SELF-HELP STOP WORRY: A Tool for Older Veterans

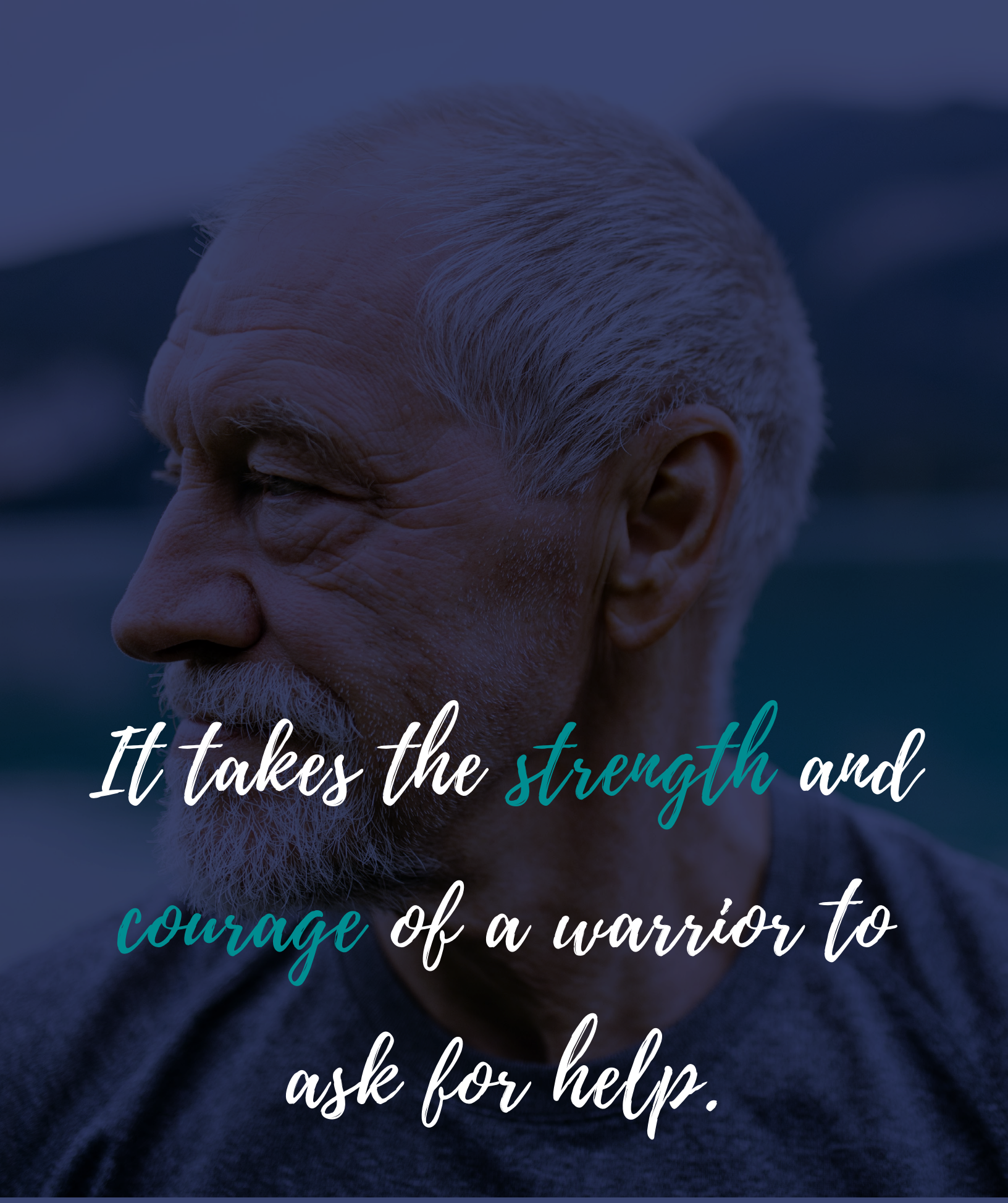
Clinician Workbook

Calming Tools to Manage Anxiety

Srijana Shrestha, PhD & Melinda Stanley, PhD

south central mirecc
Mental Illness Research, Education and Clinical Center

South Central Veterans Affairs Mental Illness, Research and Clinical Center


It takes the strength and
courage of a warrior to
ask for help.

ACKNOWLEDGMENTS

The information presented in this document has been adapted manuals from the Peaceful Living and Stop Worry studies (Stanley et al., 2009; Stanley, NIMH Grant # MH 53932). We wish to acknowledge the contribution of all the authors of earlier versions of the treatment program, Drs. Diefenbach, Hopko, Quijano, Calleo and Wetherell.

TABLE OF CONTENTS

CHAPTER 1 | INTRODUCTION 5

CHAPTER 2 | ANXIETY EDUCATION 8

CHAPTER 3 | DIAPHRAGMATIC BREATHING 14

CHAPTER 4 | PROGRESSIVE MUSCLE RELAXATION 17

CHAPTER 5 | CHANGING THOUGHTS - PART I 21

CHAPTER 6 | CHANGING THOUGHTS - PART II 26

CHAPTER 7 | PROBLEM SOLVING 30

CHAPTER 8 | CHANGING BEHAVIOR 35

CHAPTER 9 | SLEEP SKILLS 38

CHAPTER 10 | CONCLUSION 41

APPENDIX 42

CHAPTER 1

INTRODUCTION

The procedures outlined in this manual target older Veterans (≥ age 60) with generalized anxiety. The program is designed to be delivered in an individualized setting and includes eight different treatment components, each covered in a 45-minute session. This is a structured manual and attention to each of the skills presented in the manual is likely to be beneficial. However, depending on symptom presentation, some flexibility in administration is recommended. Certain aspects of each session may be emphasized or de-emphasized, depending on individual needs. For example, if the Veteran is not experiencing sleep problems, less emphasis on sleep hygiene would be appropriate. In other cases, worries may be related to realistic, solvable problems, warranting greater attention to problem solving skills training. It is important intervention start with the first skill on anxiety awareness, but the order of subsequent skills can be changed if necessary.

Who Will Benefit From the Intervention?

The intervention has shown efficacy in improving worry, depression and general mental health in cognitively intact older adults, aged 60 and older, receiving care in the primary care setting (Stanley et al., 20031). All the participants in this randomized controlled trial, had a principal or co-principal diagnosis of Generalized Anxiety Disorder (GAD). Although the treatment is designed to decrease symptoms associated with GAD, procedures also overlap with interventions that target conditions frequently coexistent with GAD (e.g., depression, phobias, insomnia). Prior data shows clear effects of GAD intervention on coexistent symptoms and disorders (Stanley et al., 20031; Stanley et al., 20092). Thus, the intervention is expected to have broad utility for improving both GAD and associated difficulties. Veterans can be reminded throughout treatment that the skills they are learning can be applied to other problems. For example, challenging thoughts can be a useful treatment for depression as well as other forms of anxiety, and exposure can be helpful for alleviating specific fears.

Adjustments may be required in the process of administering the intervention for Veterans with sensory impairments. For example, alternative ways of monitoring and documentation may be necessary (e.g., use of audiotapes, enlarged homework forms, simplified checklists). Tailoring the protocol to Veterans who are medically ill may require reviewing material at a slower pace and with less intensive homework assignments (e.g., checklists, practicing only one skill each day, decreased awareness training after the first week) than is presented in the manual and accompanying materials. Finally, it may be useful to modify terms to fit the Veteran's educational background, cognitive skills and preferences (e.g., use words like nervous or concerned instead of worry).

Who Can Deliver The Intervention?

Licensed mental health professionals can deliver the treatment. Individuals in training (fellows, residents, postdoctoral trainees, interns and externs) can also use the manual and accompanying participant workbook under the supervision of a licensed mental health provider.

Session Structure

The manual contains eight chapters detailing skills, including anxiety education and awareness, relaxation (Diaphragmatic Breathing and Progressive Muscle Relaxation [PMR]), problem solving, cognitive therapy, exposure and behavioral sleep management. The final chapter focuses on transition, maintenance and future planning. Practice exercises are assigned at the end of each meeting, and forms are included at the end of each session. The forms help to record practice and incorporate the skills into everyday life to receive maximum benefit. You will be educating and teaching the Veteran new coping skills, but they will be doing the real "work" by practicing and implementing the skills in their daily life.

The manual includes detailed instructions on how to discuss the skills with the Veteran. Some of the instructions are presented as direct dialogue you can use verbatim and this material is shown in quotes and italics. Use the instructions as guidelines. It is not necessary to use the session instructions and content exactly as stated. Make sure you cover all essential components if you decide to deviate from the narrative provided in the manual.

At the beginning of each session (starting with chapter 3), review the practice exercises from the previous session. In cases when Veterans are unable to practice the skills, motivational interviewing will help you to identify realistic goals and barriers to progress and help you and the Veteran to set up a plan. Promote a brief discussion of the Veteran's goals and expectations for the meetings. Assess whether goals are consistent with change and that expectations are realistic. Highlight that change is not easy because it takes time/effort, and change (even positive change) can be stressful because they will be doing things in a new way. To keep motivation high, it is useful to review the reasons why the Veteran came for help in the first place.

