

The Ten Best-Ever Anxiety Treatment Techniques

Margaret Wehrenberg, Psy.D.

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This manual was printed on 10%
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ZNM012570
4/16

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PESI, INC.
PO Box 1000
3839 White Ave.
Eau Claire, Wisconsin 54702

Printed in the United States

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21pp

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Margaret Wehrenberg, Psy.D., is the author of 6 books on the treatment of anxiety and depression, including her most recent book for the general public, *The 10 Best Anxiety Busters*. Her book *The 10 Best-Ever Anxiety Management Techniques*, published by W.W. Norton, is a consistent top seller for anxiety management.

As a therapist for 40 years, in addition to her expertise in the treatment of anxiety and depression, she has extensive experience in addiction treatment, trauma recovery and the neurobiology of psychological disorders. She currently has a private psychotherapy practice in Naperville, IL.

As a consultant, she is a sought-after speaker for continuing education seminars, consistently getting the highest ratings from participants for her dynamic style and high quality content.

In addition to clinical work, she coaches high-achievers on managing worry and panic. She frequently contributes articles for the award-winning *Psychotherapy Networker* magazine, has produced *Relaxation for Tension and Worry*, a CD for breathing, muscle relaxation and imagery, and has a series of DVDs available on topics related to psychotherapy for anxiety, depression and personality disorders. You can find her on the web at www.margaretwehrenberg.com.

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Brain Structures

Basal Ganglia: Reward Pathway, Energy

Limbic system:

Thalamus – external stimuli, processing

Hypothalamus – stress response

Hippocampus – short term memory and memory storage and retrieval processes

1

Amygdala

Amygdala – risk and safety appraisal, immediate responses

Amygdala registers safe - not safe and how urgent safety issue may be (valence and salience)

Does so without words or thinking and stimulates sympathetic arousal faster than thinking can occur

Learns safety signals fast, unlearns deliberately

2

Brain Structures - continued

Anterior Cingulate Cortex: Rumination and opposition. Gear Shift - need to use methods to "put in the clutch"

Insula: Somatic Experience

Frontal Cortex: Executive Functions

Orbito Frontal Cortex: impulse control

3

Stop and Start

Glutamate and Acetylcholine start patterns of firing in the brain.

GABA slows it down and stops firing of neurons across the brain

Glutamate out of balance with GABA increases sense of mental agitation.

Excess Acetylcholine is associated with Anxiety Sensitivity (Registered in Insula)

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Serotonins' Effects

In areas of the brain where serotonin is released, symptoms reflect low levels of serotonin, e.g.:

Circadian Rhythm, appetite, libido

At the level of the spinal cord: pain perception

Low SE in the limbic system = negativity

In the Anterior Cingulate Cortex (ACC) = rumination, rigidity, trouble shifting gears

Orbito-frontal cortex: Poor impulse control

In the Prefrontal Cortex: Difficulty controlling negativity

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Dopamine (DA) and Reward

In the basal ganglia, dopamine works in the reward pathway to produce sense of pleasure

What we do well, when we receive praise, when we interact with joy, when we ingest substances that please, DA flows

Insufficient receptors for DA = low pleasure response to normal stimulation = low motivation for social experience

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Dopamine (DA) and Focus

In the Prefrontal Cortex: Attention and Focus

Psychological Trauma: Physical and Psychological pain = flood of DA

Riveted attention on details that the amygdala will remember and even when those details not assigned importance in conscious recall, the amygdala will recognize them as cues for danger and react as such

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Norepinephrine (NE)

General arousal – “I’m awake!”

Some people have abundant supply = high drive, high tension

Easily tipped in to generalized anxiety; then “I’m vigilant!”

Stress, poor self-care, may heighten it

Post trauma it is dysregulated

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Sensitivity in Panic/Social Anxiety

Low threshold for limbic or sympathetic nervous system arousal.

