Tools for Treating Generalized Anxiety Disorder Among Latinos

2

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Anxiety disorders are prevalent among Latinos in the United States with 6% of Latinos experiencing generalized anxiety disorder (GAD) in their lifetime (Alegría et al., 2007; Asnaani, Richey, Dimaite, Hinton, & Hofman, 2010). While the treatment for GAD has been well researched among the general population, the bulk of this research has not included Spanish speakers (Chavira et al., 2014). Thus not surprisingly, the resources available for working with Spanish speakers are very limited. This book chapter provides an overview of evidence-based principles for treating Spanish speakers who have GAD and worksheets, resources, and other tools that can be used with Spanish-speaking clients. This chapter is organized as follows: (1) cultural considerations in the presentation of GAD among Latinos, (2) evidence-based practices as they apply to Latinos in general and with regard to GAD specifically, (3) a session plan for treating GAD from an evidence-based perspective, and (4) Spanish language worksheets and tools that can be used in session.

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Generalized Anxiety Disorder

Generalized anxiety disorder has been characterized as an individual experiencing excessive worrying and anxiety about a number of different events or activities (American Psychiatric Association, 2013). This constant worrying occurs most days of the week and may include feeling restless, fatigued, difficulty concentrating, feeling irritable, muscle tension, and disturbed sleep. These symptoms make it difficult for an individual to carry on in daily activities and may impair overall functioning (American Psychiatric Association, 2013). It is estimated that 3% of the US population or 6.8 million people meet criteria for generalized anxiety disorder, with 32% of these cases being classified as "severe" (Kessler, Chiu, Demler, & Walters, 2005).

The lifetime prevalence rates for generalized anxiety disorder (GAD) among Latinos in the United States range from 1% to 11% (Asnaani et al., 2010; Grant et al., 2005; Hirai, Stanley, & Novy, 2006; Moreno-Peral et al., 2014). While the literature is mixed regarding ethnic differences in prevalence rates of GAD, there is documentation that prevalence rates of GAD vary across Latino subgroups (Asnaani et al., 2010; Bjornsson et al., 2014; Chavira et al., 2015; Hirai et al., 2006; Karno et al., 1989; Moreno-Peral et al., 2014; Street et al., 1997). For example,

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Puerto Ricans have been noted to have a higher prevalence of anxiety than other Latino subgroups (Camacho et al., 2015; Wasswetheirl-Smoller et al., 2014). These limited studies highlight the diversity across the Latino population and suggest that different (sub)cultural factors can impact mental health rates, presentation, treatment, and treatment outcomes.

Clinical Presentation of Generalized Anxiety Disorder Among Latinos

In addition to variations across ethnic groups in terms of prevalence rates, cultural implications in symptom presentation have been documented. Latinos are more likely to report physical or somatic symptoms when describing mental health concerns (Borkovec, 1985; Canino, Rubio-Stipec, Canino, & Escobar, 1992; Carter, Mitchell, & Sbrocco, 2012; Hirai et al., 2006; Kirmayer & Young, 1998; Snipes, 2012; Zvolensky et al., 2015; Blumberg et al, 2015; Hovey & Magaña, 2002). In the case of GAD, Latinos report more somatic symptoms including feeling restless or tired and tend to overreport feeling anxious (Canino et al., 1992; Carter et al., 2012; Hirai et al., 2006). Consistent with many cultures, stigma is associated with mental illness among Latinos. This somatic clinical presentation described above suggests that Latinos present with somatic symptoms in lieu of cognitive symptoms as a means of blocking the stigma associated with mental health illness. This group may fear being labeled as "crazy" and may find it more culturally acceptable to focus on physical symptoms or idioms of distress (Borkovec, 1985; Canino et al., 1992; Kirmayer & Young, 1998).