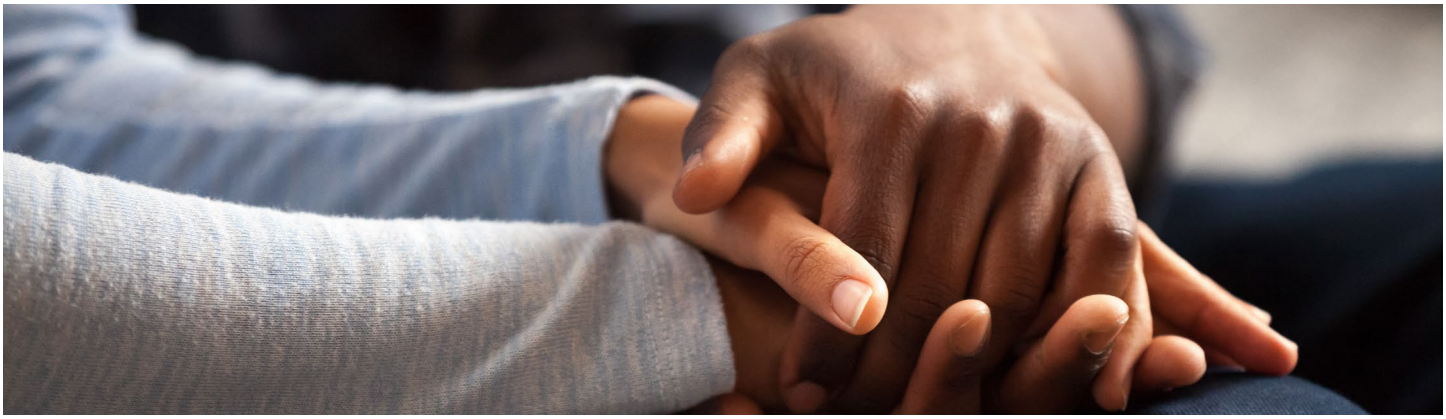
Patient Workbook

Provide the Veteran with copies of the practice exercises or accompanying self-help workbook. For individuals with low reading ability or visual impairment, work with them to identify ways to make the summary information more useful (e.g., highlight particular words that will be easy to recognize; write simple summary words in the margins) and modify practice exercises to facilitate completion (e.g., ask them to use check marks to indicate whether various symptoms of anxiety were identified; create a less structured practice form, etc.).

Discuss with the Veteran presenting problems, and set appropriate goals for the intervention. Work with the Veteran to identify specific obstacles that may affect participation in treatment and compliance with completion of practice exercise (e.g., work schedules, transportation problems) and brainstorm possible solutions.

Risk Assessment

Assess depression and suicidal ideation throughout treatment, and take appropriate steps to ensure safety of the Veteran in high-risk cases. Up to two additional treatment sessions may be added if the Veteran is having difficulty learning the material or if they experience a crisis during treatment. In addition to adjusting the pace of treatment, you may use these sessions to manage immediate stressors experienced during treatment (e.g., death of a significant other).



[1]Stanley, M. A., Beck, J. G., Novy, D. M., Averill, P. M., Swann, A. C., Diefenbach, G.J., & Hopko, D. R. (2003). Cognitive behavioral treatment of latelife generalized anxiety disorder. Journal of Consulting and Clinical Psychology, 71, 309-319.

[2]Stanley, M.A., Wilson, N. L., Novy, D.M., Rhoades, H. M., Wagener, P. D., Greisinger, A. J., Cully, J. A & Kunik, M. E. (2009). Cognitive behavioral therapy for generalized anxiety disorder among older adults in primary care. The Journal of the American Medical Association, 301 (14), 1460-1467.

CHAPTER 2

ANXIETY EDUCATION

What Is Anxiety?

Begin by asking the Veteran to describe what anxiety feels like to them. Also review situations that create anxiety. Include "cues" to probe for environmental and interpersonal stresses – note situations to pursue further in review of symptom types. Mention that it is helpful to identify situations that cause anxiety, so that one can prepare ahead of time to cope with them and manage anxiety better when they occur.

"Anxiety is a natural and normal emotion. It is experienced by everyone and is just part of being human. It can even be helpful facilitating performance at times (e.g., sports) and helping us to prepare the body physically and mentally for responding to dangerous situations (e.g., fleeing from an intruder).

Anxiety only becomes a problem if it occurs:

- Too frequently
- Too intensely
- For periods of time long past a frightening situation
- Uncontrollably (can't stop it once it starts)

Anxiety usually comprises three types of symptoms:

- Physical symptoms (how body reacts)
- Thoughts (what's going on in the mind)
- Behaviors (actions that occur along with anxiety)"

Physical: Facilitate discussion regarding bodily symptoms that are part of the anxiety response. Use the handout from the patient workbook to discuss the Veteran's experiences and identify the specific physical symptom(s) they might experience.

OPTIONAL – You may choose to incorporate the following information into the session if you think that the Veteran can comprehend it and benefit from it.

<u>Purpose of physical symptoms</u> – "Bodily changes occur for a reason – to prepare your body to fight or flee danger. For example, heart rate increases and blood is redirected away from the places where it is not needed (places like the skin, fingers and toes) and toward the places where it is needed, such as the big muscles. Thus, it is common to feel your feet and hands becoming cold or tingly when anxiety occurs. In addition, breathing usually becomes faster – this allows more oxygen to get to the tissues so that they can act more quickly. The result, however, can be a feeling of breathlessness or smothering sensations."

"**Physical symptoms are a problem** if they occur even when a dangerous situation is not present. In such cases the symptoms themselves can be anxiety provoking because you don't feel in control of your body."

Thoughts: These are the mental component of the anxiety response. As the body prepares physically for threat or danger, the mind also is active – thoughts become focused on something bad that seems about to happen (e.g., impending doom), sometimes ignoring alternative, more productive thoughts. Facilitate discussion of worries or concerns that lead to anxiety, using the participant workbook Chapter 2. As appropriate, focus on attention to negative outcomes, thoughts as "preparation" for possible upcoming negative events. Emphasize the importance of noticing thoughts associated with anxiety to learn to control them. Also, clarify the differences between thoughts and feelings. Identify the worry topics specific to each Veteran.

- **Health (own and others')** - concerns that physical symptoms in your own body mean you are less healthy than you really are; mental pictures of sickness and disease (own and others'); worries that others in your life will become ill; thoughts of your own inability to cope if significant others become sick.
- **Family/friends** – worries about whether you are being a good parent or friend, happiness or wellbeing of loved ones and friends, whether you are saying/doing the right things by others, or general safety of these people (e.g., car accidents).
- **Work/school (volunteer commitments)** –worries about whether all tasks are completed and on time; whether performance is at the level that's expected; concerns about making mistakes.

OPTIONAL – You may choose to incorporate the following information into the session if you judge that the patient can comprehend it and benefit from it.

Purpose of thoughts – Anxious thoughts can also serve valuable functions because they make us scan the environment for possible signs of threat and therefore help us to notice danger very quickly if it does exist.

Problem – As with physical symptoms, however, anxiety-related thoughts can become problematic if they occur too often, you are concerned about too many little things, you can't stop the worry, or you don't end up with a solution to a problem after a period of worrying.

Finances – concerns about whether you'll have enough money to pay bills each month; whether there will be enough financial support for the future.

Daily events – thoughts about being on time, traffic, presenting a good appearance, and repairs to the house or car; mis-perceptions of environmental events (e.g., "That noise means someone is breaking into my house," instead of, "It sounds like there is a squirrel in the attic," or "The wind is blowing the tree against the back window").

Aging issues – loss of independence, becoming a "burden" to others, being alone in the future.

Behavior: Actions associated with anxiety – these may be behaviors you *don't do* or behaviors you do *too much* to keep anxiety under control. Behaviors you *don't do* are behaviors or activities that you never do, don't do often enough, or do for an insufficient length of time because they cause too much anxiety. *"Many individuals who experience anxiety "escape" or even "avoid" situations that create anxiety. The result is a decrease in anxiety in the short term. In the long term, however, your anxiety may continue to develop, possibly get worse, and maybe extend to more and more situations. Also, important tasks sometimes just don't get done. Three examples of behaviors you don't do to control anxiety are:*

- **General failure to solve a problem** – not deciding on or taking action to solve a problem (helps avoid facing an anxiety-producing situation; e.g., doing nothing about a medical problem to avoid having to decide on a course of treatment).

- **Procrastination** – putting of things that make you anxious or stressed (e.g., balancing check-book, going to the doctor., calling a family member or friend, driving on the freeway).

- **Avoidance** – simply not doing anything at all because it makes you too anxious.

Behaviors that you do too much to control anxiety refer to those behaviors that occur too often, or for too long a time. This type of behavior also may be associated with decreased anxiety in the short term but increased anxiety in the long term. Two examples of things you do too much are:

1. **Checking** – behavior to ensure that "everything is ok" (e.g., calling your spouse or other family member each day to be reassured that they are safe, going overboard to ensure that everything gets done on time; reading and rereading information about a health problem you are experiencing, asking others for reassurance repeatedly).

2. **Repetitive behaviors** – activities like smoking, snacking, and pacing."