Over-reactivity of amygdala

Less reward from social interaction or praise for accomplishments.

Anxiety is more painful or aversive than others: acetylcholine and weak tract between amygdala and ACC which causes intense anticipatory anxiety

rTMS, neurofeedback, + other electrical system modulation aimed at balance for electrical over/under activity in brain structures

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Worry Is An Attempt to Relieve Anxiety

Anxiety is a natural response to ambiguity (when we do not know what is happening, what will happen, or when we do not know how to respond.)

Real problems have real solutions. Anxiety sufferers usually handle those

Driven by NE and GABA levels, people feel sensations of anxiety without a clear problem:

Worry or 'what-if' thinking is maladaptive effort to resolve it

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1 Contain Your Worry

Worry can have a function that clients may/may not recognize. Clients will not stop worrying as long as the worry is needed.

It may be a protection to ward off bad things, e.g., "If I worry about this it won't happen." Bring to awareness. Use thought stopping.

It may be a sense of individual or relationship identity. Therapy for the relationship.

It may be important concern without anything to be done or with no resolution. (See 'Contain Worry in Time')

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Using Clear the Mind Technique

Teaches healthy defense of suppression

Start or wrap up therapy sessions

Transitions between work and home

Prepare for activity that requires focus: writing, tests, homework or social

Use concrete tools: lists, God-Box, worry box for families, worry tree, worry jar, etc

"Contain Worry in Time" for important worries

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Screen Routinely for ADD

A.D.D. may be undiagnosed, especially in those who have done well academically.

Undiagnosed ADD/ADHD facing changing home conditions, life transitions, or increased work demands: strategies fail, disorganization, memory problems occur

They *respond with anxiety*

Treat appropriately with medication and strategizing for disorganization and inattention

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Differences between Social Anxiety and Asperger's

Asperger's	Social anxiety
Under-reactive to other's emotions	over-reactive to other's emotions
Cannot label emotions	Can label emotions
Social learning disability	Socially inexperienced, withdraw
Parallel play	Interactive play
Special interests highly developed	Undeveloped interests, fear of mistakes

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Sympathetic Arousal

"Fight or flight" system: hypothalamus triggers release of NE for sympathetic nervous system arousal - stimulates organs for a strong and effective response to danger

Increased respiration, HR and BP

Tingling, shakiness, dizziness consequence

Panic lasts 11-13 minutes, has repercussions this is not acute anxiety - differentiate

Good info at www.adaa.org website

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Stress Response

Hypothalamus-Pituitary-Adrenal Axis (H-P-A) initiates endocrinological response to threat or need for energy: muscles prepare for action!
Release of adrenalin and cortisol from adrenal glands = energy

- Adrenalin intensifies the norepinephrine
- Cortisol mobilizes energy and turns off the response

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Chronic Stress

- Chronic stress – damages immune system, depletes neurotransmitters
- Intense chronic stress = Burnout
 - > Chronic illness and cardio vascular disease
 - > anxiety and/or depression
 - > memory impairment
- Stress: quantity (capable but overwhelmed) or quality (skills deficits, need help)

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4 Competencies

Stress recovery occurs under conditions of relief, passage of time and good self care:

- Eliminate the stressor
- Manage the source of stress through organization of time and environment
- Manage the mind – attention to attitude
- Relaxation (include stress rebound time)

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#2 Relaxation

Tense and release or stretch and release for G.A.D – also for ADHD, lower functioning or concrete clients – it is organizing and physical for grounding

Use imagery that appeals to your client

Seated, relax from head to toe

Use the word 'warm' to suggest relaxation

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Stress Rebound: "Take 10"

· See Newberg and Waldman, *How God Changes Your Brain + Benson Breakout Principle about the role of NO and creative problem solving*

Take 10 deep breaths and be aware of 'now'

· Nasal breathing increases the release of NO (Nitric Oxide) =NO stimulates connectivity between neurons, creates wellbeing

