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At the time of this presentation, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of Andrea Temkin and Lauren Hoffman and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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The Assessment and Treatment of Anxiety and Mood Symptoms

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Assistant Professor of Psychology
New York Presbyterian Youth Anxiety Center

October 14, 2020

www.nyp.org/youthanxiety
Agenda

• Understanding Anxiety and Mood in Young Adults

• Assessing Anxiety and Mood

• Treatment Modalities on College Campuses

• Key Evidence-Based Strategies to Treat Anxiety and Mood
Developmental Keys

Emotional changes are expected and normal throughout development

Cognitive maturation varies as does ability to problem-solve & anticipate consequences

Tasks of development trigger emotional reactions
FRESHMEN COLLEGE EXPERIENCES:
A look into students’ challenges and triumphs during their first term at college

SURVEYED IN SPRING 2015
N=1,502 FRESHMEN
AGES 17-20
DATA WEIGHTED WHERE NECESSARY BY AGE WITHIN GENDER, RACE/ETHNICITY & RELIGION

PREPARED BY: HARRIS POLL
MAY 18, 2015
Many were treated or diagnosed with various conditions before the start of college

- Ranging from physical and learning disabilities to emotional and behavioral disorders, students report having to deal with various conditions before entering college.

<table>
<thead>
<tr>
<th>Condition</th>
<th>% Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nearly 1 in 5 (18%): depression</td>
<td>8% report having a physical condition or limitation</td>
</tr>
<tr>
<td>Nearly 1 in 5 (17%): anxiety</td>
<td>8% report having a physical condition or limitation</td>
</tr>
<tr>
<td>Nearly 1 in 10 (8%): ADHD</td>
<td>7% report having a learning disability</td>
</tr>
<tr>
<td>Nearly 1 in 10 (8%): self-harm</td>
<td>7% report having a learning disability</td>
</tr>
<tr>
<td>1 in 20 (5%): disordered eating/eating disorder</td>
<td>7% report having a learning disability</td>
</tr>
</tbody>
</table>
Although most students handled stress positively in HS, nearly 2 in 3 dealt with it in a negative manner

- The majority of students watched TV/went online or slept when they were stressed/overwhelmed during their final year in high school. Notably, many also report engaging in negative behaviors, including alcohol or drug use, when stressed or overwhelmed.

### Activities when Stressed/Overwhelmed

- **Watched TV/spent time online/played video games**: 75%
- **Slept**: 72%
- **Hung out with friends**: 66%
- **Spent time on a hobby**: 58%
- **Talked to someone about it**: 47%
- **Exercised**: 45%
- **Studied**: 30%
- **Practiced coping skill exercises**: 24%
- **Stayed up late**: 59%
- **Drank alcohol**: 15%
- **Used drugs**: 12%
- **Increased risk-taking activities**: 11%
- **Smoked cigarettes/used tobacco**: 9%
- **Used prescription drugs that were not prescribed to you**: 4%
- **Something else**: 4%
- **Nothing**: 1%

**Positive NET: 92%**

**Negative NET: 64%**

1 in 5 (20%) consumed drugs or alcohol when stressed/overwhelmed in HS
Students report feeling more prepared academically than emotionally when they first started college

- While close to half of students report feeling more academically prepared compared to their peers, this falls considerably for those who say they were more emotionally prepared than other students.

**BASE: QUALIFIED RESPONDENTS (n=1902)**

Q855 Compared to other first year students at your college/university, how prepared did you feel in each of the following areas during your first term of college/university?
Less emotionally prepared students differ from their peers in notable ways

Less Emotionally Prepared Students Are More Likely To:

**Demographics**
- Be African American (15% vs. 9%)
- Be female (61% vs. 48%)
- Have parents who did not graduate from college (42% vs. 30%)
- Have household income of less than $50,000 (39% vs. 29%)

**Conditions**
- Have been treated or diagnosed with the following health conditions:
  - Depression (34% vs. 17%)
  - Anxiety (33% vs. 19%)
  - Self-harm (14% vs. 8%)
  - Insomnia (13% vs. 5%)
  - Have a physical disability (12% vs. 5%)