OPTIONAL – You may choose to incorporate the following information into the session if you judge that the patient can comprehend it and benefit from it.

Purpose – Anxious behaviors also serve functions. For example, we may avoid facing situations that are dangerous. Avoidance is also "reinforcing" (i.e., doing it once makes it easy to do again), given that you don't experience the anxiety/stress that you fear.

Problem – But anxiety behaviors can be a problem. For example, each time you avoid/procrastinate, it is more difficult to tackle the problem the next time. Problems that could be solved never get addressed; things in your life never get done. These behaviors may keep you from doing things that are important or enjoyable. You may also annoy others with repeated "checks" that have no useful purpose.

How Can one Reduce Anxiety?

"The first step is **becoming more aware** of situations that create anxiety and symptoms that indicate for you when anxiety is present (physical, thoughts, behaviors). So, one practice exercise for this week will involve increasing your awareness – even if you think you already know this, more practice with paying attention to situations and symptoms will make it easier for you to control anxiety. The earlier you see anxiety coming on, the better off you'll be in getting it under control. Paying more attention to anxiety producing situations may at first increase anxiety, but it is an important initial step for learning control.

The second step is **to learn new coping skills** to use when you're about to face an anxiety-provoking situation or when you first notice anxiety. You'll learn a number of skills over the next 8 weeks that will give you a "toolbox" of skills that you can pull from whenever you see anxiety coming your way. You may choose to use the same skills most of the time, or you may choose different skills, depending on the situation or the symptoms you're experiencing at the time."

"As you learn and practice the skills, you'll be increasing your ability to control your physical symptoms, thoughts, and behaviors:

1. To target your ability to control **physical symptoms**, you'll learn r**elaxation skills** these are skills that allow you to reduce physical sensations of anxiety/stress as soon as you notice them.

2. To help you control your **thoughts**, you'll learn skills for c**hanging thoughts** — how to treat your thoughts as hypotheses or guesses and decide if they're realistic, and how to stop and/or replace unrealistic thoughts that are causing you unnecessary anxiety.

3. To target your ability to change **anxiety related behaviors**, you'll learn **how to solve problems** that are causing you stress, **how to face anxiety situations** that you'd normally avoid, and how to stop doing repetitive **anxiety behaviors**.

4. Finally, because anxiety can lead to sleep problems, you'll learn some basic **sleep skills** to improve your sleep patterns."

At the end of the session, reiterate how important it is to practice - "Changing your experience of anxiety is like learning any new skill (e.g., bike-riding, card games, new procedures at work) – it gets easier with practice. The more you practice, the more the skills will be useful in your daily life and the more likely you'll notice benefits."

INSTRUCTIONS FOR PRACTICE EXERCISES

"Choose a practice time for each day – morning, afternoon, evening – whatever time is best for you – when you're most alert and able to think clearly and when you're least likely to be interrupted. Maybe only 10-15 minutes are needed, but it's important to do it regularly. Twice/day is better – but, at a minimum, once per day. Identify a practice time to get some commitment and increase probability that practice will occur.

"To increase your awareness of situations that create anxiety for you and increase your ability to notice symptoms of anxiety, we want you to record at least once per day some experience with anxiety. It doesn't have to be overwhelming anxiety, but some kind of experience with even a slight increase in stress. The goal is to describe the situation and your feelings, noting any physical symptoms, thoughts, and behaviors that you don't do (i.e., avoid) or those you do too much."

Practice Exercises

ANXIETY AWARENESS

Date _____ Day _____ Time _____am/pm

What made you feel stress today? What were you doing?

_____

Where were you? Who were you with?

_____

What feelings did you have?

- ☐ anxiety
- ☐ frustration
- ☐ worry, nervousness
- ☐ embarrassment
- ☐ other:_____
- ☐ fear
- ☐ anger
- ☐ sadness

What physical signs did you have?

- ☐ muscle tension
- ☐ shaking/trembling
- ☐ shortness of breath
- ☐ other:_____
- ☐ sweating
- ☐ rapid pulse
- ☐ butterflies in stomach

What thoughts/worries did you have?

_____

_____

What did you DO or NOT DO to reduce anxiety?

_____

_____

CHAPTER 3

DIAPHRAGMATIC BREATHING

Review Practice Exercise

Review examples from monitoring forms of anxiety from the prior week. Check whether the anxiety awareness exercise was useful for increasing awareness of anxiety. Within the context of this review, assess for increases in depression and, when appropriate, probe for suicidal ideation and/or follow-up with suicide assessment from the previous week. If the Veteran was unable to complete the form, use motivational interviewing to identify barriers, do problem solving and set realistic goals. Complete a practice together, identifying situations that caused stress and associated symptoms.

Rationale/Instructions

"One of the easiest ways to change the physical symptoms of anxiety is to change the way we breathe. Often when we're anxious, our breathing gets rapid and shallow. By attending to our breathing and changing the rate and way we breathe, we can actually make the entire body more relaxed."

There are two key things:
1. Take long, deep breaths.
2. Make sure the action of breathing occurs in the diaphragm, not in the chest.

"Let's practice. First, put your hand on your abdomen, with your little finger about 1 inch from your navel. Next, begin to notice your breathing – your hand should move out as you inhale and in as you exhale. Now, I want you to begin to breathe a bit more slowly, evenly, and deeply, then breathe out slowly. As soon as you finish inhaling, begin to exhale – do not pause at the 'top' of your breathing cycle since this will create tension in your chest and stomach. The duration of inhaling also should take approximately the same amount of time as your exhaling.

Now I'd like you to close your eyes and breathe with me while I count – counting up to 5 to inhale and again up to 5 to exhale.

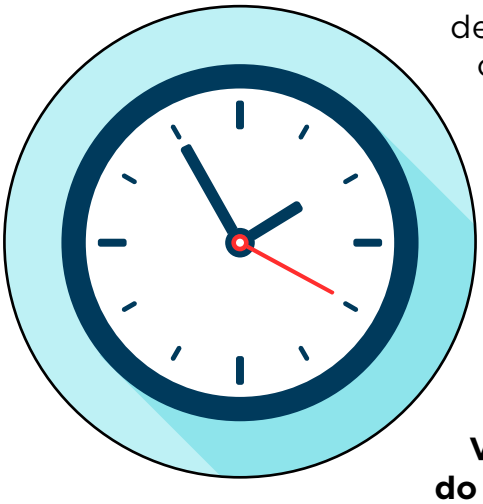
INHALE–2 –3 –4 –5.
EXHALE–2 –3 –4 –5.
GOOD. LET'S TRY AGAIN."

Repeat the same procedure about three times. After practicing, ask the Veteran to indicate whether they notice feeling any more relaxed. Ask for any general feedback about how this skill seemed to work. Note that this is a very simple, "portable" skill to be used whenever they notice any physical symptoms of anxiety – maybe ask them to think of an anxiety-producing situation where this skill might be useful.

"To practice this skill, think about the last time you felt anxious or stressed – maybe some time this morning, yesterday, the day before, or last week – close your eyes and try to picture yourself back in that situation. Imagine where you were, what you were doing; think about what was stressing you out." **(Pause)** "Do you have a situation in your mind? Now, pay attention to your breathing – Inhale– 2 – 3 – 4 – 5, Exhale– 2 – 3 – 4 – 5." **(Repeat)**. Ask the Veteran about the effectiveness of this exercise, and review their ability to use this skill and perceptions of the potential effects of the skill on decreasing anxiety/stress.

If the Veteran is having difficulty inhaling/exhaling up to a count of 5, decrease the count to 4 or 3 (depending on their ability). Assessment of how long they can breathe might be especially important for Veterans with upper respiratory problems like chronic obstructive pulmonary disease. If the Veteran is having difficulty breathing from the diaphragm, ask them to imagine filling up their stomach with air like a balloon. Some might find it useful to use the hand on the stomach to guide the stomach to inflate and deflate.

INSTRUCTIONS FOR PRACTICE EXERCISES



"Set aside about 10-15 minutes every day to practice the new deep breathing skill. Pick a place without distraction. You can practice more than once every day, but make sure you practice the skill at least once a day. Practice will help you learn the skill and get more benefit from it. In addition, you can also just use your new skills during your week as they might be useful. When you are doing your practice, just record whether or not you used the skill outside of this practice time. If you did, please check whether or not it was helpful." Let the Veteran know that they will continue to complete the anxiety-awareness exercise. Point out on the form where to record what. **Provide the Veteran with a copy of the CD with instruction on how to do diaphragmatic breathing.**

Emphasize the importance of practicing the skill and completing the practice forms.

Practice Exercises

DEEP BREATHING

Date _____ Day _____ Time _____am/pm

What caused you to feel stress today? What were you doing?

_____

Where were you? Who were you with?

_____

What feelings did you have?

- ☐ anxiety
- ☐ frustration
- ☐ worry, nervousness
- ☐ embarrassment
- ☐ other:_____
- ☐ fear
- ☐ anger
- ☐ sadness

What physical signs did you have?

- ☐ muscle tension
- ☐ shaking/trembling
- ☐ shortness of breath
- ☐ other:_____
- ☐ sweating
- ☐ rapid pulse
- ☐ butterflies in stomach

What thoughts/worries did you have?