Indeed several idioms exist among the Latino culture to describe distress. *Nervios* and *ataque de nervios* are two idioms that have been likened to anxiety (Guarnaccia, Lewis-Fernández, & Marano, 2003; Guarnaccia et al., 2009; Hinton, Chong, Pollack, Barlow, & McNally, 2008; Hinton, Lewis-Fernández, & Pollack, 2009). Although these two idioms are more popularly used by Latinos with a Caribbean background (e.g., Puerto Ricans and Cubans), they are also used by other Latino subgroups (Guarnaccia et al., 2009). *Nervios* has been described as being a debilitating condition where a person has too many thoughts that overwhelm the person, causing them to be restless, speak rapidly, act erratically, feel fearful and/or irritated, and react to stressors easily (Guarnaccia et al., 2003, 2009). *Ataque de nervios* has been described as a reaction to a traumatic or stressful life event. This reaction includes a sudden onset of symptoms including crying, shouting, trembling, shaking, having shortness of breath, and aggression (Guarnaccia et al., 2003, 2009). While both *nervio*s and *ataques de nervios* have descriptions of symptoms that overlap with GAD, they are not synonymous of GAD (Guarnaccia et al., 2003; Hinton et al., 2008). Both idioms of distress have also been linked to depression, post-traumatic stress disorder, and psychosis and are thus not solely related to anxiety (Guarnaccia et al., 2003, 2009; Hinton et al., 2008). However, it is important to note that GAD could be labeled as, or present as, *nervio*s and *ataques de nervios.* Thus clinicians will need to conduct careful assessment to establish whether cultural idioms of distress represent GAD.

When assessing for GAD among Latinos, it is important to note all symptoms reported by the individual and to keep in mind the potential of a culturally variant presentation. Since stigma of mental health still persists among Latinos; Latinos may use the language and descriptors that they have been provided in their upbringing to describe what they are experiencing. The language and descriptors used may focus on somatic or cognitive symptoms, in addition to culturally specific idioms of anxiety (Snipes, 2012). Given the diversity of the symptoms reported by Latinos, it is important to remember that standardized assessment materials may fail to capture a GAD diagnosis; therefore clinical interviews may be used to supplement standardized assessment materials. A thorough assessment is the foundation to therapy, since it allows clinicians to decide on what treatments to use for individuals; therefore diverse cultural presentations of disorders are an important factor to consider.

Other Factors to Consider During Assessment

In addition to cultural considerations that are specific to how GAD may present, it is important to also consider contemporary cultural factors that can lead to anxiety. Acculturation, immigration status, and family cohesion are important factors to consider when working with any diverse population (Benuto, 2016). Acculturative stress and immigration status can be related to the onset of anxiety-related symptoms. Worrying about acculturating into a new environment and about immigration status can impact anxiety levels (Burnam, Escobar, Karno, Hough, & Telles, 1987). Moreover being separated from one's family and loss of income can create immense anxiety in some individuals.

Acculturative stress and immigration status can also have an impact on family cohesion. Some individuals may live in households where family members are at different levels or points in the acculturation process. Other individuals may experience a lack of family cohesiveness due to recent immigration that caused physical distance between loved ones. This is relevant to GAD as family cohesion has been noted to relate to the onset of GAD. According to Priest and Denton (2012), family cohesion and positive interactions with family members are very important for the well-being of an individual. Family cohesion has been linked to reducing anxiety symptomology for those who develop GAD (Priest & Denton, 2012); given the above family cohesion is highly relevant to Latinos.

In addition to acculturative stress and the stress associated with immigration status, barriers to treatment are relevant as if a person is unable to access treatment, their symptoms may persist and worsen. As described above, Latinos may face language barriers, discrimination, poverty, and social isolation. They may also experience challenges in accessing health care, which can lead to anxiety (Benuto, 2017; Burnam et al., 1987; Ai et al., 2014; Ai et al., 2015). This highlights the potential relationship between socioeconomic status (SES) and anxiety. Socioeconomic status (SES) is an amalgam of income, education, and social status (Benuto & Leany, 2011). Latinos in the United States have been noted to have lower SES than non-Hispanic whites (Feeding America, 2014; National Education Association, n.d.), and lower SES has been linked to lower psychological and physical well-being (American Psychological Association, 2016) and treatment-seeking behavior (Adler & Newman, 2002). Specific to Latinos, acculturation, SES, immigration status, language barriers, and lack of social support are related to low treatment-seeking behavior (Pampel, Krueger, & Denney, 2010; Woodward, Dwinell, & Arons, 1992). While the mechanism for helping clients access treatment is beyond the scope of this chapter, it is important for the treating clinician to consider the above factors in light of treatment engagement and in consideration of factors that may prevent the client from continuing treatment.

