

Anxiety: Strategies for Primary Care

Prevalence

- Anxiety disorders are the most common psychiatric diagnoses in the U.S. – estimates of **18.1%** of adults in a 12-month period ([Kessler et al., 2005](#))
- Estimates of **19.5% - 31.2%** of primary care patients have at least 1 anxiety disorder ([Kroenke et al., 2007](#); [Vermani, Marcus, & Katzman, 2011](#))
- Comorbidities with mood or other anxiety disorders are very common.
 - Greater severity and functional impairment associated with comorbid psychiatric conditions

Objectives



"I see, and have you tried worrying about it?"

- Provide a crosswalk between primary care practices and CBT interventions
- Provide practical CBT-consistent brief intervention strategies
- Time to share your strategies, comments, questions



Mt. Reason for
Visit

- Worry
- Fear
- Anxiety
- Stress
- Confusion
- Anger
- Inattention



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- Stress
- Confusion
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(Not mutually exclusive) potential drivers:

- Primary anxiety disorder (GAD, PTSD, OCD, Phobia)
- Trauma
- Past experiences
- Expectations
- Change, transitions
- Financial difficulties
- Lack of support
- Bias, Discrimination
- Physical illness

CBT-consistent strategies in primary care

- Contextual assessment
- Providing information
- Enhancing self determination and empowerment

Contextual Assessment

- Standard: diagnostic questions, physical exam, and relevant tests
- CBT enhancement: Context
 - “What was going on in your life at about the time this started?”
 - “How do you feel about this?”
 - “What troubles you the most about this problem?”
 - “Are you worried that there is something seriously wrong with your health?”

Contextual Assessment: Mechanisms of Action

- “Common factors”
 - Alliance, empathy, goal consensus/collaboration, congruence/genuineness
 - Listening effectively is therapeutic
 - Builds engagement, mutual respect, and working relationship
- “Specific factors”
 - Antecedent – Belief/thought - Consequence

Providing information

- Knowledge is power
- CBT -> “Psychoeducation”
- Address the unspoken fears and doubts
 - These symptoms feel so awful we can often think there is something really wrong with our health. Thankfully, XYZ test/exam reassured me that your heart, lungs, etc are healthy.
 - The symptoms you are experiencing are real and are coming from anxiety. Anxiety can feel dangerous, but it is not harmful for your health to feel.
 - Feeling anxious sometimes is a sign you are taking on a new challenge, which is exactly what helps anxiety in the long run

Enhance Self Control and Empowerment

Experience in the visit

Tools for the patient to try on their own

Resources

Experience in the Room

- When developing a plan: identify strengths, things that are working, and exceptions to the problem pattern
- “Helping people to experience themselves as able to create solutions makes different episodes in their lives come to mind”
([Blount, 2019](#))

Solution focused interviewing

- Finding exceptions
 - Is anxiety worse on some days? Do you have bad days and not as bad days?
 - What was different about the day you were able to go to work?
 - What are you able to do or enjoy on days when things are *slightly better for a bit*?
- How were you able to [function] despite how bad it was?

Solution focused interviewing

- What-might-it-look-like
 - What might a solution look like?
 - If anxiety were starting to get *a little bit* better, what would that allow you to start doing?
 - What are you able to do or enjoy on days when things are *slightly* better?
 - Has something like this happened before? How did you deal with that?

Solution focused interviewing

- For people with many barriers, coping is a daily challenge and asking directly about successes, strengths, or ideas for making their lives better can cause disengagement and frustration.
- Instead, we can focus on coping
 - “How have you been able to keep things going so far?”
 - “How have you managed to keep this from affecting...[work, family, sobriety, etc]”
 - “What was it that helped you make it to this visit in the face of these difficulties? Is that determination to find a solution typical for you?”

Patient tools

3C's: Thinking Traps

Catch it

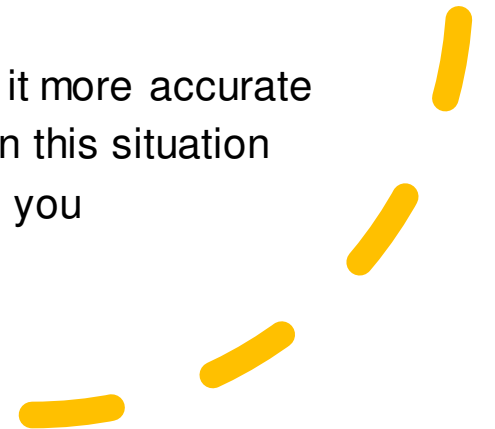
- When you feel upset, stop what you're doing and pay attention to your inner thoughts.
- What is your mind telling you?

