Anxiety

Session #3 within "Mental Well-being" Unit

VETERANS

ONWARD

Training Materials:

- Whiteboard and pens or flipchart and pens.

- Paper and pen for all participants.

- Copies of figure 1 for each participant *(body outline template)*

- Printouts or links emailed to Assessment Tool resources:

    - The Social Anxiety Questionnaire for Adults (SAQ-A30) which can be accessed at
      https://www.midss.org/content/social-anxiety-questionnaire-adults-saq-a30

    - The Penn State Worry Questionnaire (PSWQ) which can be accessed at:
      https://www.midss.org/content/social-anxiety-questionnaire-adults-saq-a30

    - GAD-7 (General Anxiety Disorder-7) which can be accessed at
      https://www.mdcalc.com/gad-7-general-anxiety-disorder-7

- Printouts available of chair-based yoga exercises from
  https://www.nhs.uk/live-well/exercise/gym-free-workouts/

- Access to show video at
  https://www.youtube.com/watch?v=Td6zFtZPkJ4

- Printouts of Five Areas / Aspects Model available from
  https://www.getselfhelp.co.uk/docs/5aspects.pdf

Learning Objectives:

1. Define anxiety and list and describe different forms of anxiety and anxiety disorders.

2. Recognise and describe physical, behavioural, emotional and mental processes associated with anxiety.

3. Complete a self-assessment and reflect upon your own anxiety related symptoms.

4. Describe the basic physiological responses associated with anxiety and how different techniques for managing anxiety can impact our physiological response.

5. Formulate personalised strategy for recognising anxiety signs and symptoms and for responding to such signs and symptoms.

Training Script:

Hello everyone, how are you today? My name is _____. I am going to be your tutor today for this training module on Anxiety. It is the third session within the unit called "Mental Wellbeing". This module will take between 90 and 120 minutes to complete.   It follows on from and is very much connected to the last two sessions on Sleep Health and Procrastination, and forms one of the three sessions within the unit called "Mental Wellbeing".

You will need a pen and paper to jot down your own ideas and thoughts in response to some of the tasks.

Before we look at today's learning objectives, I'd like to briefly review the learning from the last two sessions. Are there any questions that have come up for you since our previous sessions?   Do you have any observations or comments you can share with us? If you have put into place any of the action steps you identified, how has that been for you?

[Lead a brief 5 minute facilitated discussion on any issues or questions that arise].

So, today's learning objectives. By the end of this module, my aim is that you will be able to:

1. Define anxiety and list and describe different forms of anxiety and anxiety disorders.
2. Recognise and describe physical, behavioural, emotional and mental processes associated with anxiety.
3. Complete a self-assessment and reflect upon your own anxiety related symptoms.
4. Describe the basic physiological responses associated with anxiety and how different techniques for managing anxiety can impact our physiological response.
5. Formulate personalised strategy for recognising anxiety signs and symptoms and for responding to such signs and symptoms.

Let's make a start on learning objective 1:

1. **Define anxiety and list and describe different forms of anxiety and anxiety disorders.**

As we begin to describe and define anxiety, we will begin to cover the signs and symptoms associated with anxiety. In this way, we will also be targeting learning outcome 2:

2. **Recognise and describe physical, behavioural, emotional and mental processes associated with anxiety.**

Anxiety is a useful topic to study in relation to both sleep health and procrastination. Being anxious can affect our sleep quality and quantity. As we learnt in our previous module, procrastination can sometimes emerge from an anxiety about not being able to complete a certain task well enough, or not having the resources to do so. Anxiety can follow a period of procrastination, as we may worry and feel anxious about all the things we needed to do but didn't. So, it makes sense to get a sense of what anxiety is, and

also how we can manage anxiety symptoms. That knowledge and understanding can then complement our existing learning on sleep health and procrastination.

Let's begin with a definition of anxiety:

Anxiety is the feeling of being scared, worried or afraid. The American Psychological Association (APA) defines anxiety as follows:

"Anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure.

People with anxiety disorders usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worry. They may also have physical symptoms such as sweating, trembling, dizziness or a rapid heartbeat"[1].