**College Experience**
- Felt pressure to attend a well-known college (62% vs. 56%)
  - Have a lower GPA (on average, 3.1 vs. 3.4)
  - Rate their overall college experience as terrible or poor (22% vs. 5%)
  - Turn to “no one” for support in college (14% vs. 8%)

BASE: FELT LESS EMOTIONALLY PREPARED THAN OTHER STUDENTS (n=456); FELT MORE EMOTIONALLY PREPARED THAN OTHER STUDENTS (N=473)
Q855 Compared to other first year students at your college/university, how prepared did you feel in each of the following areas during your first term of college/university?
New Stressors for All Students

- Virtual learning
- Reduced academic support
- Return to living at home
- Family conflict/responsibilities
- Financial stress
- Reduced peer interaction
- Restricted independence and freedom
- Worries about future
- Activities, sports, internships, cancelled
Anxiety or Mood Struggles as a Disorder?

- Mobilizing vs. Paralyzing
- Functioning declines
- Distress
- Duration
Prevalence Rates for Psychiatric Disorders: 18-29 yo (n=9282)

- Anxiety Disorder: 22.30%
- Substance Use Disorder: 22%
- Mood Disorder: 12.90%
- Impulse Control Disorder: 11.90%

What it Looks and Feels Like: Anxiety

Feelings
- Muscle aches/tension
- Butterflies
- Racing heart
- Sweaty

Thoughts
- Ruminative Worry
- "What if..."
- Overestimate threat
- Underestimate ability to cope

Behaviors
- Avoid
- Seek Reassurance
- Freeze
- Cling
What it Looks and Feels Like: Depression

Feelings
• Fatigue
• Heavy feeling
• Muscle aches/tension

Thoughts
• Negative mental filter
• Neg. events: internal, stable, global factors
• Rumination
• Hopelessness
• Slowed concentration

Behaviors
• Isolate
• Sleep
• Avoid activities
• Say no to challenges
• Cry
Formal Assessment Measures

- Depression: PHQ-9
- Suicidality: C-SSRS
- Anxiety: GAD-7
- Social Anxiety: LSAS
- Top Problems
Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "x" to indicate your answer)

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed, or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>SUICIDAL IDEATION</strong></td>
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<tr>
<td>-------------------------</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>1. Wish to be Dead</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</td>
<td></td>
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</tr>
<tr>
<td>Have you thought about being dead or what it would be like to be dead?</td>
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<tr>
<td>Have you wished you were dead or wished you could go to sleep and never wake up?</td>
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<tr>
<td>Do you wish you weren’t alive anymore?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>If yes, describe:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Since Last Visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
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<td>□</td>
<td>□</td>
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<td>□</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **2. Non-Specific Active Suicidal Thoughts** |
| General, non-specific thoughts of wanting to end one's life or commit suicide (e.g., “I've thought about killing myself”) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. |
| Have you thought about doing something to make yourself not alive anymore? |
| Have you had any thoughts about killing yourself? |
| If yes, describe: |
| Since Last Visit |
| Yes | No |
| □ | □ |
| □ | □ |

| **3. Active Suicidal Ideation with Any Method (Not Plan) without Intent to Act** |
| Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, “I thought about taking an overdose but I never made a specific plan as to when, where or how, I would actually do it...and I would never go through with it.” |
| Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)? What did you think about? |
| If yes, describe: |
| Since Last Visit |
| Yes | No |
| □ | □ |
| □ | □ |

| **4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan** |
| Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to “I have the thoughts but I definitely will not do anything about them.” |
| When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do? |
| This is different from (as opposed to) having the thoughts but knowing you wouldn’t do anything about it. |
| If yes, describe: |
| Since Last Visit |
| Yes | No |
| □ | □ |
| □ | □ |

| **5. Active Suicidal Ideation with Specific Plan and Intent** |
| Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. |
| Have you decided how or when you would make yourself not alive anymore (kill yourself)? Have you planned out (worked out the details of) how you would do it? |
| What was your plan? |
| When you made this plan (or worked out these details), was any part of you thinking about actually doing it? |
| If yes, describe: |
Columbia– Suicide Severity Rating Scale (C-SSRS)

### INTENSITY OF IDEATION

The following feature should be rated with respect to the most severe type of ideation (e.g., 1-3 from above, with 1 being the least severe and 3 being the most severe).