Check it

- Is the thought accurate?
- Would you say this to a close friend?
- Does it tell the whole story? What's the bigger picture?
- Is it helpful?

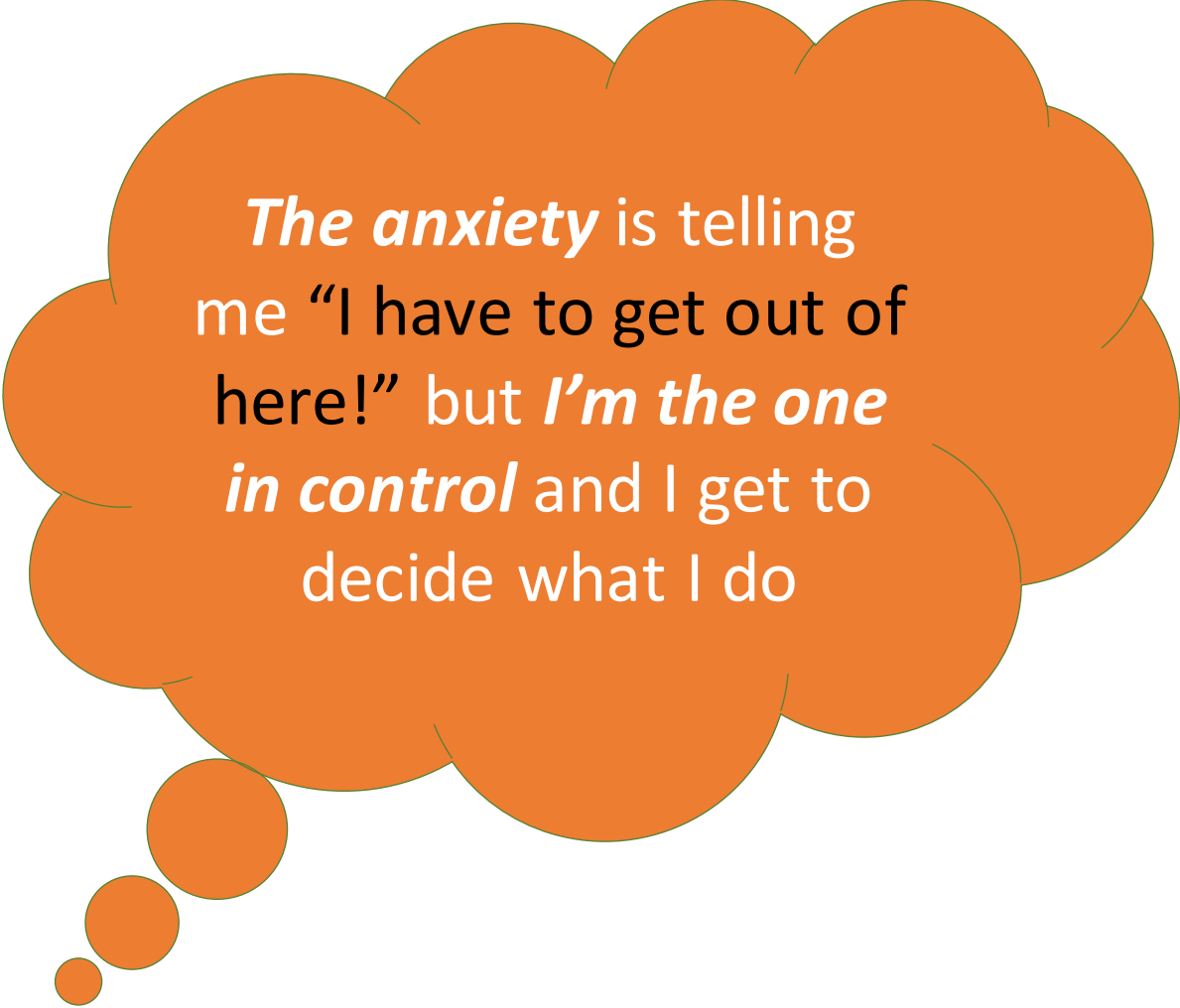
Change it

- If it's not telling the full story, change it to make it more accurate
- Tell yourself what you would tell a close friend in this situation
- If it's not helpful, refocus on what's important to you

