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The Assessment and Treatment of Anxiety and Mood Symptoms

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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



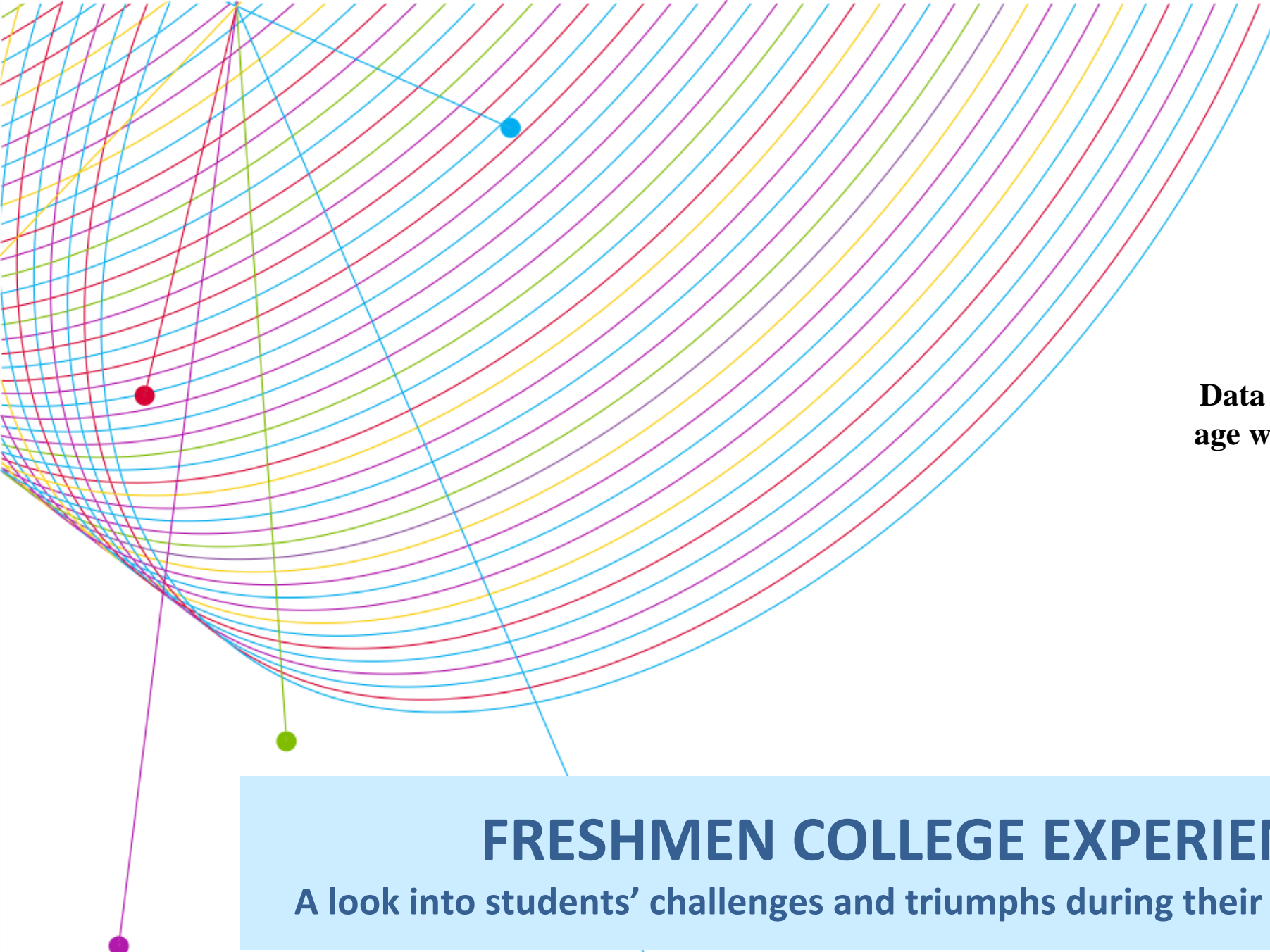
Assessment of Anxiety and Mood Symptoms

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



Surveyed in spring 2015
N=1,502 freshmen
Ages 17-20
Data weighted where necessary by
age within gender, race/ethnicity &
religion



FRESHMEN COLLEGE EXPERIENCES:

A look into students' challenges and triumphs during their first term at college

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.



8% report having a physical condition or limitation

7% report having a learning disability

% report being treated/diagnosed with a health condition or disorder before college

Nearly 1 in 5 (18%): depression

Nearly 1 in 5 (17%): anxiety

Nearly 1 in 10 (8%): ADHD

Nearly 1 in 10 (8%): self-harm

1 in 20 (5%): disordered eating/eating disorder

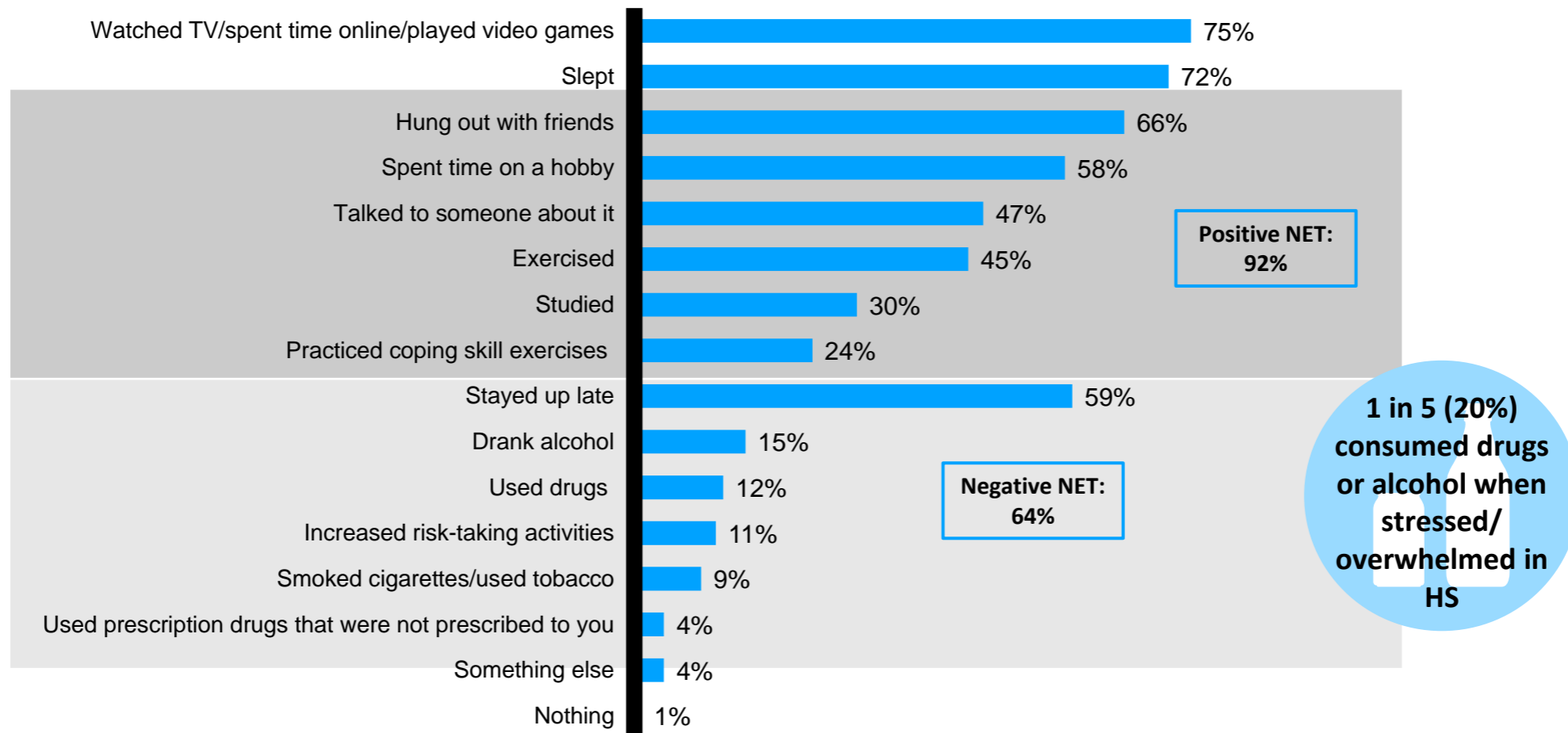
BASE: QUALIFIED RESPONDENTS (n=1502)

Q1105 Which of the following conditions, if any, have you ever been diagnosed with or treated for by a physician or other healthcare provider?

Q1040 Which of the following, if any, describes you?

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.

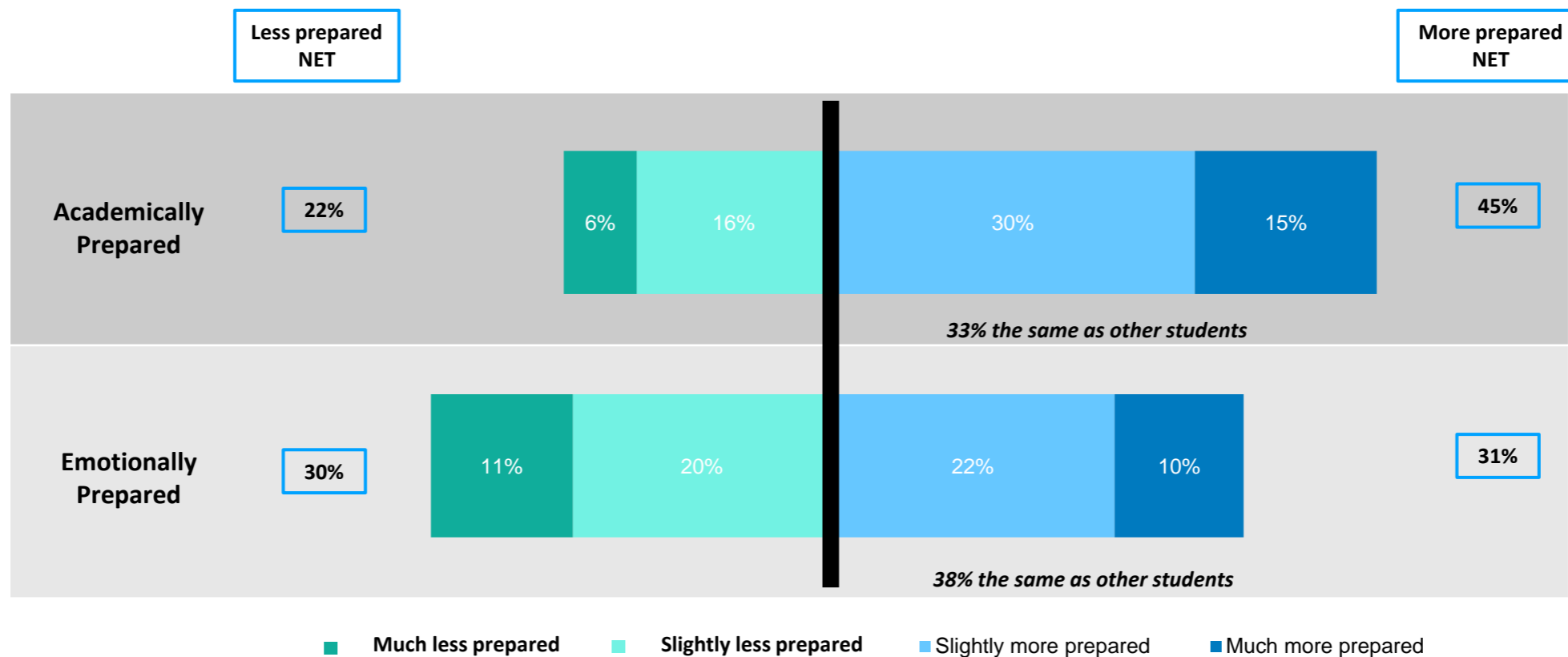


BASE: QUALIFIED RESPONDENTS (n=1502)

Q730 Which of the following activities, if any, did you typically do when you felt overwhelmed or stressed during your final year in high school? Please select all that apply.

