

*Breaking The Pattern Of
Chronic Anxiety:
Transformative Treatment
Strategies*

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What you focus on...you find
What you focus on...grows
What you focus on...seems real
What you focus on...you become

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Anxiety: A Closer Look

- ▶ We're literally living in an "age of anxiety" with hundreds of millions of people around the globe saddled with a chronic anxiety disorder of some sort
- ▶ An anxiety disorder isn't simply about having anxiety, it becomes a **CONDITION** - which is associated with a struggle, accompanied by worry, threat and fear
- ▶ An issue, situation or circumstance becomes upsetting, followed by ambiguity as to how to handle it, followed by noticeable discomfort and confusion as to how to proceed
- ▶ In the absence of a clear plan of action, the confusion takes over and a default to negative, or calamity thinking occurs

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A Closer Look

- ▶ The most distinguishing characteristic of chronic anxiety is that people remain continuously fearful when they're not in any objective danger **IN THE MOMENT**
- ▶ They get duped into believing they have to think and respond in ways to fend off the threat or danger, when it's actually only **DISCOMFORT** they're going through
- ▶ So they wind up maintaining the anxiety, which serves as a way to ward off something bad from happening thus keeping the threat alive - fueling the anxiety even further making matters worse
- ▶ Anxiety though is a **COUNTERINTUITIVE** problem, so the answer is to work with it, not oppose it
- ▶ Playing devil's advocate

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How Anxious People Get Duped

- ▶ They treat anxiety as a dangerous enemy to be overcome
- ▶ So how do we typically respond to dangerous enemies? We fight, we flee, or we freeze - this is all we have for enemies
- ▶ These **ARE** good responses if actual **DANGER** is present, but they're lousy responses if we're only experiencing **DISCOMFORT** - because treating discomfort as danger produces more anxiety - not less
- ▶ People with panic disorder get fooled into dealing with their physical symptoms (palpitations, sweaty palms, tachycardia) as though they're in danger when having a panic attack
- ▶ People with generalized anxiety disorder get fooled into dealing with their dreaded "what-if" thoughts as a sign of doom and gloom waiting on the doorstep to pounce

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Anxiety-Related Fears

- ▶ **Panic Disorder:** What if I get stuck in an elevator? What if I die in an aviation accident? What if I lose control while driving?
- ▶ **Obsessive-compulsive Disorder:** What if my house burns down because I forgot to turn off the stove? What if my house floods because I didn't turn off the faucets? What if I'm carrying germs and infect my friends and family?
- ▶ **Social Anxiety:** What if I'm sweating from head to toe while presenting a talk to my board? What if I freak out while out on a date?
- ▶ **Generalized Anxiety Disorder:** What if I lose my job? What if my wife suddenly leaves me?
- ▶ **Phobias:** What if a dog attacks and bites me? What if I drive my car off the road?
- ▶ One of the most prominent characteristics of an anxiety disorder is that the calamities and fears mentioned above tend not to happen
- ▶ The key question of an anxiety disorder: Why don't anxious people see this pattern of fearing something that never seems to happen and just lose their fear of it?

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The Role of the Amygdala

- ▶ This part of the brain is the culprit!
- ▶ The amygdala is considerably involved in strong emotional arousal and fight-or-flight responses
- ▶ It is our first line of defense keeping us safe and alive
- ▶ It operates autonomously outside of our conscious awareness, responding quickly when it detects possible danger
- ▶ The "thinking" part of your brain - the cerebral cortex - can't reason with or override the amygdala
- ▶ This is why phobia-prone people can't talk their way out of fear, even when they believe their response to the fear is totally exaggerated

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Jerry Seinfeld to George Costanza

"If every instinct you have is wrong, then the opposite would have to be right"

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How to Go Against Your Gut

- ▶ Driving
- ▶ Flying
- ▶ Public Speaking
- ▶ Heights

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Specific Interventions to Counter Getting Snookered by Worry and Anxiety

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Belly Breathing

- ▶ Use the muscles of your belly to do your breathing (diaphragmatic breathing)

1. Sigh gently out through your mouth. It's the kind of gentle exhale you might make if you just heard something annoying
2. Pause for a couple of seconds or so
3. Push the muscles of your belly - out and forward - while you slowly inhale through your nose
4. Pause again
5. Exhale through your mouth by pulling your stomach muscles back in
6. Pause one more time

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Get Afraid

- ▶ Remember the amygdala? You can't redirect it simply by talking to it, but you can retrain it, because it learns and creates new memories *only when it's activated*

Example
Elevator Phobia

1. Walk into an elevator
2. Feel afraid as your amygdala goes on full alert (elevator = danger)
3. Ride the elevator long enough to give your amygdala time to recognize that nothing bad is happening because there's no real DANGER
4. Leave after your amygdala has settled itself and created a new memory (elevator = okay)
5. Repeat to reinforce the new elevator = okay learning until it becomes dominant when it comes to riding elevators

The point of exposure practice is always to show up and get afraid, by hanging out with it until the amygdala learns to recognize the absence of danger.

