

# MANAGING ANXIETY

RECOVERY STRATEGIES  
FOR MENTAL HEALTH AND  
SUBSTANCE USE DISORDERS

REVISED EDITION

DENNIS C. DALEY, PhD  
ANTOINE DOUAIHY, MD



ISBN #: 978-0-9835302-7-5

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Any questions or concerns about an anxiety disorder or treatment can be directed to a psychiatrist, psychologist or other mental health professional.

### **Daley Publications**

P.O. Box 161

Murrysville, PA 15668

(724) 727-3640 Phone

(724) 325-9515 Fax

Email: [daleypublications@yahoo.com](mailto:daleypublications@yahoo.com)

Web page: [www.drdenniscdaley.com](http://www.drdenniscdaley.com)

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### **Authors Note**

Thanks to Cindy Hurney for designing this workbook and Chris Daley for designing the covers. Thanks to Janis McDonald for helping with this updated version.

# Managing Anxiety

## Recovery Strategies for Mental Health and Substance Use Disorders

Dennis C. Daley, PhD  
Antoine Douaihy, MD

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## About this Workbook

This *Workbook* can help you understand and learn coping strategies to manage an anxiety or other psychiatric disorder in which anxiety is present. It provides information about anxiety disorders, treatments (therapy and medications), recovery and relapse. You can learn strategies to deal with anxiety and other emotions, change anxious thinking, address the impact of your anxiety disorder on your family and relationships, use a support system, make lifestyle changes and manage suicidal thoughts. Co-existing substance use disorders (alcohol or drug problems) are also addressed as these are common among people with an anxiety disorder.

## About the Interactive Workbook Series

The workbooks in this series are brief, informative, user-friendly and appropriate for individuals with psychiatric and/or substance use disorders. These materials can be used in psychiatric hospital, addiction detoxification or residential programs, partial hospital, intensive outpatient, outpatient or other types of programs. These materials are listed on the back page of this workbook. Descriptions of workbooks and other materials are on the website: [www.drdeniscdaley.com](http://www.drdeniscdaley.com).

## About the Authors

Dennis C. Daley, Ph.D., is Professor of Psychiatry at Western Psychiatric Institute and Clinic (WPIC) of the University of Pittsburgh Medical Center. He served as Chief of Addiction Medicine Services (AMS) for many years there. Dr. Daley has been involved in providing services to individuals with addiction, psychiatric illness and co-occurring disorders and their families, and developing and managing treatment programs for over 30 years. He has been involved as a researcher, consultant or trainer on numerous studies funded by the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism. Dr. Daley has hundreds of publications including books and workbooks on recovery from addiction, psychiatric illness, and co-occurring disorders, relapse prevention, managing emotions and moods, and family recovery.

Antoine Douaihy, M.D. is Associate Professor of Psychiatry, Medical Director of AMS, an inpatient dual diagnosis unit, and an HIV clinic. Dr. Douaihy is involved in providing clinical services and teaching. He is an investigator in several research projects related to treating individuals with psychiatric and substance use disorders. He has received many awards for his excellence in teaching medical students, psychiatric residents and health care professionals about psychiatric, substance use and co-occurring disorders, and HIV interventions.

# 1. Anxiety Disorders: Symptoms, Causes and Effects

## What is Anxiety and an Anxiety Disorder?

Most people feel anxiety or fear on occasion. Anxiety is normal and helpful at times such as motivating you to prepare for a job interview or avoid danger. However, some people experience excessive or unrealistic anxiety or fear. They restrict activities and avoid situations causing anxiety. Anxiety causes distress and affects the quality of their lives. An anxiety “disorder” means that you have a cluster of anxiety and related symptoms that show in your body, mind (how you think), and behavior (how you act).

While there are many anxiety disorders, core symptoms are excessive or unrealistic anxiety, and avoiding situations causing anxiety or fear. “Excessive” means anxiety is higher than it should be given the situation. “Unrealistic” means that there is no basis or little basis for your anxiety. This leads to avoiding situations that trigger anxiety. This creates a problem because there are many things in life that can’t be avoided without causing an inconvenience.

According to the National Institute on Mental Health, over 18% of adults have an anxiety disorder in any given year, making this the most common type of mental health problem among adults. Many also have other disorders such as clinical depression or a substance use disorder (alcohol or drug problem). Hence, these disorders are quite common.

## Mental, Physical and Behavioral Domains of Anxiety

The **mental domain** includes excessive worry or thinking about something over and over. Worry may occur in relation to a *real* or a *potential* problem, something you think may happen (also called “anticipatory anxiety”). People who worry a lot feel inadequate in coping with the problems or situations they worry about.

Areas of worry include your health or the health of family members, making correct decisions and doing what’s right, being on time, losing control of your feelings or behaviors, pleasing and making other people happy, and staying sober if you have an alcohol or drug problem. Anxiety also shows in repeating fearful thoughts, anticipating a catastrophe, or thinking of a bad outcome in a situation about which you feel anxious.

The **physical** domain shows in restlessness, inability to relax, shortness of breath, rapid heart beat, tightness or discomfort in the chest, feeling lightheaded or weak, feeling uptight, “keyed” up or on edge, or tingling or numbness. Anxiety can contribute to skin conditions such as hives, GI distress such as diarrhea, headaches or sleep difficulties.

The **behavioral** domain shows in pacing, fidgeting or tapping. Because of anxiety, some people avoid shopping in large or crowded stores or standing in check-out lines; attending church; going to the doctor or dentist; going to the movies, sporting events, or music concerts; driving through tunnels or over bridges; riding elevators or escalators; or traveling by plane, bus or train. Some people become so anxious and fearful that they seldom or never leave their homes.

## **Types of Anxiety Disorders**

**Specific Phobias.** *“I used to be scared to death of flying. My job required me to travel but I had to quit because I dreaded a plane trip days or weeks before I was due to leave. It was an awful feeling when that airplane door closed. I felt trapped. My heart pounded and I sweated bullets. When the airplane took off, I worried that I couldn’t get out. When I thought about flying, I pictured myself losing control, going crazy, and climbing the walls. I was afraid of being trapped. I stopped flying until I got help and overcame my fear. I feel normal and can fly now.” -Adam*

A specific phobia is an intense fear of something that poses little or no actual danger. Common phobias center around closed-in places, heights, escalators, tunnels, highway driving, water, flying, dogs, and injuries involving blood. Such phobias are irrational and lead to avoidance regardless of the negative impact of avoidance. In the case above, Adam quit a job because of his fear of flying.

One type of phobia, called *agoraphobia*, makes the person a prisoner at home due to the fear of leaving. Many people with this disorder also have panic attacks.

**Social Phobia (Social Anxiety Disorder).** *“When I walked into a room full of people, I felt like everybody’s eyes were on me. I was embarrassed and would stand off in a corner by myself. It was hard to talk and socialize, which was humiliating. I felt so clumsy; I couldn’t wait to get out. Thank God I got help and don’t feel like this anymore.” -Amber*

This disorder involves a fear of being looked at, criticized or rejected by others, or acting in ways that will be embarrassing or humiliating. Some people have many social situations they are afraid of while others fear only one or two. Common social phobias include dating, speaking, writing or eating in public or taking tests. You may worry for days or weeks before a dreaded situation. Physical symptoms common with social phobia include blushing, profuse sweating, trembling, nausea, and difficulty talking. People with a phobia are at risk for OCD, depression, and substance abuse.

This fear may become so severe that it interferes with work, school, and other activities, and makes it hard to meet or keep friends. For example, Tanya dropped several courses at college because of her fear of giving speeches in class. She jeopardized her college career and future job opportunities by doing this. Bryan cancelled a job interview after he learned several people would interview him together.



His fear of talking with a small group of people led to giving up a potential job he really wanted.

**Panic Disorder.** *“It started when I began a new job. I was attending a seminar in a hotel and this thing came out of the blue. I felt like I was having a heart attack. In between attacks there was dread and nervousness that it’s going to happen again and I may die. I’ve had many of these panic attacks over the years. I’m afraid to go back to places where I’ve had an attack. I even went to the ER a couple of times when I had these attacks. The doctor at the ER convinced me to get mental health counseling. Life is better with my panic under control”* -Melissa

This involves sudden panic attacks with intense and overwhelming feelings of terror. You may worry about losing control, going crazy, or dying. You may feel that things "don't seem real." You may feel dizzy or faint, shake or tremble, sweat, feel sick to the stomach, have hot or cold flashes, chest pain or a racing heart. These symptoms often develop quickly and peak within 10 minutes or so. Since these symptoms are hard to understand, some people like Melissa go to a Hospital Emergency Room as they think they are having a heart attack or other medical condition. People who have full-blown, repeated panic attacks can become disabled and should seek treatment before they start to avoid places or situations where panic attacks have happened. For example, if a panic attack happened in an elevator, the person may develop a fear of elevators that could affect the choice of a job, and restrict where to seek medical help. Panic disorder is often accompanied with depression or alcohol or drug problems.

**Obsessive-Compulsive Disorder (OCD).** *“Getting dressed in the morning was difficult, because I had a routine, and if I didn’t follow the routine, I’d get anxious and would have to get dressed again. I always worried that if I didn’t do something, my husband would have a car accident and die. I’d have these terrible thoughts of harming him. That was completely irrational, but the thoughts triggered more anxiety and more senseless behavior. Because of the time I spent on rituals, I was unable to function. I take medications and get therapy now, so my OCD is much better. Not gone totally, but improved a lot”* - Rochelle

OCD involves both obsessive thoughts and compulsive behaviors. *Obsessions (upsetting thoughts)* are recurrent and persistent thoughts, impulses or images that intrude the mind and cause anxiety. They are senseless and frightening at times. These may relate to your body functions, waste or secretions, sexual behaviors, germs, harming yourself or others, doing something embarrassing or out of the ordinary, or something bad happening. You can also be obsessed with saving, hoarding, wasting things, sounds, numbers, colors, the need for exactness or issues related to morality.