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=1502)

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 peer interaction



Reduced academic support



Restricted independence and freedom



Return to living at home



Worries about future



Family conflict/responsibilities



Activities, sports, internships, cancelled



Financial stress

Anxiety or Mood Struggles as a Disorder?



Mobilizing vs. Paralyzing



Functioning declines

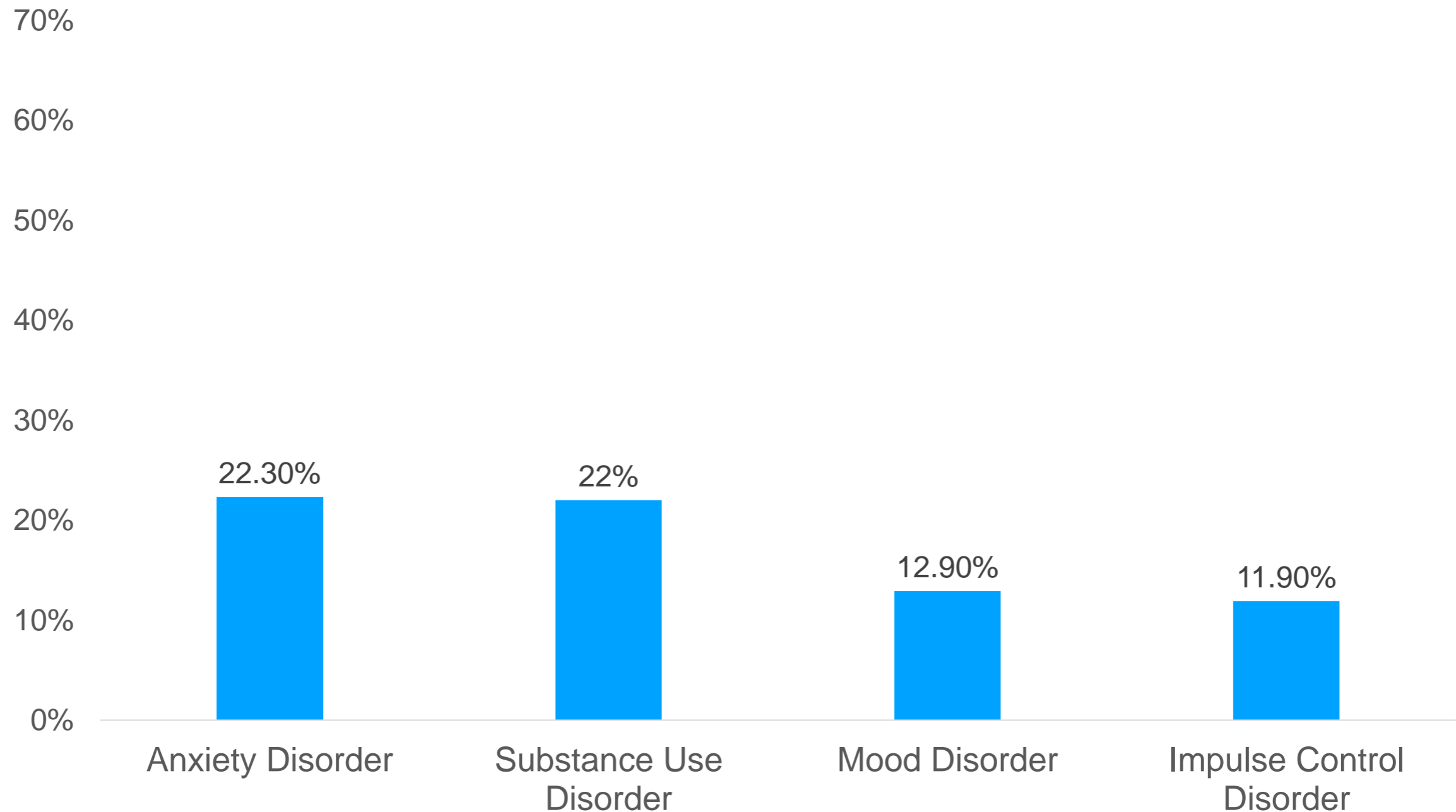


Distress



Duration

Prevalence Rates for Psychiatric Disorders: 18-29 yo (n=9282)



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 "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

Columbia– Suicide Severity Rating Scale (C-SSRS)

SUICIDAL IDEATION					
<p><i>Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.</i></p>	Since Last Visit				
<p>1. Wish to be Dead Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <i>Have you thought about being dead or what it would be like to be dead?</i> <i>Have you wished you were dead or wished you could go to sleep and never wake up?</i> <i>Do you wish you weren't alive anymore?</i></p> <p>If yes, describe:</p>	<table border="0"> <tr> <td style="padding-right: 20px;">Yes</td> <td>No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
<p>2. Non-Specific Active Suicidal Thoughts General, non-specific thoughts of wanting to end one's life/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. <i>Have you thought about doing something to make yourself not alive anymore?</i> <i>Have you had any thoughts about killing yourself?</i></p> <p>If yes, describe:</p>	<table border="0"> <tr> <td style="padding-right: 20px;">Yes</td> <td>No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
<p>3. Active Suicidal Ideation with Any Methods (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." <i>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?</i></p> <p>If yes, describe:</p>	<table border="0"> <tr> <td style="padding-right: 20px;">Yes</td> <td>No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
<p>4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject reports having <u>some intent to act on such thoughts</u>, as opposed to "I have the thoughts but I definitely will not do anything about them." <i>When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do?</i> <i>This is different from (as opposed to) having the thoughts but knowing you wouldn't do anything about it.</i></p> <p>If yes, describe:</p>	<table border="0"> <tr> <td style="padding-right: 20px;">Yes</td> <td>No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
<p>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. <i>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?</i> <i>What was your plan?</i> <i>When you made this plan (or worked out these details), was any part of you thinking about actually doing it?</i></p> <p>If yes, describe:</p>	<table border="0"> <tr> <td style="padding-right: 20px;">Yes</td> <td>No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				

Generalized Anxiety Disorder -7 (GAD-7)

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

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.

Fear or Anxiety	Avoidance
► 0 = None	► 0 = Never (0%)
► 1 = Mild	► 1 = Occasionally (1%-33% of the time)
► 2 = Moderate	► 2 = Often (33%-67% of the time)
► 3 = Severe	► 3 = Usually (67%-100% of the time)

Understanding the situations:	FEAR OR ANXIETY	AVOIDANCE
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 - refers 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		

Top Problems

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



Implementation Tips



Decrease
barriers

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



Encourage completion
immediately before
sessions

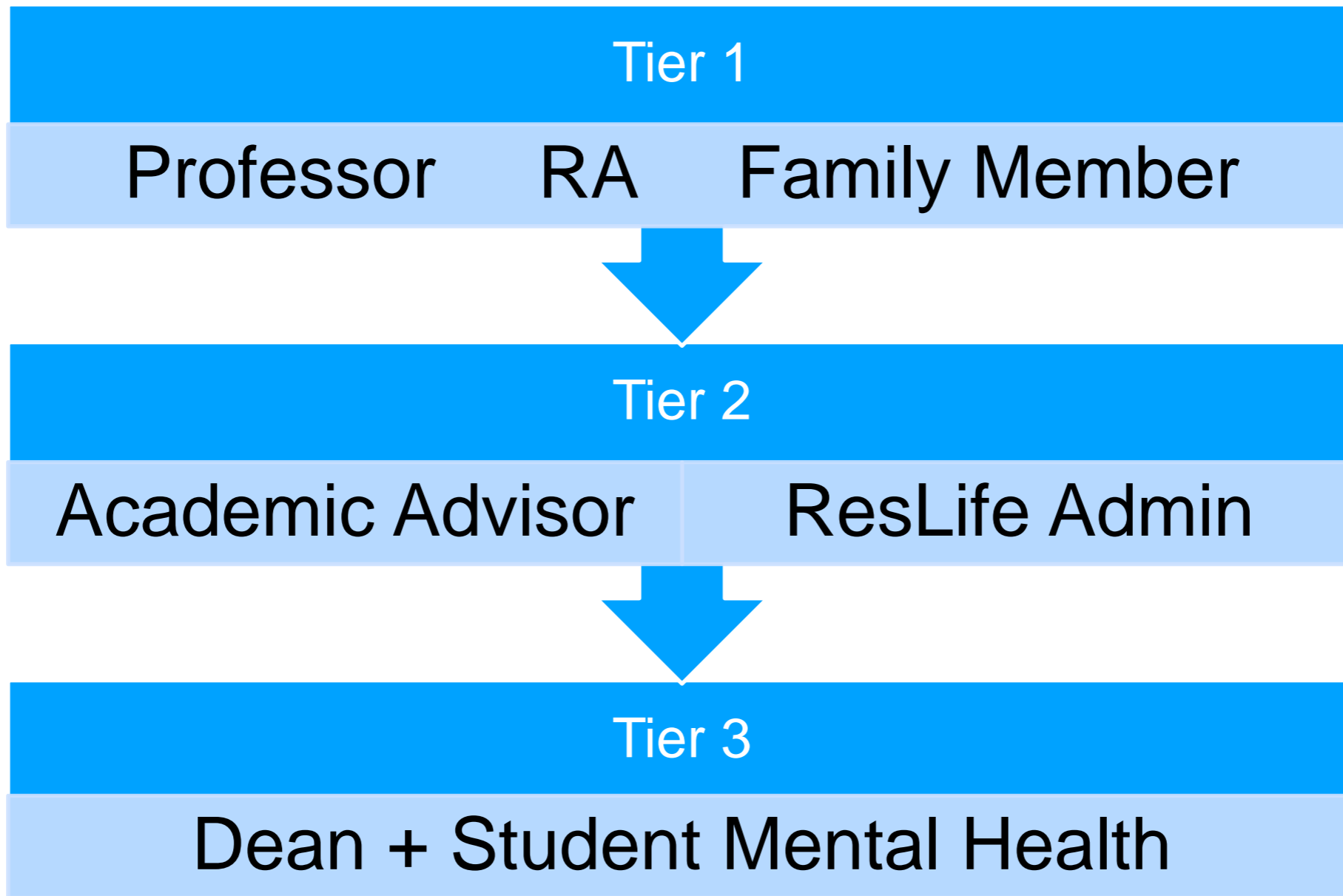
- Have students set alarms
- Review outcome measure right away in session



