



# Treating Stress and Anxiety

A Practitioner's Guide to  
Evidence-Based  
Approaches

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Katerina Volny BSc

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Anxiety*

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Evidence-based Approaches*

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# *Introduction*

This workbook and supplementary CD provide clinicians and therapists with a practical guide to evidence-based techniques that help reduce stress and anxiety as well as enhance quality of life. The techniques discussed are aimed at adults. This book endeavours to help clinicians deliver best practice treatments to individuals and groups who present with anxiety and stress-related issues as well as those who would generally benefit from building their emotional resilience. The purpose of the practical skills within this manual is to minimise distress and maximise efficacy in many areas of living, and to impart skills to live life in a happier and healthier manner. We hope that the reader also finds the skills presented in this book to be valuable for enhancing their clients' quality of life. Much like a healthy diet helps improve and maintain physical health and prevent disease, developing skills that manage stress and anxiety can be viewed as essential in enhancing and maintaining emotional health and preventing mental health problems.

Evidence-based treatment is increasingly in demand from a range of services, often linked to the funding of these services, and therefore, it is an important aspect of service provision. Current evidence-based guidelines recommend cognitive behavioural therapy as the primary treatment for persons experiencing anxiety disorders; therefore, this manual provides a practical guide and resources focused primarily on cognitive behavioural techniques for both individual therapy and group programmes. This text also provides guidelines for assessing the match between the client and therapist, and reviewing the progress of therapy, so that when appropriate, clients with difficulties outside the scope of expertise of the therapist can be referred elsewhere.

This text is a clinician's guide and should be useful to a variety of professionals (psychologists, psychiatrists, medical practitioners, mental health workers, social workers) who espouse diverse theoretical perspectives such as cognitive behavioural therapy, medical/biological models, biopsychosocial models, psychodynamic perspectives, neurolinguistic programming, narrative therapy, family therapy, and interpersonal therapy. The workbook is written in straightforward, uncomplicated language to enable practitioners to impart the information and skills to their clients easily and effectively. The presentation of this information is not intended to replace a broad range of existing practices, but is designed to be accessible to a wide audience, and complement current practices.

The chapters and exercises are provided in a format that is easy to use and includes handouts and worksheets for clients. The first three chapters focus on

providing an overview of anxiety and stress by presenting the symptoms, discussing how to conduct a thorough assessment, and describing the treatment guidelines according to the latest research. Chapters 4 to 8 introduce the various strategies and techniques to treat anxiety and stress. Chapter 9 discusses co-morbid issues including depression, substance use, self-concept and identity, anger, and communication difficulties. Two group programmes, *Reducing and Managing Anxiety and Panic* and *Enhancing Well-Being and Reducing Stress* are outlined in Chapter 10. This guide also includes comprehensive resources for practitioners to offer to clients including psychoeducation handouts and skills development worksheets. The handouts and worksheets are located at the end of each chapter arranged in the order they are introduced in the text and are easily accessible on the supplementary CD to photocopy for clients.

A CD of relaxation exercises, *Relaxation Techniques: Reduce Stress and Anxiety and Enhance Well-Being*, is also available to complement this text (ISBN: 978-1845900786). The CD provides relaxation techniques that have been demonstrated to be effective in research studies and clinical practice. An introduction to relaxation, guidelines for relaxation, and a clear rationale for each technique are in audio format on separate tracks on the CD. There are a wide range of techniques to suit a variety of individual preferences. The voice of the practitioner and the background music are soothing, and do not distract from the relaxation task. The CD can be used as a standalone therapy tool to assist clients to practise skills between therapy sessions or in conjunction with other techniques like graded exposure. Feedback about this CD from both practitioners (clinical psychologists, psychiatrists, general medical practitioners, mental health nurses, and social workers) and clients alike has been overwhelmingly positive.

The simple and straightforward manner in which this material is presented in both the workbook and CD is the kind of approach that we have found works best for a wide range of clients.

- This text comprises a clinician's manual with structured worksheets and handouts for the management of stress and anxiety and the treatment of anxiety disorders.
- This manual is designed in accordance with evidence-based treatment and extensive clinical experience.



## *Chapter 3*

# *Treatment for anxiety disorders*

In recent years there has been an increase in literature and tools aimed at disseminating information about evidence-based treatment. There are many sources of evidence-based treatment guidelines that provide analysis and synthesis of the vast amount of research into anxiety disorders. These sources often provide both detailed treatment guidelines for professionals and a summary of treatment guidelines for clients seeking treatment. We have reviewed evidence-based guidelines for the treatment of a range of anxiety disorders to provide a guide outlining the most appropriate treatment for each disorder (see Table 3 overleaf for summary).