_____

_____

What did you DO or NOT DO to reduce anxiety?

_____

_____

Deep Breathing Practice

Did you practice deep breathing today? ☐ YES ☐ NO

Did you use deep breathing in a real-life situation today? ☐ YES ☐ NO

If yes, did it help you to relax? ☐ YES ☐ NO

CHAPTER 4

Progressive Muscle Relaxation

Review Practice Exercise

Review the practice of the skill covered in the previous session. Address any question the Veteran might have and, if necessary, practice the skill once to ensure learning of appropriate skill techniques. Within the context of this review, assess for increases in depression and, when appropriate, probe for suicidal ideation and/or follow-up with suicide assessment from the previous week. If the Veteran was unable to practice the skill from the previous week, problem-solve and emphasize again the importance of regular practice to better cope with anxiety. If practice exercise forms were not completed, problem-solve and/or reexamine motivation as appropriate. Emphasize the importance of practicing the skill and completing forms. Continue to review examples from monitoring forms of anxiety from the prior week.

Rationale/ Instruction

"Today we are going to continue our focus on trying to alleviate some of the physical symptoms of anxiety by learning the skill of Progressive Muscle Relaxation (PMR). PMR consists of learning how to tense and then relax various groups of muscles all through the body in a sequential fashion, while paying very close attention to the feelings associated with both tension and relaxation. With this procedure, you will not only be learning how to relax, you also will be learning to recognize and pinpoint tension and relaxation in your body during everyday situations as well as in our sessions here.

You may be wondering why, if we want to produce relaxation, we start off by producing tension. The reason for using this procedure is that the tension exercises serve as a contrast with relaxation, so that you learn to discriminate very clearly between the feelings associated with tension and the feelings associated with relaxation. Sometimes tension builds gradually without our being aware of it. Learning to detect the initial signs of an increase in tension will put you in a better position to use relaxation early on as opposed to waiting for anxiety to reach a very high level.

Remember that the tensing part of the exercise is not intended to produce pain. In fact if you experience chronic pain in any part of your body, it is best to avoid the tensing component for the muscles in that area; just do the relaxing component when you get to those muscle groups."

Check for an understanding of the rationale for the tension-relaxation cycle. Briefly discuss areas of chronic pain that might interfere with the tension-relaxation procedure so you can avoid giving instructions to tense that part of the body.

"Learning how to relax is very much like learning any other kind of skill, such as swimming, golfing, or riding a bicycle. For you to get better at relaxing, you will have to practice doing it every day. For now it will be important for you to practice the 20-minute procedure at least once per day. As you become more skilled at using PMR, you may find that you can relax without having to actively tense your muscles.

Find a quiet, non-distracting place to practice PMR. When you have learned to relax in a calm environment, it should be easier for you to relax in more distracting situations, whenever you notice tension developing. It is helpful to use a high-backed chair to support your neck, but lying on the bed also is okay, as long as you don't fall asleep. Also, it is helpful to loosen tight clothing, remove shoes/belts, and keep your arms and legs uncrossed. If you wear glasses or contact lenses, it might be helpful to remove them before practice.

The procedure asks you to tense and release different muscle groups in sequence, moving from the arms to the face, neck, chest and shoulders, torso, and legs. For each specific muscle group, it's important to try to tense only that muscle group during the tensing part of the exercise. Throughout the procedure, it is important to concentrate on the sensations produced by the different exercises. Other thoughts may wander into your mind, particularly worrisome thoughts, in which case, just bring your focus back to noticing the tension and relaxation as soon as you notice your wandering thoughts. There are two benefits that occur from directing your attention to the physical sensations you're experiencing: first, you will learn a method to cope with worrisome thoughts. Second, you will develop a mental representation of the feeling of deep relaxation."

To tense the seven muscle groups:

1. **Right arm:** Make a fist and tense your bicep (the large muscle at the front of your upper arm); pull your wrist upward while pushing your elbows down against the chair or bed.
2. **Left arm:** Same as for right arm.
3. **Face:** Lift your eyebrows as high as possible, clench your jaws, and pull the corners of your mouth back tightly.
4. **Neck and throat:** Pull your chin down toward your chest – at the same time, try to prevent it from actually touching your chest – almost like a hand is pushing it up.
5. **Torso:** Take a deep breath, hold it, and at the same time, pull your shoulder blades together, trying to make them touch, and make your stomach hard, as if you were getting ready for someone to hit you.
6. **Right leg: Lift your foot off the floor,** and push down on a chair with your thigh.
7. **Left leg:** Same as for right leg.

Breathing Instructions: First provide breathing instructions. If the Veteran has already learned diaphragmatic breathing, review the skills. If they have not yet learned diaphragmatic breathing, ask them to take long, deep breaths, breathing from the diaphragm. Have them place a hand on their abdomen, with the little finger about 1 inch from the navel and practice breathing. They should feel their hand moving out with the inhalation and in during the exhalation. Have them take several long, even, deep, and slow breaths, breathing in to the count of 5 and out to the count of 5 (let them determine the counting speed). Instruct them not to hesitate between inhalation and exhalation so as not to hyperventilate. tensing Instructions: Ask the Veteran to practice tensing each muscle as you provide instruction listed in the side box on page 19. Check to be sure that they can identify tension in each group before moving on to the next. Also, check to see whether the tension causes any pain in any muscle group. Complete a full round of progressive muscle relaxation using the instructions included in the appendix.

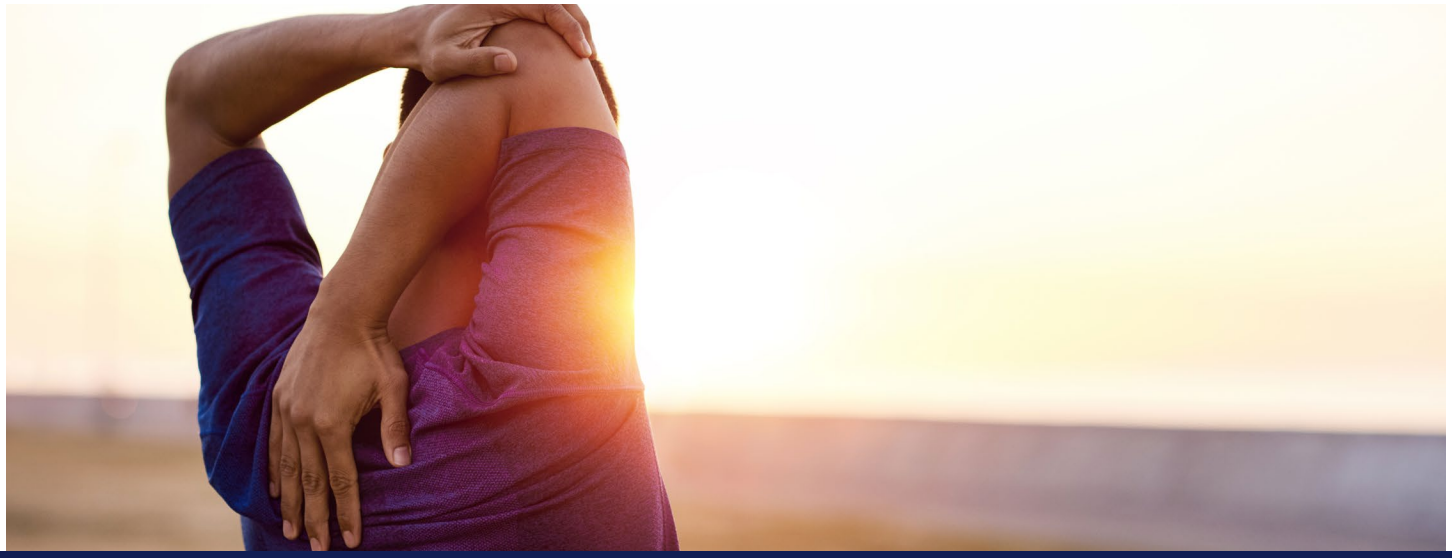
INSTRUCTIONS FOR PRACTICE EXERCISES

Progressive muscle Relaxation

Continue Awareness Training – Continue to identify things that make you anxious and write down the feelings, physical signs, thoughts, and behaviors associated with those situations.

Practice PMR - Set aside one practice time each day for approximately 20 minutes. Use the relaxation tape that accompanies this workbook to make practice easier.

Practice in a place that will not distract you from concentrating on your exercises. It is helpful to use a high-backed chair to support your neck; but lying on a bed is okay, as long as you don't fall asleep. Loosen tight clothing, remove shoes, belts, and glasses, and do not cross your arms or legs.



Practice Exercises

PROGRESSIVE MUSCLE RELAXATION

Date _____ Day _____ Time _____am/pm

What caused you to feel stress today? What were you doing?

_____

Where were you? Who were you with?

_____

What feelings did you have?

- ☐ anxiety
- ☐ fear
- ☐ frustration
- ☐ anger
- ☐ worry, nervousness
- ☐ sadness
- ☐ embarrassment
- ☐ other:_____

What physical signs did you have?