Track
outcomes

Create graph of
outcomes and review
regularly

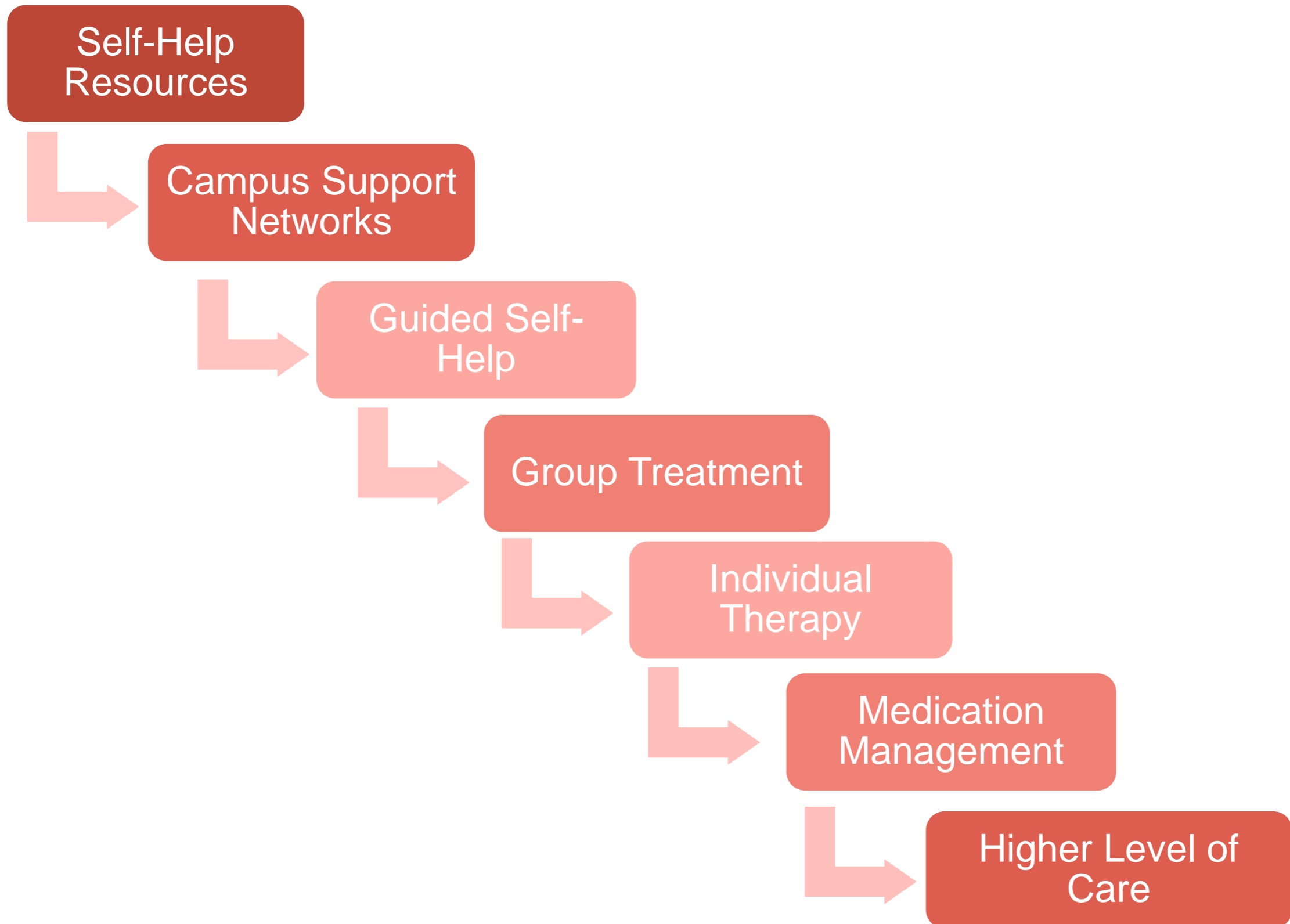
Empowering Campus Leaders



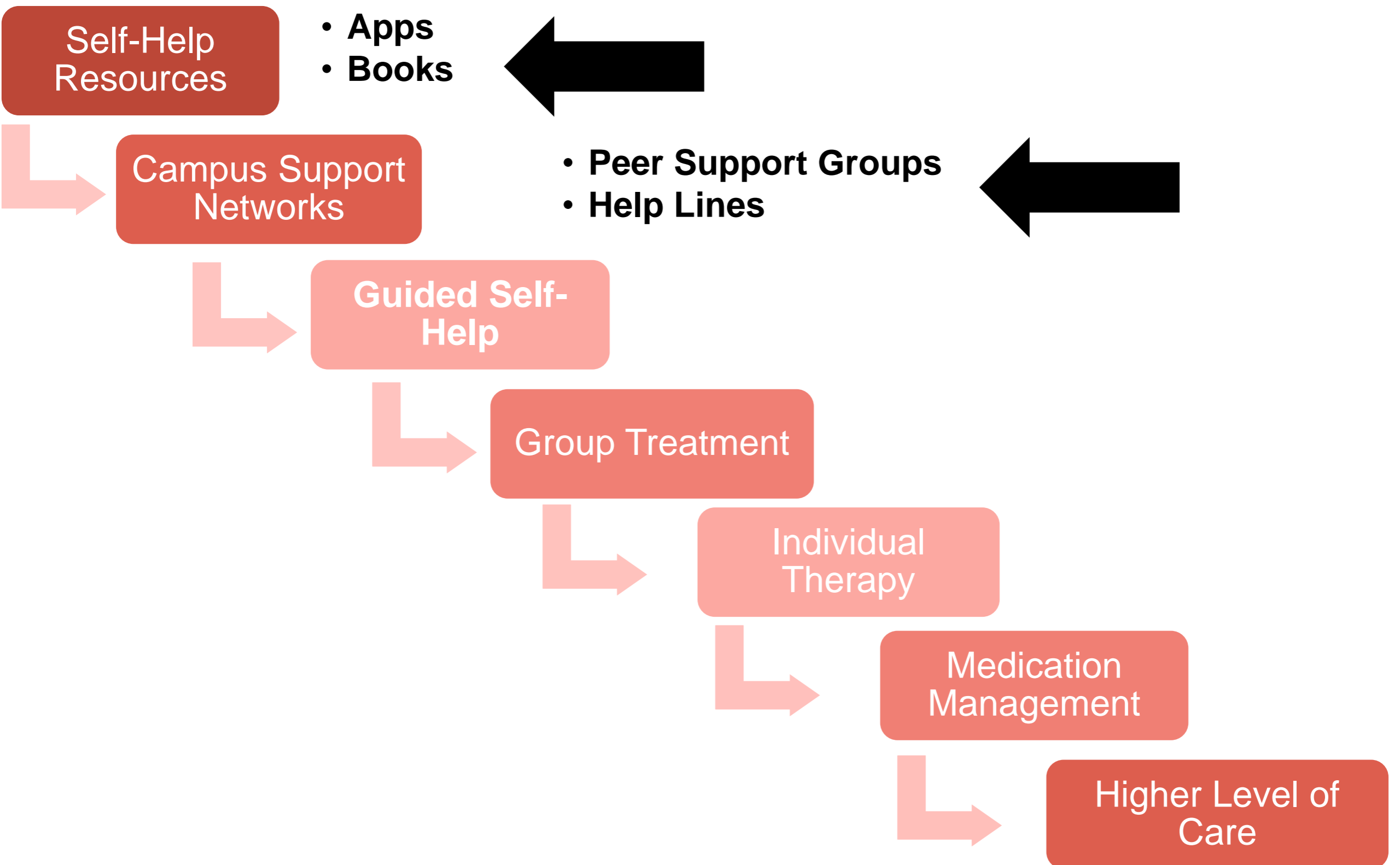


Treatment Strategies

Stepped Care Approach

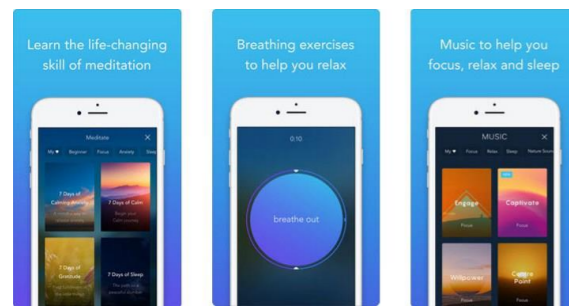


Stepped Care Approach

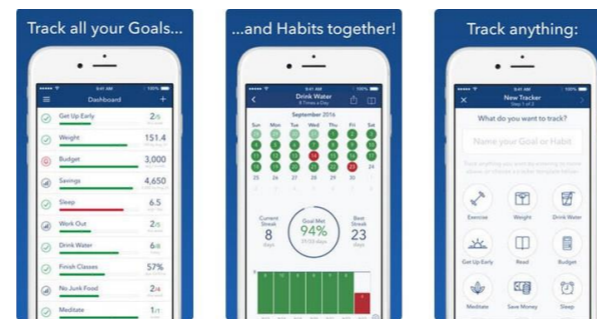


Self-Care Apps

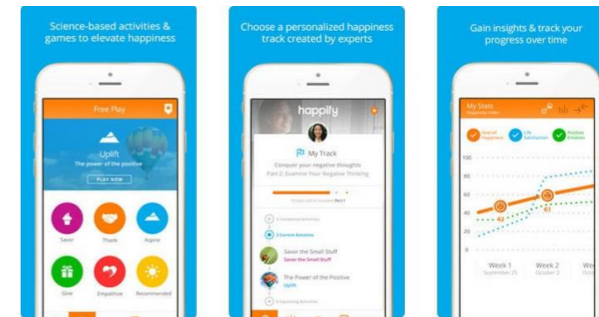
Calm



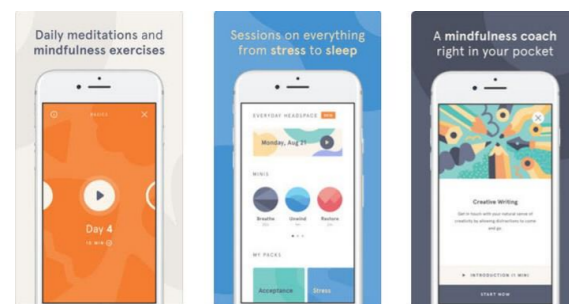
Strides Habit Tracker



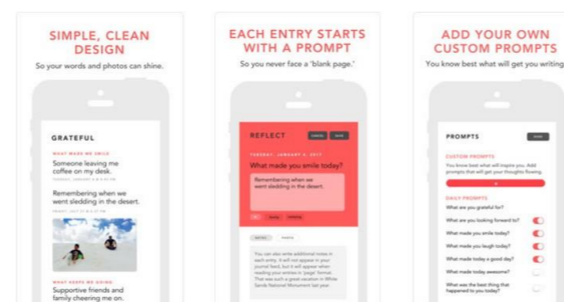
Happify



Headspace



Grateful: A Gratitude Journal



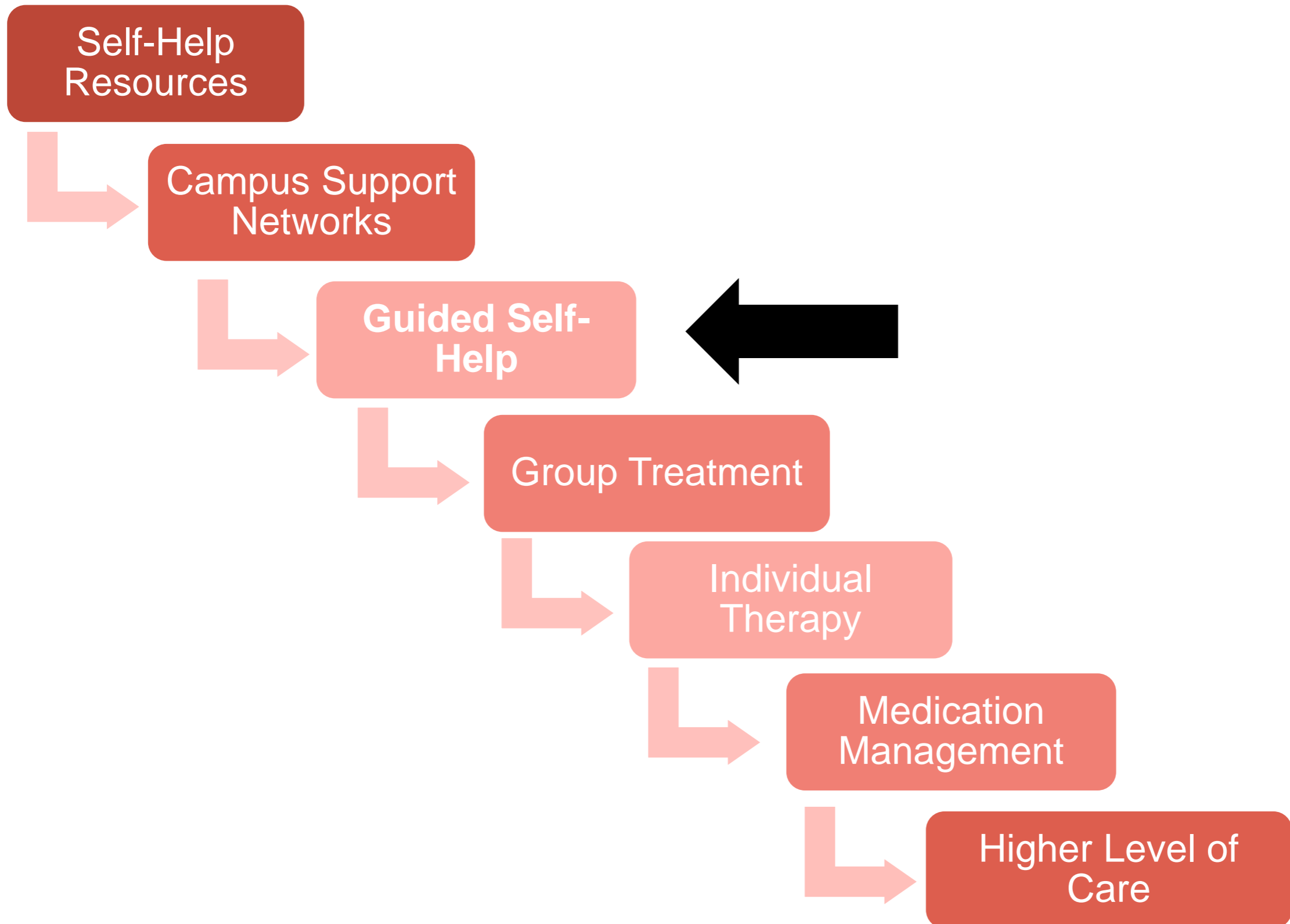
Relax Melodies



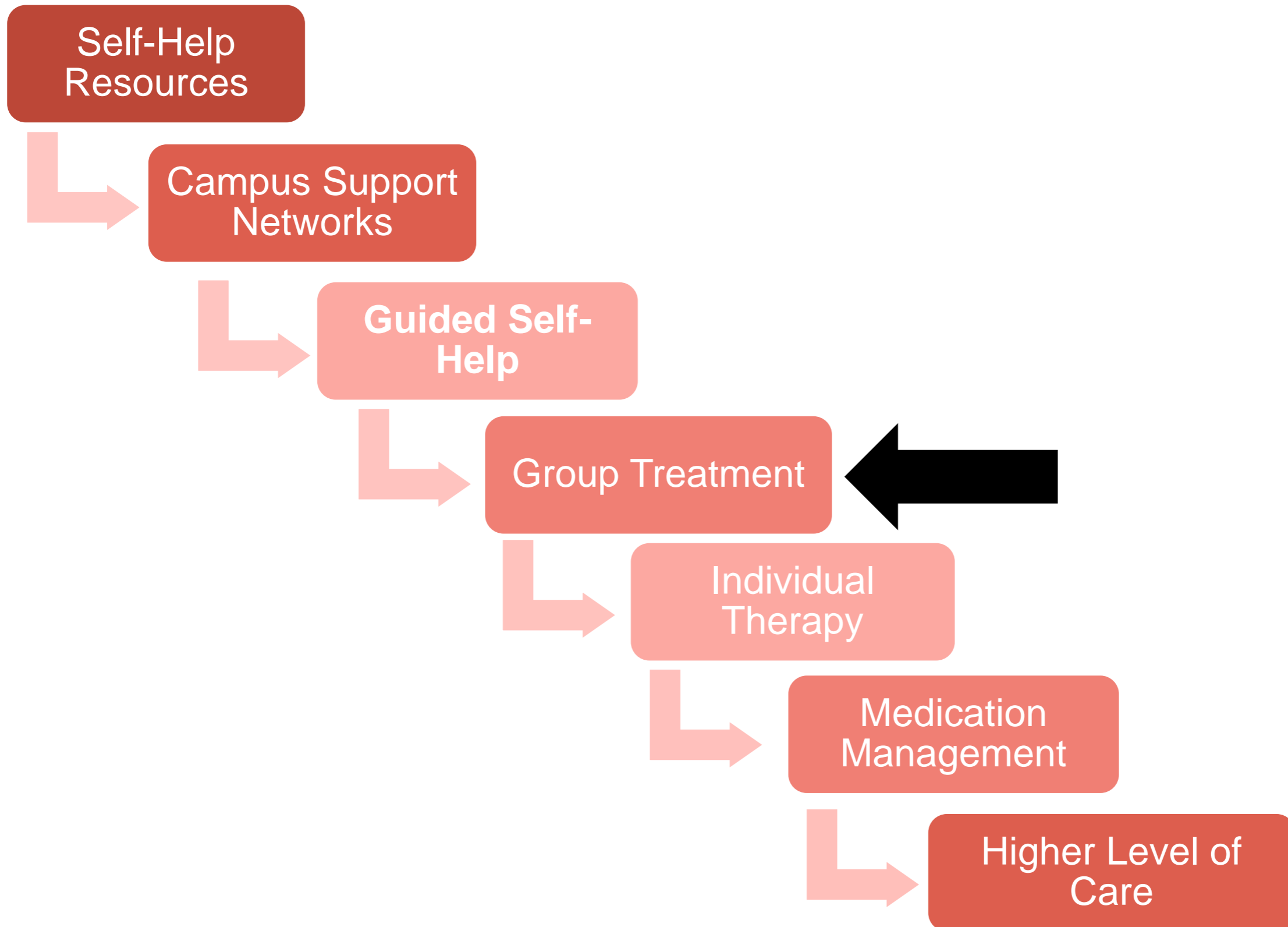
Self-help, on-line & campus resources

- **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/>

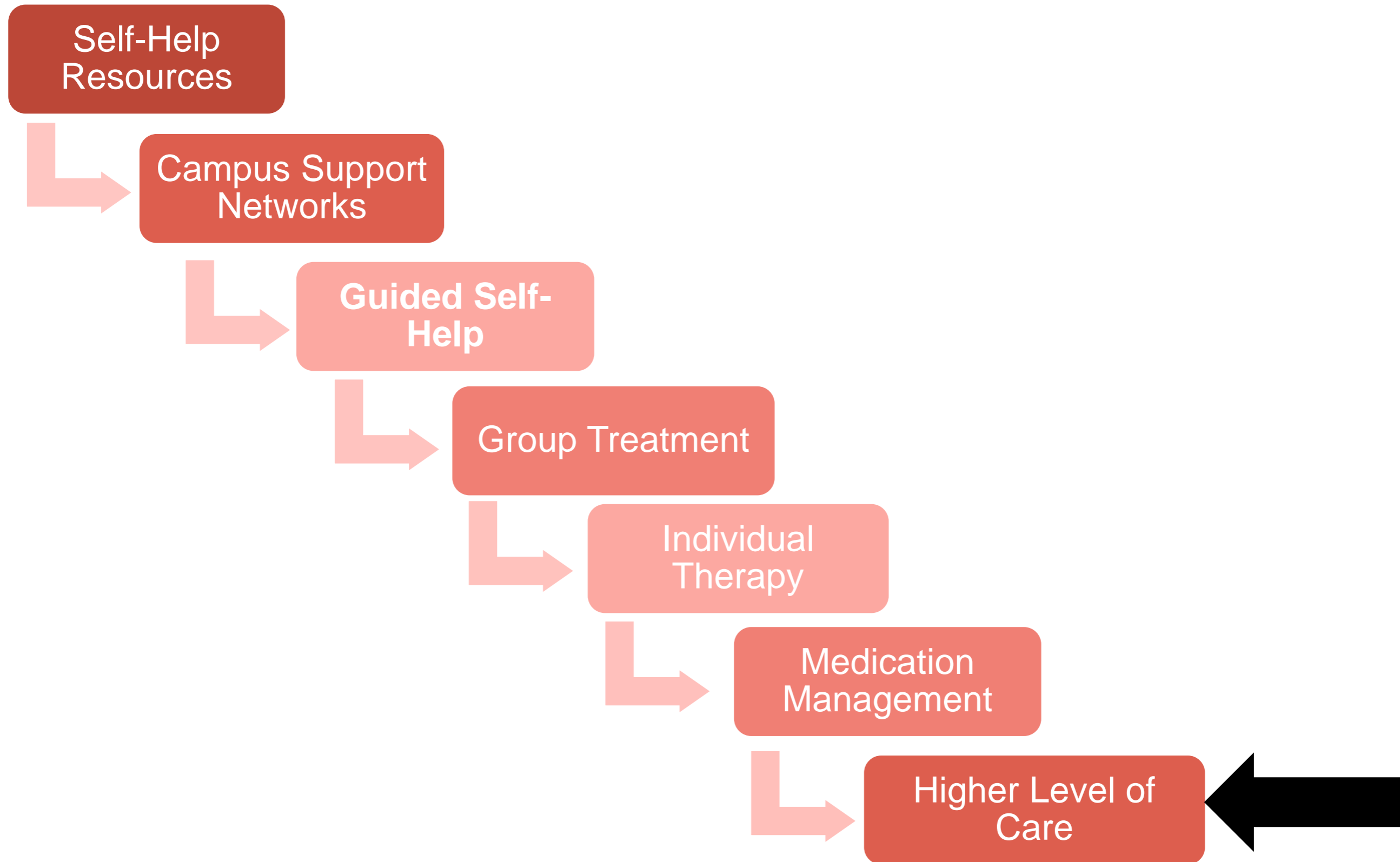
Stepped Care Approach



Stepped Care Approach



Stepped Care Approach



Treatment Options

- **Supportive Therapy**
- **Medication management**
- **Interpersonal Therapy (IPT)**
 - **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

Situation	Thoughts	Feelings	Behaviors
Failed an exam			

Situation	Thoughts	Feelings	Behaviors
Failed an exam			

Thoughts Impact Emotions and Behaviors

Situation	Thoughts	Feelings	Behaviors
Failed an exam	"I never do anything right." "I'm going to get kicked out of school." "Everyone thinks I'm an idiot."		

Situation	Thoughts	Feelings	Behaviors
Failed an exam	"I guess I didn't study hard enough." "I'll need a better plan next time." "My parents will be disappointed but understand."		

Thoughts Impact Emotions and Behaviors

Situation	Thoughts	Feelings	Behaviors
Failed an exam	"I never do anything right." "I'm going to get kicked out of school." "Everyone thinks I'm an idiot."	Depressed (8/10) Anxious (7/10)	Sleep Isolate from loved ones Avoid Professor and class content Likely to continue to do poorly in the class

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Thoughts Impact Emotions and Behaviors

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Failed an exam	"I never do anything right." "I'm going to get kicked out of school." "Everyone thinks I'm an idiot."	Depressed (8/10) Anxious (7/10)	Sleep Isolate from loved ones Avoid Professor and class content Likely to continue to do poorly in the class

Situation	Thoughts	Feelings	Behaviors
Failed an exam	"I guess I didn't study hard enough." "I'll need a better plan next time." "My parents will be disappointed but understand."	Depressed (6/10) Anxious (4/10)	Call a friend Email TA or Professor Join a study group Play basketball

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?