Research on the Treatment of Generalized Anxiety Disorder Among Latinos

Cognitive and behavioral therapies have been identified as evidence-based treatments for GAD (Beck, 1995a, 1995b; Brokovec et al., 1987). Since the symptoms of GAD involve excessive uncontrollable worry, maladaptive thinking, difficulties relaxing, and avoidance, both cognitive and behavioral therapy have been identified as therapies that reduce symptoms (American Psychiatric Association, 2013; Roemer et al, 2005; Borkovec et al, 2004; Craske, 2003; Barlow et al, 1996; Borkovec & Roemer, 1995). Cognitive therapy focuses on using cognitive restructuring to modify the negative thoughts, beliefs, and images, while behavioral therapy focuses on relaxation training, planning pleasurable activities, and controlled exposure to situations that are avoided (Beck, 1995a, 1995b; Brokovec, Newman, Pincus, & Lytle, 2002). Since both therapies are effective in reducing the different symptoms of anxiety disorders, researchers and clinicians developed cognitive behavioral therapy (CBT), which focuses on both the cognitive and behavioral symptoms

(Brokovec et al., 1987, 2002; Butler, Fennell, Robson, & Gelder, 1991; Öst & Breitholtz, 2000). When cognitive and behavioral approaches are combined, they create a more effective treatment; hence, CBT has been used effectively to treat a range of anxiety disorders, including GAD (Chapman et al., 2011; Barlow & Craske, 2007; Barlow, 2002a, b; Roemer et al, 2002; de Beurs et al., 1995; Foa & Meadows, 1997; Foa & Kozak, 1986). Various meta-analyses have been completed examining CBT as a treatment for GAD. A majority of the meta-analyses have identified CBT as a prime therapy for reducing symptoms of GAD among different groups and populations (Butler, Chapman, Forman, & Beck, 2006; Gould, Safren, Washington, & Otto, 2004; Gould, Otto, Pollack, & Yap, 1997; Mitte, 2005).

Despite the prolific literature on the use of CBT to treat anxiety disorders, there has been limited research on effective evidence-based treatments in treating generalized anxiety disorder among Latinos. Most of the research on evidence-based treatments among Latinos has been on depression and has been noted to be an effective means of treating depression among Latinos (Aguilera, Garza, & Muñoz, 2010; Organista & Muñoz, 1996; Organista, Muñoz, & González, 1994), and findings from a review of the literature suggest that Latinos can benefit from CBT (Benuto & O'Donohue, 2015). These findings apply to both adolescents (Pina, Silverman, Fuentes, Kurtines, & Weems, 2003) and adults (Barrios, 2010).

Of the research that does exist specific to GAD, CBT has been found to be an effective mechanism of treating Latinos who have GAD (Pina et al., 2012; Aguilera et al., 2010; Organista & Muñoz, 1996; Organista et al., 1994). Most recently, Chavira et al. (2014) examined CBT with Latino adults who had GAD. Specifically Chavira et al. studied treatment engagement and response of three treatments for anxiety disorders among 85 Latinos: (1) a 12-week traditional CBT treatment, (2) a medication-only treatment, and (3) a CBT combined with medication. The CBT with medication condition was favored by Latinos over the other two conditions. The CBT and CBT with medication conditions were more effective than the medication treatment-only condition in reducing symptoms of anxiety among Latinos including among Spanish-speaking Latinos. In conclusion, the results from available studies do indicate that CBT is an evidence-supported treatment to use with Latinos who have GAD.