- ☐ muscle tension
- ☐ sweating
- ☐ shaking/trembling
- ☐ rapid pulse
- ☐ shortness of breath
- ☐ butterflies in stomach
- ☐ other:_____

What thoughts/worries did you have?

_____

_____

What did you DO or NOT DO to reduce anxiety?

_____

_____

PMR Practice

Did you practice muscle relaxation today?	☐ YES	☐ NO
Did you use muscle relaxation in a real-life situation today?	☐ YES	☐ NO
If yes, did it help you to relax?	☐ YES	☐ NO

CHAPTER 5

CHANGING THOUGHTS – PART I

Chapters 5 and 6 cover cognitive restructuring. While individual requirements vary, Chapter 5 focuses on an introduction to skills for changing thoughts and alternative thoughts. Chapter 6 is a review of the information discussed in Chapter 5 and introduces new skills such as coping statements and thought stopping.

Review of Practice Exercises

Review practice exercises covered the previous week. Review examples from monitoring forms of anxiety in the prior week with the Veteran as they identify situations, feelings, physical symptoms, thoughts, and behaviors. Use motivational interviewing, if necessary, to discuss noncompliance; and brainstorm ways to overcome barriers. Within the context of this review, assess for increases in depression and, when appropriate, probe for suicidal ideation and/or followup with suicide assessment from the previous week.

Rationale/Instructions

Many times, the way we think about things, or the way we interpret situations, will influence the way we feel. Use one of the scenarios described by the Veteran in prior sessions to illustrate the relation between thoughts, feelings and behavior. Or, use the following example:

"When we hear a noise in the house, whether or not we feel anxious may depend upon what we think the noise means – the refrigerator coming on, a branch blowing against the roof, or an intruder trying to enter the house. Depending on our assessment, we might decide to do nothing, look out the window to see what the weather is like or call 911.

The way you think about these and other types of experiences often have a significant impact on your feelings about them, and how you interpret your experiences also impacts what actions you decide to take. So the goal for this week's meeting will be to help you learn to notice when your thoughts are not accurate and how to change them so that your feelings of anxiety decrease."

Changing thought will require going through the steps of **REACT**.

R = Recognize

"The first step is to recognize the thoughts associated with anxiety. You already have begun to do this since the beginning of our work together by completing the practice exercises."

E = Evaluate

"The next step is to **evaluate how realistic these thoughts are** – many times our thoughts are just not realistic. For example, sometimes we **misinterpret** situations to mean that something terrible is happening when it actually isn't. So it is important to begin to think of our thoughts as hypotheses or guesses rather than facts – then to take time to evaluate how realistic the thoughts are – to assess as objectively as possible whether thoughts are valid or not. Sometimes they will be – sometimes not. When they are not, the goal will be to change the thoughts to something more realistic, with the idea that more realistic thinking will lead to less stress.

To evaluate your thoughts and decide whether they are realistic, first recognize the thought, then identify if the thought fits into one of the following categories of negative beliefs."

- **ALL-OR-NONE THINKING** – People who have all-or-none thinking – e.g., either things are all good or all bad, wonderful or horrible, successful or a failure. Seeing the world this way can create anxiety. When someone applies all-or-none judgments, there is no room for a "middle ground" (e.g., I'm good at some things, not so good at others). KEY WORDS – words that may help you to identify this error are "either X or Y" or "if not X, then Y." Discuss examples, using material from prior discussions with the Veteran, if possible.

- **SHOULD STATEMENTS** – People may have "rules" about how other people should ac t and about how they themselves should behave that are inflexible. The rules may make sense in some situations but not in all situations. KEY WORDS – words to look for to identify should statements are should, ought, and must. Discuss examples.

- **FOR SURES** – Sometimes a negative event is possible, but not probable, and actually unlikely (e.g., a child could have an accident, but it is unlikely). When people think a negative event will for sure, or definitely, happen, they may be overestimating the probability of danger, risk, or threat, increased and unnecessary anxiety can result. KEY WORDS – key words to help identify "for sure" statements are definite, sure, absolutely, going to, and will." Discuss examples.

- **MY FAULTS** - People with high anxiety often blame themselves for past events and worry too much about their ability to control future events, which they really can do nothing about (e.g., feeling responsible for choices your children make, worrying about whether you can make things go right for your child who is about to change a job). KEY WORDS – key words to help identify "my faults" are if only I hadn't or if only I had. Discuss examples.

- **BIG DEALS** - People with high anxiety will sometimes get very anxious about things that, even if they did occur, would not be a very big deal. For example, someone may become very anxious about being late for an appointment. In these cases the anxiety is very extreme and out of proportion for the situation. KEY WORDS - key words to identify big deals are extreme words like terrible, awful, and horrible. Discuss examples.

The third step in changing thought is to find a different way of looking at the situation. "If after you evaluate your thought, you decide that it is even a little unrealistic, try the following three steps."

A = Alternative Thought

"Identify an alternative thought - simply put, try to find another way to think about the situation that is more realistic. Here it is important to be open to all possibilities, since it is often easy to assume that the first thought that comes into your head is the truth. Sometimes it is, but sometimes it isn't. And almost always there are alternatives to the original thoughts. This is not the same as simple positive thinking – instead, the goal is to replace an unrealistic thought with a more realistic one.

There are some ways to decide what alternative thoughts might make sense, and these follow from the questions we have already discussed."

> "If you are thinking in an all-or-none way, you might look in some 'middle ground' for an alternative thought. For example, when you say to yourself, 'Either, or . . . if not x, then y,' try to think of an alternative way to view the situation that is somewhere in the middle." (Practice with the Veteran by providing an example from their monitoring or life that represents all-or-none thinking, and ask them to help come up with an alternative thought.
>
> "If your thought includes the word, should, or even ought or must, try asking yourself, 'Is this expectation realistic?'" Practice with the Veteran by providing an example from the patient's monitoring or life that represents should statements, and ask them to help come up with an alternative thought).

"If you believe that your worry will happen for sure, try to think more realistically about the actual chances that a negative event will occur." Practice with the Veteran by providing an example from the patient's monitoring or life that represents "for sures" and ask them to help come up with an alternative thought.

"If you are saying to yourself that something is my fault, when it is really out of your control, try blaming yourself less. Try to identify other factors that may be contributing to the situation." Practice with the Veteran by providing an example from their monitoring or life that represents "my faults," and ask them to help come up with an alternative thought.

"If you are making a big deal out of something that is not a really big deal, ask yourself what if your fear does come true. For example, you might ask yourself, "What if I am late for this appointment; what's the worst thing that could happen?" It is likely that you will find that even the worst case scenario (i.e., you need to reschedule your appointment) is not really that big a deal and not worth getting very anxious about. Practice with the Veteran by providing an example from their monitoring or life that represents "big deals," and ask them to practice the decatastrophizing technique.

INSTRUCTIONS FOR PRACTICE EXERCISES

Ask the Veteran to continue with anxiety awareness. Identify the category of thinking errors, and find an alternative more realistic thought. Point out on the new form where to note this information.

Practice Exercises

CHANGING THOUGHTS – PART I

Date _____ Day _____ Time _____am/pm

What caused you to feel stress today? What were you doing?

_____

Where were you? Who were you with?

_____

What feelings did you have?

- ☐ anxiety
- ☐ frustration
- ☐ worry, nervousness
- ☐ embarrassment
- ☐ other:_____
- ☐ fear
- ☐ anger
- ☐ sadness

What physical signs did you have?

- ☐ muscle tension
- ☐ shaking/trembling
- ☐ shortness of breath
- ☐ other:_____
- ☐ sweating
- ☐ rapid pulse
- ☐ butterflies in stomach

What thoughts/worries did you have?

_____

What did you DO or NOT DO to reduce anxiety?

_____

Changing thoughts with REACT:

Check all errors that apply to the thoughts listed above:

All-or-none thinking _____ Shoulds _____ For Sures _____

My Faults _____ Big Deals _____

List Alternative Thoughts:

_____

CHAPTER 6

CHANGING THOUGHTS - PART II

Review the practice of all of the coping skills learned in prior sessions. Review examples from the monitoring forms of anxiety in the prior week with the Veteran as they identify situations, feelings, physical symptoms, thoughts, and behaviors. Use motivational interviewing, if necessary, to discuss non-compliance and brainstorm ways to overcome barriers. Within the context of this review, assess for increases in depression and, when appropriate, probe for suicidal ideation and/or follow-up with suicide assessment from the previous week.

Rationale/Instructions

Briefly discuss the three steps in changing thoughts, as follows:

STEP 1 Identify the thought that is causing or exacerbating anxiety.

STEP 2 Evaluate the thought to see whether it is realistic.

STEP 3 If the thought is unrealistic, use one of the following three skills:

- Alternative Thoughts
- Coping Statement
- Thought Stopping

"Last week, you learned how to evaluate your thoughts that cause or exacerbate anxiety and learned ways to come up with realistic thoughts. Today you will learn two additional cognitive skills to change anxiety-provoking thoughts."

C = Coping Statement

"A coping statement is a statement that you make to yourself that helps to decrease your anxiety about certain situations. You can also think of it as a strategy for providing "instructions" to yourself. One example might be to say to yourself something like:

- I can continue working even if I am anxious.
- Even if I don't do this perfectly, I can handle it well enough.
- A few symptoms of anxiety aren't really going to hurt me.