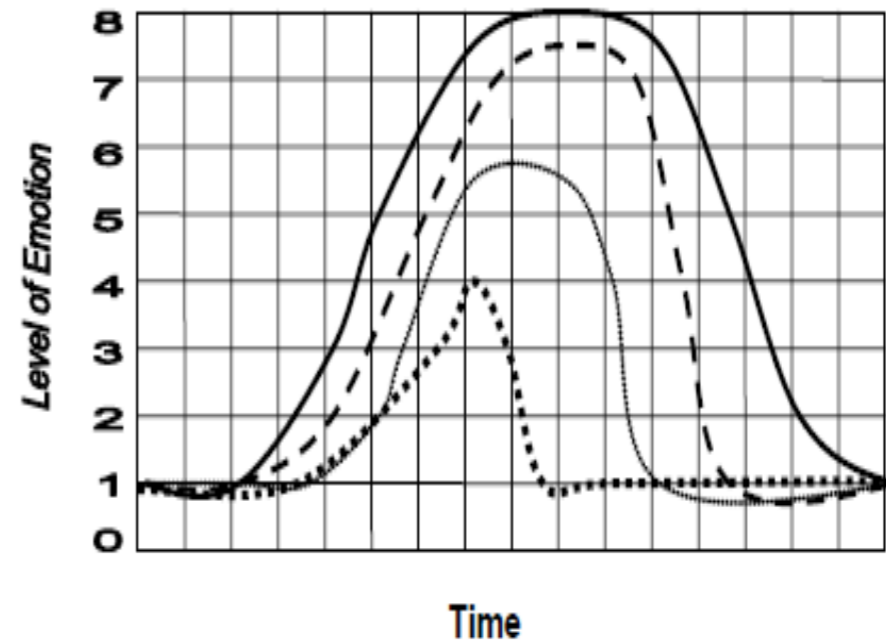
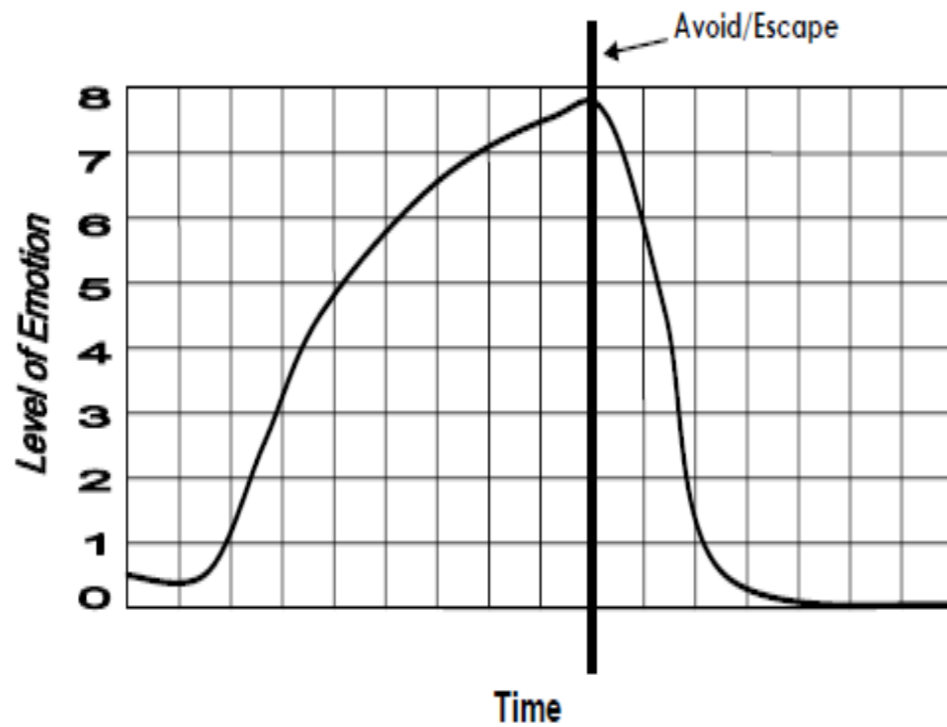
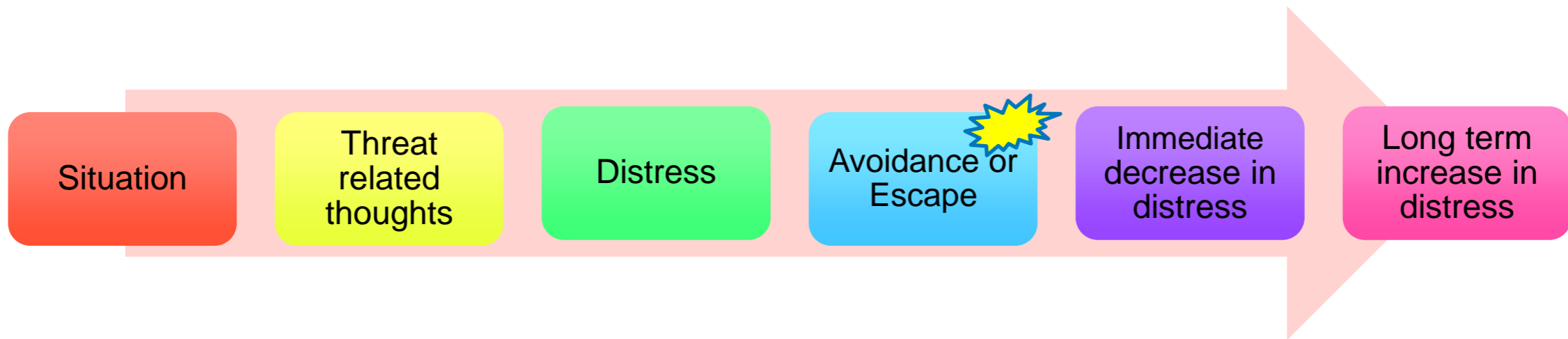
Cognitive Restructuring: Practice

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

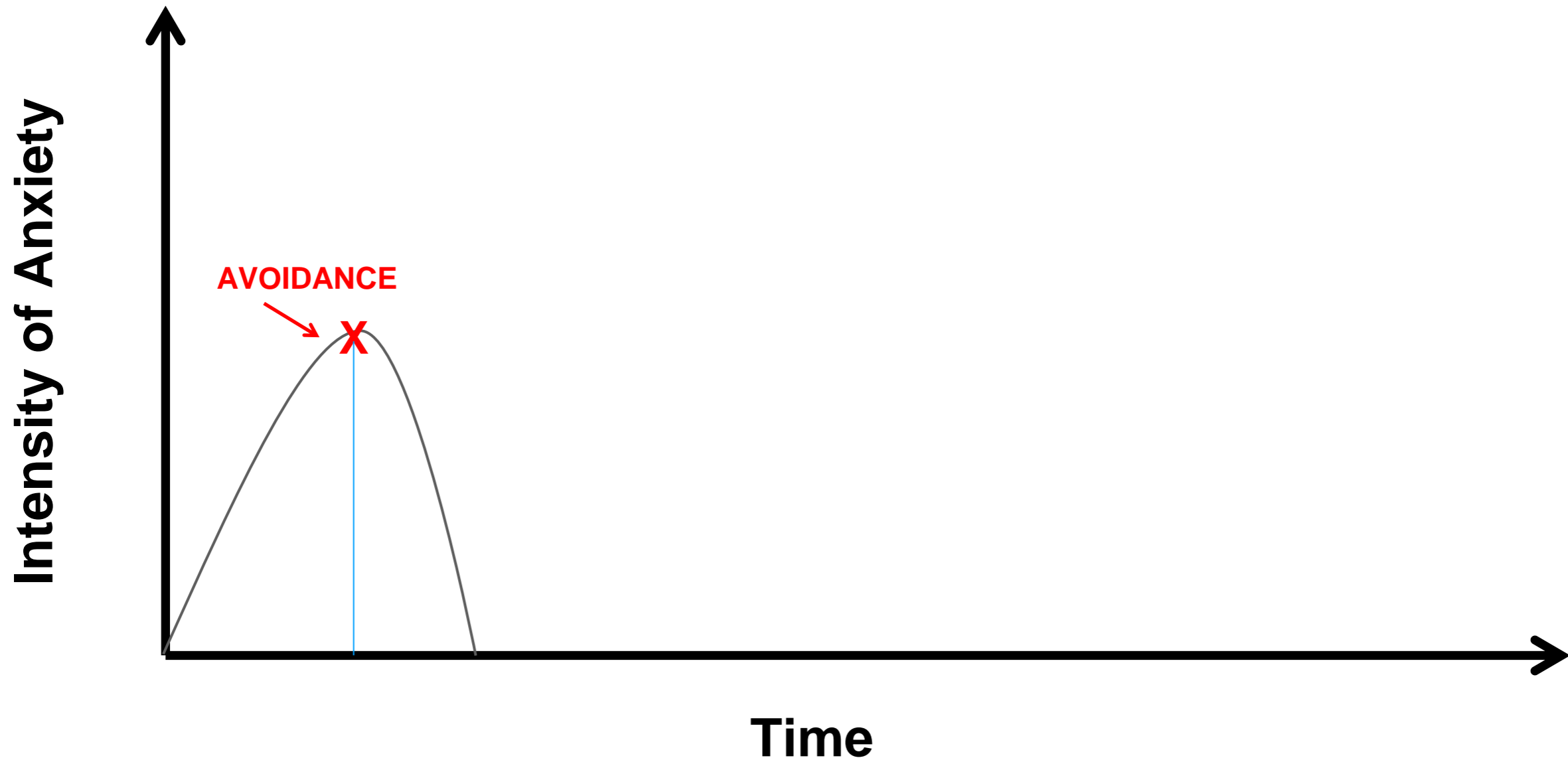
Situation	Automatic Thought	Evidence For / Evidence Against (or other cognitive coping question)	Alternative Thought
You have an exam coming up that will be a large percentage of your grade. You've heard it will be very difficult.			
You texted your friend that you're not comfortable hanging out without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