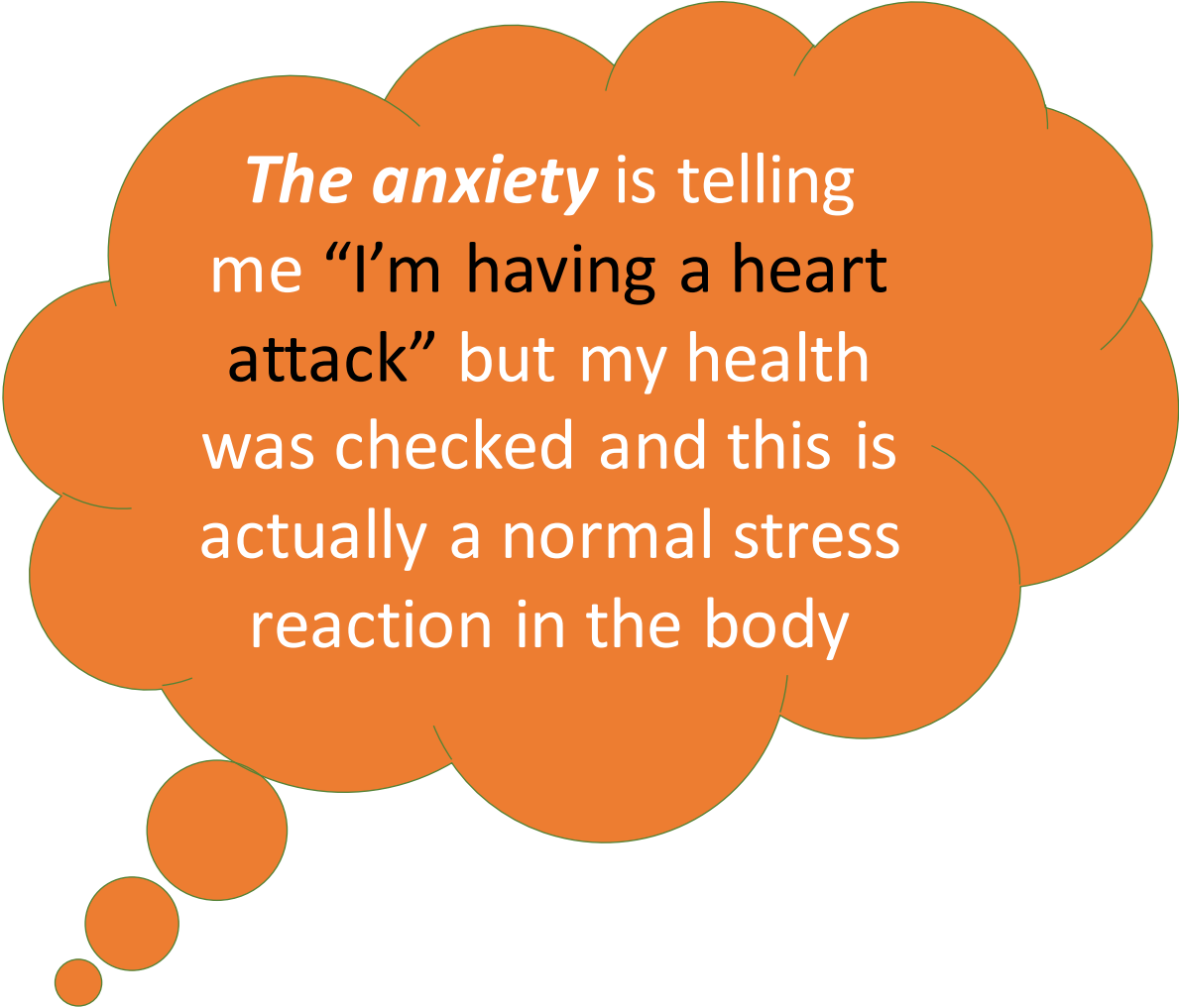




**I have to get out of
here!**



The anxiety is telling me “I have to get out of here!” but *I’m the one in control* and I get to decide what I do



The anxiety is telling me “I’m having a heart attack” but my health was checked and this is actually a normal stress reaction in the body

Thinking that increases panic

I'm having a heart attack!

I'm going to die.

I can't stand this.

I have to get out of here.

Oh no, here it comes!

Thinking that decreases panic

This is not an emergency.

This doesn't feel good, but it won't hurt me.

I can feel uncomfortable and still be OK.