In summary, Latinos experience rates of GAD similar to, if not higher than, the general US population. In addition, the literature indicates that cultural factors may contribute to a presentation of GAD that may not be commonly seen in the general population (Canino et al., 1992; Carter et al., 2012; Guarnaccia et al., 2009; Hirai et al., 2006), due to cultural factors that may be unique to this population (Benuto, 2017). Regardless of how different or similar the presentation of GAD is among Latinos, CBT continues to be the most effective evidence-based treatment for GAD. The evidence suggests that both Spanish-speaking and English-speaking Latinos report improvement with GAD symptoms when exposed to CBT (Chavira et al., 2014). A sample session plan and associated worksheets and handouts can be found below, which are based on the CBT model.

Sample Session Plan

Chavira et al. (2014) provided the following format for cognitive behavioral therapy program for generalized anxiety disorder among Latinos: (1) educate the patient about GAD, (2) self-monitor behaviors, (3) exposure hierarchy development, (4) breathing training and other relaxation exercises, (5) cognitive restructuring, (6) exposure to stimuli, and (7) relapse prevention. An 8–12 session treatment plan, with weekly 1-h sessions, has been recommended for CBT treatment. Eighteen Spanish language handouts and worksheets are included with the sample session plan. The session plan has been modeled by that one used by Escovar, Hitchcock, and Chavira (2017).

Session 1

This session includes therapist introduction and assessment:

- The therapist should spend some time explaining what the therapist's role is and what the treatment process is like.
- Explaining what is expected from the client should be explained, for example, they should be on time, leave children with childcare, and call 24 h in advance if they cannot attend session.
- Time should be set aside for therapist to ask questions regarding confidentiality, treatment, barriers to care, and family participation. Sometimes fear of immigration status being revealed to others is a concern. Barriers to care should be addressed and may include transportation, childcare, unable to take time off work, and other family responsibilities. It is possible that the client may ask if family members can join in sessions; the therapist should remember that social support and family cohesion are important for Latinos and are important factors that may benefit the client in treatment.

Worksheets and Handouts: Evaluación de los Síntomas de Ansiedad.

Session 2
This session should focus on educating the client about the origins and symptoms of anxiety:

- Explain the origins of anxiety and its normality.
- Ask the client what symptoms they have experienced when distress, even asking them where in their body they feel anxiety.
- Connect bodily sensations with thoughts and behaviors as all being a part of anxiety.
- Some education on panic attacks may be addressed if client reports symptoms that can be related to *Ataque de Nervios* or *Nervios.*

Worksheets and Handouts: La Ansiedad, *Síntomas de Ansiedad*, *¿En Que. Partes del Cuerpo Sientes la Ansiedad?*, *Ataque de Pánico*, and *Las Causes de Su Estrés o Ansiedad.*

Session 3
This session should be focused on identifying fears and worries the client has:

- Create a hierarchy of fears and worries the client has to use later for exposure hierarchy.
- The client can also address any problems that may be escalating their anxiety.
- Educate the client on how worries, fears, and thoughts impact bodily sensations and behaviors, such as avoidance.
- Have the client begin to monitor their thoughts, worries, and fear at home. Provide them a diary card.

Worksheets and Handouts: La Escala de Preocupación; La Relación entre Síntomas Físicas, Pensamientos, y Acciones con La Ansiedad; and Diario De La Ansiedad.

Session 4
This session will be dedicated to teaching the client ways to reduce anxiety and worry:

- Educate the client on how relaxed breathing can improve symptoms of anxiety and then practice relaxed breathing with the client.
- Educate the client on how muscle relaxation exercises can improve symptoms of anxiety and then practice muscle relaxation exercises with the client.
- Educate the client on mindfulness and being in the present moment. Practice using the five senses to help the client be in the present moment and not caught in thoughts, fears, and worries.
- Educate the client how participating in pleasant events and rewards help reduce anxiety.
- Have the client brainstorm activities and rewards they can do after accomplishing something stressful or anxiety provoking.
- Have the client begin to practice exercises for their homework and track their work on the diary card.