An example is Beverly who had a strong fear of wasting or throwing things out including old papers, travel brochures and many other items. Her house was a disaster and so crowded with stuff it was hard to move around. Another example is Ron who avoided stepping on cracks when walking (like the character Jack Nicholson played in the movie *“As Good As It Gets”*). Nicholson’s character also brought his own

silverware to the restaurant where he ate because he needed to eat with utensils he believed were germ free.

*Compulsions (rituals)* refer to repeating behaviors or mental acts that you feel driven to perform in response to an obsession. These aim to prevent or reduce feelings of distress or prevent the dreaded event or feared situation from occurring. Compulsions include many behaviors but the more common ones are cleaning, washing, checking doors, windows or the stove, hoarding, saving and collecting, or repeating, counting and ordering objects. You believe bad things will happen if these rituals are not repeated a certain number of times. OCD can be accompanied by eating disorders, Tourette disorder, depression, and other anxiety disorders. One-third of adults with OCD develop symptoms as children, and research indicates that OCD runs in families.

Examples of compulsive behaviors include John, who showered many times a day; Becky who checked her doors and windows repeatedly throughout the day; Megan who took a shower each time she had a bowel movement; and Art who hoarded stacks and stacks of old magazines and newspapers.

**Generalized Anxiety Disorder (GAD).** *“I always thought I was just a worrier. I’d feel keyed up and unable to relax or sleep or even concentrate. At times it would come and go, and at times it would be there all the time. It could go on for days. I’d worry about what I was going to fix for dinner, or what would be a great present for my husband, I would worry about anything, and I just couldn’t let something go. Therapy helped me worry less by changing the way I thought about things. It wasn’t easy, but I’m getting better.”* -Lynn

GAD involves unrealistic and excessive anxiety and worry about two or more areas of life for six months or longer. Other symptoms include trembling, feeling shaky, feeling restless, shortness of breath, increased heart rate, dizziness, nausea, hot flashes or chills, feeling hyper or on edge, trouble concentrating or irritability. Other anxiety disorders, depression, or substance abuse often accompany GAD.

**Post-Traumatic Stress Disorder (PTSD).** *“I was sexually abused when I was 12 years old. For a long time, I spoke about the abuse as though it was something that happened to someone else. I was aware that it had happened to me, but there was just no feeling, I was numb. Then I started having flashbacks. They kind of came over me like a splash of water. I would be terrified. Suddenly I was reliving the abuse. Every instant was startling. I wasn’t aware of anything around me; I was in a bubble, just kind of floating. And it was horrible. Having a flashback can wear you out. I took medicine for awhile to help with depression, and used therapy to deal with the trauma of my past.”* -Christine

PTSD develops after a terrifying ordeal involving physical harm or the threat of harm. It can result from a variety of traumatic incidents, such as mugging, rape, torture, being kidnapped, child abuse, car accidents, train wrecks, plane crashes, bombings, natural disasters such as floods or hurricanes or being involved in war. People with



PTSD may startle easily, become emotionally numb, lose interest in things they used to enjoy, have trouble feeling affectionate, become irritable, aggressive, or even violent. They may avoid situations that remind them of the original incident, and anniversaries of the incident are often difficult. PTSD involves re-experiencing past traumatic events months or years after they occurred. These events may involve actual or threatened death or serious injury, and could be experienced directly or witnessed. Sadly, many of our military veterans return from war only to struggle with their PTSD and the problems this causes in their lives.

PTSD symptoms may show in anxiety, depression, irritability, nightmares, or intrusive thoughts or memories. Cues in the environment (sights, sounds, smells) can trigger off reminders of the traumatic event. The person may attempt to avoid these cues.

## Causes of Anxiety Disorders

Many factors contribute to an anxiety disorder. These include:

- **Biological.** These disorders run in families like other mental, physical or addictive disorders. Imbalances in the transmission of “brain messengers” or neurotransmitters (serotonin and dopamine), other brain abnormalities, effects of alcohol or drugs, and greater physical sensitivity to threats contribute to anxiety.
- **Psychological.** Your personality, how you think and deal with emotions, stress, conflicts or problems impact on anxiety. Some people have fewer coping skills or are more sensitive to stress, negative emotions or inaccurate thinking than others, which can contribute to anxiety (and depression).
- **Family and environmental.** These include what you learned from your parents or role models, exposure to abuse, trauma, rape, assault or unusual circumstances like a natural disaster or military combat. Having a parent who was overcritical, perfectionistic, obsessive, anxious or shy impacts on how you adapt to the demands of life. For example, Ron said his dad was “a neat freak who made us take off our shoes before entering the house, and made us keep everything in order. We could never make a mess or he would get mad at us.” Ron also developed an obsession with orderliness.

## Effects of Anxiety Disorders

High levels of anxiety increase the risk of medical (such as heart disease), psychiatric (such as depression) and alcohol or drug problems. These disorders can produce feelings of shame and can make you feel demoralized. Visits to the Emergency Room may result from the belief that you are having a heart attack when anxiety strikes. Your symptoms and behaviors can take a toll on family relationships and friendships, and affect your ability to function at home, work, school or in the community. And, you may seek relief in alcohol or drugs.

## Recovery Activity

1. How would you rate the following as a problem for you at this time?
 

Anxiety:	<input type="checkbox"/> No problem	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderate	<input type="checkbox"/> Serious
Depression:	<input type="checkbox"/> No problem	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderate	<input type="checkbox"/> Serious
Specific phobia:	<input type="checkbox"/> No problem	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderate	<input type="checkbox"/> Serious
Social phobia/anxiety:	<input type="checkbox"/> No problem	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderate	<input type="checkbox"/> Serious
Fear of leaving home:	<input type="checkbox"/> No problem	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderate	<input type="checkbox"/> Serious
Panic attacks:	<input type="checkbox"/> No problem	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderate	<input type="checkbox"/> Serious
Obsessions:	<input type="checkbox"/> No problem	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderate	<input type="checkbox"/> Serious
Compulsions:	<input type="checkbox"/> No problem	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderate	<input type="checkbox"/> Serious
Bad/trauma memories:	<input type="checkbox"/> No problem	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderate	<input type="checkbox"/> Serious
Avoiding situations:	<input type="checkbox"/> No problem	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderate	<input type="checkbox"/> Serious
  
2. Check ✓ the following symptoms causing you distress in the past 6 months:
  - ☐ Feeling depressed, sad, empty, blue or down and it will not go away
  - ☐ Seldom feel pleasure or joy in life
  - ☐ Feeling hopeless or helpless
  - ☐ Low motivation or energy level (hard to get moving)
  - ☐ Poor appetite (eat too much or too little)
  - ☐ Gaining or losing weight without trying
  - ☐ Poor sleep (hard to fall or stay asleep, sleep too little or too much)
  - ☐ Feeling tired or loss of energy
  - ☐ Hard to concentrate or solve problems
  - ☐ Feeling worthless or guilty
  - ☐ Suicidal thoughts, plans or attempt
  
3. How long have you experienced your current anxiety disorder? \_\_\_\_\_
  
4. Who else in your family has or had an anxiety disorder, and how did this affect you?  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. List the factors that you believe contributed to your anxiety disorder(s) (including other psychiatric or medical disorders, or the effects of alcohol or other drugs).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
6. Describe how your anxiety disorder has affected your life.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 2. Therapy or Counseling

Treatments for anxiety disorders include therapy or counseling, medications or a combination of both. A doctor can help determine if your symptoms are caused by an anxiety disorder or a physical problem. Treatment depends on the severity of your disorder, the presence of other disorders like depression, and whether you have problems with alcohol or drugs. Treatment may involve individual, group or family therapy or counseling, medications, and other services such as mutual support programs.

Therapy can help you identify and resolve problems contributing to or resulting from anxiety, and set goals to manage symptoms and change your life. Be careful about relying on medicine as your only form of help with anxiety.

A combination of therapy and medications may be needed if your symptoms are severe. If you receive only one type of treatment (therapy or medications) and only respond partially to it, you may consider adding the other type of treatment.

Therapy or counseling involves talking with a mental health professional to discover causes and effects of your anxiety, and learn how to deal with it. Therapies include:

- **Cognitive-behavioral therapy (CBT)** helps you understand and change thoughts and beliefs that contribute to your anxiety and related problems. For example, CBT can help people learn that panic attacks are not heart attacks or help people with social anxiety learn to overcome the belief that others are judging them. CBT also involves changing behaviors such as engaging in pleasant activities or exercising. Sometimes “homework” is assigned between sessions to help you practice new coping strategies.
- **Behavioral therapy (BT)** helps you face fears, compulsions and the situations causing your symptoms. BT is used with panic disorder, agoraphobia, social phobia, specific phobia and OCD. One type, *exposure therapy*, has you imagine managing situations causing anxiety. You challenge anxious thoughts and control your physical reactions so that feared situations do not cause so much distress. For example, you may imagine giving a speech to a group of people. Exposure can also mean you directly face your fears, starting with the least and moving towards the most threatening ones. This is used for specific phobias.
- A form of BT called **social skills training** is sometimes used for social phobias. This therapy helps you become more comfortable and effective in social situations, which decreases your anxiety and the tendency to avoid situations causing it.
- **Other strategies** include learning to control your breathing, using relaxation techniques, meditating or exercising. For example, *relaxation* is used with some of the phobias and GAD. You learn to relax your body to control the physical reactions to situations provoking anxiety or fear.