This will go away with time.

I can handle this.

Thinking Traps Tips

- Unhelpful thoughts are persistent, so expect them to come back again and again and again
- The silver lining: These are more opportunities to skillfully choose to be present

Grounding

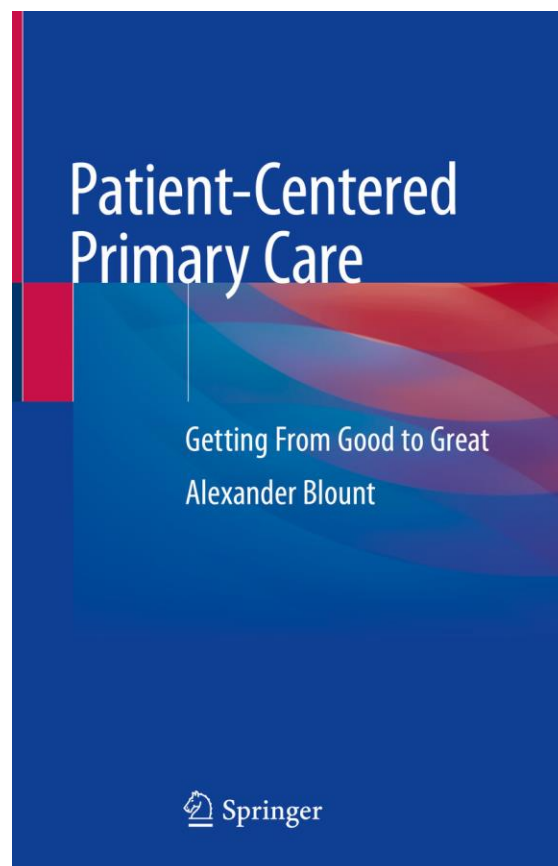
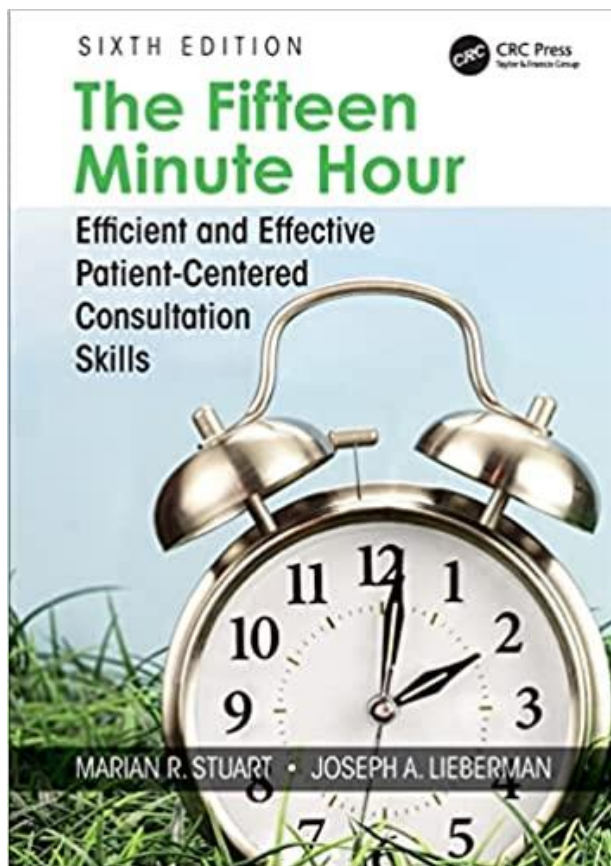
- Keep your eyes open, look around the room, notice your surroundings, notice details (colors, objects).
- Focus on sensations
 - Plant your feet firmly on the ground, sensation of clothing, temperature of skin
- Listen and notice sounds you can hear
- Place a cool cloth on your face, or hold something cool such as a can of soda.
- Eat sour candy or intense flavor
- Get up, move around, have a drink of water, wash your hands
- Listen to soothing music
- Re-orient in place and time.
 - Where am I, What is the date, how old am I, what season is it
- Take 3 deep breaths

Empower with Resources

- Concrete support for stressors
 - Social work, crisis resources, community resources
- Connect them with a CBT therapist
 - <https://fasttrackermn.org/> (can search by modality, location, and insurance)
 - Phobias, PTSD, and OCD respond especially well to CBT and the specific therapy methods are usually more important than the common factors ([Strauss et al., 2018](#))

Resources

Providers



Patients & Providers