· Use short versions of relaxation, e.g., 'office yoga' yogajournal.com click on 'office yoga'

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#3: Manage Intake: Take In, Leave Out

- Exercise: best mental health treatment, eliminates tension, improves resilience (Ratey)
 - May benefit from yoga (Weintraub)
 - Meditation (Newberg and Waldman)
- Improve nutrition (DesMaisons, Weil, Brown, Gerbarg & Muskin, Amen)
- Avoid caffeine/energy drinks
- Limit Alcohol – it wakes you up and may cause panic or intense anxiety after a binge

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Intake/Absence of Sleep

- Lack of sleep may cause anxiety (Walker)
- Anxiety causes insomnia in some – worsening anxiety in a vicious circle
- Sleep is restorative mentally and physically – cleanses neurons and builds glial cell support
- Treat insomnia with CBT (Perlis)
- www.aasmnet.org

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#4 - Breathe

Diaphragmatic Breathing works if you do it. It inhibits sympathetic nervous system arousal.

Teach by taking breath - you are in control

Teach the longer exhale =

- engages vagus nerve:
- Decrease CO₂
- Breathing also minimizes anxious arousal
 - > Crisis management
 - > in social settings or in vivo exposures

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Make Breathing Work

Practice Needed for Panic! 10x day of 1 min practice for 30 days. Build one practice up to 5 minutes in length. May use apps like breathe2relax or mycalmbeat or relaxlite

For those with problems breathing: decrease intrinsic demand of counting

- Say two sentences in your mind and let your breath follow along. E.g. "Now I breathe in all that is of peace. Now I breathe out all that is not of peace," or "Smell the roses. Blow out the candles."

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Fear and Escape

Social anxiety and panic: conditions of fear (fear of fear, fear of humiliation)

Fear prompts escape attempts

Anticipation of fear leads to 'pre-escape', i.e., avoidance behaviors

Avoidance can be mental (e.g., avoid hearing or reading fear triggers)

Panic can lead to social avoidance (like agoraphobia) or to specific avoidance

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Identify Triggers for Panic – Use Panic Diary

Triggers or cues for Panic Attacks

Spontaneous Kindling – leads to cue creation

Memories – Learned & remembered fear

Un-Remembered Trauma Cues

Panic Diary – use 5 senses memory

Where	When	Duration	Severity	What B/4

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Prevent = Predict, Prepare, Plan

- Predict when panic may occur to be ready to succeed without panic
- Prepare = what will help to prevent the event
 - Try changing language from 'attack' to 'event' or 'occurrence'
- Plan how you will handle it if it occurs

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Unlearn Fear: Memory Reconsolidation

Helping the amygdala to unlearn fear:

Be there without scare!

Time-based benefit to contemplating the fear memory Minimum 10 minutes of arousal of affective memory makes the memory more malleable – more available to reconsolidation. and up to 6 hours to accomplish the reconsolidation via planned exposure.

Strengthen the new experience by repetition

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Implications for Anxiety Exposures

- Reconsolidation involves creating a “mismatch” between expected and real outcomes. **Changes the trace of memory** rather than creates a side-by-side of unsafe memory – safe memory
- Family, teachers counselors may all assist
- Exposures must **end on success**, repetition may help considerably

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EMDR and Tapping – Any Age Group

Especially for trauma, EMDR – relieves distress and eliminates triggering, does not take away memory (Francine Shapiro)

Tapping on acupressure points (EFT, TFT, ESM, Energy Tapping, Energy Medicine) lowers physiological arousal in the moment, and can eliminate anticipatory anxiety. (Gary Craig, Gallo and Vincenzi, Pratt & Lambrou)

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#5 – Stop Catastrophizing

Teach panic and SAD sufferers: “Symptoms are not catastrophes” “Panic is not unbearable”

Use the interoceptive experience of arousal to separate the experience of sensation from the interpretation of sensation. Reinterpret as neutral: ACT, Pincus, Wilson, Mindfulness

Ask clients to describe what they may look like to others observing them

Use “And then?” to lead them through to the end of the image

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Anger as ‘Catastrophe’

Knowing anger is not easy – it may be felt as anxiety because showing anger may have hidden dangers.