The word "anxiety" may come from the Latin angō, which means "I cause physical pain" or "I torment or distress". Another root of the word may be the Latin word 'angere' meaning to choke, or strangle. These definitions help us to better understand the way that anxiety can impact a person's life.

Symptoms and signs of anxiety can be physical, mental, emotional and behavioural.

- **Physical** symptoms can include increased heart rate, sweating and shaking.
- **Mental** symptoms can include difficulty concentration, anticipating the worst outcomes and excessive rumination.
- **Emotional** symptoms can include feeling worthless and mood swings.
- **Behavioural** symptoms can include restlessness, inability to sit still and social withdrawal and isolation.

Task:

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[1] https://www.apa.org/topics/anxiety

Consider a time when you felt particularly anxious. Try to recall the different symptoms and signs of anxiety you felt or experienced at the time. Try to recall the physical, mental, emotional and behavioural symptoms and signs of anxiety you felt or experienced.

Now, using the *body outline template* (figure 1), make a note on the image of what your experience of anxiety was at the time. For example to show the sort of thoughts you experienced, add thought bubbles to the diagram.
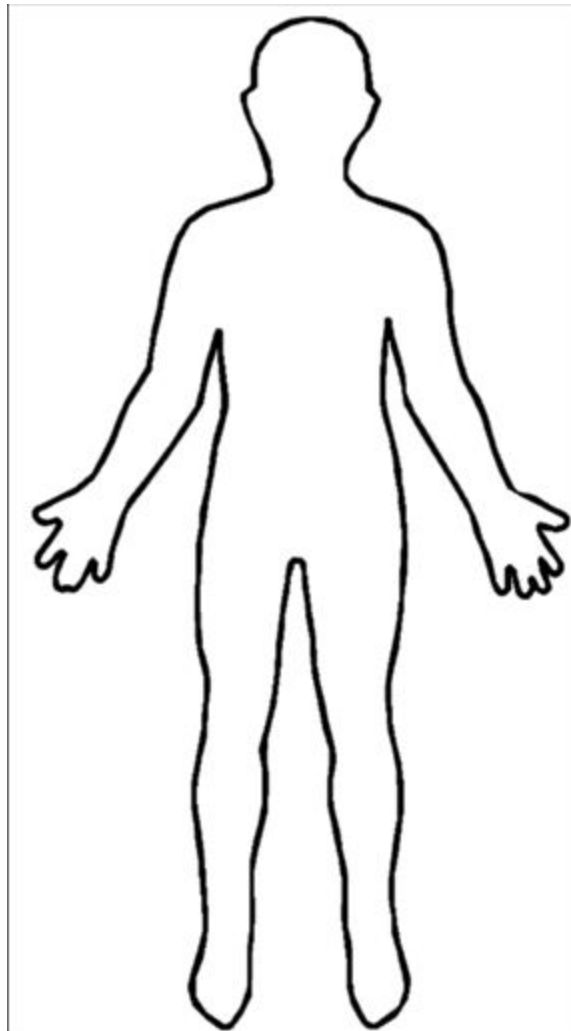
Figure 1: Body outline template

[Allow 5 minutes for participants to think and note their ideas].

[Following this, lead a brief 5 minute facilitated discussion focusing on participants' lived experience of physical, mental, emotional and behavioural symptoms and signs of anxiety].

So, whilst we have focussed three generally on the physical, mental, emotional and behavioural symptoms and signs of anxiety, it is important to note that diagnostically, there are different forms or types of anxiety. These tend to differ in terms of what triggers or brings about the signs of anxiety. Let's take a look at the different diagnostic categories of anxiety listed in the DSM-5[2]. The DSM-5 is the fifth and latest edition of an important manual used to diagnose mental Health conditions. DSM stands for "*Diagnostic and Statistical Manual of Mental Disorders*". It is the handbook used by healthcare professionals in the United States and much of the world. The DSM-5 defines anxiety disorders as disorders that share features of excessive fear and anxiety and related behavioral disturbances. These disorders include:

- Separation anxiety disorder,
- Selective mutism,
- Specific phobia,
- Social anxiety disorder (social phobia),
- Panic disorder,
- Agoraphobia,
- Generalized anxiety disorder (GAD),
- Substance/medication-induced anxiety disorder
- Anxiety disorder due to another medical condition.