<table>
<thead>
<tr>
<th>Most Severe Ideation:</th>
<th>Type # (1-3)</th>
<th>Description of Ideation</th>
</tr>
</thead>
</table>

#### Frequency

How many times have you had these thoughts? Write response.

1. Only once  2. A few times  3. A lot  4. All the time  5. Don’t know/Not applicable

---

### SUICIDAL BEHAVIOR

(Check all that apply, so long as they are separate events; most ask about all types)

#### Attempted

**Actual Attempt:**

A potentially self-injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as a method to kill oneself, intent does not have to be 100%. If there is any contemplation in the act associated with the act, that it can be considered an actual suicide attempt. Therapists does not have to be any injury or harm, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt.

**Referring Event:** Even an individual has intent to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident to an observer but suicide can be inferred (e.g., person to head, jumping from window of a high floor, etc.). Also, if someone does not intend to die, but they report that what they did could have been lethal, intent may be inferred.

- Did you do anything to try to kill yourself or make yourself not alive anymore? What did you do?
- Did you hurt yourself on purpose? Why did you do that?
- Did you fear death or in a way to end your life?
- Did you think it was possible you could have died?
- Did you want to die (even a little) when you did that?
- Were you trying to make yourself not alive anymore when you did that?
- Or did you do it purely for other reasons, not to end your life or kill yourself (like to make yourself feel better, or get something else to happen)? (Self-Injurious Behavior without suicidal intent)

If yes, describe:

- Has subject engaged in Non-Suicidal Self-Injurious Behavior?
- Has subject engaged in Self-Injurious Behavior, intent unknown?

#### Attempted Attempt

- **Interrupted Attempt:**

  When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (not that, actual attempt would have occurred). Example: Person laps in hand but is stopped from jumping. Once they snap their hand, this becomes an attempt rather than an interrupted attempt. Example: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun isn’t in hand, it is an attempt. Example: Person is prone to jump, is grabbed and taken down from ladder. Example: Person has bona fide suicide but has not yet started to hang is stopped from doing so.

- Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but someone or something stopped you before you actually did anything? What did you do?

If yes, describe:

- **Aborted Attempt or Self-Interrupted Attempt:**

  When person begins to take steps toward making a suicide attempt, but steps themselves before they actually engage in any self-destructive behavior. Example: Someone stops themselves, instead of being stopped by something else.

- Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but you changed your mind (stopped yourself) before you actually did anything? What did you do?

If yes, describe:

- **Preparatory Act or Behavior:**

  Acts or preparation towards immediately making a suicide attempt. This can include anything beyond a deliberation or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one’s death by suicide (e.g., giving things away, writing a goodbye note, getting things you need to kill yourself).

- Have you done anything to get ready to make yourself not alive anymore (to end your life or kill yourself)--like getting things away, writing a goodbye note, getting things you need to kill yourself?

If yes, describe:
Generalized Anxiety Disorder -7 (GAD-7)

<table>
<thead>
<tr>
<th>Over the last two weeks, how often have you been bothered by the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious, or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Being so restless that it is hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Feeling afraid, as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Column totals \( _____ + _____ + _____ + _____ = \)
Liebowitz Social Anxiety Scale (LSAS-SR)

Liebowitz Social Anxiety Scale (LSAS-SR)

Name __________________________ Date __________________________

Fill out the following questionnaire with the most suitable answer listed below. Base your answers on your experience in the past week and, if you have completed the scale previously, be as consistent as possible in your perception of the situation described. Be sure to answer all items.