Worksheets and Handouts: Respiración Relajada, *Relejación Musular*, *Recompensas*, *¡Enfócate en El Presente!*, *Actividades Para Utilizar los Cinco Sentidos*, and *Diario: Practicando Los Ejercicios Para Reducir la Ansidad.*

Sessions 5–12

These sessions will be focused on problem-solving, working on changing automatic thoughts, and exposure exercises:

- Have the client create a list of problems they are facing and explore solutions.
- Revisit the fear hierarchy from Session 3 and edit it if necessary.
- Introduce exposure exercises and how they help improve anxiety symptoms.
- Answer any questions and fears the client may have about exposure therapy.
- Begin exposure therapy based on fear hierarchy.
- Have the client begin to do exposure exercises at home and keep track using the worksheet *Enfrentando los Pensamientos Negativos y Preocupaciones.*
- Have the client to continue to practice mindfulness and relaxation exercises as part of their homework.

Worksheets and Handouts: Resolviendo Problemas, *¿Que es la Terapia de Exposicón?*, *Enfrentando los Pensamientos Negativos y Preocupaciones*, and *Diario: Practicando Los Ejercicios Para Reducir la Ansidad.*

Evaluación de los síntomas de Ansiedad

En las ultimas dos semanas ¿ha tenido uno (s) do los siguientes síntomas?

Chequee o Marque todo lo que se aplica en su caso

Síntomas Físicas:

- ❑ Dolores musculares
- ❑ Temblores
- ❑ Necesidad frecuente de orinar
- ❑ Dolor abdominal
- ❑ Sudor
- ❑ Diarrea
- ❑ Cambio en apetito
- ❑ Cansado o sentirse cansado
- ❑ Mareo
- ❑ Sequedad en la boca
- ❑ Dolores de cabeza
- ❑ Respiración rápida
- ❑ Falta de aire
- ❑ Nausea o Vomito
- ❑ Hormigueo
- ❑ Opresión o presión en el pecho
- ❑ Palpitaciones del corazón rápido o palpitaciones irregulares

Síntomas Psicológicas:

- ❑ Dificultad para concentrarse
- ❑ Problemas con la memoria
- ❑ Dificultad para dormir o pesadillas
- ❑ Sentirse irritado
- ❑ Tener problemas sexuales o no querer tener relaciones sexuales
- ❑ Sentirse nervioso, ansioso, con los nervios de punta
- ❑ No ha sido capaz de parar o controlar su preocupación
- ❑ Se ha preocupado demasiado por motivos diferentes
- ❑ Ha tenido dificultad para relajarse
- ❑ Ganas de huir situaciones
- ❑ Se ha sentido tan inquieto(a) que no ha podido quedarse quieto(a)
- ❑ Ha tenido miedo de que algo terrible fuera a pasar

¿Con que frecuencia le han molestado sus síntomas?

❑ Varios días

❑ Mas de la mitad de los días en la semana

❑ Casi diario o todos los días

La Ansiedad

La ansiedad es parte de nuestro cuerpo y actúa como un mecanismo defensivo.

La ansiedad es una respuesta normal que se da en todas las personas y nos ayudar sobrevivir amenazas y situaciones peligrosas. Cunado nos encontramos en situaciones evaluadas como peligrosas, la ansiedad se convierte en nuestro sistema de alertas.

La mente y el cuerpo trabajan juntos para movilizarnos y decidir si queremos huir, atacar, neutralizar, afrontar, o adaptarnos a las situaciones peligrosas que se presentan.

En unos casos hay personas donde la ansiedad normal cambia y es alterada. En estos casos personas empiezan a sufrir problemas de salud que afectan su vida diaria.