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[2] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

In previous editions of the DSM, other Mental Health disorders that were also listed as anxiety related disorders included:

- Obsessive-compulsive disorder (OCD),
- Acute stress disorder
- Post-traumatic stress disorder (PTSD).

Let's get a brief snapshot of what we mean by each of these anxiety disorders. You will already be aware of many of these disorders and may know people who experience them, or may experience them yourself. As we talk about this, please take steps to be respectful and compassionate with yourself and others. It can feel challenging to speak about these topics. As we have already recognised, anxiety can be a very life-limited condition. Remember the Latin root of the word "anxiety" carries the meaning of Latin "I cause physical pain" or "I torment or distress". It's really important we are sensitive and considerate in this discussion. And I want to reassure you that later in today's session, we will focus heavily on managing and responding to anxiety symptoms.

Task:

Sio, for each of the DSM-5 anxiety disorders, I'd like us to have a simple sentence definition of what we mean by each condition. I'll be asking your ideas, before giving you a simple definition for each.

Let's begin with **separation anxiety disorder.** Can you describe this condition, or do you know anything about it?

[Allow participants to contribute answers before reading the definition below]:

Separation anxiety disorder is an excessive display of fear and distress when faced with situations of separation from the home and/or from a specific attachment figure. It can manifest in children, but can also be experienced by adolescents and adults.

[Now repeat this process for each of the anxiety disorders listed in the DSM-5]:

Selective mutism: is an anxiety disorder in which a person normally capable of speech cannot speak in specific situations or to specific people if triggered. Selective mutism usually coexists with social anxiety disorder.

Specific phobia: A phobia is an overwhelming and debilitating fear of an object, place, situation, feeling or animal. Specific phobias centre around a particular object, animal, situation or activity.

Social anxiety disorder (social phobia): A long-term and overwhelming fear of social situations.

Panic disorder: An anxiety disorder where you regularly have sudden attacks of panic or fear.

Agoraphobia: A fear of being in situations where escape might be difficult or that help wouldn't be available if things go wrong.

Generalized anxiety disorder (GAD): This is a long-term condition that causes you to feel anxious about a wide range of situations and issues, rather than 1 specific event. People with GAD feel anxious most days and often struggle to remember the last time they felt relaxed.

Substance/medication-induced anxiety disorder: Severe anxiety or panic which is caused by alcohol, drugs, or medications

Anxiety disorder due to another medical condition: Some general medical conditions may cause anxiety symptoms, including endocrine, cardiovascular, respiratory and metabolic conditions. With anxiety disorder due to another medical condition, the presence of that medical condition leads directly to the anxiety experienced.

Just before we move on, it's really important to note that anxiety conditions are, unfortunately, a common Mental Health condition. Anxiety disorders are the most common mental illness in the U.S., affecting 40 million adults in the United States age 18 and older, or 18.1% of the population every year[3]. Globally, the WHO (World Health Organization) has estimated the proportion of the global population with anxiety disorders in 2015i to be 3.6%[4].   It is also important to note that anxiety disorders are treatable, with self-care strategies, talking therapies and medication all being effective, evidenced steps towards managing and treating anxiety. Finally, it's important to note that there is no one single cause of anxiety. As with any Mental Health condition, factors that can influence the development of poor Mental Health include biological, psychological and socio-environmental factors. Specific factors that can increase the risk of developing poor Mental Health include genes and family history; life experiences, such as stress or a history of trauma; chemical imbalances in the brain; traumatic brain injury; use of alcohol or recreational drugs and social isolation.

So, we've certainly made good progress in covering learning objective 1: **Define anxiety and list and describe different forms of anxiety and anxiety disorders.**

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[3]https://adaa.org/about-adaa/press-room/facts-statistics#:~:text=Anxiety%20disorders%20are%20the%20most,of%20those%20suffering%20receive%20treatment.
[4] Depression and Other Common Mental Disorders: Global Health Estimates. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO accessed at
https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf

And we have also covered the **physical, behavioural, emotional and mental processes associated with anxiety,** which means we have met learning objective 2.

