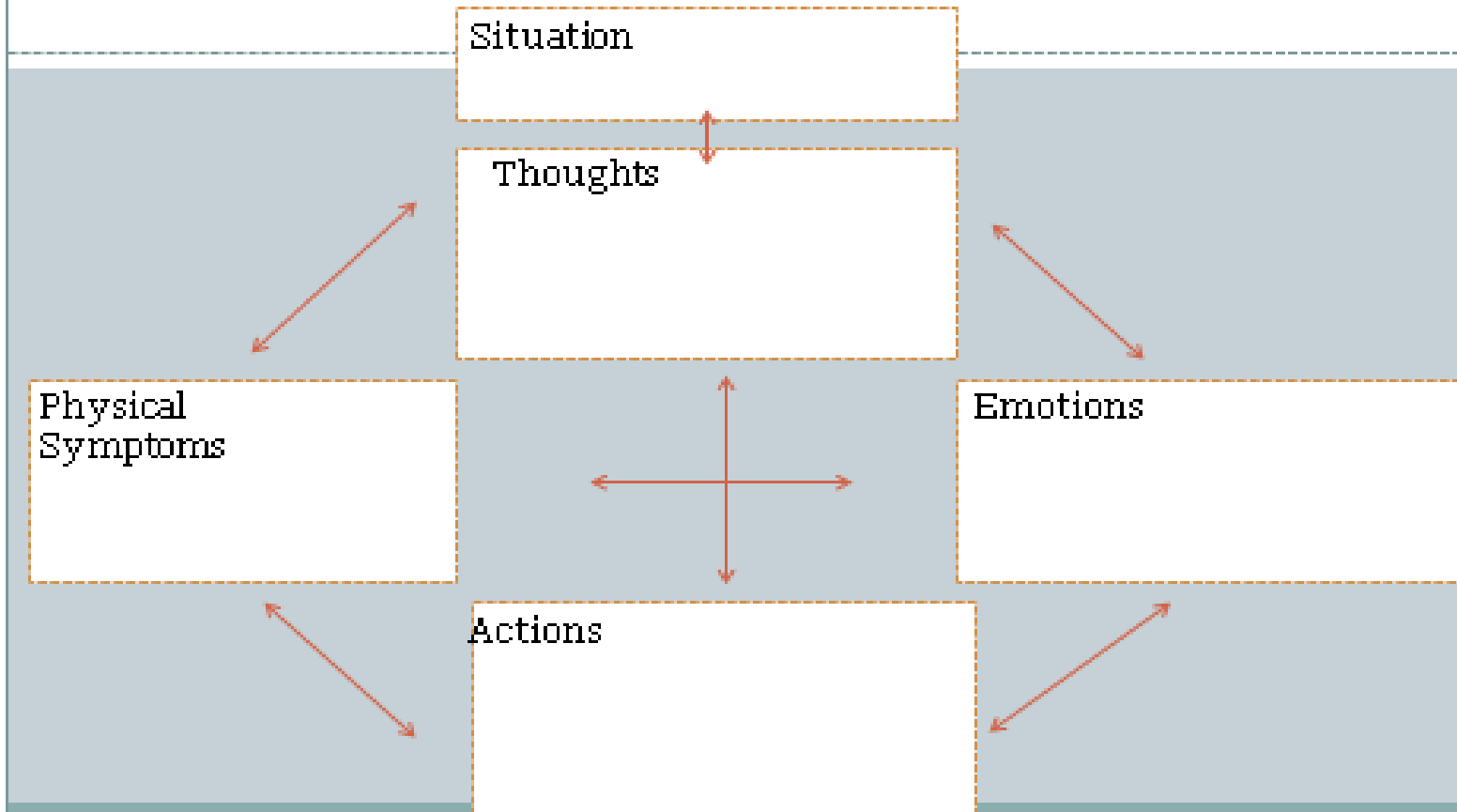


- **Mild - Moderate:**
- **Depression**
- **Panic disorder**
- **Generalised anxiety disorder (GAD)**
- **Obsessive compulsive disorder (OCD)**

A Cognitive Behavioural Approach – the Five Areas Model



A Cognitive Behavioural Approach – the Five Areas Model



Guided Self-Help



- **Behavioural activation**
focuses on activity scheduling, combats avoidance, increases sense of pleasure and achievement .
- **Cognitive Restructuring**
identifying negative thoughts, identifying unhelpful thinking styles (self critical, mind reading, catastrophizing) challenging these thoughts
- **Exposure therapy**
Graded exposure to fear situation, reaching habituation,

Psychoeducational groups



- **Stress Management**
Six sessions, two hours
Physical symptoms of stress, the role of thinking in stress, the role of unhelpful behaviours in stress.
- **Anxiety and Worry Management Course**
Six Sessions, two hours
What is anxiety? Understanding Panic, Worry and Problem solving , Assertiveness, sleep hygiene.
- **Depression Course**
Eight Sessions, two hours
Behavioural activation, Thought Challenging, Mindfulness

Step 3 CBT



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Anxiety Disorders treated at Step 3



- Generalised Anxiety Disorder
- Obsessive Compulsive Disorder
- Social Phobia
- Post-traumatic Stress Disorder
- Illness Anxiety Disorder (Health Anxiety)
- Phobias
- Panic Disorder

Typical Therapy in IAPT



- Up to 12 sessions
- Weekly measures, Disorder specific measures
- Risk assessing/ signposting – considering other helpful support
- Motivation to change
- Goal orientated
- Agenda setting
- Collaboration
- Between – session work

Themes targeted within therapy



- Inflated sense of responsibility
- Overestimation of threat
- Intolerance of uncertainty
- Reassurance seeking
- Unhelpful thinking styles; black and white thinking, over-generalisation, mental filter, disqualifying the positive, jumping to conclusions, emotional reasoning, shoulds and musts, labelling, personalisation, catastrophising
- Unhelpful behaviours

Interventions used



- Evidence based
- Protocol driven but with some flexibility
- Behavioural Experiments
- Tackling core beliefs
- Continuums, surveys, responsibility pie charts
- Appraisal of situations
- Achieving a balanced view
- Summaries of learning, feedback
- Relapse prevention



ANY QUESTIONS