Unas situaciones o eventos que influyen cambios en la ansiedad normal son:

* Factores biológicos, algunos que son genéticos.
* Estilo de vida
* Estrés del ambiente en la casa, trabajo, con amigos y de dinero.
* Teniendo miedo de varios situaciones
* Eventos negativos en la vida
* Alcohol, estimulantes, y drogas
* Efectos de medicamentos
* Problemas de salud
* Falta de oxigeno

Normalmente, los problemas de ansiedad resultan por una combinación de estas situaciones y eventos durante un periodo de tiempo.

Síntomas de la Ansiedad

Cada persona reporta diferente síntomas de la ansiedad, aunque unas síntomas son mas comunes que otras. Abajo hay una lista de las síntomas mas reportadas:

Síntomas Físicas

✣ Dolores musculares
✣ Mareo

- ✥ Temblores
- ✥ Sequedad en la boca
- ✥ Necesidad frecuente de orinar
- ✥ Dolores de cabeza
- ✥ Dolor abdominal
- ✥ Respiración rápida
- ✥ Sudor
- ✥ Falta de aire
- ✥ Diarrea
- ✥ Nausea o Vomito
- ✥ Cambio en apetito
- ✥ Hormigueo
- ✥ Cansado o sentirse cansado
- ✥ Opresión o presión en el pecho
- ✥ Palpitaciones del corazón rápido o palpitaciones irregulares

Síntomas Psicológicas

- ✥ Dificultad para concentrarse
- ✥ Problemas con la memoria
- ✥ Dificultad para dormir o pesadillas
- ✥ Sentirse irritado
- ✥ Tener problemas sexuales o no querer tener relaciones sexuales
- ✥ Sentirse nervioso, ansioso, con los nervios de punta
- ✥ No ha sido capaz de parar o controlar su preocupación
- ✥ Se ha preocupado demasiado por motivos diferentes
- ✥ Ha tenido dificultad para relajarse
- ✥ Ganas de huir situaciones
- ✥ Se ha sentido tan inquieto(a) que no ha podido quedarse quieto(a)
- ✥ Ha tenido miedo de que algo terrible fuera a pasar

¿En que Partes del Cuerpo Sientes la Ansiedad?

Lista las partes del cuerpo donde siente mas la ansiedad. Usando una escala de 0 a 10, con 0 representando nada de dolor y 10 representando mucha molestia con esta parte del cuerpo.

0-10	Parte del Cuerpo Que le Molesta Con la Ansiedad
	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.

Ataque de Pánico

Cuando uno esta sufriendo ansiedad muy intensa, a veces el cuerpo responde de un modo extremo. Un ataque de pánico resulta después que nos pasa un medio, situación, o evento.

Síntomas de un Ataque de Pánico:

- Respiración dificultosa
- Palpitaciones o dolor en el pecho
- Intensa sensación de miedo
- Dificultad para respirar
- Sensación de ahogo o asfixia
- Mareos o sensación de desmayo
- Temblores o sacudidas
- Transpiración
- Náuseas o dolor de estómago
- Hormigueo o entumecimiento en las manos y los pies
- Escalofríos o sofocos
- Un miedo que está perdiendo el control o está a punto de morir

Los síntomas de un ataque de pánico por lo general se sienten mas fuertes en los primeros 10 minutos del ataque.

Las síntomas del ataque se sienten tan graves que a veces personas piensan que están sufriendo un ataque de corazón, cunado en realidad es un ataque de pánico.

Las Causas de Su Estrés o Ansiedad

Instrucciones: Escribe todos las situaciones, eventos, o personas que te causan estrés o ansiedad.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