We are ready to target learning objective 3:

3. **Complete a self-assessment and reflect upon your own anxiety related symptoms.**

When we completed the *body outline template* earlier, you began to self-assess and identify your own personal experience of anxiety related symptoms. Anxiety is something everyone experiences at times, and feeling anxious is a perfectly natural reaction to some situations. It does not necessarily mean we have a diagnosable anxiety disorder. Indeed, anxiety may well serve an important evolutionary function in that it prompts us to take action when we are in danger. So, you already have a sense of some of the anxiety symptoms you experience from day-to-day.

There are three more assessment tools that can be of use here, and I'd like to offer you a chance to complete at least one of these. These tools are:

- The Social Anxiety Questionnaire for Adults
- The Penn State Worry Questionnaire (PSWQ)
- The GAD-7 Questionnaire (General Anxiety Disorder-7)

Task:

[Provide students with links or copies of the three questionnaires to choose from.

Allow 10 mins for participants to access and complete questionnaire(s). Following this, facilitate a 5-10 minute group discussion about what they learnt from the questionnaire(s)].

It is really important to note again here that, as anxiety can contribute to poor physical and mental health, then it is important to speak to a doctor or medical professional if you

regularly experience symptoms of anxiety.   Remember, anxiety conditions are treatable. If you feel you experience such symptoms, please do seek medical advice.

So, having gained an increased level of self-awareness about our own personal experiences of anxiety signs and symptoms, we are ready to progress onto learning objective 4:

> **4. Describe the basic physiological responses associated with anxiety and how different techniques for managing anxiety can impact our physiological response.**

In order to target this learning objective, I want to introduce two different ways to understand what happens within us when we experience anxiety. The first of these is the model that uses our ANS, or our Autonomic Nervous System, to explain what happens within us during anxiety. The second of these is what is often known as the "Five-Areas Approach", and it looks at how our thinking, behavior, feelings and physical responses are linked when we experience anxiety, and how we can intervene in this process to manage the symptoms of anxiety.

Let's begin with the **ANS Model:**

If you have previously completed the module of "Mind-Body Connection" within the "Self-in-Context" unit, you may recall learning about the ANS Model.

The ANS is part of the body's mechanism behind anxiety. ANS stands for "autonomic nervous system". This is the way our body regulates the processes for rest and activity, and this process happens automatically. It consists of 2 main branches: the sympathetic and the parasympathetic.

The sympathetic branch of the ANS stimulates the body's fight or flight response. When faced with a danger, or potential danger, the sympathetic system causes changes in our heart rate, rate of respiration, digestion and muscle tension so that

we are physically prepared to fight or flee. This happens as soon as our brain detects threat, even if the brain is mistaken. It can be thought of as an alarm warning system. For example, on seeing a coil of rope from the corner or your eye, your heart may begin to beat fast. In less than a second, your brain has processed the visual clue of the rope as a "snake", i.e. a threat to life and so that you can take immediate action, your heart rate increases to pump blood to your legs and arms so you can run or fight. The same process is likely to happen if you see a real snake from the corner of your eye. This process is extremely useful to our survival. We can say that such anxiety has an evolutionary advantage - it keeps us out of danger as it prompts us to act. However, when we remain in a state of heightened sympathetic stimulation, our body remains tense, on edge and anxious.

The parasympathetic branch of the ANS is focussed on restoring calm and balance to our bodies after sympathetic stimulation. It prevents the body from overworking and brings our breathing, heart rate and muscle tension back to a more regulated state in order to facilitate rest and recovery.

When we're often anxious, particularly when that continues for a length of time, our sympathetic process is activated and can become overactive. This means our parasympathetic system is under activated. And for some people, the "alarm system" is triggered even with relatively low levels of perceived danger or threat. We can say such people have a lower threshold for mobilizing a threat response. This has the advantage that the person will miss many fewer real threats, but only at the cost of much more frequent false alarms. Such people are like to experience an anxiety disorder.

So to summarise, the sympathetic branch of the ANS stimulates the body's fight or flight response, and the parasympathetic branch of the ANS is focussed on restoring calm and balance to our bodies after sympathetic stimulation. In anxiety disorders, the sympathetic branch of the ANS can be triggered with low levels of perceived danger or threat. Once we understand this, we are in a better place to make use of

the parasympathetic branch of the ANS to manage and calm our sympathetic ANS response. It is possible to do this using a range of measures and techniques.