Review the list of self-statements in the participant workbook.

"Use of coping statements (or self-instructions) may help you to manage fears and anxiety about entering certain situations — or they may help you look for a new way to perceive an anxiety-producing situation. This type of self-talk can help you to perceive that some situations aren't really as bad as you expect them to be – and help you realize that you are in more control than you often perceive yourself to be. The major focus of coping statements is to remind you that you are more in control than you feel at the moment."

Suggest that the Veteran develop a set of coping statements (either taken from the list or from their own ideas) that are likely to be helpful and germane to their anxiety symptoms, and select two to three that seem most appropriate. Ask them to write relevant statements on the homework monitoring form so that they can refer to these when they notice increases in anxiety. Note that coping statements or self-instructions may be more effective if the patient actually talks to him or herself, either aloud or covertly, as opposed to simply reading the statements. In some instances, people have found it helpful to record the statements on tape and listen to the tape when necessary.

In Session Practice of Coping Statements

Ask the Veteran to think about a situation that created anxiety or stress for them recently, close their eyes and imagine themself back in the situation – Where? Doing what? Thinking what? Follow the procedure similarly to what you conducted for relaxation training. Then ask the Veteran to talk to themself, using some of the coping statements (or self-instructions) that you've been discussing that will help reduce anxiety about that situation. After the practice, ask the Veteran if they felt more confident in handling the situation after using the coping statement. Also ask for feedback about how they think this strategy might work in their daily life.

T = Thought-Stopping

"Another strategy that can be useful for controlling anxiety-related thoughts and images is thought-stopping. The basic idea is to stop dwelling on anxiety-provoking thoughts and images through self-control."

"You can use anxiety-provoking thoughts and images as cues to stop ruminating and to redirect your attention to relevant ongoing activities. For example, you can use an image such as a big red stop sign to stop dwelling on the anxiety-related thoughts and images, then turn your attention outward by becoming more fully

engaged in the surrounding situation (direct attention to details of the task in which you are engaged). The idea here is that, since the anxiety-related thoughts are not productive, one strategy that can help to reduce feelings of anxiety is just to STOP the thoughts when they're interfering in your life and redirect your thoughts to other activities or your surroundings."

In Session Practice of Thought Stopping

First have the Veteran identify an anxiety-producing situation aloud and clarify what the anxious thoughts will be. Then ask them to close their eyes and conjure up the anxiety-producing thoughts in their mind. Ask them to think about the thoughts for a brief period. Then say, "Stop" loudly, tell the patient to imagine the stop sign and then immediately open their eyes and divert their attention to what's going on in the room – who's there, where the board is, how light/dark it is, what is hanging on the walls, etc.

After practice, ask the Veteran for feedback about how they think this strategy might be useful in their daily life.

INSTRUCTIONS FOR PRACTICE EXERCISES

Continue awareness training to identify feelings, physical symptoms, thoughts, and behaviors associated with anxiety. Practice changing thoughts with REACT, using thoughts from the awareness example – try using each of the following skills one time during each practice: identify errors (all-or-none thinking, shoulds, for sures, my faults, or big deals), and think of an alternative thought, or use coping statements or practice thought-stopping. For each of the changing thought skills, tell the Veteran to check "yes" or "no" to indicate whether using the skill was helpful in decreasing anxiety. Point out on the new form where to write.

Practice Exercises

CHANGING THOUGHTS – PART II

Date _____ Day _____ Time _____am/pm

What situation created stress today? What were you doing?

_____

Where were you? Who were you with?

_____

What feelings did you have?

- ☐ anxiety
- ☐ fear
- ☐ frustration
- ☐ anger
- ☐ worry, nervousness
- ☐ sadness
- ☐ embarrassment
- ☐ other:_____

What physical signs did you have?

- ☐ muscle tension
- ☐ sweating
- ☐ shaking/trembling
- ☐ rapid pulse
- ☐ shortness of breath
- ☐ butterflies in stomach
- ☐ other:_____

What thoughts/worries did you have?

_____

What did you DO or NOT DO to reduce anxiety?

_____

Changing thoughts with REACT:

Check all errors that apply to the thoughts listed above:

All-or-none thinking _____ Shoulds _____ For Sures _____

My Faults _____ Big Deals _____

Now List Alternative Thoughts:

_____

List Coping Statements:

_____

Thought Stopping: Check if used ____ Check if helpful ____

CHAPTER 7

PROBLEM SOLVING

Review practice of coping skills learned in previous sessions. Discuss examples from the monitoring forms of anxiety in the prior week with the Veteran as they identify situations, feelings, physical symptoms, thoughts, and behaviors. Use motivational interviewing, if necessary, to discuss non-compliance and brainstorm ways to overcome barriers. Within the context of this review, assess for increases in depression and, when appropriate, probe for suicidal ideation and/or follow-up with suicide assessment from the previous week.

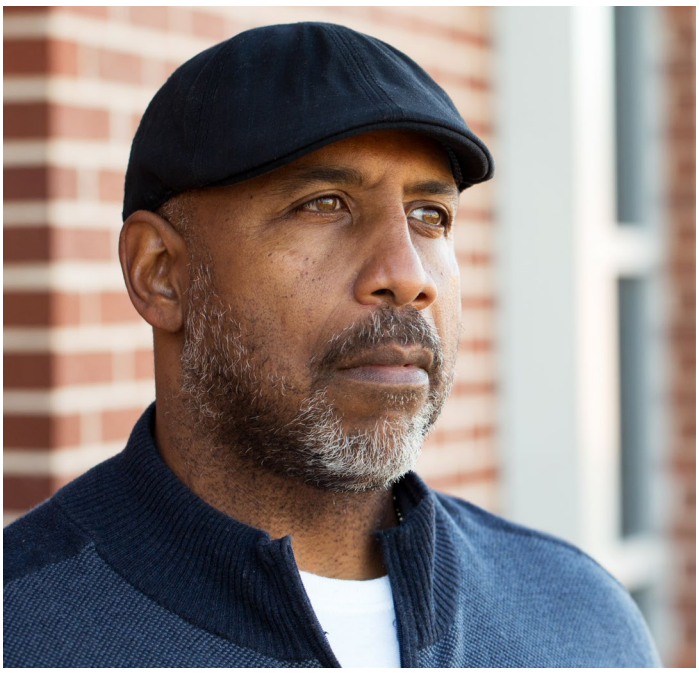
Rationale/Instructions

Individuals with anxiety might face difficulty finding solutions to even simple problems they face. They might believe that thinking about the problem over and over again will help them find solutions. However, thinking about a problem is not the same as thinking about potential solutions. People sometimes think that rumination or worry might help them control any negative event from taking place. Also, individuals might have trouble generating solutions to problems. For example, they may get stuck in a rut of thinking the same things over and over, or they may think that nothing can be done when potential solutions do exist. Sometimes people have good ideas about how to solve problems, but never take the real steps to make it happen.

"Today you will learn a step-by-step approach to identify potential solutions and decide on a plan of action to do effective problem solving. So, let's begin with talking about steps involved in problem-solving. The goal here is to get a problem SOLVED."

S = Select a Problem

"The first step is to evaluate the situation that creates anxiety and select a specific problem to be solved." Use an example from the Veteran's previous monitoring and clinical discussions, and identify a relevant problem to be solved.



"It is important to be specific and realistically evaluate whether the problem identified is reasonable and solvable."
If the Veteran has learned the changing thought skill, discuss here the difference between changing the way one thinks about a situation (give an example from the patients problem situation you have chosen) and actually doing something to solve the problem (give example here, too).

O = Open Your Mind to All Possible Solutions

"Here, it is important to be as BROAD as possible – Do what is called brainstorming. Write down every possible solution that comes to mind, without consideration of the consequences. Use a range of suggestions, choosing some that are clearly not optimal and others that could be useful. Remember that, at this stage, it is important to think of a large list of potential solutions without considering the consequences of any. "While listing potential solutions, think about what advice you would give someone else with this problem. Look at the ways that you and others have handled similar situations. Consult with a close friend or relative whom you think might be able to offer potential solutions."

L = List the Pros/Cons of Each Potential Solution

"For each potential solution that you have listed, consider the consequences or outcome (what will happen if you enact this solution). Ten evaluate the pros/cons (or costs/benefits) of each. Putting this on paper will help to reduce the time spent ruminating and also may help identify additional thoughts that might benefit from changes." Here, you can help to identify potential pros/cons of the above-mentioned problem. In some cases, identification of pros/cons may require information from other people – e.g., lawyers, financial advisors, etc. The Veteran might need help identifying where such information might be available.

V = Verify the Best Solution and Create a Plan

"By evaluating the outcomes of each solution and weighing the pros/cons, it often is relatively simple to 'rank order' the solutions. Which solutions are most practical and/or desirable? Here again, it may be necessary to use some thought-changing skills to avoid getting into all-or-none or should ruts." Here, you may need to evaluate whether or not the patient has the skills to perform the desired outcomes. For example, does the Veteran have the requisite communication and/or assertiveness skills? Do they need instruction/guidance in setting priorities? Do they need help with time management? If any skills seem to be required, brief attention should be given to educating and/or modeling appropriate skills, practicing these, and reinforcement. Serious difficulties in this domain may require referrals for additional intervention. Next, it is important to think about the best solution and identify the steps needed to carry it out. Help the Veteran break the actions down into steps small enough to facilitate achievement of the goals.