The next time the client feels a high level of anxiety, s/he should complete this exercise:

Take a few minutes to write a list of words or phrases answering the question, “If I were angry about what might I be angry?”

Work with their reactions and teach skills: conflict management, apologizing, negotiation, assertiveness, etc.

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#6: Mindfulness

Being in the moment is the antithesis of anxiety. Cultivating awareness of the here and now is practice that serves all kinds of anxiety.

Mindfulness with shifting attention purposefully enhances:

Sense of control of experience

Ability for self observation

Self soothing

Effectively:

Minimizes importance of sensations

Sets the stage to deliberately ignore sensations

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Too much Activity (TMA)

High-drive, energetic, Type-A: these clients are highly rewarded by work and culture for accomplishments

They fall into anxiety easily because they are already tense, up tight, "wired"

They experience "over-scheduling stress"

They tend to have laser-focus on their goals, but show some rigidity about shifting gears

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#7- Handling TMA Overactivity

People with GAD almost always do more than is necessary, and there is a price in that.

Others may see them as controlling: over-explaining and micro managing as way to control their own anxiety. Will see this in their report of tension in family or at work.

Important for family to not ignore them: can indicate they heard the concern and choose to act otherwise

Anxious clients can learn they cannot control other's behavior and are not responsible for their choices.

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Interrupt the Over-activity

Teach them to stop saying yes. At first they must always say: "Give me a moment and I will get back to you".

This allows them to put in the clutch so they can shift gears.

When they pause, they ask "How Important Is It?"

· Then : "Is this activity Essential, Helpful or Inconsequential?" (Note: It is always important!!)

· Then: "How important is *what I am not doing* in order to do this activity?"

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Managing Perfectionism

Ask:

Do I know the difference between good enough and perfect? "Good enough is usually good enough." (Teach mastery, not "doing your best")

Is movement toward my goal more important than perfect completion at a later time?

Can I envision another possible method of accomplishing my goal or another possible outcome? ('Plan A' requires having 'Plan B')

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Relaxation for TMA

Physical activity is desirable relaxation – movement can release tension and create mental relaxation as well via fun and change of focus.

High activity is okay if the outcome is relaxation (not competition)

Get them in touch with social permission to relax

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#8 – Cognitive Control

Anxiety is a Condition Looking for Content!

Thought Stopping - Thought Replacement – Always planned, used consistently:

Sing

Two-P method (Pleasant/Productive) thought replacement list – has relevance and novelty

Especially with children:

It may need to be a physical change or movement: "Move a muscle, move your mind!"

Engage teachers and parents to cooperate

Consider a sensory shift- promote mental shift

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Cognitive Methods for GAD

Plan don't worry! – Teach especially how to identify the problem and know when to evaluate the plan

Do the Worst First

Transfer worry to another person

Pay Attention – Out Loud!

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#9: Talk Yourself In to Changing Your Behavior

The impact of beliefs is revealed in self-talk, that internal dialogue of which many are unaware.

- Find the actual dialogue the person is having with himself or herself. Carefully draw it out.
- The exact words people use are very important, they reveal beliefs and give clues to the stumbling blocks
- The corrections for those exact words must be carefully worded. Sly insertions of negativity can undo the whole new dialogue.

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Beliefs Direct Thought and Behavior

Use Albert Ellis' ABCD approach for adults

The 'A' Activating Event (may be entry to motivation)

'B' Belief about myself, another person or the situation

'C' consequence of those beliefs when faced with 'A'

'D' Dispute the beliefs Search for situations to *disprove false beliefs*. Search for evidence the belief is true.