- **Trauma therapies** are used with PTSD to reduce the emotional burden caused by the trauma, and help you become less bothered by things that remind you of it.
- **Combination treatment** refers to therapy and medications together. This is used for anxiety disorders that cause significant personal distress or problems in your life. This is also used if medications or therapy alone have only helped you partially.

Therapy may not help you get rid of all of your symptoms. And, talking about traumatic experiences or major life disappointments can cause more anxiety at first.

Your attitude and approach towards therapy or counseling determine the benefits you get from it. Take a "proactive" role by discussing your questions, symptoms, problems, struggles, conflicts, thoughts and concerns with your therapist or counselor.

Avoid and stop behaviors that interfere with your therapy such as failure to keep appointments, not taking medication as prescribed, wanting medications anytime your symptoms increase, manipulating doctors to get medications, suicidal threats or gestures, or not having a focus for your therapy sessions. Your progress can be limited if you have an active addiction (alcohol, drugs, gambling, sex, food, etc).

### **Setting Goals for Change in Your Therapy**

The goals of treatment are to reduce or eliminate your anxiety and related symptoms, and change. This may mean changing your thinking, behaviors, relationships or lifestyle. Treatment can help you learn to manage other emotions or moods, catch early signs of relapse and take action if you have a setback or relapse.

Resolving your problems will aid your recovery. Identify one or two to work on at a time. Do not try to change too many things too quickly.

Evaluate your progress to see how you are doing. Compare how things are now compared to the past. You may still experience anxiety but be getting much better.

Outcome improves if you follow your treatment plan, attend sessions and take medications only as prescribed. Not all people respond the same to therapy, medication or combined treatment. Outcome depends on working with your caregiver(s) to design and follow a plan that meets your needs and addresses your problems. Success is measured by reaching your goals.

## Recovery Activity: Identifying Goals

1. Review the following list of goals related to anxiety and other symptoms. Check ✓ the goals below that are important to you at this time. Prioritize the top three by putting two check marks ✓✓ next to them.

- ☐ Decrease or stop anxiety or worry
- ☐ Decrease or stop fear
- ☐ Change anxious beliefs or thoughts
- ☐ Address traumatic events causing anxiety
- ☐ Decrease a specific phobia (e.g., fear of flying, eating in public, etc.)
- ☐ Reduce avoiding situations I fear
- ☐ Decrease or stop panic attacks
- ☐ Decrease or stop obsessive thoughts
- ☐ Decrease or stop compulsive rituals or behaviors
- ☐ Reduce or stop use of caffeine
- ☐ Identify causes of my anxiety
- ☐ Manage anxiety without using alcohol, illicit or non-prescribed drugs.
- ☐ Improve depressed mood and increase hopeful feelings
- ☐ Other \_\_\_\_\_

2. List one of these goals here, and write several steps you can take to achieve it.

*Goal:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Steps to achieve it* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_





# 3. Medications

Medications may play a role in your treatment if you have a severe and chronic form of anxiety, or your anxiety is causing considerable distress. Talk therapy alone is not enough for some anxiety disorders. However, not all anxiety requires medicine.

Medications may not get rid of all anxiety symptoms and should be used with therapy or counseling. Some anxiety disorders, like other medical or psychiatric conditions, have residual symptoms that do not go away totally.

Medications such as benzodiazepines can lead to dependence, so be careful about which medicines you take, especially if you are in recovery from an addiction. Do not assume that you need more medicine or a new one if your symptoms worsen. Although there may be times in which medication changes are needed, don't try to persuade your doctor to do this every time you feel a change in your symptoms. Also, do not stop taking medications on your own without first discussing this with your doctor or therapist.

If you have any questions regarding your medications, side effects or interactions between medications and alcohol or street drugs, talk with your doctor or a pharmacist. Make a list of questions and ask for written information about medicines prescribed to you.

## Types of Medications for Anxiety Disorders

Medications can be used on a short-term basis or for ongoing treatment. The medication used depends on the type and severity of your anxiety disorder(s).

**Antidepressants.** These treat anxiety and depression and take 4-6 weeks for results.

- *Selective serotonin reuptake inhibitors* (SSRIs) help brain cells communicate and alter the levels of the neurotransmitter serotonin in the brain. Fluoxetine (Prozac), sertraline (Zoloft), escitalopram (Lexapro), paroxetine (Paxil, Paxil CR) and citalopram (Celexa) are SSRIs prescribed for GAD, panic disorder, OCD, PTSD and social anxiety disorder. SSRIs are also used to treat panic disorder when it occurs in combination with OCD, social anxiety disorder, or depression. Fluvoxamine (Luvox) treats OCD. Venlafaxine and venlafaxine XR (Effexor XR) work differently than the SSRIs by regulating serotonin and other neurotransmitters such as norepinephrine, and are used for GAD, social anxiety and panic disorder. Duloxetine (Cymbalta) is used for GAD, and regulates both serotonin and norepinephrine. Another antidepressant with some antianxiety effects is mirtazapine (Remeron) that regulates the levels of neurotransmitters. These medications are started at low doses and gradually increased until they have a beneficial effect; it may take a few weeks to see their full effects. SSRIs have fewer side effects than older antidepressants, but they sometimes produce slight nausea or jitters when people first take them. These

symptoms fade with time. Some people experience sexual problems, which may be helped by adjusting the dosage or switching to another SSRI.

- *Tricyclics* work as well for anxiety disorders other than OCD. They are started at low doses and gradually increased. They sometimes cause dizziness, drowsiness, dry mouth, and weight gain, which can usually be corrected by changing the dosage or switching to another tricyclic. TCAs are dangerous if taken in an overdose. These include imipramine (Tofranil) prescribed for panic disorder and GAD, and clomipramine (Anafranil) prescribed for OCD.
- *Monoamine oxidase inhibitors* (MAOIs) are the oldest class of antidepressants. The MAOIs used for anxiety disorders are phenelzine (Nardil), tranylcypromine (Parnate), and isocarboxazid (Marplan). They are useful in treating panic disorder and social anxiety disorder. People who take MAOIs cannot eat a variety of foods and beverages (including cheese and red wine) that contain tyramine or take certain medications, including some types of birth control pills, pain relievers (such as Advil, Motrin, or Tylenol), cold and allergy medications and herbal supplements. These substances can interact with MAOIs to cause dangerous increases in blood pressure.

**Anti-Anxiety Drugs.** These include several types. The benzodiazepines have a high potential for addiction so those in recovery from alcoholism or other addiction should be careful about using these.

- High-potency *benzodiazepines*, because of their addiction potential, are prescribed for short periods of time. Clonazepam (Klonopin) is used for social anxiety disorder and GAD, lorazepam (Ativan) is used for panic disorder, and alprazolam (Xanax) is used for both panic disorder and GAD. Some people experience withdrawal symptoms if they stop taking these abruptly instead of tapering off.
- Buspirone (Buspar) is used to treat GAD. Possible side effects include dizziness, headaches, and nausea. Unlike benzodiazepines, buspirone must be taken for at least 2 weeks to achieve an anti-anxiety effect.
- *Beta-blockers*, such as propranolol (Inderal), which is used to treat heart conditions, can prevent the physical symptoms that accompany certain anxiety disorders, particularly social anxiety disorder. When a feared situation can be predicted (such as giving a speech), a doctor may prescribe a beta-blocker to keep physical symptoms of anxiety under control.

## Recovery Activity

1. If you have taken benzodiazepines in the past, how long did you take them:
  - ☐ Less than one year
  - ☐ 1-2 years
  - ☐ 3-5 years
  - ☐ 6-10 years
  - ☐ Over 10 years

2. Check ✓ the following items that describe your use of anti-anxiety drugs.
- ☐ I used these only as prescribed
  - ☐ I took more than prescribed
  - ☐ I became obsessed with these drugs
  - ☐ I felt I could not live without these drugs
  - ☐ I usually asked my doctor for more any time I felt worse
  - ☐ I went to more than one doctor to get these medications
  - ☐ I conned or scammed doctors to get scripts for these drugs
  - ☐ I bought these drugs on the street or got them from a family member or friend
  - ☐ I became physically dependent on these drugs
  - ☐ I became mentally dependent on these drugs
  - ☐ I mixed alcohol with these drugs
3. List how medications can help your recovery from an anxiety disorder.
- 
- 
4. State why therapy is needed in addition to medications for an anxiety disorder.
- 
- 
5. List consequences of poor compliance with your medication (stopping, skipping dosages, or taking too little or too much).
- 
- 
6. State how alcohol or other drug use can affect your medications and your motivation to take medicine or attend therapy sessions.
- 
- 

### **Recovery Strategies if Taking Medications**

- Keep a list of all current (and past) medications you have taken for an anxiety disorder, other psychiatric, medical or addictive disorders. Include names, dosages, how long you took them and their effects, including how helpful they were.
- Remember that benzodiazepines can lead to physical dependence. Consider other types of medications, especially if you are in recovery from an alcohol or drug problem.
- Chronic or moderate-to-severe types of anxiety may require medications and therapy. Some anxiety symptoms may continue even if medication is taken regularly.