<table>
<thead>
<tr>
<th>Fear or Anxiety</th>
<th>Avoidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = None</td>
<td>0 = Never (0%)</td>
</tr>
<tr>
<td>1 = Mild</td>
<td>1 = Occasionally (1%-33% of the time)</td>
</tr>
<tr>
<td>2 = Moderate</td>
<td>2 = Often (33%-67% of the time)</td>
</tr>
<tr>
<td>3 = Severe</td>
<td>3 = Usually (67%-100% of the time)</td>
</tr>
</tbody>
</table>

Understanding the situations:

1. Telephoning in public - speaking on the telephone in a public place
2. Participating in small groups - having a discussion with a few others
3. Eating in public places - do you tremble or feel awkward handling food
4. Drinking with others in public places - refer to any beverage including alcohol
5. Talking to people in authority - for example, a boss or teacher
6. Acting, performing or giving a talk in front of an audience - refers to a large audience
7. Going to a party - an average party to which you may be invited; assume you know some but not all people at the party
8. Working while being observed - any type of work you might do including school work or housework
9. Writing while being observed - for example, signing a check in a bank
10. Calling someone you don’t know very well

FEAR OR ANXIETY | AVOIDANCE
Please list the top three problems you would like to work on in treatment and rate how much of a problem they are for you at this time from 1 (not at all a problem) to 10 (completely interfering).

1. ___________________________________________________

   1  2  3  4  5  6  7  8  9  10

2. ___________________________________________________

   1  2  3  4  5  6  7  8  9  10

3. ___________________________________________________

   1  2  3  4  5  6  7  8  9  10
Key Developmental Milestones

- Independence
- Identity
- Responsibility
- Socialization

Arnett, 2000
Assessment of Independence and Developmental Milestones

- Independent living skills necessary for college:
  - Making friends
  - Budgeting
  - Advocating for self with authority figures
  - Getting a part time job
  - Cooking /grocery shopping
  - Sending emails
  - Time management
  - Doing laundry
  - Making bed
  - Maintaining a clean space
  - Being responsible for belongings
  - Waking self up
  - Maintaining hygiene (showering, getting regular haircuts)
Implementation Tips

Decrease barriers
- Forms in waiting rooms
- Word docs/PDFs that can be edited

Encourage completion immediately before sessions
- Have students set alarms
- Review outcome measure right away in session

Track outcomes
Create graph of outcomes and review regularly
Empowering Campus Leaders

Tier 1
Professor  RA  Family Member

Tier 2
Academic Advisor  ResLife Admin

Tier 3
Dean + Student Mental Health
Treatment Strategies
Stepped Care Approach

1. Self-Help Resources
2. Campus Support Networks
3. Guided Self-Help
4. Group Treatment
5. Individual Therapy
6. Medication Management
7. Higher Level of Care
Stepped Care Approach

Self-Help Resources
- Apps
- Books

Campus Support Networks

Guided Self-Help

Group Treatment

Individual Therapy

Medication Management

Higher Level of Care

• Peer Support Groups
• Help Lines
Self-Care Apps

Calm

Headspace

Strides Habit Tracker

Happify

Grateful: A Gratitude Journal

Relax Melodies

Source: Barnes and Noble College
Self-help, on-line & campus resources

• AnxietyBC
  • https://www.anxietybc.com/

• Active Minds
  • http://www.activeminds.org/

• The Jed Foundation
  • https://www.jedfoundation.org/

• All For 1
  • http://www.allfor1-us.org/
Stepped Care Approach

- Self-Help Resources
- Campus Support Networks
- Guided Self-Help
- Group Treatment
- Individual Therapy
- Medication Management
- Higher Level of Care

Black arrow indicates the flow direction.
Stepped Care Approach

- Self-Help Resources
  - Campus Support Networks
  - Guided Self-Help
  - Group Treatment
  - Individual Therapy
  - Medication Management
  - Higher Level of Care
Stepped Care Approach

1. Self-Help Resources
2. Campus Support Networks
3. Guided Self-Help
4. Group Treatment
5. Individual Therapy
6. Medication Management
7. Higher Level of Care
Treatment Options

• Supportive Therapy

• Medication management

• Interpersonal Therapy (IPT)
  o Search for IPT institute

• Cognitive-Behavioral Therapy (CBT)

• Dialectical Behavioral Therapy (DBT)
CBT Skills for Anxiety and Mood

- Cognitive Restructuring
- Problem Solving
- Exposure
- Relaxation
- Behavioral Activation
Cognitive Restructuring
Thoughts Impact Emotions and Behaviors

<table>
<thead>
<tr>
<th>Situation</th>
<th>Thoughts</th>
<th>Feelings</th>
<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failed an exam</td>
<td></td>
<td></td>
<td></td>
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# Thoughts Impact Emotions and Behaviors