Exposure

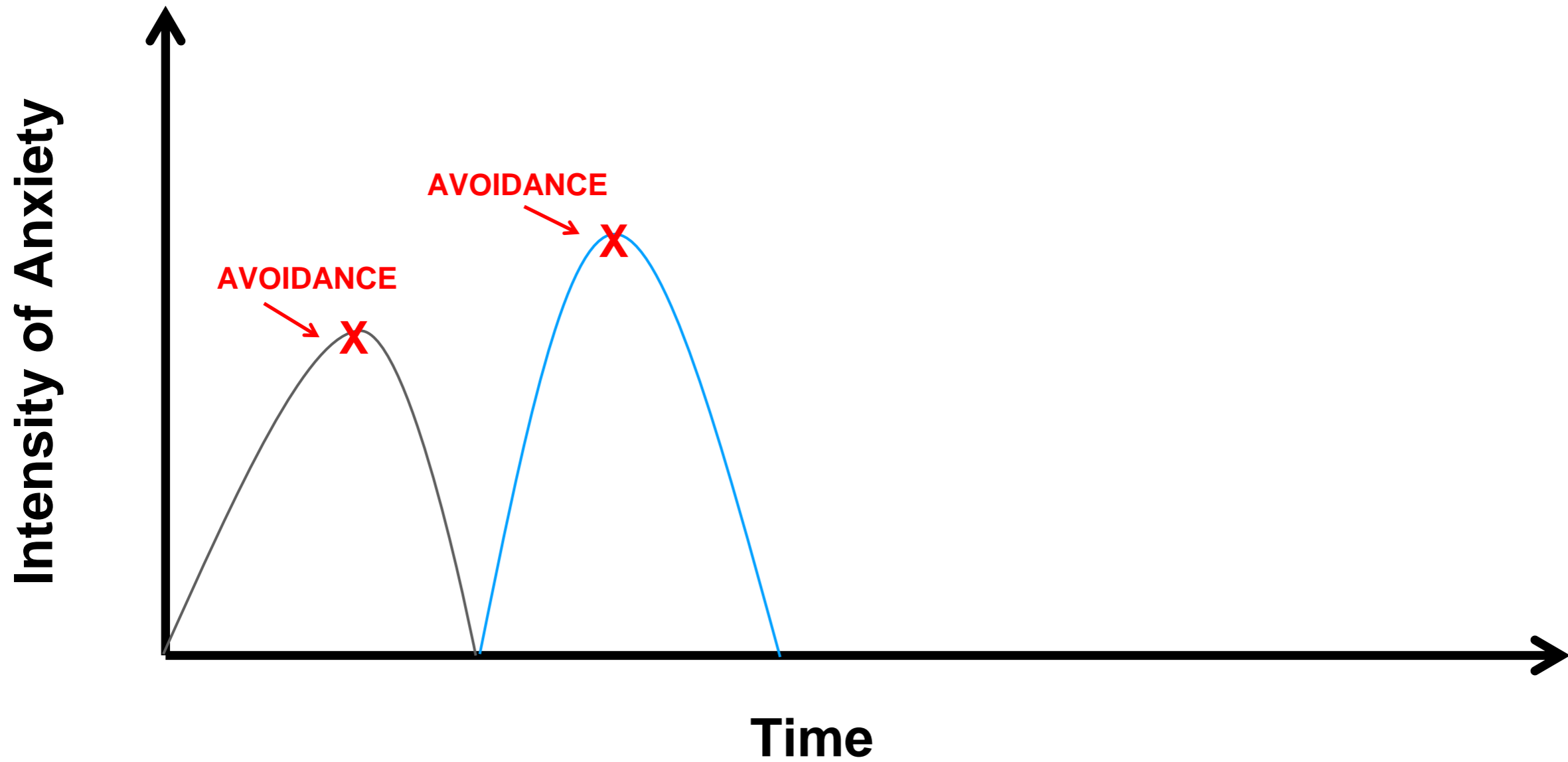
Avoidance Maintains Anxiety



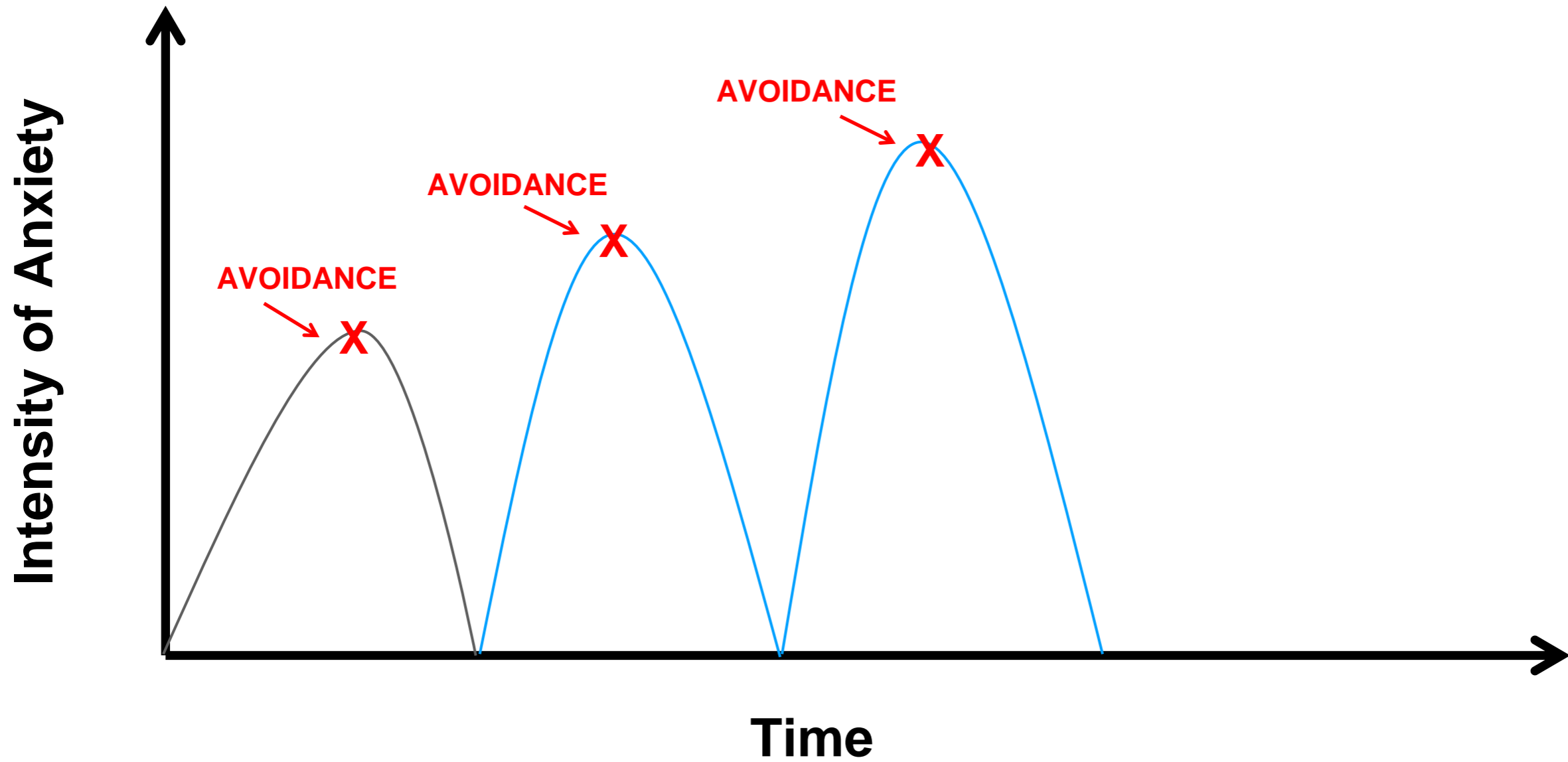
When Anxiety Gets Too Big



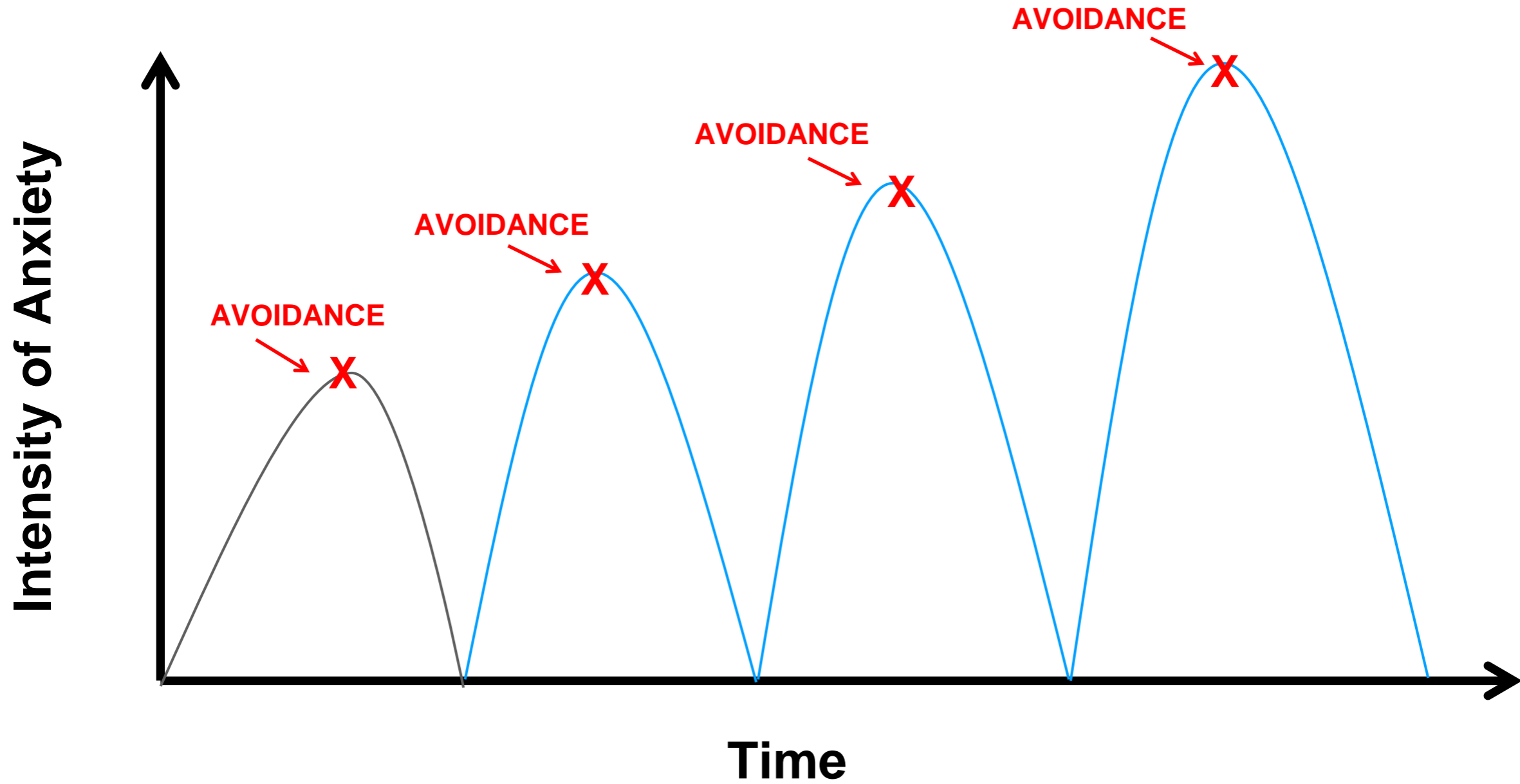
When Anxiety Gets Too Big



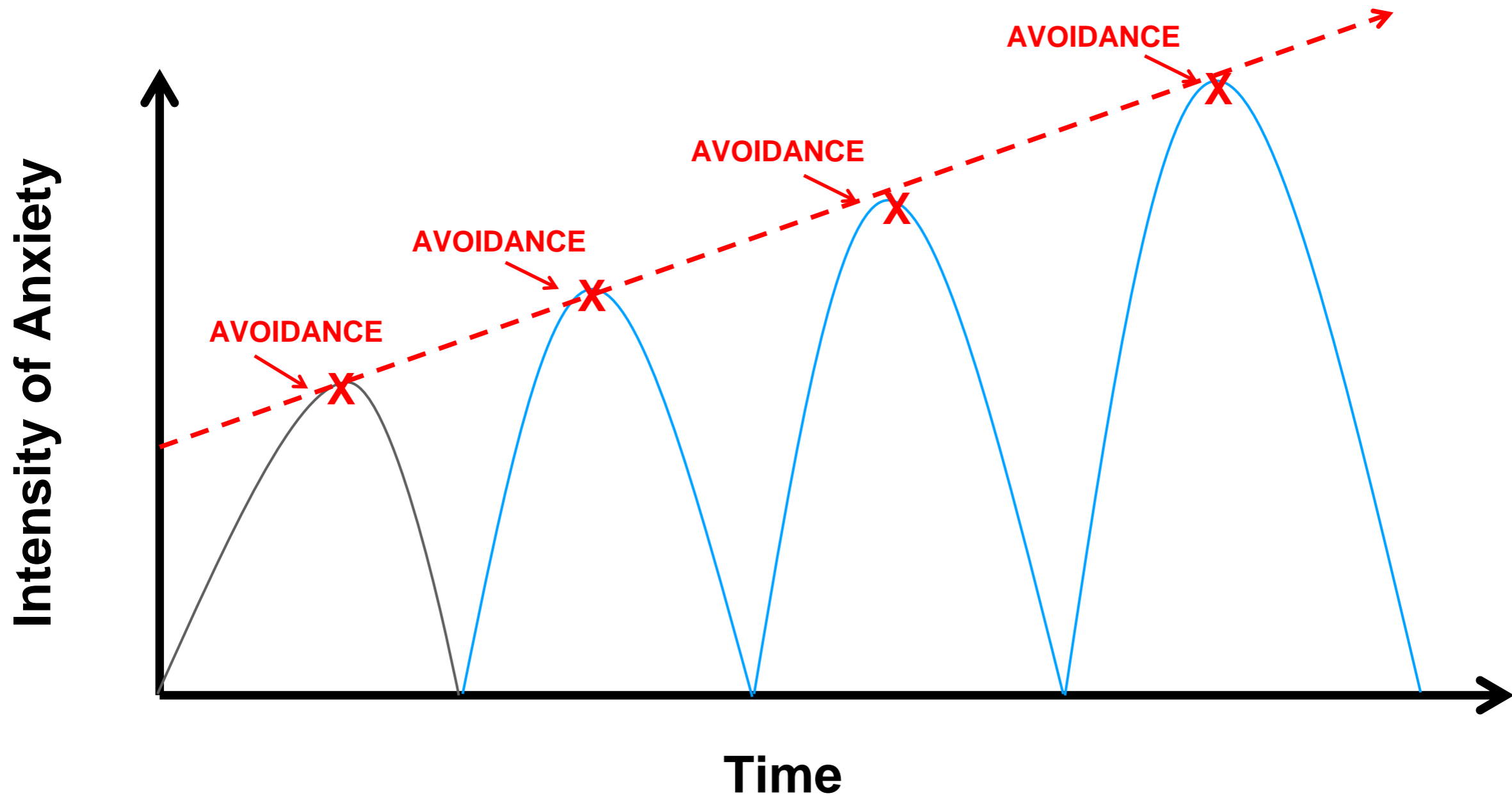
When Anxiety Gets Too Big



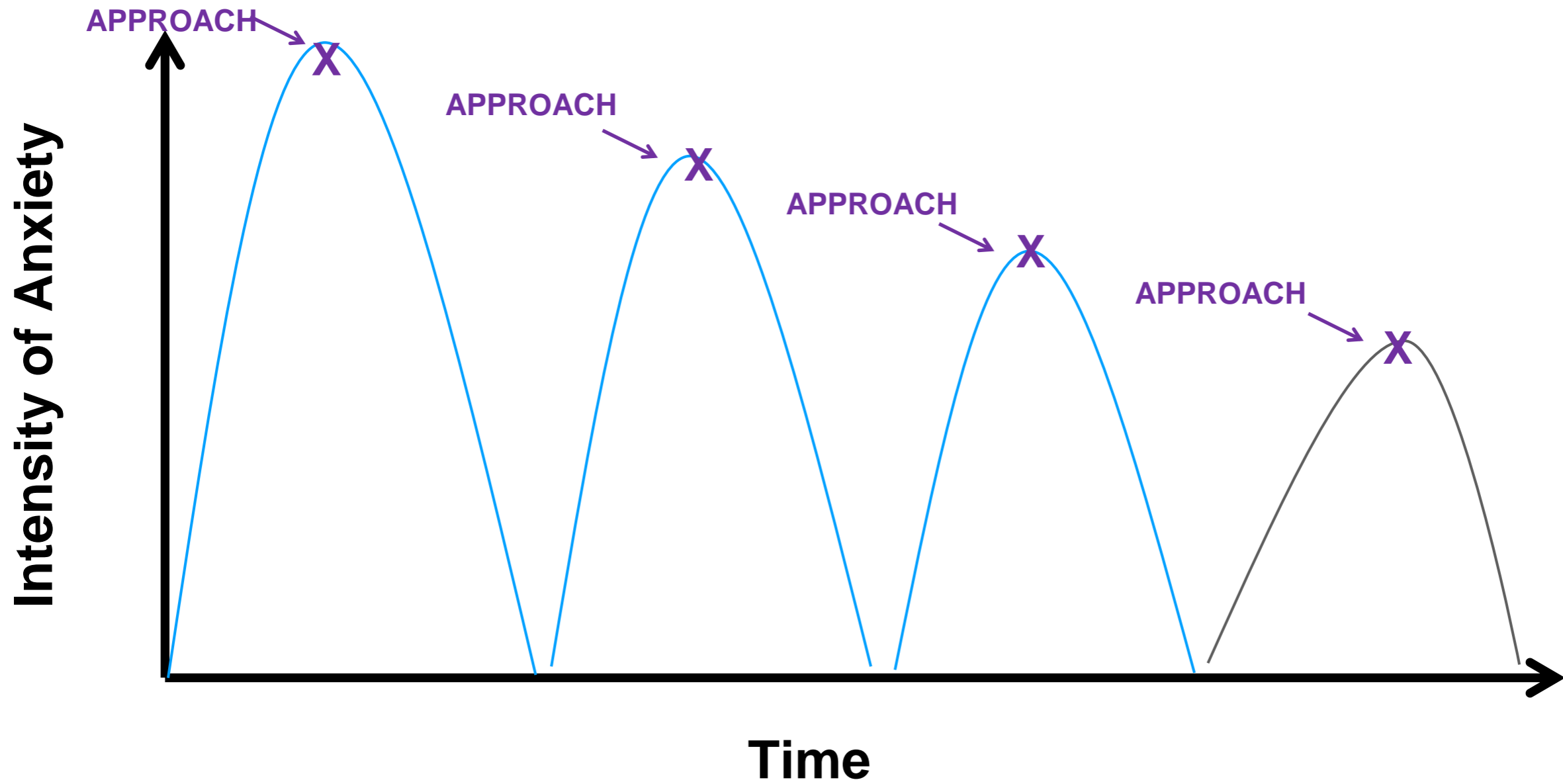
When Anxiety Gets Too Big



When Anxiety Gets Too Big



Approaching Anxiety-Provoking Situations



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

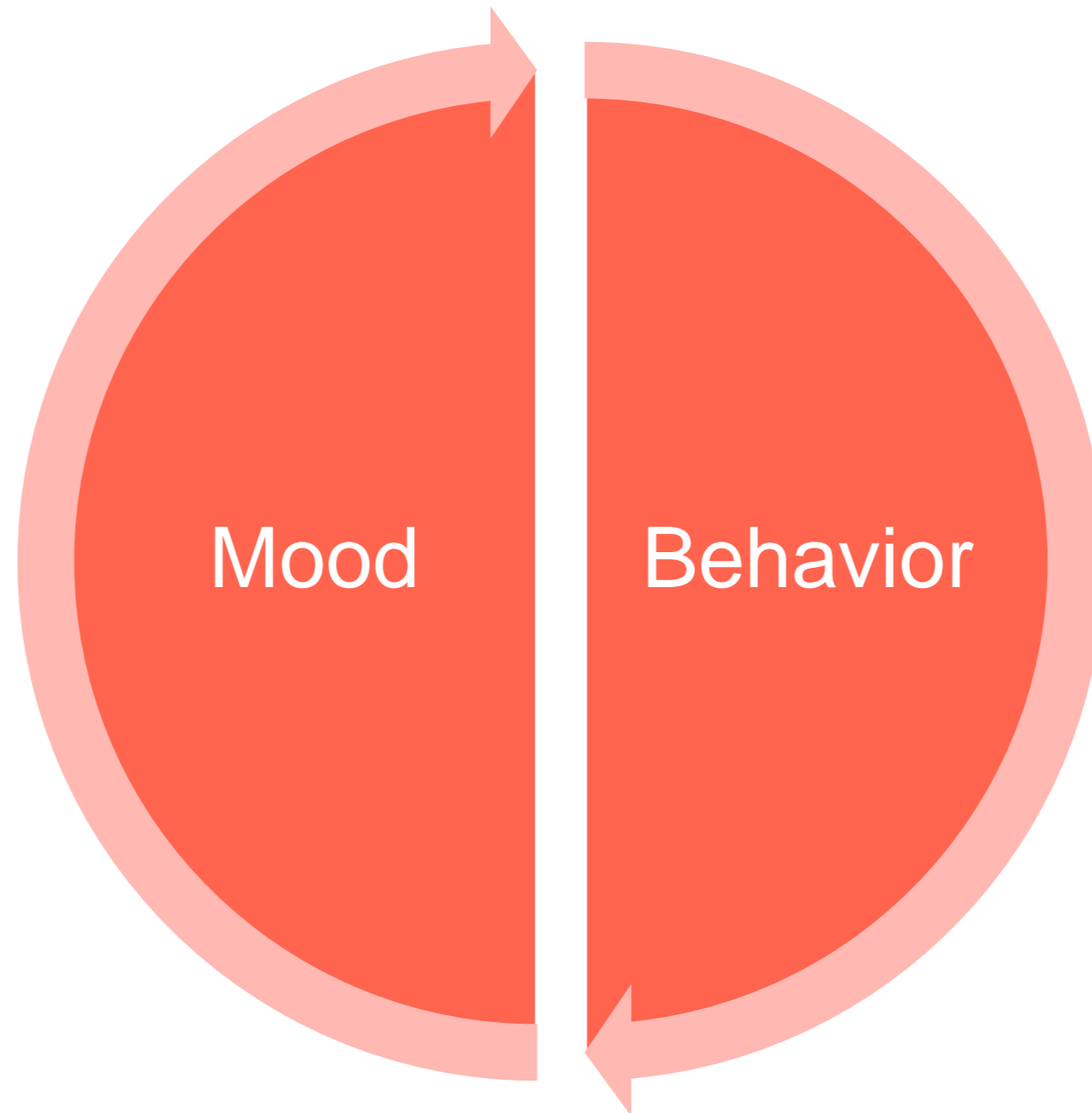
- Chair spinning
- Breathe through a straw
- Put head between legs and sit up quickly

Separation Anxiety

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

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

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<ul style="list-style-type: none"> overslept (3) breakfast w/ friend (6) 	<ul style="list-style-type: none"> Yoga (7) Zoom class (6) 	<ul style="list-style-type: none"> Caught up on work (6) 	<ul style="list-style-type: none"> Overslept (3) Missed zoom class (2) 	<ul style="list-style-type: none"> Yoga (6) Breakfast w/friend (8)
Afternoon	<ul style="list-style-type: none"> 2 zoom classes (4) 	<ul style="list-style-type: none"> Cleaned (6) Binge-watched Netflix (5) 	<ul style="list-style-type: none"> 2 zoom classes (4) 	<ul style="list-style-type: none"> Sat around apt (3) Netflix (4) 	<ul style="list-style-type: none"> Zoom seminar (8)
