

Mind Matters ECHO

Module: Anxiety

Session 2: Effective Treatments for Anxiety:
Psychotherapy

February 9, 2022



**Mount
Sinai
Health
Partners**

Welcome!

- ▶ Pre-survey: bitly.com/anxietymeeting2
- ▶ Hub team introductions
- ▶ Disclosures
- ▶ Questions during presentations

Case Presentation

Dr. Carol Wurzel
Westchester Park Pediatrics

Patient Information

Demographic Information	<ul style="list-style-type: none">• 13 year old cis male, patient since age 2• Commercial insurance• Student• Lives with parents/extended family
Medical History	<ul style="list-style-type: none">• None reported
Current Medications	<ul style="list-style-type: none">• None
Past Psychiatric Medications	<ul style="list-style-type: none">• None

Patient Information

Psychiatric and Social History

- Presented in early 2020 (pre-pandemic) when contacted by the parent for the first time regarding concerning behaviors
- Thoughts of self-harm reported since 2021 academic year (school returning to in-person)
- No self-harm behaviors reported

Family Psychiatric and Social History

- None reported
- Father is a widower and there are no children from the first marriage; however, they regularly visit the first wife's family

History of Trauma

- None reported

Patient Information

Current Psychiatric Diagnoses

- Anxiety
- Depression
- ADHD

Symptoms of Depression

- Difficulty concentrating
- Feelings of hopelessness, helplessness, and/or guilt
- Thoughts of self-harm
- Symptoms persisted for the past 2 years on and off (improved during remote learning during 2020)
- Very self critical, limited social circle, some verbalization of self harm, and some concerning writing of self harm, recent trouble concentrating at school

Symptoms of Anxiety/Panic

- Constant worry
- Intrusive worrisome thoughts
- Trouble concentrating
- Distractedness
- Mom describes him as a “worrier”

Patient & Case Information

Current Treatment Plan for Psychiatric Conditions

- Currently seeing a therapist weekly who recommended referral to developmental pediatrician for treatment of ADHD
- Mom called for recommendations and I strongly recommended child psychiatric referral for appropriate differential diagnosis and explained to mom this may be multiple diagnoses

Areas of Support and Consultation Being Sought

- Diagnostic clarification
- Pharmacological consultation
- Identify appropriate behavioral health referrals
- Identify appropriate psychosocial referrals
- Strategies for engaging the patient and/or their caregivers family

Main Question

- What is the differential diagnosis and how can I coordinate appropriate care for this patient?

Cognitive-Behavioral Therapy for Anxiety

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Wednesday, February 9, 2022



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Cognitive Behavioral Therapy for Anxiety

Cognitive Behavioral Therapy involves helping people understand why they think, feel and act a certain way, so they can become aware of patterns that are keeping them stuck and make changes that are meaningful.

- Includes understanding the situations that trigger anxiety and fear
- The impact this has on their beliefs, emotions and physiological reactions
- And how this influences their behavior and the actions they take



Learning and Its Impact on the Development of Anxiety Disorders

Learning based on past experience



- A client with social anxiety who was frequently shamed, rejected or humiliated in their relationships
- A client with generalized anxiety who had a family member experience recurrent or chronic illness
- A client with panic disorder whose parent had a heart attack and was rushed to the ER

Learning based on associations



- A client who faints the first time they get their blood drawn becomes fearful of needles, blood and blood draws
- A client has their first panic attack sitting in a filled lecture hall and becomes fearful of crowded, enclosed spaces



- A client with OCD experiences a disturbing image when he saw the number 6, so becomes fearful of that number and reliant on the strategy he used to get rid of it

General Principles of Cognitive Behavioral Therapy for Anxiety

Cognitive Therapy

- Psychoeducation
- Understanding Patterns of Anxiety
 - Triggers, anxious thoughts and avoidance
- Cognitive Restructuring

Behavioral Therapy

- Mindfulness
- Response Prevention
- Establish a Hierarchy and Implement Exposure Treatment

Panic Disorder Treatment: Psychoeducation

Setting the stage for treatment

Purpose of CBT

What to expect from treatment

- Building awareness of the causes and symptoms of their fear
- Coming into contact with situations/body sensations that trigger anxiety