- Remember that there are both pros and cons to taking medications for an anxiety disorder. Accept that while medications can improve your symptoms, they cannot solve your life problems. Use medications with therapy and mutual support groups.
- Take your medications only as prescribed. A desire to stop taking medications should always be discussed with your doctor and/or therapist before you stop.
- Do not change your dosage without talking with your doctor. Go prepared to your appointments with questions about your medications or your anxiety disorder.
- Do not let your prescription run out. See your doctor before you use all of it.
- Do not mix alcohol, street drugs and non-prescribed drugs with your medications.
- Participate in therapy or counseling for your anxiety disorder to help you learn coping skills such as how to think differently, relax or calm yourself down.
- Consider mutual support programs for anxiety or other psychiatric disorders.
- If you have an addiction and are active in AA, NA or other 12-step program, tell your sponsor about your anxiety disorder and what you are doing to get help.
- If you take medication for an anxiety disorder, be aware that some members of mutual support programs may suggest you stop it. Since these individuals are not your doctor, do not listen to them. Instead, talk about this with a sponsor, peer in recovery, a therapist or counselor or someone you trust. **DO NOT** let others influence you in ways that can hurt your recovery.

## 4. Recovery Strategies for Anxiety

Professional treatment can help you reduce or eliminate anxiety and other symptoms of your disorder as well as deal with problems that contribute to your anxiety. Treatment will introduce you to recovery, which is a process of managing your anxiety disorder.

You should take a "proactive" role in treatment and recovery. Discuss your questions, symptoms, problems, conflicts and concerns with your therapist or doctor. Accept recovery as a "we" process in which you let others help and support you. Recovery involves developing skills to help you change your thinking and behaviors.

You have to assume responsibility for getting better. Your investment in recovery plays a major role in how well you do. Making a commitment to work a recovery program is the first step. Even if your motivation is low, if you stick with your plan, you can get better.

Recovery is a process of changing yourself. It requires effort, work and having a plan. Changes may occur in any area: physical (sleep, diet, exercise, caffeine use); emotional (managing stress or feelings, thinking differently); family or social (communication, relationships); spiritual (using a Higher Power, religious or spiritual practices); and lifestyle (leisure or social activities).

### Recovery Activity

1. Choose one change you want to make in yourself or your life and list it here:

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List some steps you can take to make this change:

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2. What else can you do to manage your anxiety disorder? \_\_\_\_\_

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## Strategies to Manage Anxiety

- **Identify and label anxiety, fear and worry.** Know the signs (physical, mental and behavioral) so you “catch” yourself when you feel anxious, worried or afraid.
- **Find out what is causing your anxiety.** Identify problems, situations or things that cause your anxiety. If these are “real” problems, look at ways to solve these. If these are “potential” problems ask yourself how likely it is these problems will occur.
- **Practice proper breathing.** Stop shallow or rapid breathing or holding your breath. Practice breathing before going into a situation about which you feel anxious.
- **Use meditation and relaxation techniques.** These can help you feel calmer and control your anxiety.
- **Get a physical examination.** Find out if medical problems are contributing to your anxiety. And, see if your use of caffeine, sugar, or other foods may cause anxiety.
- **Evaluate your lifestyle.** Determine if you get enough rest, relaxation, and exercise. Exercise can help release anxiety and prevent it from building up.
- **Face situations you feel anxious or fearful about.** Reality is often not as bad as you think. Start with the least threatening situation and build towards facing more difficult ones. For example, if you are anxious in social situations, practice making small talk, asking for directions, or giving a compliment before you ask someone for a date or give a speech to a group of people. Or, if you are fearful of driving, start by riding as a passenger with another person and taking short trips. Then, you can drive and increase the distance of trips. Over time, you can drive in heavier traffic and longer distances away from home.
- **Change your beliefs or thoughts.** Do not project into the future and overestimate the risk, harm or danger of a situation or event. When working on a *real* problem causing anxiety, view the problem for what it is. Do not look at it as a problem that you cannot solve. When feeling anxious about a *potential* problem, ask yourself what evidence you have that the problem will occur or the outcome you dread will happen. Identify all outcomes, not just negative ones. Make positive “self” statements such as, “I can do it,” “my anxiety or fear will not get the best of me,” “I’m in control of my anxiety (fear or worry),” “it’s OK to make mistakes,” or “no one has to be perfect.”
- **Practice using rational coping statements.** Think about positive ways to cope with anxiety or fear related to an upcoming event. For example, if you worry you might blush in front of people, tell yourself “it’s OK to blush in front of others, it’s not the end of the world if I do.” If you worry about having a panic attack, use a rational coping statement such as “these attacks may be uncomfortable, but they are not dangerous. I will not have a heart attack.”
- **Focus on the present.** Think less about the past or future. Instead, stay focused on the present as much as you can.
- **Consider mutual support programs.** See the list of resources at the end of this workbook for more information about programs for anxiety or other problems.



- **Share your anxious feelings and related thoughts with others.** Discussing feelings and worries and how you think with a friend, family member, or counselor may help you feel better and gain relief. This can help you learn what others do to handle their anxiety, fear or worrisome thoughts.
- **Get help if you also have depression.** Depression and anxiety often go hand in hand so ask your doctor or therapist to help you with depression. Some of the medications used for anxiety also help with more severe depressions, too.
- **Look at your situation from the viewpoint of others.** Would others judge you as harshly as you judge yourself? For example, imagine that you feel anxious about an upcoming speech and worry about appearing nervous to others, or worry that they will judge you for being anxious. If this happened to a friend, would you judge him or her the same way you imagine others may judge you? Challenge harsh standards that you set for yourself.
- **Set aside “worry” time each day.** Try to avoid worrying throughout the day and save your worries for a specific time you call your “worry time.” Pick a place and a regular time, then allow yourself 10-20 minutes to let your worries out.
- **Keep a journal.** Writing your thoughts and feelings in a journal can help you monitor and better understand them. This can help you identify patterns of anxiety, fear and worry, coping strategies that do and do not work to reduce anxiety and worry. A journal can also help you track your progress over time.
- **If anxiety or fear continues to cause significant distress, consult a mental health professional.** If you are not in treatment now, get an evaluation from a psychiatrist, psychologist or other mental health professional. Many therapy and medication treatments are available for anxiety disorders. Be aware that medication such as tranquilizers can lead to dependence if used long-term.
- **Address alcohol or drug use.** If you are using alcohol, illicit drugs or non-prescription drugs, or if you have an addiction, get help from an addiction professional and/or mutual support programs such as Alcoholics Anonymous or Narcotics Anonymous. Continued substance abuse will complicate your recovery from an anxiety disorder as well as lead to other problems in your life.



## 5. Managing Other Emotions

Emotion refers to your “inner” life or your “subjective” experience. “Mood” refers to a prolonged emotion. For example, a depressed mood refers to a period of sadness or feeling low. While everyone experiences a range of moods and emotions, the ways that you interpret and manage your emotions are unique.

Positive emotions include feeling happy, cheerful, glad, hopeful, or loving. Negative emotions include feeling angry, anxious, sad, jealous, or humiliated. However, an emotion and how you deal with it can be a negative or a positive experience depending on how it affects you and others. For example, anxiety or fear can motivate you to be cautious when you are in an unfamiliar place, or prepare you for an exam in school, a speech or a job interview. Or, it can overwhelm you and cause you to avoid situations that you are anxious about. This in turn may contribute to depression or low self esteem.

Anger can be negative and drag you down. It can hurt you if you become suicidal, or get drunk or use drugs to escape your feelings. Your anger can hurt others if you verbally or physically abuse them. Or, anger can be used to empower and motivate you to resolve problems, conflicts, or work towards a goal.

Understanding emotions and improving your coping skills can lead to improvement in your mental, physical and spiritual health, your relationships and quality of life.

### Recovery Activity

1. How would you rate your ability to identify your emotions or feelings?  
☐ Excellent   ☐ Good   ☐ Fair (need help)   ☐ Poor (really need help)
2. How would you rate your ability to tolerate distress or upsetting emotions?  
☐ Excellent   ☐ Good   ☐ Fair (need help)   ☐ Poor (really need help)
3. How would you rate your ability to pursue your goals even when you feel upset?  
☐ Excellent   ☐ Good   ☐ Fair (need help)   ☐ Poor (really need help)
4. How would you rate your ability to “read” the emotions of other people?  
☐ Excellent   ☐ Good   ☐ Fair (need help)   ☐ Poor (really need help)
5. How would you rate your ability to show empathy and concern towards others?  
☐ Excellent   ☐ Good   ☐ Fair (need help)   ☐ Poor (really need help)
6. How would you rate your ability to express positive emotions to others?  
☐ Excellent   ☐ Good   ☐ Fair (need help)   ☐ Poor (really need help)

7. Check ✓ the following emotions that you need help with at this time in addition to your anxiety, worry or fear.
- ☐ Anger
  - ☐ Boredom
  - ☐ Depression or sadness
  - ☐ Emptiness
  - ☐ Guilt and shame
  - ☐ Hopelessness
  - ☐ Loneliness
  - ☐ Sharing positive emotions with others (e.g., gratitude, love, joy, happiness)
  - ☐ Other (write in \_\_\_\_\_)
8. Describe your overall style of managing your emotions, and your satisfaction with the way you handle emotions.
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### Strategies to Manage Emotions

- **Have several strategies to use.** Many of the strategies to manage anxiety discussed in the previous section can be used to manage other emotions. Learn to identify your emotions and how they show in your body, thoughts, and behaviors.
- **Do not avoid your emotions** or minimize their impact on your well-being. Talk about your emotions with people you trust.
- **Challenge and change inaccurate thoughts and beliefs** that contribute to anxiety, fear, depression, boredom, grief, anger or other emotions.
- **Deal with relationship problems** that contribute to depression, anxiety or other upsetting emotions. These may include avoiding conflict or disagreements with others, giving in to their demands or requests, being too nice and accommodating or lacking assertiveness to stick up for yourself.
- **Keep busy**, have fun and relax. Do something pleasant every day if possible.
- **Take a daily inventory** of your emotions to be aware of them.
- **Read about emotional management strategies.** Go on the internet, to the local library, or a bookstore to find literature on this topic. See the list of suggested readings in the back of this workbook.
- **Consider medications** if talk therapy alone does not help enough or you experience moderate, severe or chronic emotional symptoms that are distressing.