These include:

- Chanting, humming and singing.
- Quality sleep.
- Meditation.
- Massage.
- Yoga.
- Deep breathing.

Task:

We are going to make use of the research that shows Yoga to be an effective way of managing anxiety[5] and stimulating the calming parasympathetic ANS response[6].

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[5] https://www.nccih.nih.gov/health/providers/digest/yoga-for-health-science

[6] Woodyard C. (2011). Exploring the therapeutic effects of yoga and its ability to increase quality of life. *International journal of yoga*, *4*(2), 49–54. https://doi.org/10.4103/0973-6131.85485

Task:

We have a yoga sequence we are going to try today. Don't worry, you don't need your gym kit, or any equipment. We are going to use a video produced by Adriene Mishler (American actress and yoga teacher based in Austin, Texas). This sequence is based around standing postures, so I am confident we can make use of this resource. However, it's important to work within your physical limits. I do also have a chair-based sheet with yoga exercises which you can try instead, or take away to try at home. Obviously this is only a quick taster, so we don't have time to cover a great deal. It is important to try to match your breathing to the moves, however, so you breathe in as you move into the posture, and breathe out as you release.

[Invite participants to stand and find a space away from furniture and others. For participants who physically cannot stand, offer them the chair based yoga sheet, which can be accessed at https://www.nhs.uk/live-well/exercise/gym-free-workouts/

For those who can and want to follow the video, play https://www.youtube.com/watch?v=Td6zFtZPkJ4 and have participants join in with the yoga exercises].

[Video is 10 minutes long. Following this, give participants 5 minutes to settle back and to briefly discuss whether they feel calmer or noticed any benefit from the yoga].

So, as I said, we only had a brief taster there. We know yoga has been shown to be beneficial for responding to and managing anxiety. The best way to learn and practice

yoga is with a qualified teacher as part of a class. However, there are also numerous resources on YouTube. And, if yoga doesn't suit you as a method for activating your parasympathetic branch of the ANS, remember some of the other methods you could try instead include:

- Chanting, humming and singing.
- Quality sleep.
- Meditation.
- Massage.
- Deep breathing.

So. I mentioned we would cover two models that explain the basic physiological responses associated with anxiety. The second model we are going to look at is the Five-Areas Approach[7]. This is a model from CBT (Cognitive Behavioural Therapy). CBT is an evidence based treatment for anxiety disorders. The Five-Areas Approach was first formulated by Calderdale and Kirklees Health Authority in the UK. The model aims to communicate fundamental CBT principles and key clinical interventions in a clear language[8].

The fundamental principle of CBT is that what people think affects how they feel emotionally and physically and also alters what they do. With anxiety, characteristic changes occur in thinking and behaviour. Let's look at changes in thinking that can happen with anxiety. Thinking becomes extreme and unhelpful, focusing on themes in which individuals see themselves as worthless, incompetent, failures, bad or vulnerable. They overlook their strengths and can become self-critical.   They mind-read and second-guess that others think badly of them, rarely checking whether this is true.

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[7] Padesky, C.A. & Mooney, K.A. (1990). Presenting the cognitive model to clients. *International Cognitive Therapy Newsletter, 6,* 13-14.
[8] Williams, C., & Garland, A. (2002). A cognitive–behavioural therapy assessment model for use in everyday clinical practice. *Advances in Psychiatric Treatment, 8*(3), 172-179. doi:10.1192/apt.8.3.172

And now, let's consider how such thinking can then change a person's behaviour. Behaviour alters, with reduced or avoided activity, and/or the commencement of unhelpful behaviours (e.g. excessive drinking, self-harming and reassurance-seeking) that worsen the problems. If you think that you are worthless and a failure, you are less likely to behave in ways that allow you to experience success.