Understanding anxiety and panic

- How internal triggers (i.e., subtle changes in heart rate) activate anxiety which increase and intensify physiological symptoms
- Fear system as a false alarm

Readings “On the Nature of Panic,” “The Panic Cycle,” and “Mistaken Beliefs about Panic Symptoms” from *Mastery of Your Anxiety & Panic* by Barlow & Craske

Panic Disorder Treatment: Common Misperceptions

Fear of having a Heart Attack, Stroke, Aneurysm

Sudden onset of physical sensations like chest tightness, increased heart rate or palpitations are mistaken for signs of an underlying medical condition



Fear of Losing Control of their Mind

Feelings of unreality associated with panic are mistaken for losing control

Fear of Fainting

Physical sensations, like feeling dizzy or lightheaded are misinterpreted as a sign of fainting

Fear of Losing Control of their Body

Strong desire to escape following dread and panic are mistaken for not being in control of their behavior or actions

Panic Disorder Treatment: Understanding Patterns of Anxiety

Self-monitoring

- Triggers
- Anxious thoughts
- Level of anxiety (1-10) scale
- Avoidance/Safety Behaviors

Panic Attack Record

Date: _____ Time began: _____

Triggers: _____

Expected: _____ Unexpected: _____

Maximum Fear

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

None Mild Moderate Strong Extreme

Check all symptoms present to at least a mild degree:

Chest pain or discomfort _____

Sweating _____

Heart racing/palpitations/pounding _____

Nausea/upset stomach _____

Shortness of breath _____

Dizzy/unsteady/lightheaded/faint _____

Shaking/trembling _____

Chills/hot flushes _____

Numbness/tingling _____

Feelings of unreality _____

Feelings of choking _____

Fear of dying _____

Fear of losing control/going insane _____

Thoughts: _____

Behaviors: _____

Panic Disorder: Identifying Anxious Thoughts

Catastrophic “what-if” thoughts

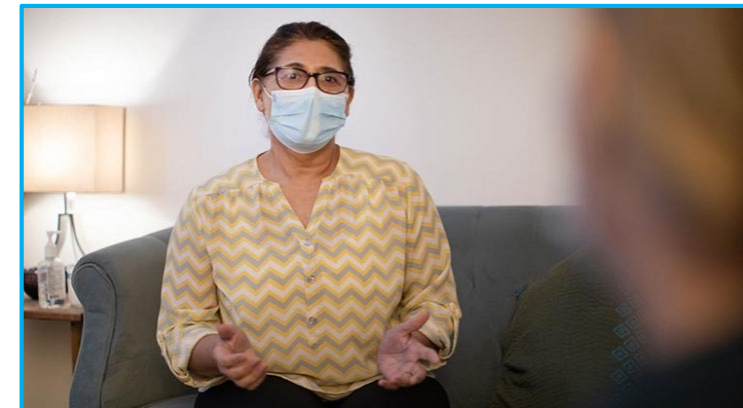
- Fears that physical symptoms are signs of an underlying medical condition, fainting or losing control (i.e., common misperceptions)
- Beliefs about anxiety/panic being intolerable
- Beliefs that that feelings of anxiety/panic will be never ending

Worry about judgments from others

- Fears about what others would think about them if experience a panic attack in front of them

Beliefs about self

- Mistrust with body
- Doubts about being competent or capable to cope



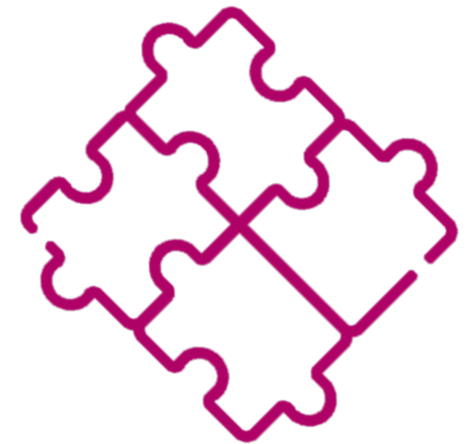
Panic Disorder: Cognitive Restructuring

Perspective-taking

- Identify what they expected to happen and what did happen (**shapes learning**)
- Identify how *real* their fear seems in the moment and how *real* it seems after (**improves emotional insight**)
- Ask them to imagine what they'd say to friends/family if they were going through a similar experience, so can start to internalize that same message (**improves self-compassion**)