## 6. Changing Anxious Thinking

The way you think contributes to feeling anxious, depressed, bored or angry. Your thinking also impacts on feeling happy, grateful, confident and satisfied.

Inaccurate or negative thinking affects your behaviors and relationships. For example, you can talk yourself into not trying something different, not taking risks or chances at work, in your relationships or in another area of your life. If you tell yourself you will not or cannot succeed, you do not have the ability to do something, or you are not worthy to be in a relationship, this will affect how you act and decisions you make.

Accurate and more realistic thinking helps you to feel less anxious or depressed, solve your problems and feel more hopeful about your life. This can also aid your recovery by leading to positive changes in your thinking, moods and behaviors.

### Recovery Activity

1. Place a ✓ next to the statements that are common with your thinking.
  - ☐ I make things out worse than they are (making "mountains out of molehills").
  - ☐ I usually expect the worst thing to happen to me.
  - ☐ I often expect to fail at the things I do or believe I won't succeed.
  - ☐ I have many more negative than positive thoughts about myself or my life.
  - ☐ I tend to focus on the negative side of situations; I have trouble seeing the positive.
  - ☐ I don't think I have many positive qualities or much to offer others.
  - ☐ I think I should never feel nervous or anxious around others.
  - ☐ I have to do things perfectly and don't leave much room for mistakes.
  - ☐ I worry about making a fool out of myself in social situations.
  - ☐ I often think I'm not capable of dealing with anxiety.
  - ☐ I don't like focusing on my emotions or feelings.
  - ☐ I worry too much about conflicts with others, or others liking me.
  - ☐ I would rather give in to others than say what's really on my mind.
  - ☐ I think I'm not able to make positive changes in my life.
  - ☐ I keep my problems to myself as I don't like to burden others.
  - ☐ I dwell too much on my shortcomings or problems.
  - ☐ I dwell too much on the past and things that happened (or didn't happen).
  - ☐ I worry too much about the future and what may happen.
  - ☐ The things I worry about seldom happen.
  - ☐ Real life situations often turn out to be less difficult than what I thought.
  - ☐ I sometimes think that life isn't worth living or want to end my life.
  - ☐ I think I'll hurt someone if I don't learn to control my angry thoughts.
  - ☐ I think I can handle problems on my own without help or support from others.
  - ☐ I cannot handle anxiety without using alcohol or other drugs.
  - ☐ I depend too much on alcohol or drugs when I feel anxious or upset.

2. Choose two statements from this list and write them in the spaces below. Then, list more accurate or positive thoughts. Practice this exercise often.

My negative, distorted or inaccurate thought: \_\_\_\_\_

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Two new thoughts:

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My negative, distorted or inaccurate thought: \_\_\_\_\_

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Two new thoughts:

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### Strategies to Challenge and Change Anxious Thinking

- **Catch yourself when your thinking is anxious, depressed, inaccurate or negative.** This puts you in a position to challenge and change how you think. Keep a written log or record of your thoughts, how these affect your feelings and behaviors.
- **Check the evidence for anxious, depressed, inaccurate or negative thoughts.** When you say "I can't do this, I can't change, or I can't succeed," determine if you have any evidence to support this belief.



- **Challenge your inaccurate and negative thinking.** For example, if you have a job interview and tell yourself “I’m going to do poorly,” change this to “I’m going to prepare the best I can. This will give me a chance to succeed and get the job.”
- **Practice accurate and positive thinking each day.** Try to decrease the number of anxious thoughts and increase the number of accurate and positive thoughts you have such as "I'm going to have a good day," or "I'm going to enjoy myself," “I can live with some anxiety,” or "I can handle this problem."
- **Focus less on the negative and more on the positive side of a potential situation.** Remind yourself of the positives in your life. Do not look only at what goes wrong, but also at what goes well. Don’t look too far ahead in the future. Instead of saying “I’m going to have a bad time” at an upcoming event, tell yourself “I’ll make the most” of this event and enjoy it.
- **Allow room for mistakes and learn from them.** Expect to make mistakes, but learn from these instead of feeling guilty or inadequate. Learning to think more accurately and positively takes practice, so give yourself room to make errors.
- **Review your progress.** Even if things do not always go well, that does not mean you do not deserve to compliment yourself for your efforts. Look for small changes and do not expect major changes to happen overnight.
- **Remind yourself of the benefits of recovery.** This can help you during times when things are going too slowly or they are not going well.
- **In your conversations, say positive things and do not get stuck on negative stuff.** This can reduce anxious feelings or worrisome thoughts. Use problem solving language rather than language that conveys you feel overwhelmed or anxious.
- **Write about positive thoughts or experiences.** Write at least a couple of positive statements each day. You can also use a journal to challenge your anxious, depressed, negative or inaccurate thinking. Write in a notebook or on the computer:
  - *Situation.* Write briefly about the situation experienced causing anxiety
  - *Feelings.* List all the emotions you feel (anxious, depressed, angry, etc)
  - *What’s wrong with my thinking.* State what’s wrong with the thought causing anxiety or other emotion (e.g., ‘I’m jumping to conclusions; I’m not considering a positive outcome; there’s no evidence for this.’)
  - *State new thoughts.* Write down thoughts that challenge the ones causing you to feel anxious or other upsetting emotions.
  - *Other coping strategies used.* List other positive steps you took to help yourself (e.g., I talked to a friend; I read about anxiety; I prayed).

## 7. Impact of Anxiety on Your Family and Others

Family members, partners and others may be affected by your anxiety and behaviors. The actual effects depend on the type and severity of your anxiety, other symptoms or problems, how you act, and your family members' ability to cope.

Your anxiety can disrupt the routines in your family and upset its emotional balance. Family members may feel angry, irritable, resentful, depressed, helpless or guilty. They may feel at wit's end or like they are walking on eggshells, always worrying about you. If you are obsessive, compulsive or always anxious or depressed, fears can escalate more.

Learning about anxiety disorders, treatment and recovery can help your family and others reduce their stress, worry, anger and guilt. Knowledge empowers them, especially when they learn what behaviors to avoid and which ones can help your recovery. If you get significant people in your life involved in your treatment and/or recovery, they can:

- Provide help, support and encouragement to you.
- Provide input to your treatment team (therapist, doctor).
- Learn what they can do and cannot do to help you.
- Learn to deal with their own feelings and reactions to you.
- Engage in a recovery process to focus on themselves.
- Feel a reduced emotional burden and feel better about themselves.

Others should avoid taking on your responsibilities or trying to solve your problems. They should also avoid expressing too much negative emotion or centering life around you and your anxiety symptoms, problems and needs.

Helpful behaviors are those that support your recovery and are healthy for your family. Taking time for themselves, sharing feelings and talking about frustrations or problems, focusing on enjoyable activities, and giving themselves credit for the help and support provided to you are examples of helpful behaviors.

Family members benefit from support groups offered by mental health agencies or sponsored by the National Alliance for the Mentally Ill (NAMI). NAMI groups provide information about psychiatric disorders and treatment, offer help and support from others going through similar experiences, and help focus on oneself.

If a family member or your partner is depressed, anxious, worried or is abusing alcohol or drugs, encourage them to seek help. If your family is so disorganized or upset that they

cannot support you or interfere with your recovery, find support elsewhere. Other relatives, friends or members of self-help groups are sources of support.

Children may experience fear or insecurity when a parent has an anxiety disorder, other psychiatric disorder or substance use disorder. If any of your children have serious anxiety, depression, hyperactive behavior, alcohol or drug abuse or any other type of behavior problem, get them evaluated by a professional.

### **Recovery Activity**

1. Describe how your family or relationships have been affected by your anxiety disorder and your behaviors.

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2. Describe how your children have been affected by your anxiety and behaviors.

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3. Describe why it is important to involve your family or significant other in treatment, and what they should do if you fail to attend your sessions with your therapist or doctor.

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4. Describe whether any of your children or other family members may have a psychiatric or substance use disorder that requires treatment.

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## Strategies to Address Family Issues

- **Evaluate how your anxiety disorder and behaviors affect your family** and other relationships. Discuss this with a therapist or members of a mutual support program. Then, talk with your family or other loved ones and listen to what they have to say.
- **Encourage your family and other loved ones to learn** about anxiety disorders, treatment and recovery. Information is available in books, articles, on the internet or at the library.
- **Ask your therapist to include your family** or those significant in your life in some sessions to discuss your treatment and recovery. Discuss how to use these sessions with your family members or others present.
- **Accept that family members or significant others may feel upset**--angry, anxious, disappointed, guilty or worried and need time to deal with these emotions.
- **Encourage your family or significant others to attend support programs** such as NAMI groups.
- **Reach out** to your family and loved ones for help and support during difficult times. Ask them to help you spot early signs of falling back to old ways of thinking or behaving after you have made changes.
- **Make amends** to any family member or significant person hurt by your behaviors. For example, if you avoided going to family activities or school events due to your fears of being around others, this probably hurt others even though this was not your intent. You may have to apologize for this, but this is only meaningful if you stop this avoidance and participate in family activities.
- **It may take time to earn back the trust** of your family or others, especially if you have anxiety symptoms for a long time. Be patient with them. Making amends, discussed above, can help this process.
- **Help family members get treatment** if they have clinical depression, anxiety, or a drug or alcohol problem. Ask your therapist to help you get them an evaluation and the help they may need.