E = Enact the Plan

"Obviously, the next step is to carry out the plan – take the steps specified in the prior phase."

D = Decide if the Plan Worked

"Finally, it is time to evaluate how well the chosen solution actually worked. Here, you can assess outcome in terms of expected pros/cons. If the solution was effective, pat yourself on the back for a problem that has been solved using the SOLVED technique. If the solution was not effective, go back to S and specify a new problem – or move to O or L to identify other goals or potential solutions for the same problem. Repeat other steps to identify an alternative solution."

INSTRUCTIONS FOR PRACTICE EXERCISES

Continue awareness training to identify physical symptoms, feelings, thoughts, and behaviors associated with anxiety. Review the example in the patient workbook to illustrate the SOLVED strategy or practice filling out one practice exercise form using a problem the Veteran is facing. Ask the Veteran to take the steps to solve the problem already discussed in session and, at least once during the week, select a problem to be solved and use the SOLVED strategy to try out a solution.

Practice Exercises

PROBLEM SOLVING

Date _____ Day _____ Time _____am/pm

Awareness training:

Situation: _____

Feelings: _____

Physical Signs: _____

Thoughts/Worries: _____

Anxiety-related Behaviors: _____

Select a Specific Problem: _____

OPEN your MIND to ALL possible SOLUTIONS	List the PROS	List the CONS
1.		
2.		
3.		
4.		
5.		

Verify the Best Solution: Add the solution you think will work best here.

_____

Enact the Plan (List the steps below)

1. _____

2. _____

3. _____

4. _____

Time frame for completion: _____

Decide whether your solution worked: ☐ YES ☐ NO

CHAPTER 8

CHANGING BEHAVIOR

Review of Practice Exercises

Discuss use of coping skills learned in the previous sessions. Review examples from the monitoring forms of anxiety in the prior week with the Veteran as they identify situations, feelings, physical symptoms, thoughts and behaviors. Use motivational interviewing, if necessary, to discuss noncompliance and brainstorm ways to overcome barriers. Within the context of this review, assess for increases in depression and, when appropriate, probe for suicidal ideation and/or follow-up with suicide assessment from the previous week.

Rationale/Instructions

Remind the Veteran of two types of anxiety behaviors: things you don't do (e.g., solve problems, procrastinate, avoid) and things you do too much (e.g., checking and repetitive behaviors). "Anxiety behaviors sometimes simply show up in procrastination or avoidance – i.e., some activity just needs to be done with no real problem to solve (e.g., your checkbook needs to be balanced, you need to make an appointment with a doctor). Sometimes, anxiety behaviors show up in the checking or repetitive behaviors you do that really serve no useful purpose and simply need to be stopped – again, no real problem to solve (e.g., repetitive checking with others for reassurance that you've done the right thing, repetitive reading and re-reading of medical information, repetitive snacking or smoking)." Here, take a few minutes to review examples of both avoidance and repetitive behaviors from the Veteran's records over the past few weeks – or to obtain any new information that might be useful.

"Remember also from session one, that the goal of both types of behaviors is to reduce anxiety – i.e., in the short-term, they take you away from the situations that disturb you (e.g., you procrastinate and don't have to face anxiety-producing situations, or you call your relatives repeatedly so you don't have to face your fear of not knowing if they're always ok). However, in the long run, these behaviors actually help to maintain your anxiety, since they don't give you the chance to face anxiety-producing situations and learn how to handle them.
Therefore, one more way to decrease anxiety actually seems counterintuitive – to decrease

anxiety, it is sometimes useful first to stop your avoidance or stop your unnecessary repetitive behavior and face the anxiety-producing situation. For example, if you are afraid of speaking in public, one way to reduce your anxiety is to raise your hand and contribute to a group discussion. If you are afraid of animals, it can be helpful to look at pictures of animals in books or visit the zoo or a pet shop where these animals are in cages. If you are afraid that your checkbook isn't balanced exactly right, it may be useful to stop over-checking the calculations you've made.

It's important, however, when you attempt to change these behaviors that you do so with new skills for handling the anxiety already under your belt. That's why we always talk with people about changing anxiety behaviors after they've learned some other skills like those we've already covered (relaxation, changing thoughts, solving problems)."

"Let's begin by creating a list of one to three avoided situations that you'd like to face and/or one to three repetitive behaviors that you'd like to stop. Keep in mind that the situations need to be specific, since the ultimate goal will be to practice these situations."

INSTRUCTIONS FOR PRACTICE EXERCISES

Review the list of targeted behaviors for change. Make sure that there are some behaviors that the Veteran can realistically change. Ask them to choose one to two behaviors from the list to work on this week. Write these on the instruction form for practice exercises Ten discuss with them how they might begin to enter the situation or stop the repetition and which previously learned strategies might be the best to help keep anxiety under control (i.e., Which strategies do they feel they have learned the best? Which ones seem most portable to them, etc.?). Keep these ideas in mind, as this will form the basis for part of the practice exercises. Continue to complete anxiety-awareness exercises.

Practice Exercises

CHANGING ANXIETY-RELATED BEHAVIOR

Date _____ Day _____ Time _____am/pm

What caused you to feel stress today? What were you doing?

_____

Where were you? Who were you with?

_____

What feelings did you have?

- ☐ anxiety
- ☐ fear
- ☐ frustration
- ☐ anger
- ☐ worry, nervousness
- ☐ sadness
- ☐ embarrassment
- ☐ other:_____

What physical signs did you have?

- ☐ muscle tension
- ☐ sweating
- ☐ shaking/trembling
- ☐ rapid pulse
- ☐ shortness of breath
- ☐ butterflies in stomach
- ☐ other:_____

What thoughts/worries did you have?

_____

What did you DO or NOT DO to reduce anxiety?

_____

Changing anxiety-related behavior

What behavior did you start doing that you otherwise would put of or avoid?

_____

What behavior did you cut back on that you otherwise would repeatedly do?

_____

CHAPTER 9

SLEEP SKILLS

Review of Practice Exercise

At the beginning of the session, talk with the Veteran about practice of skills learned in previous sessions. Review examples from the monitoring forms of anxiety in the prior week with the Veteran as they identify situations, feelings, physical symptoms, thoughts, and behaviors. Use motivational interviewing, if necessary, to discuss non-compliance and brainstorm ways to overcome barriers. Within the context of this review, assess for increases in depression and when appropriate probe for suicidal ideation and/or follow-up with suicide assessment from the previous week.

Rationale/Instructions

Discuss the sleep problems the Veteran is facing. If there are problems, this section may help. If not, learning the skills may still be helpful if sleep problems arise in the future. "Sleep is a behavior that can get quite disrupted when people are stressed, and there are some pretty simple 'rules' about how to behave differently around sleep time that will help to improve your ability to sleep well and feel rested during the day."

Here, we can easily remember SLEEP rules.

S = Set a Regular Bedtime

"It is important to go to sleep at the same time every night, and wake up at the same time every morning." Review bedtimes and wake times for the Veteran, and encourage them to set bedtime at 10 or 11 and not to expect to sleep for more than 6-8 hours. What to do if you don't fall asleep within 15-20 minutes will be covered in step E.

L = Limit Use of the Bedroom

"Limit the use of the bedroom to sleep or sex. It is important to associate the bedroom/bed only with behaviors that are productive for sleep (or fun!) and to decrease the association between the bed and lying there tossing and turning. So this means no TV, reading, eating, working, etc. in bed. Even if these activities are relaxing, do them in a place other than the bed." Talk with the Veteran about their behavior patterns in this area.

E = Exit the Bedroom If You Aren't Asleep In 15-20 Minutes

Get up, get out of bed and go to another room to relax if you cannot sleep within 15-20 minutes. Again, this helps to increase the association of the bed/bedroom with sleep, not hanging out awake and worrying about when they will get to sleep. Tis strategy may need to be repeated throughout the night of the Veteran is woken up at night and cannot go back to sleep for 15-20 minutes.

E = Eliminate Naps

"Although naps can be relaxing and enjoyable, and many people do feel the need for a rest in the afternoon, they can be disruptive to nighttime sleeping." If the Veteran is unable to avoid a nap in midday, ask them to limit it to 1 hour, and do not sleep after 3:00 p.m. Query the Veteran about their napping patterns, and discuss the potential impact on nighttime sleeping.

P = Put Your Feet on the Floor at the Same Time Every Morning

"It's important to wake up at about the same time every morning, give or take 30 minutes. Sometimes people want to sleep later after a difficult night, but then they often have even more trouble getting to sleep the next night. So setting your alarm, even for days when you don't have any early appointments, is a good idea."

Talk with the Veteran about the potential utility of any of these strategies for improving sleep patterns. Which of these "rules" do they already follow? Reinforce those. Which other "rules" might help to make them feel more rested during the days? Keep these in mind, as they will be part of this week's practice exercises.