Reframing to more adaptive beliefs

- Shape confidence in coping
 - Problem solving for when fears happen
 - Help them identify how they would get through it



Panic Disorder: Impact of Avoidance & Safety Behaviors on Panic Attacks

Avoidance and Safety Behaviors

- To cope with symptoms of panic, clients often rely on **avoidance and safety behaviors**. This includes avoiding anything that leads to the subtle changes in their body that triggers feelings of panic or **an overreliance on objects or people** to reduce discomfort and alleviate fears (i.e. safety behaviors)
- Avoidance and safety behaviors provide relief in the moment, but actually **maintain and reinforce anxiety**, fear and symptoms of panic

Response Prevention

- Resisting the use of safety behaviors or avoidance strategies to cope anxiety/panic
- Interrupts patterns of behavior that have reinforced symptoms of panic
- Creates opportunities for new learning to take place



Panic Disorder: Breathing Skills & Mindfulness

Breathing Skills

- To address changes in breathing which can lead to symptoms of hyperventilation
- Breathing skills are meant to help clients regulate their breath, while allowing for feelings of anxiety & fear
- Examples: Diaphragm breathing , 3-2-3 breathing & videos to sync breathing
<https://www.youtube.com/watch?v=aXItOY0sLRY>

Mindfulness

- Bringing awareness to their emotions and physical experience
- Acceptance of their emotional & physiological experience, without try to resist it



Panic Disorder: Exposure Therapy



Exposure therapy

- Intentionally confronting the situations & body sensations that trigger anxiety
- Encourage willingness to feel anxiety/discomfort (i.e., experiential acceptance)
- Exposures should be practiced without the use of avoidance strategies or safety behaviors



Learning

- Directly tests the accuracy of their beliefs
- Learn that they can manage feelings of fear/anxiety
- Develop more confidence in their ability to overcome fears



General Guidelines

- Identify values underlying reason for change
- Give client's control & choice about when to start
- Exposures should be planned & predictable
- The pace of exposures can be gradual

Panic Disorder: Types of Exposures

Imaginal Exposures

- Creating a story or script to help clients visualize the feared situation

Interoceptive Exposures

- Intentionally re-creating the physical sensations that trigger anxiety

In-Vivo Exposures

- Confronting the real-life situations that trigger anxiety
- Examples: drinking coffee, going to the gym, going out to dinner with friends

Exercise	Sensation it mimics	Fear (0-10)	Discomfort (0-10)	Similarity to Panic Attacks (0-10)
Holding breath for 1 minutes	Feeling short of breath			
Head between knees for 1 minute, come up (or stand up quickly)	Lightheadedness			
Spinning 10 times with eyes open	Dizziness			
Running in place/jumping jacks for 2 minutes	Rapid pulse			
Rapid, shallow breathing in and out quickly for 1 minute	Hyperventilation			
Breathing through a straw while holding nose for 30 seconds	Lack of air			
Staring at one's index finger for 1 minute while silently repeating one's own name	De-realization			
Shining a light quickly into the eyes then looking at a white piece of paper	Spots in front of eyes from dilated pupils			

Resources for Patients and Physicians

Mount Sinai Resources

- Mount Sinai Calm: yoga & meditation
 - Email: 4calm@mountsinai.org
- Wellness Hub App: promotes self-awareness, resilience & self-care
 - Center for Stress, Resilience & Personal Growth: <https://sinaicentral.mssm.edu/wellnesshub>

Mindfulness apps

- Headspace, Calm, Insight timer

Free CBT Worksheets

- <https://www.oxfordclinicalpsych.com/page/504/forms-and-worksheets>

Readings

- Mastery of Your Anxiety & Panic by David H. Barlow & Michelle Craske
- When Panic Attacks by David D. Burns