## 8. Developing and Using Your Support System

A support system includes people who care about your well-being and are interested in your recovery. People in your support system may include family members, friends, co-workers, helping professionals or other people in recovery. It can include community groups you belong to, your church or synagogue, and mutual support programs for anxiety or other problems. A support system can help you in many ways such as:

- Providing help with a problem
- Providing emotional support (having others to lean on)
- Being connected to others who care about you
- Providing a sense of belonging and purpose
- Sharing recovery, social, leisure, faith-based or spiritual activities
- Helping you if you have a setback in your recovery

### Mutual Support Programs

One source of help is mutual support programs for anxiety or other psychiatric disorders or addiction. People in these programs can teach you about recovery, and help you during rough times as well as celebrate your progress. Mutual support groups include those for:

- Specific types of psychiatric illness such as an anxiety or other disorder.
- Any type of psychiatric illness or mental health problem such as Recovery, Intl., Emotions Anonymous, or Emotional Health Anonymous.
- Drug and alcohol problems such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA), Women for Sobriety (WFS), Rational Recovery (RR), SMART Recovery or others.
- Dual disorders (psychiatric disorders and substance use disorders combined) such as Dual Recovery Anonymous, Double Trouble in Recovery or specialty meetings of AA or NA.
- Other compulsive disorders such as Overeaters Anonymous, Gamblers Anonymous, Sexaholics Anonymous, Sex and Love Addicts Anonymous, and Shoppers Anonymous.
- Dealing with sexual trauma or exposure to addiction or mental illness in the family such as Survivors of Incest Anonymous, Co-dependents Anonymous, Alanon, Naranon or National Alliance for the Mentally Ill (NAMI).

Ask your therapist or others in recovery for information about mutual support programs in your community. Or, look on the internet or in the telephone book for phone numbers. Attend six to twelve meetings before deciding if a program is the right one for you. If you are too nervous about going alone, find another person in recovery to go with you.

### **Recovery Activity**

1. List the names of family members or friends who can support your recovery.

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2. List mutual support programs or organizations that can support your recovery.

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3. Describe what you do not like about participating in mutual support programs.

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4. Describe how mutual support programs can aid your recovery.

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### **Strategies for Using Social Support**

- **Accept recovery as a “we” process** in which you ask others for help and support. You do not have to recover from your anxiety disorder alone, let others help you.
- **Attend mutual support programs** for an anxiety disorder, depression or other problem. You can learn from others who are in recovery.
- **Stay active with others** even when you do not feel like it. Avoid isolating yourself and keep connected with others. Share time and activities together.
- **Develop several confidants** whom you can trust and rely on. Keep in regular contact with them, even when things are going well.
- **Reach out to others** and do not wait from them to read your mind or engage you in conversations or activities.



# 9. Lifestyle Changes

Lifestyle issues are a concern of many people with an anxiety disorder. These issues include employment, money management, housing, alcohol, drug and other addictions, time management and stress management.

While some people in recovery only need to make minor changes in lifestyle, others need to make major changes. You can make changes by using the “tools” of recovery on a regular basis. These tools refer to the various steps you take to manage your anxiety and the challenges of recovery. A summary of recovery tools to help yourself include:

- Talk with a therapist or counselor regularly.
- Attend mutual support programs, talk each day with other group members, read program literature, and engage in program activities.
- Share your emotions, struggles, problems or progress with others you trust.
- Continue to learn about anxiety disorders and recovery.
- Challenge thinking that causes anxiety or other upsetting emotions or feelings.
- Change your behaviors (e.g., don’t avoid conflicts with others, speak your mind, assert yourself, make requests to others when you want help or support).
- Pray or meditate.
- Exercise.
- Organize your life by setting goals (physical, psychological, work, social, relationships, spiritual, financial).
- Take a daily inventory to review anxiety symptoms, progress or problems.
- Write in a journal (handwritten or electronic).

## Recovery Activity

Choose one area from the list below to work on now. Then, list steps to take to make this change in your lifestyle.

- ☐ Health habits: diet, exercise, stress management
- ☐ Work: employment, training or school
- ☐ Faith: spirituality, religion, praying, meditation
- ☐ Lifestyle: time management, money management, leisure activities
- ☐ Alcohol or drug use, abuse or addiction; other addictions
- ☐ Other lifestyle issue: write in \_\_\_\_\_

\_\_\_\_\_

Steps to Take: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Strategies to Change Lifestyle

- **Set short, medium and long-term goals.** Write your goals down as well as steps you can take to reach your goals. Evaluate your progress towards your goals regularly.
- **Manage your time and organize your life.** The more organized your life is, the more you can organize your recovery by working a disciplined program. Work your program one day at a time, but “work” it!
- **Take care of your physical and dental health.** Get regular checkups or help with problems, get enough rest, relaxation, and sleep. Follow a reasonable diet and a plan to lose weight if needed. Exercise on a regular basis. Limit (or stop) caffeine use as this can contribute to anxiety.
- **Use active strategies to manage stress** in your daily life.
- **Develop your faith or spirituality.** Use your Higher Power, pray, attend services, read spiritual literature, and do good things for others or society.
- **Show love, compassion and kindness in your daily life.** Work on forgiving others who have hurt you.
- **Learn financial management strategies** so that you can pay your debts and manage your money wisely. Learn to follow a budget. Avoid impulsive spending.
- **Address any problems** you have related to work or school. Get help if you are unemployed, underemployed, have limited job skills or need training.
- **Address any substance abuse or addiction** you have (alcohol, drugs, gambling, sex, shopping, internet, computer use, etc).
- **Use your recovery tools on a daily basis.** Recovery does happen one day at a time.

# 10. Managing Suicidal Thinking and Behaviors

Suicide is one of the top causes of death in the United States. While up to 15% of adults have had suicidal thoughts, not all of these people had a plan or made an attempt. Most people who make an attempt do not make a second one. However, some people make multiple attempts, and are the ones at the highest risk to complete suicide.

Severe anxiety disorders with or without depression may be complicated by suicidal thinking. Acute stress may play a role in suicidal thoughts or behaviors. Since anxiety disorders can be accompanied by depression and substance abuse, the risk of suicide is higher for individuals who have an anxiety disorder and another one of these disorders.

Women make more suicide attempts than men, but men succeed more often because they use more lethal ways such as weapons, hanging, or poisoning. Suicide attempts are also higher among younger than older people, those with lower education levels, the unemployed, whites, and those who are widowed, divorced or single.

## Recovery Activity

1. How would you rate suicidal thinking as a problem for you at this time?  
☐ No problem    ☐ Somewhat    ☐ Moderate    ☐ Serious problem

2. My suicidal thoughts and behaviors show in the following ways.

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3. Describe factors contributing to suicidal thoughts or behaviors.

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4. Describe how you usually deal with suicidal thoughts or feelings.

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## Strategies to Manage Suicidal Thinking

- **Talk about your suicidal thoughts and problems** with your therapist. Keep all of your counseling and doctor's appointments so you get the most out of treatment. Remember, suicidal thoughts and feelings are temporary. They will go away.
- **Be alert for the warning signs of suicide.** These may include increased thoughts about suicide or that your life is not worth living, talking more about suicide, preparing for it and making out a will, giving away important possessions, feeling more depressed or hopeless, losing interest in life, change in appetite, sleep or energy, or increased use of alcohol or other drugs.
- **Develop a written "safety" plan** if you have made a prior suicide attempt. Include the names and phone numbers of a psychiatric emergency room, crisis center or hotline, professionals you know and trust, friends or relatives you can call in times of crisis, and steps you can take to stay in control of your suicidal thoughts, feelings and behaviors. If you seek help in a hospital, take information about your current diagnoses, psychiatric medications, and insurance information so this can be shared with others should there be a need for admission.
- **Go to a psychiatric emergency room** and request admission to the hospital if you are worried about acting on suicidal thoughts or feelings.
- **Take medicine only as prescribed.** If you take medications for an anxiety disorder, depression or other psychiatric disorder, do not increase, stop or cut down on your medicine without discussing this with your doctor.
- **Use emotional management skills** to deal with anxiety, depression, anger, guilt or other emotions. This can improve your mental health, reduce suicidal feelings and improve the quality of your life.
- **Use the support and help of others.** Recovery is a "we" and not an "I" process. Stay connected to others in recovery by attending support groups. Others can give you help and support during difficult times.
- **Be alert for the warning signs of relapse** to your anxiety disorder. Learn the signs of relapse so you can "catch" these early and take action.

# 11. Developing a Relapse Prevention Plan

The first goal of treatment for an anxiety disorder is to reduce and manage your symptoms. Another goal of treatment is to engage in “recovery,” a process that involves setting goals and changing yourself. In your daily recovery, you apply the skills learned in treatment to real life situations.

Medication and therapy can help control your symptoms, but symptoms such as worry and fear can arise during everyday life. To reduce your risk of relapse, you need a plan to manage symptoms as they appear. Ways to help you achieve your goals of recovery include being aware of warning signs and strategies to cope with them, staying hopeful and optimistic, and strengthening your self-confidence.

## Causes and Effects of Relapse to an Anxiety Disorder

Relapse refers to a worsening of symptoms of your disorder during the current episode of treatment. Or, relapse refers to a new episode following a period of time in which your anxiety improved. Relapse can be caused by many factors. Some common ones include:

- Poor compliance with your treatment plan that shows in missing therapy sessions, dropping out of treatment, or not taking medications as prescribed.
- Lifestyle factors that interfere with recovery such as too much free time, lack of structure, excessive stress, or abuse of drugs or alcohol.
- Serious relationship problems that cause you anxiety and distress.
- Role overload (taking on too much responsibility or having too many demands).
- Having other psychiatric disorders, such as depression, that are untreated.