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Catch Anxiety and Worry Red-Handed

- ▶ Anxiety (and worry) aren't about future failures, it's about feeling anxious *in the present*
- ▶ A typical worrisome thought that generates anxiety has two parts: The "what-if" part, and the "problem" part
- ▶ *What if...I lose my job: What if...a dog were to bite me while I'm out on the street*
- ▶ Anxious people focus on the "problem" part, not the "set-up" part - which amounts to pretending something bad, so it's much better to catch "what-if" thoughts red-handed
- ▶ Purchase a clicker counter and every time you notice yourself saying "what-if" give the counter a click
- ▶ All an anxious person has to do is catch themselves having a "what-if" thought, and they can recognize yet again that they're just hearing the "noise" of worry that doesn't exist right now

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But Joe, What if My Worries Seem Realistic?

- ▶ When your worry is linked to an actual problem use these 2 questions to test it out
- ▶ 1. Does the problem I'm worrying about exist in the "here and now" outside of my imagination?
- ▶ 2. If it actually does, is there anything I can do to change it right now?
- ▶ Two "yes" answers means worry is not the main issue, the main issue is that you have an actual problem you can do something about
- ▶ If you get any combination of answers other than two "yesses" then it's a problem that exists that can't be changed, or it doesn't exist in the present

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Loosen Up and Laugh

Worry and anxiety about riding an elevator:
*"I'm gonna take a ride to the 52nd floor
Even if I'm screamin' and kickin' at the door"*

Heights:
*"I wanna look down, and I'm not gonna frown
So I'm looking at this vista, can't wait to tell my sista"*

Flying
*"I'm gonna board this jet, even if I get upset
I'll board with a roar, while falling on the floor"*

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Loosen Up and Laugh

OCD Checking
*"I've checked this test, I did my best"
So I'm handing it in, though anxious within"*

"What-if" Thoughts (Job Security)
*"I'll get fired, my wife will get tired
She'll split in time, brother, can you spare a dime?"*

- ▶ Humoring worry and anxiety does 2 things:
 - ▶ 1. It helps to "air out" concerns
 - ▶ 2. It helps avoid getting in a struggle with it

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Nix The Thought Stopping and Distraction Techniques

- ▶ "Stop thinking about it, just put it out of your mind."
- ▶ "Just don't worry about it, everything will be all right."
- ▶ When it comes to anxiety symptoms, the harder we try to suppress them, the more they persist in coming back
- ▶ Because...when we tell ourselves to stop thinking of something unpleasant or troublesome, we have to remind ourselves of what's troublesome in the first place
- ▶ What does it tell you about a problem if you find yourself motivated to stop thinking about it?
- ▶ Deliberate thought stopping works a lot like prohibition did in the 1920s - the mere thought of alcohol being banned motivated people to think more about alcohol and get it
- ▶ Cognitive-behavioral treatment (CBT) and cognitive restructuring for chronic worry
- ▶ Journaling

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No More Saviors

- ▶ Support systems don't help anxious people stay safe, they enable people to continue to rely on them, strengthening the fear and reinforcing the notion that supports are needed to get things done, and awful things would happen without them
- ▶ Julie and the big box stores
- ▶ Letting go of the reliance on support people:
 - ▶ 1. Don't let them go all at once.
 - ▶ 2. Have a conversation about how to change the dynamics between you.
 - ▶ 3. Reduce interaction
 - ▶ 4. Systematically, divorce the support person

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The Pills, The Lucky Charms, and the Support Parakeet

- ▶ Support objects will get all the credit for alleviating anxiety in worrisome situations, when they're not the star of the show
- ▶ They also add to the existing worry by increasing fear if they become lost or misplaced
- ▶ Medications
- ▶ Cell Phones
- ▶ Four-leaf clovers, magic coins, the all-but-thread-less tie dye shirt
- ▶ The parakeet named "Savior"
- ▶ These objects are no more than blackmailers and hostage takers

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I've Got a Secret

- ▶ Have you ever felt ashamed of yourself over something, and believed you just had to keep it a secret
- ▶ Shame and secrecy are joined at the hip
- ▶ The ramifications of secrecy
- ▶ The opposite of secrecy obviously, is opening up
- ▶ Why self-disclose? Other people have their own problems, right? Why burden them any further?
- ▶ 1. Identify that "he would help me if I called at 3am" person in your life.
- ▶ 2. Get right to the point.
- ▶ 3. Explain your anxiety situation.
- ▶ 4. Assess feedback.
- ▶ 5. Congratulations on allowing yourself to be vulnerable.