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<th>Feelings</th>
<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failed an exam</td>
<td>“I never do anything right.”</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>“I'm going to get kicked out of school.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>“Everyone thinks I’m an idiot.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>“I guess I didn’t study hard enough.”</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>“I’ll need a better plan next time.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>“My parents will be disappointed but understand.”</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thoughts Impact Emotions and Behaviors

<table>
<thead>
<tr>
<th>Situation</th>
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<th>Feelings</th>
<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failed an exam</td>
<td>“I never do anything right.”</td>
<td>Depressed (8/10)</td>
<td>Sleep</td>
</tr>
<tr>
<td></td>
<td>“I'm going to get kicked out of school.”</td>
<td></td>
<td>Isolate from loved ones</td>
</tr>
<tr>
<td></td>
<td>“Everyone thinks I’m an idiot.”</td>
<td>Anxious (7/10)</td>
<td>Avoid Professor and class content</td>
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<tr>
<td></td>
<td>“My parents will be disappointed but understand.”</td>
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</tbody>
</table>
## Thoughts Impact Emotions and Behaviors

<table>
<thead>
<tr>
<th>Situation</th>
<th>Thoughts</th>
<th>Feelings</th>
<th>Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failed an exam</td>
<td>“I never do anything right.”</td>
<td>Depressed (8/10)</td>
<td>Sleep</td>
</tr>
<tr>
<td></td>
<td>“I'm going to get kicked out of school.”</td>
<td>Anxious (7/10)</td>
<td>Isolate from loved ones</td>
</tr>
<tr>
<td></td>
<td>“Everyone thinks I'm an idiot.”</td>
<td></td>
<td>Avoid Professor and class content</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Likely to continue to do poorly in the class</td>
</tr>
<tr>
<td></td>
<td>“I guess I didn’t study hard enough.”</td>
<td>Depressed (6/10)</td>
<td>Call a friend</td>
</tr>
<tr>
<td></td>
<td>“I’ll need a better plan next time.”</td>
<td>Anxious (4/10)</td>
<td>Email TA or Professor</td>
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<tr>
<td></td>
<td>“My parents will be disappointed but understand.”</td>
<td></td>
<td>Join a study group</td>
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<td></td>
<td></td>
<td></td>
<td>Play basketball</td>
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</tbody>
</table>
Cognitive Restructuring

• Identify automatic thoughts and treat these as hypotheses to be tested
• Provide corrective information about stress and threat
• “Check the Facts” on automatic thoughts by using Cognitive Coping Questions

Cognitive Coping Questions

1. Do I know for sure that ______ will happen?
2. What else could happen?
3. What evidence do I have for and against my thought?
4. What’s the worst case/best case/most likely outcome?
5. What would I tell a friend?
6. Is there another way to look at this?
Cognitive Restructuring: **Practice**

1. Identify potential automatic thoughts that may come up
2. Answer cognitive coping questions
3. Identify a more realistic, balanced, or helpful thought

<table>
<thead>
<tr>
<th>Situation</th>
<th>Automatic Thought</th>
<th>Evidence For / Evidence Against (or other cognitive coping question)</th>
<th>Alternative Thought</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have an exam coming up that will be a large percentage of your grade. You've heard it will be very difficult.</td>
<td></td>
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<tr>
<td>You texted your friend that you're not comfortable hanging out without a mask and he hasn’t replied yet.</td>
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<tr>
<td>You just learned you weren’t offered a spot in the sorority or club you were hoping to join.</td>
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</tbody>
</table>
Exposure
Avoidance Maintains Anxiety

- Situation
- Threat related thoughts
- Distress
- Avoidance or Escape
- Immediate decrease in distress
- Long term increase in distress

Graphs showing the level of emotion over time, with an arrow indicating an avoid/escape mechanism.
When Anxiety Gets Too Big

Intensity of Anxiety

Avoidance

Time
When Anxiety Gets Too Big

![Graph showing the intensity of anxiety over time with two peaks labeled 'Avoidance'.]
When Anxiety Gets Too Big