The effects of relapse depend on the severity of your anxiety symptoms. Any area of your life can be affected by a relapse.

Use your relapse experience to identify factors that caused it, and to change your treatment plan. Learn from past relapses.

## Red Flags: Warning Signs of Relapse

Warning signs (“red flags”) show in a return or worsening of symptoms of your anxiety disorder following a period of doing well. These warning signs may show in changes in your thinking, mood or emotions, health habits, or behaviors.

If you learn about the process of relapse, how to identify early warning signs and factors raising the risk of relapse, you put yourself in a position to take action before things worsen. The key to relapse prevention is early recognition of symptoms before they get too severe.

You can aid your recovery by identifying warning signs of relapse; developing a plan of action to deal with these; discussing your warning signs and action plan with your family, a friend, or therapist; and being prepared to take action to stop a relapse.

Signs may show up quickly, or build up over time. The idea is to ***catch your warning signs early***. If you relapsed before after a period of your anxiety disorder being under control or in total remission, identify warning signs that were present in the early phase of your relapse.

Many relapse clues may be obvious to you or others while other signs may be less obvious. For chronic forms of anxiety ongoing involvement in treatment can reduce the risk of relapse. Even during periods when you are free of symptoms you should see your doctor and/or therapist, and take medications as prescribed.

Relapse can affect your family or those close to you. How others are affected depends on your symptoms and behaviors and how they handle their feelings. When families or friends are educated about relapse, and know what they can and cannot do, they feel better about options to help you and themselves.

### **Recovery Activity**

1. List what you think could cause a relapse to your anxiety disorder.

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2. List the early warning signs of relapse for your anxiety disorder.

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3. State what you can do to lower your risk of a relapse to your anxiety disorders.

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4. State what you can do if your anxiety disorder returns after being in remission.

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5. List how alcohol or drug use can affect relapse to your anxiety disorder.

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### Strategies to Reduce Relapse Risk

- **Accept** that if you have a chronic anxiety disorder, you may experience some symptoms or be vulnerable to future episodes of relapse.
- **Live in the present.** Reduce your mental focus on the past or the future.
- **Learn about the factors contributing to relapse** to an anxiety disorder. Figure out your personal risk factors and develop a plan to address these.
- **Learn about the warning signs of relapse** and when to ask for help.
- **Comply with treatment.** Keep your therapy and medication appointments, and take medications only as prescribed. Do not cut down or stop on your own.
- **Build structure in your daily life** so you can keep busy. Have goals to work towards.
- **Avoid alcohol or drug abuse.** If you cannot stop using, ask for help from your therapist and get involved in a recovery program such as AA, NA or DRA.
- **Learn from previous relapses.** You do this by identifying early warning signs and high-risk factors such as stopping medications or therapy.
- **Develop an emergency plan** to deal with relapse. Discuss your plan with a therapist.

## 12. Alcohol and Drug Problems

This section is for you to review if you also have an alcohol or drug problem. Alcohol or other drug use can cover up, cause or worsen anxiety, affect your motivation to change, and interfere with medications used to treat an anxiety disorder.

Alcohol or drug problems show in a pattern of use that causes problems in your life. Continued use can lead to addiction, which is a more serious problem.

*Addiction* (also called dependence) is an obsession with, and compulsive use of, alcohol or other drugs. You use alcohol or drugs despite problems this causes. You may build up a *tolerance*, requiring more of a substance to feel buzzed or high. Or, your tolerance may decrease over time, which means you get high on lesser amounts than in the past.

If addicted, you may experience *withdrawal* symptoms when you cut down or stop using alcohol or other drugs (including benzos). You may quit many times, only to go back to using. Losing or giving up important things in life is another sign of addiction.

Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) define addiction as an inability to control the use of alcohol or drugs. AA and NA call this "powerlessness." This means substances control your life that results in "unmanageability" or problems in your life. Problems may be in any area of your life--physical health, emotional well-being, family or social relationships, work or school, the law, financial condition and so forth. Problems can be severe or even fatal.

Some people get addicted to benzodiazepine drugs used to treat an anxiety disorder. Talk with your doctor or a therapist if you have any concerns about your use of this type of drug as there are other, non-addictive medications for anxiety disorders.

### What Causes Substance Addiction?

Addiction runs in families so some people are at higher risk than others based on genetic factors. Psychological factors include personality, coping skills, and ability to manage problems and stresses in life. Social factors include access to substances, and the influence of family, friends and society.

Scientists call addiction a "brain disease" as it disrupts the part of your brain that controls how you think, solve problems, manage emotions and relate to others. Alcohol and other addictive drugs interact with your brain's reward system. Substances provide you with "positive reinforcement," which then leads to continued use despite problems caused by using. Substances may become more important than "natural rewards" from eating, sex, socializing with friends, or other positive experiences or accomplishments.



## Recovery Activity

1. Check ✓ the substances that you have ever used? Put two check marks ✓✓ next to the substances that you believe are a problem for you at this time.
  - ☐ Alcohol
  - ☐ Cocaine, freebase, crack, meth, speed, or other uppers or stimulants
  - ☐ Designer or “club” drugs (Ecstasy, Rohypnol)
  - ☐ Hallucinogens (LSD, STP, DMT, mushrooms)
  - ☐ Inhalants (glue, gasoline, solvents, poppers, snappers)
  - ☐ Marijuana (pot or hash)
  - ☐ Opiates (heroin, Percodan, codeine, Oxycontin, Percoset, etc.)
  - ☐ PCP or angel dust
  - ☐ Tranquilizers or other downers
  - ☐ Others (write in): \_\_\_\_\_
2. How many days have you used any substances in the past 90 days?
  - ☐ 0   ☐ 1-5   ☐ 6-10   ☐ 11-20   ☐ 21-30   ☐ 31-60   ☐ 61-90   ☐ every day
3. How many days have you been high or intoxicated in the last 90 days?
  - ☐ 0   ☐ 1-5   ☐ 6-10   ☐ 11-20   ☐ 21-30   ☐ 31-60   ☐ 61-90   ☐ every day
4. How long have you been getting high or drunk?
  - ☐ Less than 1 year   ☐ 1-2 years   ☐ 3-5 years   ☐ 6-10 years   ☐ Over 10 years
5. How would you rate the severity of your alcohol use as a problem?
  - ☐ Mild   ☐ Moderate   ☐ Severe   ☐ Life threatening
6. How would you rate the severity of your drug use as a problem?
  - ☐ Mild   ☐ Moderate   ☐ Severe   ☐ Life threatening
7. Check ✓ all items that reflect your pattern of using alcohol or other drugs.
  - ☐ I've mixed drugs to “boost” their effects so I could use longer.
  - ☐ I use substances almost every day.
  - ☐ Once I start using, I usually can't stop until I'm high or loaded.
  - ☐ I've tried several times to cut down or stop, but I just couldn't.
  - ☐ I've used pain medicine or tranquilizers from more than one doctor at a time.
  - ☐ I've lied to doctors to get pain medicine or tranquilizers.
  - ☐ I've used drugs prescribed to family members or friends.
  - ☐ I've injected drugs into my veins or muscles.
  - ☐ I've overdosed on drugs.
  - ☐ I've smoked crack or meth.
  - ☐ Even though alcohol or drugs caused problems, I continued to use.
  - ☐ There have been times in which I lived mainly to get my next high.
  - ☐ I started getting high early in life (before or during teenage years).
  - ☐ There have been times in which I “had” to use in order to get through the day.
  - ☐ I've gotten high on the way to my job, at work, or during lunch breaks.

- ☐ I can use large amounts of alcohol or drugs (my tolerance is high).
- ☐ I get high quicker or with less now than in the past (lower tolerance now).
- ☐ I've suffered from withdrawal sickness when I stopped or cut down.
- ☐ I have had to use to prevent withdrawal symptoms or sickness.
- ☐ I've used alcohol or drugs to get started in the morning.

8. Check ☒ any of the following effects of substance use that you have experienced.

- ☐ I've said or done things when using that I could not remember (blackouts).
- ☐ My substance use led to unsafe sexual behavior.
- ☐ I think too much about alcohol, drugs, or partying.
- ☐ When I use, my behavior becomes unpredictable.
- ☐ I often get mean or aggressive, or start fights when using.
- ☐ My use of substances has caused emotional or mental problems.
- ☐ I've attempted suicide while under the influence.
- ☐ I've been a victim of violence (shot, stabbed, robbed, beat up).
- ☐ My use caused problems in school (poor grades, kicked out or quit).
- ☐ I've quit jobs, got fired, or had job problems due to my substance use.
- ☐ I've been in trouble with the law (arrested, probation, parole) due to my use.
- ☐ My use has led to feeling spiritually empty or abandoning my religion.
- ☐ I've experienced serious financial problems as a result of my substance use.
- ☐ My substance use has caused problems for my family.
- ☐ I conned or lied to my family to get money for drugs or to cover my addiction.
- ☐ Some of my family members avoid me because of my problem.
- ☐ I've spent too much time in bars, at parties, or with others who get high.
- ☐ My use caused me to give up important hobbies or recreational activities.
- ☐ I've lost friendships over my alcohol or other drug use.

9. Other negative effects or problems caused by my alcohol or drug use include:

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10. What conclusions would you draw regarding the effects of your substance use on your anxiety disorder, your life and those close to you (e.g., family)?