Therefore, using the Five Areas model, we see that thinking and behaviour are linked. In fact, the Five Areas model sees that there are five areas or dimensions of a person that connect and impact the others. These five factors are:

1. Life situation.

2. Thinking.

3. Emotion (mood or feelings).

4. Physical feelings/symptoms.

5. Behaviour.
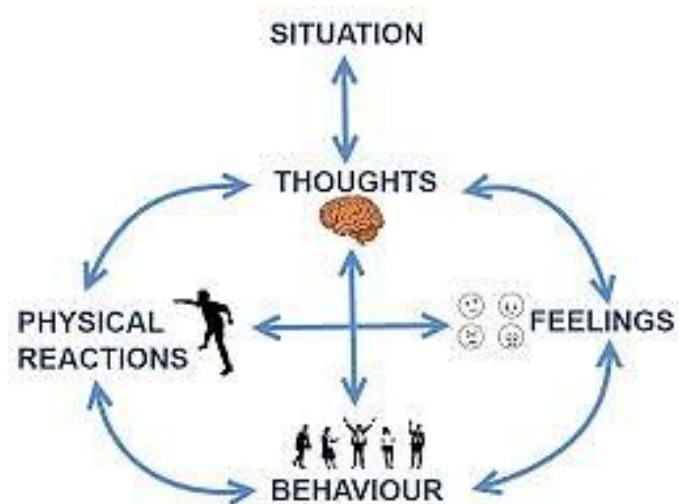
Figure 2: The Five Areas model

So, from this diagram, we see that a certain situation occurs. This leads to thoughts. The thought pattern can then influence our physical reactions and our feelings, which in turn impact our behaviour, which can then feed into our thinking, feelings and physical reactions, and so on.

Let's take an example to better understand this in action.

Imagine you are on your way to a job interview. As you drive there, your car breaks down. You are 3 miles away from the interview, but you have no phone signal.

This is the situation you find yourself in.

It is likely you begin to experience anxiety and panic. That's normal and alerts you towards taking some action.

However, depending on your thoughts, the anxiety you experience may escalate. Let's consider how that might play out.

You begin to think that you are a failure, you will never get this job. In fact you will never get any job worth having. This impacts your feelings: you feel low, distressed and ashamed. Your physical response is impacted in that you slump down, shoulders rounded, head downcast. And your behaviour is impacted. You punch the dashboard hard with your fist and throw your phone to the floor. This in turn triggers thoughts of other times you've failed. You think about what you are going to tell your partner and how disappointed you imagine them to be when you show up with no new job, and a bill for the car repair. Your heart begins to race, and your palms sweat just thinking about all of these financial issues. You feel overwhelmed and unable to manage, and you tell yourself that's because you are a loser. You feel tired. You decide that the best way to forget this whole stupid mess, is to go to the bar over the road and drink till you forget it all. Maybe to even stay out all night and avoid facing going home because you just know your partner is going to hate you for this. All of this is stopping you from thinking straight. Or even noticing that your car has broken down right next to a bus stop on a route that will take you to the interview, and that you have the exact return bus fair in your pocket, and that you have membership to a vehicle repair and rescue scheme, which you can call once you get into an area with phone signal.

So - all of this helps us to see how our thinking, emotion, physical feelings and behaviours are linked, and how getting into a cycle of less helpful thinking and behaving can fuel the anxiety cycle. What do we mean by helpful behaviours when we think

about the Five Areas model?   Let's take a look at some helpful and unhelpful behaviours that can either contribute to or decrease anxiety when we begin to experience it.

Helpful behaviours include:

- Acting out our anger or feelings through violence or aggression
- Going to a doctor or health care practitioner to discuss what treatments may be of help
- Reading or using self-help materials for anxiety or depression
- Maintaining activities that provide pleasure such as meeting friends, doing hobbies, playing sport or going for a walk

Unhelpful behaviours

- Misusing alcohol or drugs
- Seeking excessive reassurance
- Anxiety-reducing behaviours that are ultimately self-defeating ('safety behaviours'), e.g. never going out unless accompanied by someone else
- Going on a spending spree to buy new clothes or goods in order to cheer themselves up ('retail therapy')
- Harming themselves (e.g. cutting or scratching their bodies or taking an overdose of tablets)
- Pushing family and friends away (e.g. through rudeness)
- Becoming very promiscuous
- Actions designed to set themselves up to fail and push others away

So, the Five Areas model encourages us to notice when we have begun to enter a cycle of anxiety. To spot the thought patterns, feelings, physical sensations and behaviours that occur as signs and symptoms of anxiety. Then, to make a change to one aspect of the cycle, knowing that this can impact other areas.