### *Cognitive therapy*

Cognitive therapy is based on the theory that emotions are preceded by thoughts and influenced by core beliefs (Beck, 1975; Ellis, Harper & Powers, 1975). Thoughts that lead to extreme emotions are often unrealistic, exaggerated, and unhelpful. Identifying the thoughts that lead to extreme emotions and modifying these thoughts can, in turn, reduce the distress associated with the thoughts. Additional strategies to manage thoughts such as distraction from persistent thoughts, managing persistent thoughts, and preventing rumination are also helpful.

### *Behavioural therapy*

Behavioural therapy is based on research about learning through modelling, reward, reinforcement, and punishment. The idea is that current maladaptive behaviours have been learned and they can be unlearned through a variety of behavioural tasks including exposure to feared stimuli, relaxation and breathing exercises, behavioural experiments, distraction, and response prevention (Skinner, 1938, 1953; Watson, 1913).

Guidelines for anxiety treatment (McIntosh et al., 2004) recommend that cognitive behavioural therapy should be delivered by suitably trained and supervised professionals who adhere to evidence-based treatment protocols. Weekly sessions of one to two hours are recommended and treatment is to be completed within four months of commencement. McIntosh et al. (2004) recommend that persons suffering from anxiety disorders should be offered the

Table 3: Summary of treatment guidelines

Disorder	CBT psychotherapy	Medication	Other effective strategies
Panic disorder <sup>1</sup>	CBT has longest duration of effect. 7–14 hours of treatment recommended.	Benzodiazepines not recommended. SSRI medication effective.	Self-help based on CBT principles has lesser effectiveness.
Generalised anxiety disorder <sup>2</sup>	CBT has longest duration of effect. More effective than benzos, analytic or non-directive psychotherapy, and placebo. 16–20 hours of treatment recommended.	Benzodiazepines no longer than 2–4 weeks. SSRI medication effective.	Self-help based on CBT principles has lesser effectiveness.
Post-traumatic stress disorder <sup>3</sup>	CBT effective	Medication in combination with CBT for more severe PTSD. SSRIs have been found to be more effective for hyperarousal and numbing/avoidant symptoms than re-experiencing trauma.	
Obsessive compulsive disorder <sup>4</sup>	Lower relapse rates following treatment cessation for exposure and response prevention CBT compared to clomipramine medication.	Clomipramine and SSRIs.	
Specific phobia	Behaviour therapy (exposure with or without relaxation training)		
Social phobia <sup>5</sup>	Combination of CBT and medication most effective with lower relapse rates.	SSRIs are effective.	

<sup>1</sup>Ballenger et al., 1998; McIntosh et al., 2004.

<sup>2</sup>Ballenger, 2001; McIntosh et al., 2004.

<sup>3</sup>Foa, Hearst-Ikeda & Perry, 1995; Stanley & Turner, 1995; Brady et al., 2000; Brunello et al., 2001; Davidson, 2000.

<sup>4</sup>Foa et al., 2005; Greist et al., 1995; Marks et al., 1980; Stein, Spandaccini & Hollander, 1995.

<sup>5</sup>Bruce & Saeed, 1999; Brunello et al., 2000; Lydiard, 2001.

full range of treatments that demonstrate effectiveness and that for personal preference they may choose a treatment with lesser effectiveness.

## *Cognitive behavioural therapy*

Cognitive behavioural therapy (CBT) has been established as an effective treatment for anxiety disorders. CBT, pioneered by Albert Ellis and Aaron Beck, is based on the theory that thoughts are the main influence on emotions and behaviour and, more specifically, that the interpretation of events rather than events themselves lead to emotional and behavioural responses. Therefore, if an interpretation of an event is inaccurate, irrational, or exaggerated, the result is often extreme and distressing emotions and dysfunctional behaviours.

### *Components of CBT for anxiety*

#### *Psychoeducation*

Education about anxiety and effective treatment provides the client with an understanding of the disorder and a rationale to commence psychological and/or medical treatment. Increased knowledge generally reduces fear, increases a sense of control and hope for positive change, and in turn increases the commitment to treatment.

#### *Homework*

Homework is a fundamental aspect of CBT in both the assessment and treatment phases of therapy. Self-monitoring thoughts and then recording them is one of the most useful homework tasks and is usually assigned in the early stages of therapy. Clients are encouraged to write down important aspects of a problem immediately after it occurs to ensure the record is as accurate as possible.