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Exposure and Feeling "It"

- ▶ Exposure is all about getting afraid and letting it gradually subside
- ▶ Is exposure safe? Absolutely yes!
- ▶ Have an exposure plan
- ▶ 1. Take one fear at a time.
- ▶ 2. Conduct a "dry run" in your mind
- ▶ 3. Keep exposure practice as a singular task.
- ▶ 4. Chunk it down
- ▶ 5. Practice exposure with what you actually fear.

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Medicating Anxiety

Benzodiazepines	
Generic Name	Brand Name
Diazepam	Valium
Chlordiazepoxide	Librium
Flurazepam	Dalmane
Clorazepate	Tranxene
Clonazepam	Klonopin
Temazepam	Restoril
Lorazepam	Ativan
Alprazolam	Xanax
Triazolam	Halcion

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Benzodiazepines: After 60 Years, Are They Still Viable?

- ▶ Benzos are still widely used, but sparsely studied, primarily as a result of their age
- ▶ Benzos are very addictive right? This is a common concern among patients, therapists and prescribers alike
- ▶ The vast majority of those abusing benzos are also abusing other substances like opioids at the same time, as a way to enhance the opioid "high"
- ▶ The number of people actually abusing benzos alone is rather small
- ▶ Quick rule of thumb: The faster they work, the quicker they wear off; the slower they work, the longer they last

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Are There Good Reasons for Continuing the Use of a Benzo?

- ▶ Their clearest indication is for use in panic disorder, with social anxiety a close second
- ▶ Short-term use for acute anxiety or insomnia is also acceptable
- ▶ After that, their use is rather indefensible, particularly if the patient is elderly or is taking an opioid
- ▶ Antidepressants are *not* viable alternatives, as they require a longer trial (8-12 weeks) and higher doses to manage anxiety effectively - even if they work

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Benzos For Specific Anxiety Disorders

Panic Disorder: The best choices here are Xanax or clonazepam wafers because of rapid onset. I've found that for many people, just knowing they have these agents on hand and readily available on a moment's notice, can go a long way to minimize attacks

Social Anxiety Disorder: For someone with SAD, taking a benzo 30-60 minutes before an anxiety-triggering event can be beneficial. (Delivering a talk; relaxing on a date; making new acquaintances)

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General Side Effects of the Benzodiazepines

- ▶ Side effects are generally minimal
- ▶ Little, next-day lethargy or grogginess
- ▶ Enhanced disinhibition with alcohol or opioids for sure

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Benzo Side Effects in the Elderly

- ▶ There are two major risks in the elderly: Falls and cognitive impairment
- ▶ Falls lead to fractures, and fractures can be fatal, particularly those involving the hip or the head
- ▶ Benzos increase the risk of falls in the elderly by 1.5 fold
- ▶ Benzos have a known, dose-dependent effect on postural stability and balance
- ▶ Cognitive effects of benzos tend to worsen over time
- ▶ At least a dozen cognitive domains are affected - most notably memory and word-finding difficulty

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Silexan

- ▶ Silexan is lavender oil and other compounds from the lavender plant
- ▶ The lavender plant's oils have been used for centuries to "calm the nerves" and induce sleep
- ▶ Silexan enhances the actions of serotonin and this is probably its most relevant mechanism of action
- ▶ Silexan at 80mg per day seems comparable to low-dose Ativan at 0.5mg per day
- ▶ Benefits usually occur after about 2 weeks and continue to build over the succeeding 3 months
- ▶ No withdrawal, addictive potential or drug interactions
- ▶ The best results are for pure generalized anxiety, and sleep quality is improved also
- ▶ Most CAMS (complementary alternative medicines) do *not* produce robust results - Silexan is an exception
- ▶ Available as *Nature's Way "Calm Aid"* (\$24/per month for 160mg dose)
- ▶ Dosing: Begin with 80mg at bedtime, increasing to 160mg at bedtime after 1 week, if needed (most patients require 160mg at bedtime)

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Resources

Wegmann, J. 2021. Psychopharmacology Straight Talk on Mental Health Medications. 4th Edition. Eau Claire, WI: Premier Publishing & Media

Wehrenberg, M. 2012. The 10 Best-Ever Anxiety Management Techniques Workbook. New York: W.W. Norton & Company.

Carbonell, D. 2020. Outsmart Your Anxious Brain. Oakland, CA: New Harbinger Publications, Inc.

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Thanks for Attending!

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