So - in the example of the job interview scenario. Once you notice the thought patterns, feelings, physical sensations and behaviours, you have a choice to take action in one of these areas. Choices here could easily include:

Thought patterns: You could challenge your "all or nothing" thinking and question is it true what you are thinking about yourself. Are you really a failure because your car has broken down? Is it true that your partner will be disappointed? How do you know this: do you have a crystal ball? Can you think about the ways in which you have been resilient and coped with past difficulties? Can you think about your strengths and tap into your problem solving skills? Thinking differently can help you to gain a different perspective and reduce your physical and emotional sensations of anxiety.

Physical sensations: You could recognise that your posture impacts your breathing. Slumping over hampers the ability to breathe deeply. Deep breathing can help with parasympathetic ANS regulation. This, in turn, will help you feel a sense of calmness and control.

Task:

I am going to give you a print out of a template of the Five Areas model. It has space to write in your responses. I'd like you to recall the time when you felt particularly anxious. Then, using your memory of this event, complete the template.

Finally, please underline or highlight the areas in which you could have taken action in order to change the course of your experience of anxiety. Try not to get caught up in self-blame or self-recrimination as you do so. Hindsight is a wonderful thing, and its not always easy to make a decision in the moment, even if it seems clear or obvious after. The important thing here is to get more familiar with the Five Areas model so you can begin to make use of it in future as a strategy for managing anxiety.

[Provide participants with a print out of https://www.getselfhelp.co.uk/docs/5aspects.pdf and allow 5 -10 minutes to complete before facilitating a group discussion focussed on what has emerged from the task].

So, we've covered a great deal of ground today about anxiety. That's included a number of tips and strategies for managing anxiety. We've also touched upon less helpful behaviours that can feed into anxiety. That means we also have strategies about what it is helpful to STOP doing, as well as what we can START doing in order to manage anxiety.

Therefore, I think we are ready for our final learning objective:

5. Formulate personalised strategy for recognising anxiety signs and symptoms and for responding to such signs and symptoms.

For this, we are going to use a tool often used in business and management called a "gap analysis". This is, very simply, a way of working out where you currently are, where you want to get to, and what you need to do to get there. We are going to be comparing where we are in terms of our current experience of anxiety, and where we'd like to be and what steps and actions we can put in place to achieve that. Our gap analysis will be different for each of us. However, we can all use the basic template to create our personalised anxiety gap analysis. This is shown in figure 3. We have 5 -10 minutes to complete this, with a further 5 minutes to discuss following the task.

Task:

Reflect upon your recent experience of anxiety over the past 2 weeks. Write a description of your recent experience in box 1 of figure 4. Try to focus on physical, behavioural, emotional and mental processes. Now repeat this for what you'd like your anxiety responses to be like in the future. Write your description in box 2. Finally, consider what are the best action steps you can take to achieve your goal(s) and write these down in box 3. These are your action plans towards reduction in anxiety levels, signs and symptoms.