Intensity of Anxiety

Time

AVOIDANCE

AVOIDANCE

AVOIDANCE
When Anxiety Gets Too Big

Intensity of Anxiety vs Time

AVOIDANCE

Time

Intensity of Anxiety
When Anxiety Gets Too Big

![Graph showing the intensity of anxiety over time with avoidance points marked.](image-url)
Approaching Anxiety-Provoking Situations

Intensity of Anxiety

Time

Approach X Approach X Approach X Approach X
Exposure Guidelines

Why?
• Habituation
• Test anxious predictions
• Build confidence

How?
• Consistent with your goals/values
• Gradual
• Repeated over time
• Reward yourself for small steps
Sample Exposure Ladders

Making New Friends
• Say “hi” to two people in your class
• Introduce yourself to a classmate
• Go to one club meeting
• Ask a new person to get food after class
• Go to a party and stay for 30 minutes
• Go to a party and talk to 3 new people
Common Exposures

Social Anxiety
- Start a conversation with a peer
- Ask/answer a question in class
- Ask a professor a grade change or extension
- Give a presentation in front of class
- Ask roommate to clean up
- Go to dining hall alone

Perfectionism
- Limit editing or revising
- Complete an assignment “imperfectly”
- Play a game and get questions wrong on purpose
- Reduce reassurance seeking from TA, friends, parents

Somatic Symptoms/Panic
- Chair spinning
- Breathe through a straw
- Put head between legs and sit up quickly

Separation Anxiety
- Stay home while roommate goes out
- Reduce calls/texts home
- Go to a party without friend
- Walk to class on own
Building Independence

• Practice tasks to build independence
  • Making meals
  • Doing laundry
  • Making phone calls
  • Scheduling appointments
  • Waking up on my own

Developmental Hierarchy

Develop a list of tasks based on “Tasks of Emerging Adulthood.” Rate each task according to the degree of emotional challenge (e.g., 0 = not at all emotionally challenging, 100 = the most emotionally challenging) and degree of independence (e.g., 0 = I am never independently completing the task, 100 = I am always independently completing this task).

<table>
<thead>
<tr>
<th>Task</th>
<th>Emotional Challenge</th>
<th>Independence</th>
</tr>
</thead>
<tbody>
<tr>
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Behavioral Activation
Myth of Mood Dependent Behavior
Activity Tracking

- Record activities + mood rating (1-10)
- Review and identify patterns between behavior and mood
# Activity Tracking

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td><strong>Morning</strong></td>
<td>• overslept (3)</td>
<td>• Yoga (7)</td>
<td>• Caught up on work (6)</td>
<td>• Overslept (3)</td>
<td>• Yoga (6)</td>
</tr>
<tr>
<td></td>
<td>• breakfast w/ friend (6)</td>
<td>• Zoom class (6)</td>
<td></td>
<td>• Missed zoom class (2)</td>
<td>• Breakfast w/friend (8)</td>
</tr>
<tr>
<td><strong>Afternoon</strong></td>
<td>• 2 zoom classes (4)</td>
<td>• Cleaned (6)</td>
<td>• 2 zoom classes (4)</td>
<td>• Sat around apt (3)</td>
<td>• Zoom seminar (8)</td>
</tr>
<tr>
<td></td>
<td>• Binge-watched Netflix (5)</td>
<td></td>
<td></td>
<td>• Netflix (4)</td>
<td></td>
</tr>
<tr>
<td><strong>Evening</strong></td>
<td>• Workout at home (6)</td>
<td>• Skipped dinner with friend (3)</td>
<td>• Virtual club event (7)</td>
<td>• Argument with mom (3)</td>
<td>• Virtual happy hour (7)</td>
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<tr>
<td></td>
<td>• Fam facetime (8)</td>
<td>• Up late playing video games (6)</td>
<td>• Up late playing video games (6)</td>
<td>• Video games until late (4)</td>
<td>• Dinner with roommate (8)</td>
</tr>
<tr>
<td>Activity Tracking</td>
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                    • Breakfast w/friend (8) |
| **Afternoon**      |  • 2 zoom classes (4) |  • Cleaned (6)  
                    • Binge-watched Netflix (5) |  • 2 zoom classes (4)  
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                    • Video games until late (4) |  • Virtual happy hour (7)  
                    • Dinner with roommate (8) |
Activity Scheduling