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Change Self-Talk (Inner Dialogue)

A person must rationally decide to change a belief - most people realize immediately how inner language is extreme and recognize beliefs as *true or false*. (Here is where some psychotherapy on early life experience may be necessary.)

Knowing a belief is false does not change it.

Practice it by:

Noticing a belief or a self-talk when present

Practicing already-planned new dialogue in the moment is necessary.

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Create New Self-Talk: Change the Script

Find counter cognitions and apply them **consistently** to thoughts that undermine. Identify: Goals, actions, or intentions (e.g. "I intend to go back to school.")

Then write:

My first thought about this

The opposite of my first thought

Read or say the counter cognition whenever the negative thought occurs

Counter cognition **must be believable** and only contain positive language - i.e., avoid 'no' 'never' 'not'

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Find and Change Cognitive Errors

Find and consistently change cognitive errors common to social anxiety:

Misattribution of cause

Over-estimation of likely rejection or failure

"No one else has these problems"

"I am the only one who..."

Magnification: "This is a *disaster!*"

All or Nothing thinking: "I *never* get it right."

The view of the future stops at the moment of humiliation

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Clarify Motivation

What are the intrinsic rewards of doing some of the feared social experiences? Remember, when we do what we do well, when we are accomplishing something, when we interact with pleasure, motivation increases

What kind of social group connection is there? We are most concerned about appearances (getting approval) around our peers.

What small part is already manageable?

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#10 Real Life Practice

Learning comfortable social behavior requires “3 C’s of Behavior Change for Anxiety.” Is the person ready?:

Calm – an exact plan for calm anticipation of an anxious moment (Attitude check-in, energy tapping) and stay calm in the experience (breathe and relax and thoughts)

Competent (Skills Training) – do you know how to do what you are expected to do? Review with teachers, supervisors, counselors, coaches

Confident – have you had an opportunity to practice or enough preparation to be confident

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Teach Small Skills

Take a warm drink into a meeting. Exclusion makes us cold (literally) – Warming up enhances sense of welcome!

Have water to sip, especially for dry mouth that occurs when feeling socially anxious

Stand near people who are more talkative, and smile, nod and appear engaged

Shift the focus to others by asking questions

Plan an alternative to drinking before a social event

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Ready for Exposure and Success

Make a plan for accomplishing the task, small steps and exposure graduated by duration or complexity. Each step must end on success so new learning can occur

Preparation may well include a written plan for if it goes wrong, e.g., "What if I panic?" "What if I can't remember what I am supposed to do?" "What if I really turn all red?"

- Exits are as important as entrances: Plan escapes that are not humiliating – how to leave a party, excuse oneself from a meeting, end a job interview

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Memory Reconsolidation and Real Life Exposures

Likely to start out with graduated exposure:

Increase *duration* or *complexity* of exposure until ready for the actual situation

Complete the social situation

Ending with a SUCCESS is necessary for memory reconsolidation

Review success to solidify learning – help to notice success strengthens brain

Offer the reward of recognition and praise to raise motivation for the next experience.

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Progressive Muscle Relaxation – Tense and Release

1. Make sure your client is in a relaxed position, e.g., sitting upright or lying flat.
2. Begin the progressive muscle relaxation exercise with instruction to close eyes if comfortable doing so and then allowing focus to rest entirely on the sensations of each muscle group as you name them.
3. Begin at head or at feet, and name each muscle group, instructing the client to tense, hold, then relax. Your script for this should be something like, “Tense your toes, curl them tight, tight, tight. Now release. Feel the warmth flood into them. Feel the energy and warmth suffuse those muscles. With each exhalation, the warmth flows into the ...(arm, leg, etc.)” Repeat the tense, hold, release three times for each muscle group.
4. The order of group could be: scalp, forehead, face, neck (no circles remember, but let head lean or bend with the weight of the head pulling the head along), shoulders, upper arms, forearm and wrist, fingers, chest, back, buttocks, thighs, shin, calf, ankle and foot.
5. If going top-down, keep adding the sense of energy flowing down through the relaxed muscles, and end with the awareness of the soles of the feet feeling connected to the earth through the floor.
6. If going bottom up, end with the energy flowing in with each breath and now coursing down through the body with each exhalation.