INSTRUCTIONS FOR PRACTICE EXERCISES

Continue awareness training to identify feelings, physical symptoms, thoughts, and behaviors associated with anxiety. Try to follow SLEEP rules – notice patterns and identify which behaviors need to change, including those already noted earlier in session. Set specific targets for the Veteran to work toward in the coming week.

Practice Exercises

SLEEP SKILLS

Date _____ Day _____ Time _____am/pm

What caused you to feel stress today? What were you doing?

_____

Where were you? Who were you with?

_____

What feelings did you have?

- ☐ anxiety
- ☐ frustration
- ☐ worry, nervousness
- ☐ embarrassment
- ☐ other:_____
- ☐ fear
- ☐ anger
- ☐ sadness

What physical signs did you have?

- ☐ muscle tension
- ☐ shaking/trembling
- ☐ shortness of breath
- ☐ other:_____
- ☐ sweating
- ☐ rapid pulse
- ☐ butterflies in stomach

What thoughts/worries did you have?

_____

What did you DO or NOT DO to reduce anxiety?

_____

Which of the SLEEP strategies did you use?

_____

Was it helpful?

☐ YES ☐ NO

CHAPTER 10

Conclusion

The goal of the final session will be to review the skills learned during the treatment and identify the progress made by the Veteran. Review all the skills learned, and get feedback about effects of the skills used so far. Point out, if fitting, that the Veteran may have “favorite” skills that they utilize more frequently than others. Also, point out some situations that may also call for certain types of skills. Discuss with the Veteran the skills they have benefited from the most. Emphasize the importance of continued practice and the integration of the skills in everyday life. Note that the important thing is for the Veteran to make a plan that works best for them. Note the progress they have made. Make a plan for the future when they might benefit from the skills learned during the intervention – situations that make them anxious and physical symptoms, thoughts or behaviors they can use as cues to anticipate an increase in anxiety.

PROGRESSIVE MUSCLE RELATION

1 First, get into a comfortable position. Close your eyes. Erase all thoughts from your mind, as if erasing a blackboard, making the mind empty. Take several long, even, deep, and slow breaths. Breathe in to the count of 5 and breathe out to the count of 5. Do not hesitate between inhalation and exhalation so as not to hyperventilate. As you continue through the relaxation process, inhale as you tense muscles and exhale as you relax them.

Now I'm going to take you through the 7-muscle groups. Listen while I describe the tensing process, waiting until I say now before you tense those muscles. Be sure to release your tensed muscles immediately when I say "and relax." As we go through the tensing and relaxing process, concentrate on the sensations produced by the different exercises and notice the difference between tension and relaxation.

2 Focus all your attention on your right arm. Notice the way it feels. You're going to make a fist and tense your biceps, pull your wrist upward while pushing your elbow down. Tense those muscles... NOW – feel the tension, the muscles pull. And relax those muscles... just let your arm go limp...and notice the difference in the way it feels...notice the difference between tension and relaxation...feel the warm, heavy sensations of relaxation. Continue to focus on your right arm. Again by making a fist, tensing your biceps, pulling your wrist up while pushing your elbow down, tense your arm NOW – feel the tightness. And relax ...let it go...just relax...feel the difference between tension and relaxation... enjoy the pleasant feeling of relaxation. Signal to me if there remains tension in your arm by lifting your index finger.

3 Turn your attention to your left arm. You're going to make a fist and tense your biceps, pull your wrist upward while pushing your elbow down. Tense those muscles NOW – feel the tension – the muscles pull. And relax those muscles...just let your arm go limp...let it go...and feel the difference...feel the warm, heavy sensation of relaxation...notice the relaxation flowing into your arm.

Continue to focus on your left arm. Again by making a fist, tensing your biceps, pulling up at your wrist while pushing down with your elbow, tense your arm NOW – feel the tightness. And relax let it go...just relax...feel the difference between tension and relaxation...enjoy the pleasant feeling of relaxation as you allow those muscles to become more and more relaxed...deeper and deeper into relaxation. Signal to me if there remains tension in your arm by lifting your index finger.

4 Now focus your attention on your face. Notice the way it feels. You're going to clench your teeth together while pulling the corners of your mouth back tightly, and lift your eyebrows as high as possible. Tense those muscles NOW – feel the tension. And relax… let it go…feel the tension drifting away…just allow these muscles to become more deeply relaxed…deeper and deeper…as you enjoy the pleasant feeling of relaxation.

Continue to focus on your face, and again, clench your teeth together while pulling the corners of your mouth back tightly and lift your eyebrows as high as possible. Tense those muscles NOW – feel the muscles pull. And relax your face…focus on these muscles as they relax completely…feel the difference between tension and relaxation…as you relax more and more…moving deeper and deeper into a peaceful state of relaxation. Signal to me if there remains tension in your face by lifting your index finger.

5 Now turn your attention to your neck and throat. Notice the tightness and the tension there. You're going to pull your chin down toward your chest, while at the same time, trying to prevent it from actually toughing your chest. You'll counter-pose the muscles in the front part of your neck against those in the back part. Tense those muscles NOW – feel the tension. And relax… let it go…let it go… feel the difference between tension and relaxation…just allow those muscles to become more and more relaxed…feel the warm, heavy sensations of relaxation. Continue to focus on your neck and throat. Again pull your chin down toward your chest, while at the same time, trying to prevent it from actually touching your chest. Tense those muscles NOW – feel the tension. And relax… feel the tension drifting away…focus on these muscles as they relax completely…more and more… deeper and deeper…into a peaceful state of relaxation. Signal to me if there remains tension in your neck or throat by lifting your index finger.

6 Now I want you to focus on your chest, shoulders, upper back, and stomach. Notice how these muscles feel. You're going to take a deep breath and hold it while you pull your shoulder blades together, trying to make them touch while making your stomach hard. Tense those muscles NOW – feel the tightness. And relax…let it go…allow those muscles to relax… just feel the difference… feel the relaxation flowing into the muscles… making them feel warm and more and more relaxed… deeper and deeper… as you enjoy the pleasant feeling of relaxation.

Continue to focus your attention on your chest, shoulders, upper back, and stomach. Again, take a deep breath and hold it while you pull your shoulder blades together, trying to make them touch while making your stomach hard. Tense those muscles NOW. Feel the tension. And relax… just let it go… notice the difference between tension and relaxation… allow these muscles to become more deeply relaxed…relaxing more and more… deeper and deeper into a peaceful state of relaxation. Signal to me if there remains tension in your chest, shoulders, upper back, or stomach by lifting your index finger.

7 Now focus your attention on your right leg. Notice the way it feels. You are going to lift your foot off of the floor and push down on the chair with your thigh. Tense those muscles NOW – feel the tension. And relax… feel the heaviness and warmth flowing into your leg as it goes limp…notice the difference between tension and relaxation…just allow those muscles to become more and more relaxed…relaxing more and more…deeper and deeper into a peaceful state of relaxation. Continue to focus on your right leg. Again, lift your foot of the floor and push down on the chair with your thigh. Tense those muscles NOW – feel the tightness. And relax… let it go…just let it go…feel the tension drifting away…feel the relaxation flowing into the muscles…making them feel warm…and more and more relaxed. Signal to me if there remains tension in your leg by lifting your index finger.

8 Now focus your attention on your left leg. Notice the way it feels. You are going to lift your foot off of the floor and push down on the chair with your thigh. Tense those muscles NOW – feel the tension. And relax… let it go…just let go and focus on the feeling of relaxation…feel the warm, heavy sensation…as you go deeper and deeper into a state of relaxation. Continue to focus on your left leg. Again, lift your foot off of the floor and push down on the chair with your thigh. Tense those muscles NOW – feel the tightness. And relax let it go…just let it go…feel the tension drifting away…feel the relaxation flowing into the muscles…making them feel warm…and more and more relaxed. Signal to me if there remains tension in your leg by lifting your index finger.

9 Now I want you to relax all the muscles of your body more deeply…just let them become more and more relaxed. I am going to help you to achieve a deeper state of relaxation by counting from one to five. As I count, you will feel yourself becoming more and more deeply relaxed…farther and farther down into a deep restful state of complete relaxation. One…you are going to become more deeply relaxed…Two… deeper and deeper into a very relaxed state…Three…deeper and deeper…Four…more and more relaxed… Five…completely relaxed. Now, as you remain in a very relaxed state…I want you to begin to attend just to your breathing. Breathe through your nose. Notice the cool air as you breathe in (pair with inhalation)…and the warm moist air as you exhale (pair with exhalation)…just continue to attend to your breathing…inhale, exhale…inhale, exhale…notice the feelings of relaxation.

10 Now I am going to help you to return to your normal state of alertness. Shortly, I will begin counting back-wards from five to one. When I do, you will gradually become more alert. When I reach two, I want you to open your eyes. When I get to one, you will be entirely roused to your normal state of alertness. Ready? Five…move your feet a little… four…move your legs some…three…move your arms…two…now your eyes are opened and you begin to feel very alert. Returning completely to your normal state…one (pause for 10 seconds).

Additional copies available at www.mirecc.va.gov/VISN16
or contact VISN16SCMIRECCEducation@va.gov