USE INFORMATION TO CREATE A SCHEDULE FOR YOU WEEK

INCORPORATE ACTIVITIES THAT WILL BE MEANINGFUL AND ENGAGING
5 Types of Activities

- Physical
- Fun
- Service
- Mastery
- Social
Response: Emotional or Physical

Trigger: Something bad happens

Want to get rid of ASAP

Behavior: How we act
Trigger, Response, Avoidance Pattern

- Trigger
- Response
- Avoidance Pattern
- Want to get rid of ASAP
- More Problems
Trigger, Response, Avoidance

Response

Want to get rid of ASAP

Trigger

Active Choice
Making Active Choices

1. Make sure I wear a mask and ask a friend to encourage others to do the same
2. Go to the study group but maintain more than 6 feet of distance
3. FaceTime into the study session

What are the short and long-term outcomes of each choice?
<table>
<thead>
<tr>
<th>Wear A Mask</th>
<th>Uncomfortable</th>
<th>Anxious</th>
<th>Stay safe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feel prepared</td>
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<td></td>
<td></td>
<td>Connect with</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>others</td>
</tr>
<tr>
<td>Keep 6+ feet</td>
<td>Feel safer</td>
<td>Hard to hear</td>
<td>Stay safe</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feel prepared</td>
</tr>
<tr>
<td>FaceTime</td>
<td>Feel safer</td>
<td>Zoom fatigue</td>
<td>Stay safe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hard to participate</td>
<td>Somewhat prepared</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feel left out</td>
</tr>
</tbody>
</table>
Behavioral Experiment
Behavioral Experiment

Part 1:
Rate your mood

Think of a problem you are currently having

Spend 1-2 minutes thinking about the problem and how it is making you feel

Re-rate your mood
Behavioral Experiment

Part 2:

Spend two minutes stretching, doing jumping jacks, or taking a little walk around the room.

Re-rate your mood
Behavioral Experiment

Part 3:

Spend two minutes problem solving or
OR taking action

Re-rate your mood
Relaxation
Introducing and Practicing Skills: ReST

• Relax your muscles
• Slow your breathing
• Think of a peaceful place

(PracticeWise LLC, 2009)
Come Into the Present

- Notice your surroundings
- Notice physical sensations in your body
- When your mind wanders, acknowledge the thought and bring your mind back to the present
- When your mind wanders to the what if’s, remind yourself that this is a temporary state, and bring your mind back to the present.

### 5 Things You Can SEE
Observe and name FIVE things you can see in your surroundings. Take your time with each object. Notice the nuances and details of each item.

### 4 Things You Can TOUCH
Notice and touch FOUR objects in your immediate reach. If possible, hold each item. Feel the texture and the sensation in your hand.

### 3 Things You Can HEAR
Become aware of the sounds around you. Name THREE specific sounds that you can hear. It can be any sound at all.

### 2 Things You Can SMELL
Notice any TWO scents around you. It’s okay to get creative. It could be the smell of the air in the room, your skin or hair, or imagine a specific calming aroma.

### 1 Thing You Can TASTE
Become aware of ONE taste. If you have something you can eat, take a bite. Taste the flavor. If not, get creative. It could be a lingering flavor in your mouth from lunch, a piece of gum, or even imagined.

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Problem Solving
Problem Solving STEPS

S Say what the problem is
T Think of solutions
E Evaluate pros/cons of each
P Pick one and try it out
S See if it worked
Problem Solving: Practice

• For each of the following, practice using the problem solving STEPS

• **Problem**: You failed your first exam

• **Problem**: Your roommate keeps inviting people over that you do not like

• **Problem**: You have an essay due tomorrow and you do not anticipate being able to finish

![Diagram](chart.png)
Questions?

Thank You!

www.nyp.org/youthanxiety
Upcoming Webinars and Workshops:

Strategies for Promoting Resilience, Wellness, and Coping Skills for the Campus Community

10/28/20, 1 pm EST

More Youth Anxiety Center Webinars and information available at: https://www.nyp.org/youthanxiety/important-notice