Evening	<ul style="list-style-type: none"> Workout at home (6) Fam facetime (8) 	<ul style="list-style-type: none"> Skipped dinner with friend (3) 	<ul style="list-style-type: none"> Virtual club event (7) Up late playing video games (6) 	<ul style="list-style-type: none"> Argument with mom (3) Video games until late (4) 	<ul style="list-style-type: none"> Virtual happy hour (7) Dinner with roommate (8)

Activity Tracking

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<ul style="list-style-type: none"> overslept (3) breakfast w/ friend (6) 	<ul style="list-style-type: none"> Yoga (7) Zoom class (6) 	<ul style="list-style-type: none"> Caught up on work (6) 	<ul style="list-style-type: none"> Overslept (3) Missed zoom class (2) 	<ul style="list-style-type: none"> Yoga (6) Breakfast w/friend (8)
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Activity Scheduling



USE INFORMATION
TO CREATE A
SCHEDULE FOR
YOU WEEK



INCORPORATE
ACTIVITIES THAT WILL
BE MEANINGFUL AND
ENGAGING

5 Types of Activities



Physical



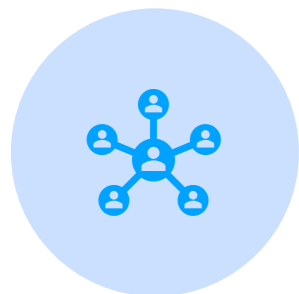
Fun



Service



Mastery



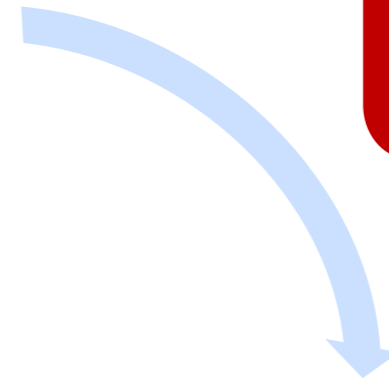
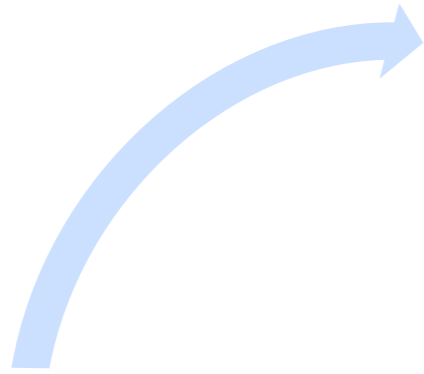
Social