Figure 3: Template for anxiety gap analysis.
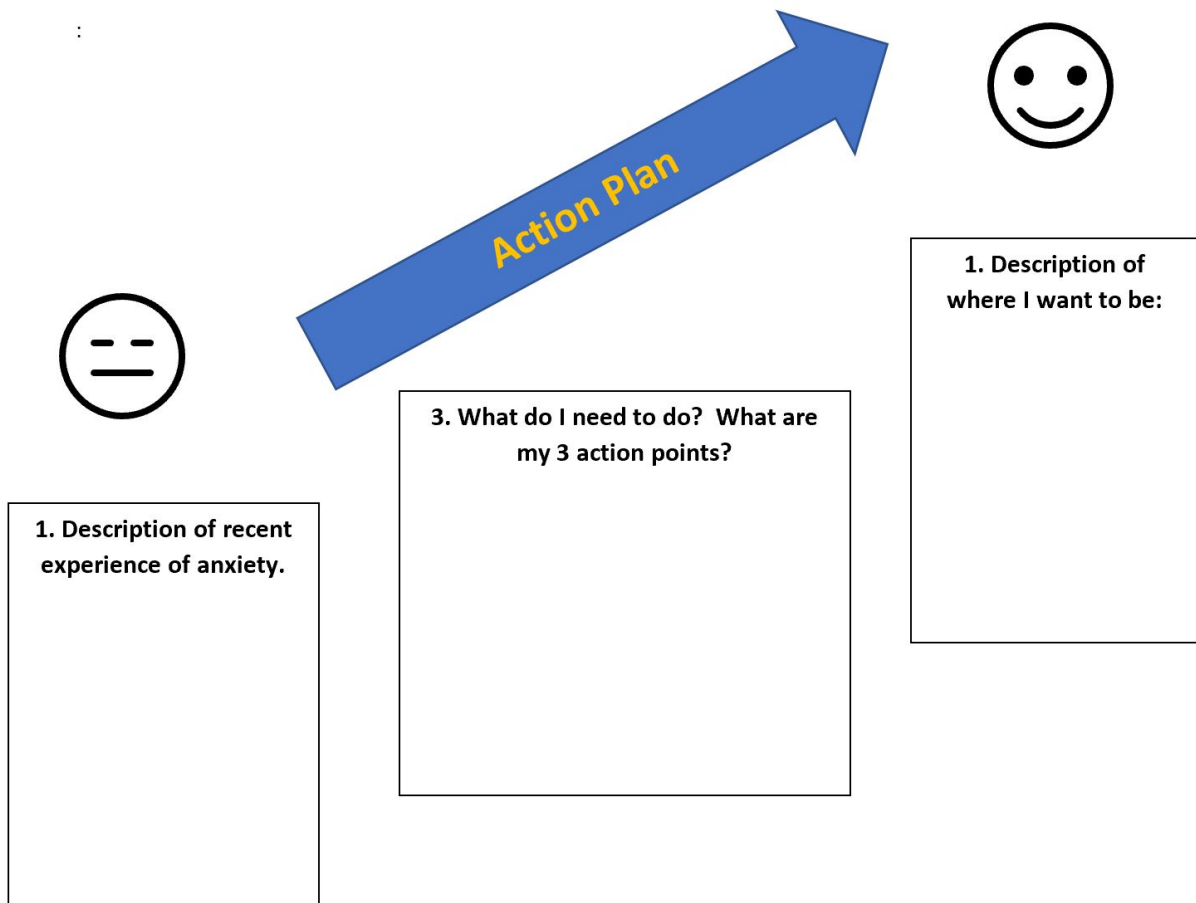
[Provide resources and allow participants sufficient time to complete before facilitating a group discussion focussed on action points that have emerged from the task].

We have now covered all the learning outcomes for this session. We are going to take time to evaluate your own learning today, using a simple traffic light system. For each objective, you are going to decide whether you feel you are:
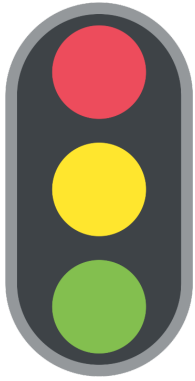
	RED / STOP	You have made no progress in learning this and are still at a "standstill."
	AMBER	You have some understanding but aren't quite ready to apply it yet.
	GREEN / GO	You have a good grasp of this objective and are ready to go and apply this learning in the real world.

1. Define anxiety and list and describe different forms of anxiety and anxiety disorders.

RED   AMBER   GREEN

2. Recognise and describe physical, behavioural, emotional and mental processes associated with anxiety.

RED   AMBER   GREEN

3. Complete a self-assessment and reflect upon your own anxiety related symptoms.

RED   AMBER   GREEN

4. Describe the basic physiological responses associated with anxiety and how different techniques for managing anxiety can impact our physiological response.

RED   **AMBER**   **GREEN**

5. Formulate personalised strategy for recognising anxiety signs and symptoms and for responding to such signs and symptoms.

RED   **AMBER**   **GREEN**

What do you want to do as a result of your learning today?

Thank you to everyone for your engagement and participation in the session. I hope you have learnt some useful ideas that can be applied in your daily life.