Self-monitoring also has a therapeutic effect. For instance, research shows that just writing down the experience of panic right after the experience of it can help people recover from panic disorder. A diary or thought record can also help bring clarity to the precipitants and maintaining factors of problem thoughts, feelings, and behaviours. Therapy involves a variety of other cognitive and behavioural homework assignments including reading psychoeducation, disputing cognitions, participating in behavioural experiments, practising relaxation exercises, and exposure tasks. It is important for clients to be oriented to the importance of homework in the treatment of their anxiety problem or disorder. If clients do not complete assignments, it is essential to assess the barriers to doing the homework and agree on how these barriers can be overcome. Common barriers are they didn't understand the homework, they forgot to do it, it was too confronting or embarrassing, or they have trouble reading

# Chapter 7

## *Facing fears*

Avoidance of anxiety-provoking situations and the relief that it brings reinforces and strengthens anxiety symptoms. Breaking the anxiety, avoidance, and relief cycle is essential to treat anxiety and is achieved through exposure to anxiety-provoking situations for a sufficient amount of time to allow the anxiety symptoms to decrease. Each time exposure occurs in this way the anxiety symptoms decrease because it provides an opportunity for the individual to learn that the situation does not lead to terrible outcomes. Education about anxiety is essential to this process as it provides clients with the rationale and motivation to face feared or distressing situations (see Handout 7.1).

The process of facing fears to overcome anxiety and panic is termed “exposure therapy”. This process involves repeated exposure to a feared situation until the level of anxiety experienced is reduced to a level of low to no distress. Exposure to anxiety-provoking situations is often planned in a graded manner, so that the client begins with a situation that provokes a small amount of anxiety and gradually increases to more anxiety-provoking situations. An important aim of exposure therapy is for the individual to learn that the feared situation is not harmful (even though it feels like it is); therefore, it is necessary to allow enough time for the distress experienced during an exposure task to subside to a low level.

Although some approaches contend that immediate exposure to the feared situation is more effective and efficient (e.g., Wilson, 2003), graduated or graded exposure to feared situations is the most common method of exposure therapy. Graded exposure is also generally favoured by clients for the obvious reason that it is especially distressing and difficult to face a very intense fear.

The first step in graded exposure is the collaborative development of a hierarchy of feared situations from low-intensity fear to high-intensity fear. The client then rates each situation using the SUDS or subjective units of distress scale from 0 (no anxiety or distress) to 100 (extreme anxiety or distress). For example, if a person has a specific phobia of spiders they may start by looking at a picture of a spider (SUDS 30), then being in the presence of a spider (SUDS 70), and then go on to move a spider from one place to another (SUDS 100). Worksheet 7.1 can be utilised to help clients develop their hierarchy. Clients will need assistance in making each level in the hierarchy as specific as possible and ensuring that there are enough steps towards their goal. The top of the hierarchy does not need to be the scariest situation they can think of regarding

## Handout 7.1

### Why is it important to face your fears? The role of avoidance

Facing fear is difficult and at times may not seem like such a good idea. However, facing fears reduces and can even eliminate fears, while continuing to avoid fears makes them stronger. The following outlines an example of the process in which avoidance strengthens fears.

Step 1	Person experiences a perceived fear	"If I go out driving I might have an accident. I could get hurt or die."
Step 2	Arousal and anxiety at the thought of facing the fear	Increase in heart rate, breathing, muscle tension, perspiration, stomach ache, frightening thoughts.
Step 3	Avoidance	A decision is made not to go out driving on this occasion.
Step 4	Relief at avoiding the perceived threat	The symptoms of anxiety and arousal subside.
Step 5	Reinforcement and strengthening of the perceived fear	At the next opportunity to go out driving, the individual has learned that avoidance results in relief of distressing symptoms, and therefore, avoidance seems like a good idea.
Step 6	Person experiences a fear in another situation and the avoidance response is generalised.	Person uses avoidance to deal with fear because of previous experience that this strategy reduces distress at least in the short-term.