Trigger:
Something bad happens

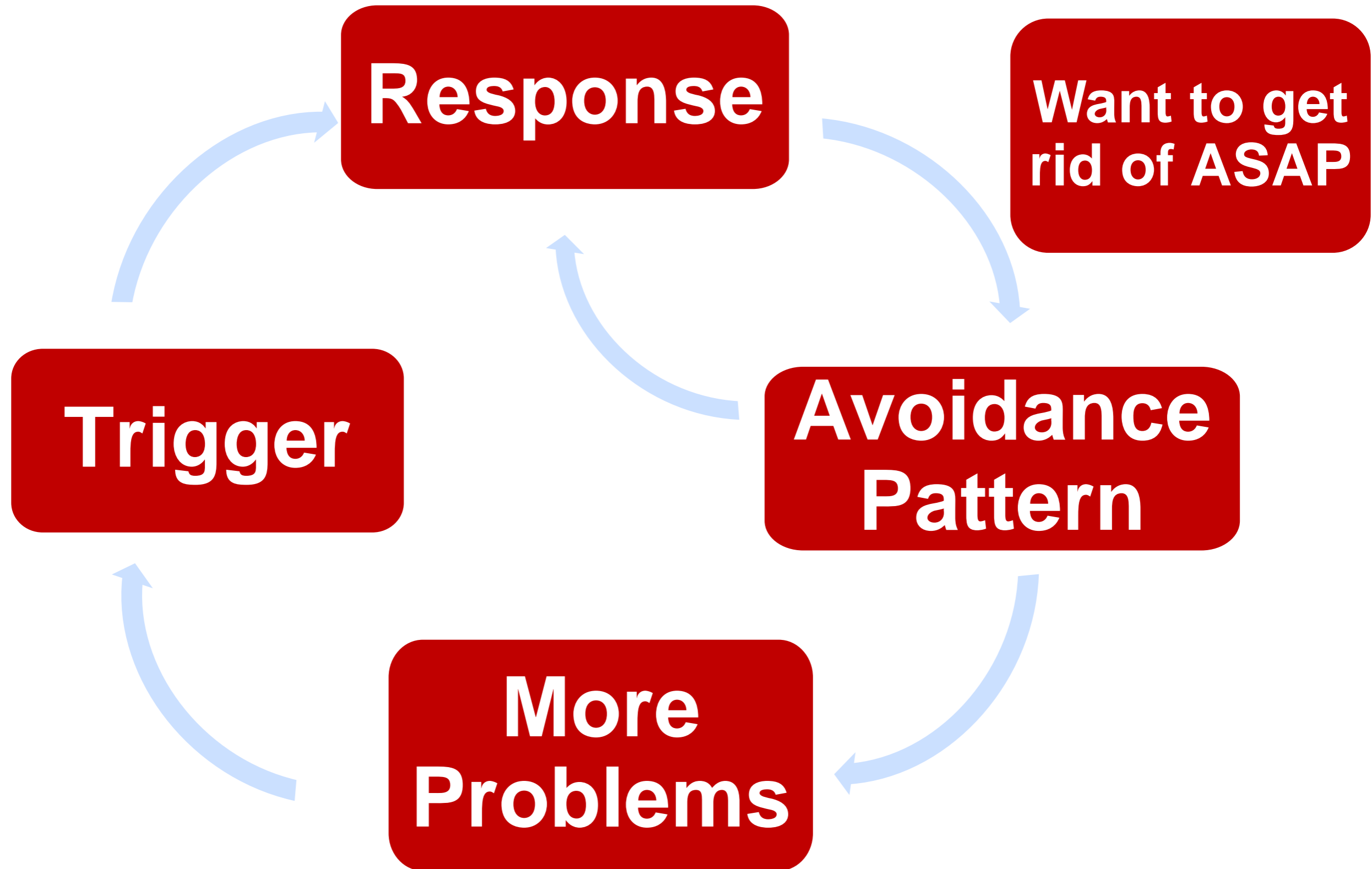
Response:
**Emotional
or Physical**

**Want to
get rid of
ASAP**

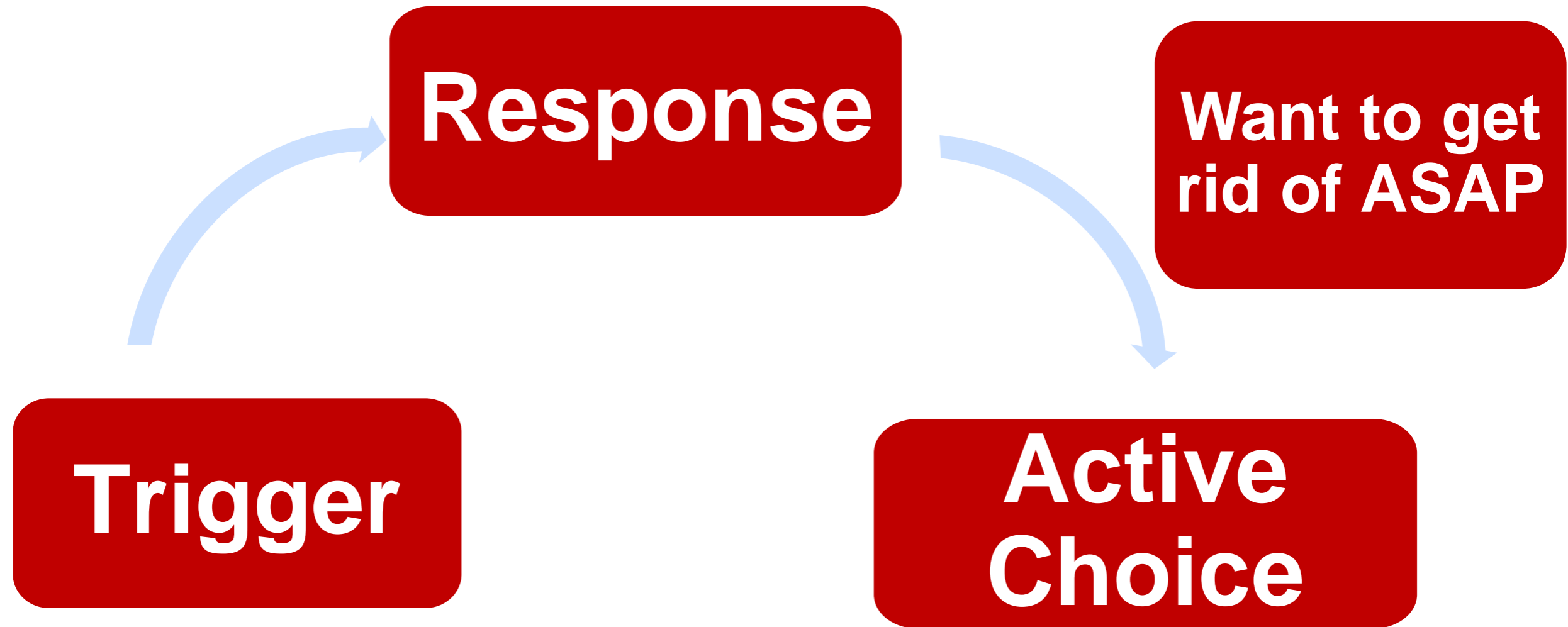
Behavior:
How we act



Trigger, Response, Avoidance Pattern



Trigger, Response, Avoidance



Making Active Choices

1

Make sure I wear a mask and ask 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?

	Short-Term Outcome	Long-Term Outcome
Wear A Mask	Uncomfortable Anxious	Stay safe Feel prepared Connect with others
Keep 6+ feet	Feel safer Hard to hear	Stay safe Feel prepared
FaceTime	Feel safer Zoom fatigue Hard to participate	Stay safe Somewhat prepared Feel left out

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

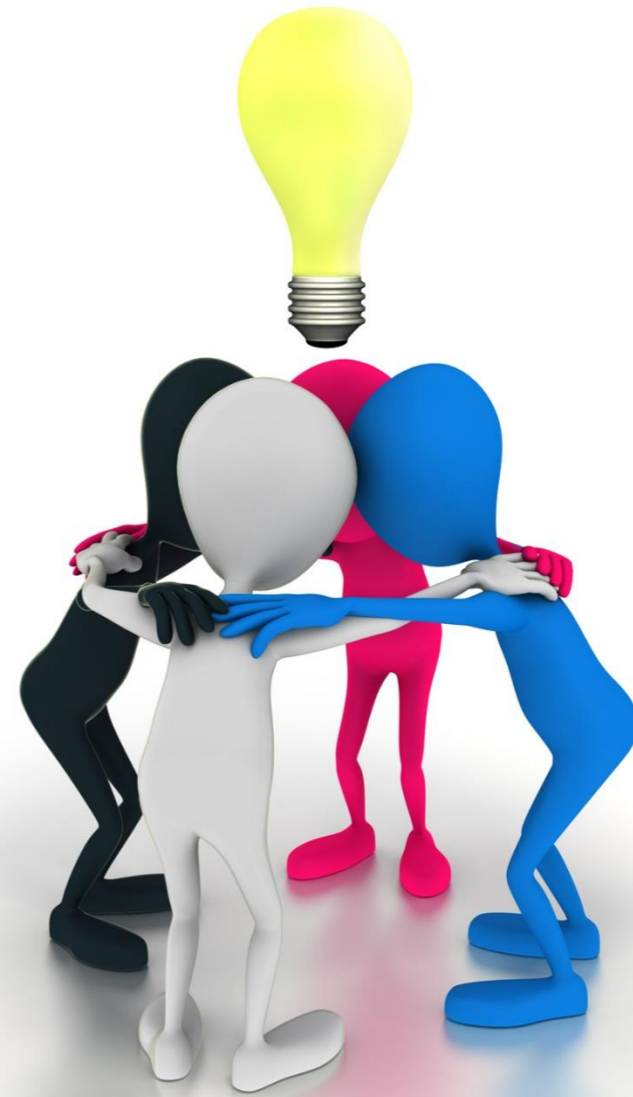


Behavioral Experiment

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

5

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.



- Notice your surroundings

4

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.



- Notice physical sensations in your body

3

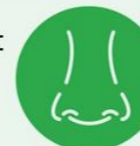
3 Things You Can HEAR. Become aware of the sounds around you. Name THREE specific sounds that you can hear. It can be any sound at all.



- When your mind wanders, acknowledge the thought and bring your mind back to the present

2

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.



- 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.

1

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.



Problem Solving

Problem Solving STEPS

S

Say what the
problem is

T

Think of solutions

E

Evaluate
pros/cons of each

P

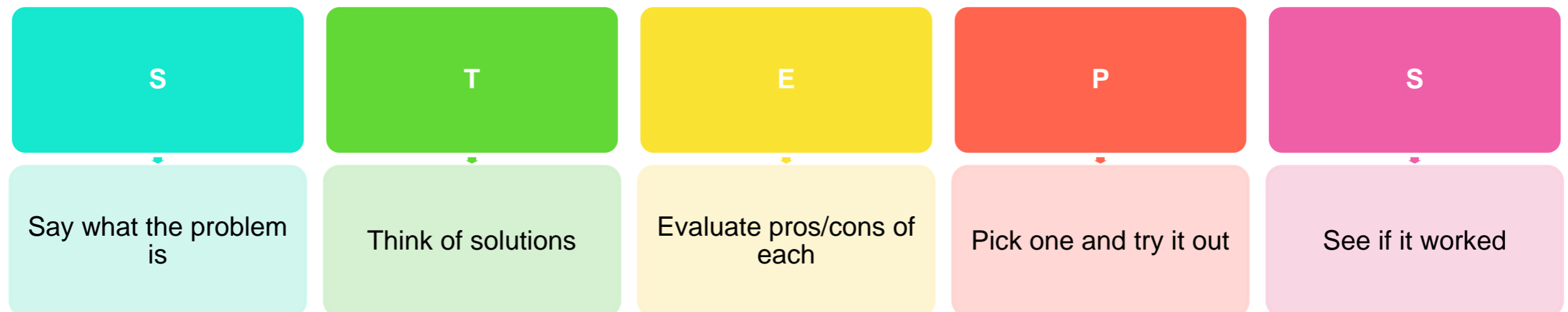
Pick one and try it
out

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



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>