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## Strategies to Manage a Substance Use Disorder

- **Get professional help.** If you cannot stop using on your own, keep going back to using after stopping for awhile, your substance use causes problems in your life, or feel you need more than AA or NA programs to stay sober.
- **Get involved in a mutual support program** such as AA, NA or Dual Recovery Anonymous (DRA). Work your recovery program one day at a time.
- **Be “active”** if you attend a mutual support program. Get a sponsor, attend meetings regularly, “work” the 12 Steps, and use the “tools” of the program (meetings, literature, slogans, sober activities).
- **Accept the ups and downs of recovery.** Stick with recovery even in times of difficulty. Life may always bring some struggles and problems.
- **View recovery as abstinence plus change.** Figure out what you need to change.
- **Take care of your health.** Get enough rest and sleep, exercise, and follow a reasonable diet. Learn to manage cravings for alcohol or other drugs.
- **Think differently.** Use positive coping skills to challenge negative or stinking thinking, and manage upsetting emotions, problems and stresses in your life.
- **Involve your family** in recovery and learn ways to improve your relationships.
- **Be prepared for people, places, events and things** that are “triggers” to using alcohol or drugs. Learn to refuse substance offers.
- **Keep busy** and have fun. Build non-substance activities in your life.
- **Focus on faith** or spiritual issues. Rely on God or your Higher Power.
- **Know your relapse warning signs and high-risk factors.** Catch signs early so you can take action. Develop strategies to manage your high-risk relapse factors.
- **Do not let setbacks or problems drag you down.** Learn from your mistakes and get back on track if you relapse. Appreciate and reward your efforts in recovery.
- **Take a daily inventory** to remain vigilant about your recovery.
- **Read about substance use disorders.** Contact AA World Services or NA World Services or search the internet or go to: National Institute on Alcohol Abuse ([www.nih.gov.niaaa](http://www.nih.gov.niaaa)) or the National Institute on Drug Abuse ([www.nih.gov.nida](http://www.nih.gov.nida)) (see Section 14).

# 13. Other Psychiatric Disorders

Other psychiatric conditions are common among those with an anxiety disorder. These include depression, psychotic, eating, attention deficit, personality and other disorders. Other psychiatric disorders can interfere with recovery from your anxiety disorder.

If you have another mental health problem, address it in your ongoing recovery. Otherwise, your anxiety disorder may not improve as much as it could.

Below is a brief list of some of the main symptoms of the more common psychiatric disorders. Check ✓ those that you have experienced more often than not in the past two months. Work with your therapist and doctor to address other disorders or symptoms.

## Depression or Mania Symptoms

- ☐ Feeling depressed, sad, empty, blue or down and it will not go away.
- ☐ Seldom feel pleasure or joy in life.
- ☐ Feeling hopeless or helpless.
- ☐ Low motivation or energy level (hard to get moving).
- ☐ Poor appetite (eat too much or too little).
- ☐ Gaining or losing weight without trying.
- ☐ Poor sleep patterns (hard to fall or stay asleep, sleep too little or too much).
- ☐ Feeling tired or loss of energy.
- ☐ Hard to concentrate or solve problems.
- ☐ Feeling worthless or guilty.
- ☐ Suicidal thoughts, plans or attempt.
- ☐ Mania -- elevated mood, racing thoughts, too many activities, spending sprees, don't sleep much, etc.

## Psychotic Symptoms

- ☐ Unusual experiences (you hear, feel, see or smell things others do not).
- ☐ Unusual beliefs or delusions (being special, watched by others or paranoid).
- ☐ Thinking difficulty (feel confused, cannot concentrate, or have strange thoughts).
- ☐ Behavior changes (you stop eating or act very strange).
- ☐ Mood changes (you feel strange, flat or have mood swings).
- ☐ Negative symptoms (low motivation, social isolation, decreased thoughts).

## Eating Symptoms

- ☐ Making yourself vomit after eating.
- ☐ Too much dieting.
- ☐ Eating too little due to fear of gaining weight or becoming fat.
- ☐ Constant worry about weight gain or appearance.
- ☐ Frequent use of diuretics or enemas.

### Attention Deficit Symptoms

- ☐ Hard to pay attention, listen or finish things (at home, school, or elsewhere).
- ☐ Hard to focus on a task for very long.
- ☐ Hard to get organized (at home, work or school).
- ☐ Feeling hyper, restless, on edge, like your “motor” is always running.
- ☐ Hard to sit still for very long.
- ☐ Get frustrated very easily, even with small things.
- ☐ Do things impulsively by acting before thinking of consequences.

### Behavioral Symptoms and Relationship Problems

- ☐ Self-harm (cutting or burning self, overdosing on pills or drugs, etc).
- ☐ Bad temper problem.
- ☐ Bully, threaten or intimate other people.
- ☐ Used a weapon to hurt or threaten others (bat, brick, knife, broken glass, gun).
- ☐ Violence towards people (hit, slap, push, punch, kick).
- ☐ Serious problems with spouse, parent or other family member.
- ☐ Serious problems in relationships.
- ☐ Lying, conning or deceiving others.
- ☐ Trouble with work (missing work, getting fired, can’t hold job, can’t find job).
- ☐ Trouble with school (skipping, bad grades, don’t do work, kicked out or quit).
- ☐ Trouble with the law (arrested, did time in jail, on probation or parole).

## Strategies to Address Other Disorders

- **Talk with your doctor or therapist** about other mental health issues you are concerned about. A professional can help you determine if you have a disorder that requires treatment and what you need to do to manage another disorder.
- **Get an evaluation.** This could be someone specializing in a given disorder (e.g., eating disorders). Your therapist or doctor can help you arrange this.
- **Find the right therapy.** There are many therapies for psychiatric disorders. Some discussed in this workbook, such as CBT, are used with other types of disorders.
- **Use recovery coping strategies.** Many strategies for anxiety can be used to manage other disorders. These include accepting your disorder(s), changing thinking, managing emotions, using a support system, engaging in a recovery, involving your family, changing your lifestyle, developing a relapse prevention plan and developing a suicide prevention plan if you have a history of suicidal thinking or behaviors.

## Final Thoughts

We commend you for taking time to use this workbook to learn strategies to manage your anxiety disorder. If you stick with your recovery plan, you should continue to experience many benefits. Should you have setbacks, treat these as issues to be faced and get back on track. Thank you for using this guide. We are grateful to have had the opportunity to share our knowledge and experience with you.

## 14. References, Suggested Readings and Resources

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### Web Resources

Anxiety and Depression Association of America  
Center for Suicide Prevention  
Depression and Related Affective Disorders Association  
Dr. Dennis C. Daley  
Dual Recovery Anonymous (DRA)  
Hazelden Educational Materials  
Mental Health America  
Mental Health Infosource  
Narcotics Anonymous  
National Alliance for the Mentally Ill  
National Foundation for Depressive Illness, Inc.  
National Institute of Mental Health  
Oxford University Press  
Suicide Prevention Action Network

[www.adaa.org](http://www.adaa.org)  
[www.siec.ca](http://www.siec.ca)  
[www.drada.org](http://www.drada.org)  
[www.drdenniscdaley.com](http://www.drdenniscdaley.com)  
[www.dualrecovery.org](http://www.dualrecovery.org)  
[www.hazelden.org](http://www.hazelden.org)  
[www.nmha.org](http://www.nmha.org)  
[www.mhsource.com](http://www.mhsource.com)  
[www.na.org](http://www.na.org)  
[www.nami.org](http://www.nami.org)  
[www.depression.org](http://www.depression.org)  
[www.nimh.nih.gov](http://www.nimh.nih.gov)  
[www.oup.com](http://www.oup.com)  
[www.spanusa.org](http://www.spanusa.org)

# Notes

# MATERIALS FOR CLIENTS, FAMILIES AND PROFESSIONALS ON SUBSTANCE USE, PSYCHIATRIC OR CO-OCCURRING DISORDERS

## Client and Family Materials

Addiction and Mood Disorders	Recovery for Older Adults
Addiction in Your Family	Recovery from Alcohol Problems
Adolescent Recovery	
Adolescent Relapse Prevention	Recovery from Cocaine or Meth Addiction
A Family Guide to Addiction and Recovery	Recovery from Co-Occurring Disorders
Athlete's Guide to Substance Use and Abuse	Recovery from Marijuana Problems
Coping with Feelings & Moods	Recovery from Opioid Addiction
Detox Recovery	Recovery from Psychiatric Illness
Family Recovery	
Gratitude Workbook	Recovery Goal Checklist
Grief Journal	Recovery & Relapse Prevention for Co-occurring Disorders
Group Counseling Participant Workbook	Relapse Prevention (Drug & Alcohol)
Improving Communications and Relationships	Relapse Prevention (Compulsive Sex)
Managing Anger	Relapse Prevention (Psychiatric Illness)
Managing Anxiety	
Managing Depression	Sober Relationships and Support Systems
Managing Emotions	Sobriety Journal
Money & Recovery: Managing Financial Issues in Recovery	Surviving Addiction
Overcoming Your Alcohol or Drug Problem	Think Sober, Live Sober
	Using 12-Step Programs in Recovery

## Books for Professionals

Dual Disorders Recovery Counseling: Integrated Treatment for Substance Use and Mental Health Disorders

Dual Disorders: Counseling Clients with Chemical Dependency & Mental Illness

Group Treatment of Addiction: Counseling Strategies for Recovery and Therapy Groups

Improving Treatment Compliance

Overcoming Your Alcohol or Drug Problem: Therapist Guide

Relapse Prevention Counseling: Strategies to Aid Recovery from Addiction and Reduce Relapse Risk

Treating Chronic Mental Illness and Substance Use Disorders

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**ISBN# 978-0-9835302-7-5**