### Avoidance of one fear can lead to other fears emerging

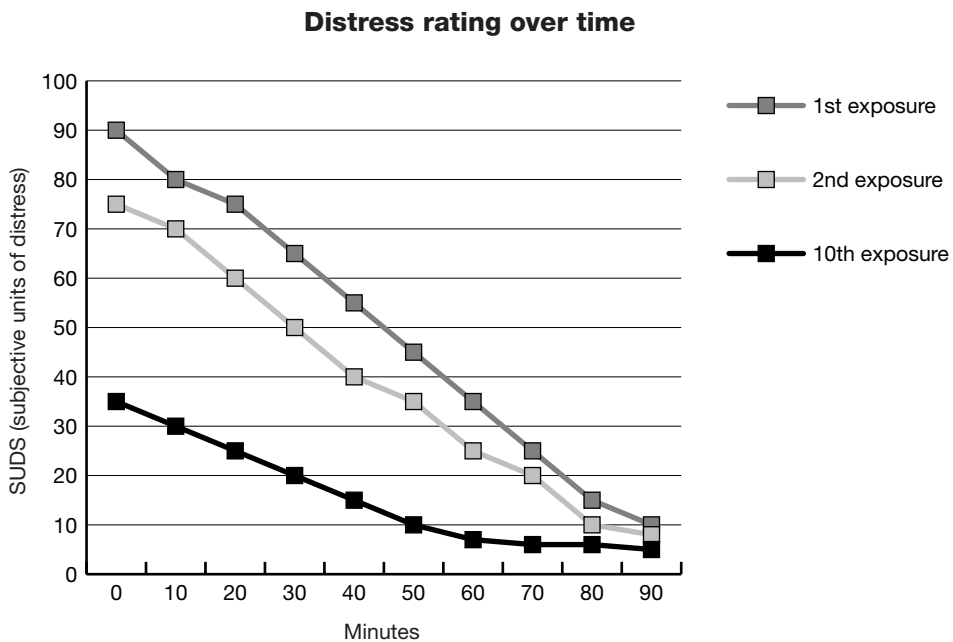
In some cases, when distressing anxiety and panic symptoms develop, fear of one situation can lead to fear of other situations. For example, a person that became fearful of driving after experiencing an accident may later become fearful of travelling in any mode of transport (bus, train, airplane, walking) and then become fearful of going anywhere. Even if the fear is extremely unlikely or unrealistic, the experience of symptoms of anxiety make it seem real. Just the possibility of experiencing anxiety and panic symptoms can sometimes convince people to avoid a situation. In these circumstances, the focus is no longer on worrying that you may be in an accident (as in the above example), but that you may experience anxiety about being in an accident—it is fearing fear itself.

Facing the fear, while managing the anxiety symptoms, breaks the cycle of anxiety by demonstrating that the situation is not going to lead to disaster.

## How to face your fear effectively

- Learn about and understand your anxiety
- Develop some skills to manage anxiety and panic symptoms
  - use relaxation and breathing exercises
  - manage your thoughts with more helpful thoughts
- Decide to face your fear
- Plan to face your fear by developing a fear hierarchy
- Face your fear until your distress decreases
- Monitor and evaluate your progress

The graph below illustrates how distress decreases each time an individual completes an exposure to their fear.



As you face your fear repeatedly you will notice that the level of distress you experience decreases in intensity and duration. It is essential to remain in the feared situation until your level of distress decreases so that you learn that the situation and your anxiety symptoms are not harmful.

**Treating Stress and Anxiety: A Practitioner's Guide to Evidence-Based Approaches** provides clinicians and therapists with a practical guide to evidence-based Cognitive Behavioural techniques that help to reduce stress and anxiety as well as enhance quality of life. The techniques discussed are aimed at adults and help clinicians deliver best practice treatments to individuals and groups with anxiety and stress related issues, as well as those who would generally benefit from building up their emotional resilience. Chapters include:

- Identifying presenting problems and treatment goals
- Treatment for anxiety disorders
- Maintaining emotional health
- Relaxation and breathing exercises
- The impact of thoughts on stress and anxiety
- Facing fears
- Relapse prevention
- Group programmes

The chapters and exercises are provided in a format that is easy to use and includes handouts and worksheets for clients that promote the self-management of stress and anxiety and the treatment of anxiety disorders. A key benefit of the book is that all the handouts and worksheets can be printed from the accompanying CD.

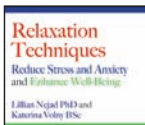
This manual will be invaluable to a wide variety of professionals including psychologists, psychiatrists, medical practitioners, mental health workers and social workers.

“In this straightforward, well-organized handbook, health professionals can have confidence that the techniques suggested are well supported by clinical research. The book structures topics so that you can rapidly organize treatment interventions and support them by ready-made handouts and worksheets. A great teaching tool for the new clinician in this field and an efficient time-saver for the seasoned anxiety specialist.”

Reid Wilson, PhD, author *Don't Panic: Taking Control of Anxiety Attacks*

“Lillian Nejad and Katerina Volny have produced not only a clinically effective method for addressing issues of stress and anxiety, but also a method based upon empirical evidence. This is in keeping with modern psychology's cutting edge commitment to the clinical scientist model that will—and must—characterize the work of all mental health practitioners in the future. This book is a must for every clinical bookshelf. Nejad and Volny are to be congratulated for their efforts. Countless troubled people will live happier, stress-free lives because of their work.”

Marshall P. Duke, PhD, Charles Howard Candler Professor of Psychology, Emory University



Also Available:

**Relaxation Techniques: Reduce Stress and Anxiety and Enhance Well-Being**  
audio CD ISBN 978-184590078-6

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