Clear the Mind, Center in the Body

This method is used to clear the mind to rest, relax, focus on a task, be more available emotionally or be less ruminative.

Instructions:

1. Sit comfortably, and breathe evenly
2. Notice any part of you that is tense or painful or stiff.
3. Breathe into whatever part feels most uncomfortable to you and breathe away from it.
4. Imagine there is a container in front of you. One that can be closed tightly, but which is now open, and waiting for all the things that are pressing on your awareness at this time.
5. Now ask yourself, “What is it right now that is pressing on my awareness? Asking for my attention?”
6. Notice each thing as it comes up, whether physical, a thought, a situation, a worry, a problem, etc., See it, name it, and set it inside the container.
7. When you have no more things that are pressing on your awareness come to mind, ask if yourself if there is anything else.
8. When no more things present themselves, put the lid on the container and imagine it being placed somewhere away and secure, where you can, if desired, gain access to it later.

Are there special things you want to remember that makes this work best for you? Do you want to do it on paper? Use worry dolls? Make it your own way to really clear your mind.

Diaphragmatic Breathing

Diaphragmatic Breathing: Consider using apps to remind you, set your pace, set a timer or track your progress on practicing

1. Lie down or stand in a relaxed manner, feet slightly apart, knees loose.
2. Rest hand on abdomen.
3. Visualize filling a water balloon with your breath.
4. Breathe in through the nose and out through the mouth – there are spiritual reasons for this, but also practical ones: no dry throat this way.
5. Count the way you count seconds (1-1000, 2-1000) to get a measured, even breath.
6. Fill up evenly, no gulps or gasps, so you feel full of air just in time to release the breath with the same even, measured pace. Exhale as long as you inhaled: no sudden release. Count the breath out of your body. Try exhaling for two counts longer than inhaling or pause for two counts at the end of the breath. Do not release faster or hold on the intake.

Mindfulness Awareness with Shifting Attention

This exercise is to teach awareness and control of attention. It is a simple meditative moment expanded. This method is a non-verbal experience of self-control of attention.

Breathe:

- Become aware of the room around you without using your eyes.
- Follow the breath into your body.
- Notice each sensation as breath flows in. Notice coolness of air, pressure of airflow and how it feels through nose, throat, trachea and into lungs. Feel your heart beating and the blood flowing through the arteries and veins.
- Follow the breath out of your body. Note the sensations of pressure, warmth and how it feels exhaling through your mouth.

Next, without opening your eyes, breathe your awareness into the room around you.

- note with awareness every sound in the environment, paying special attention to location, intensity, movement that you can detect.

Then, shift your awareness back to your breath in your body, and then back to external world several times.

- Finally, add your vision into the process. See how vision dominates and changes attention.

Note that you may stay mindful and choose where to direct your attention

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Resources

1. ADHD Screening for Adults: Harvard Medical School + Adult ADHD: <http://www.help4adhd.org/documents/AdultADHDSelfReportScale-ASRS-v1-1.pdf>
2. Asperger's Disorder Information: www.aspergers-autism society.org
3. Educational Handouts: Articles and text from APA Help Center may be reproduced in their entirety with credit given to the American Psychological Association. Also check out resources to copy for education groups and presentations from:
 - ADAA.org
 - NAMI.org
 - NIMH.gov
4. For a cartoon video on 'psychotherapy works' see <http://www.apa.org/helpcenter/psychotherapy-works.aspx>
5. Sleeping: how to sleep better and links to for information on sleep disorders: www.aasmnet.org
6. Trauma resolution and find a therapist who does EMDR: www.emdria.org