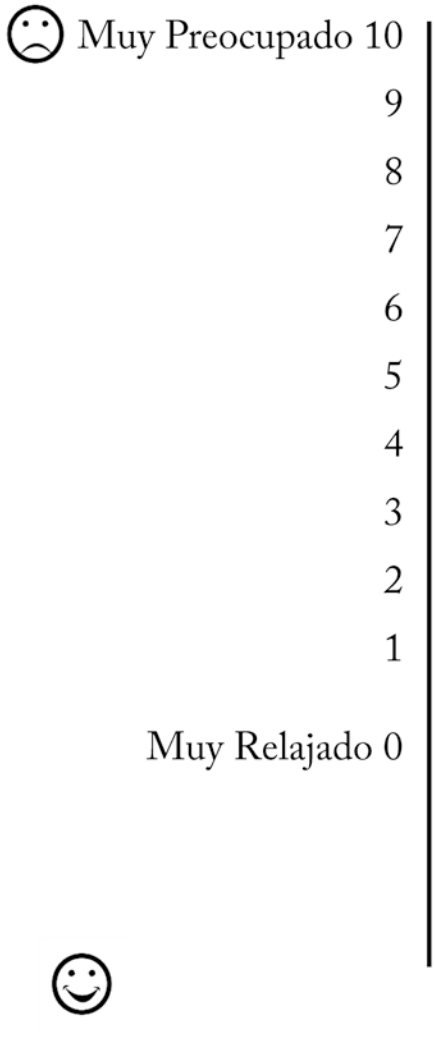
14. _____

15. _____

Usa otra pagina si necesita mas espacio

La Escala de Preocupación

Instrucciones: Esta escala es para medir preocupación que esta conectada con su ansiedad, miedo o estrés. Comience la escala con los eventos o situaciones que le causan la mayoría de preocupación (10), seguidos por los eventos o situaciones que producen menos preocupación.



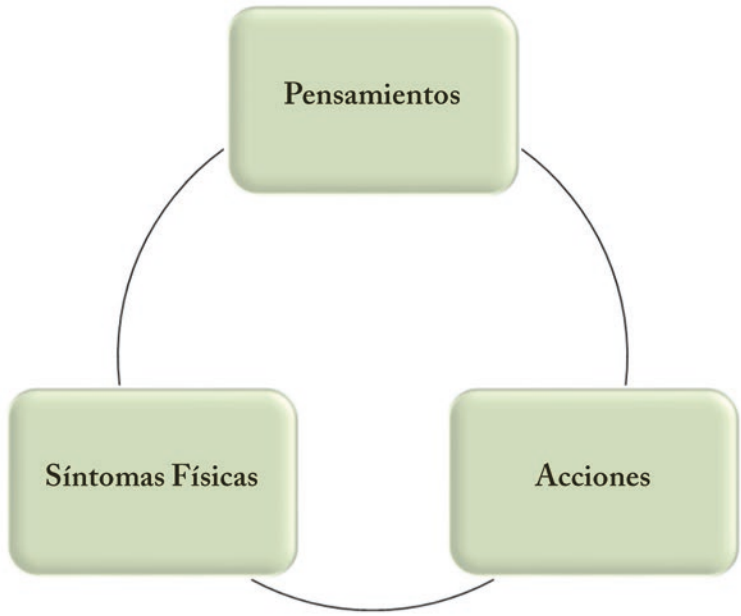
La Relación entre las Síntomas Físicas, Pensamientos, y Acciones con La Ansiedad

Nuestros síntomas físicas, pensamientos, y acciones influyen nuestros niveles de ansiedad. En cambio la ansiedad influye nuestros síntomas físicas, pensamientos, y acciones.

Síntomas Físicas: "Mi corazón esta palpitando muy rápido", típicamente las síntomas físicas de ansiedad se presentan primero que otras señas. Cuando las síntomas físicas se presentan, la ansiedad se intensifica. A veces las síntomas físicas son causadas por las pensamientos o acciones que experimentamos.

Pensamientos: "Voy a tener un ataque de corazón", a veces nuestra mente puede se nuestro peor enemigo porque a veces empieza a pensar cosas negativas que a veces no son ciertas o inexactos. Cuando estos pensamientos empiezan o se escalan, empezamos a sentir síntomas físicas mas fuertes, "Mi corazón se esta acelerando muy pronto, algo debe de estar mal". A veces nuestros pensamientos nos hace evitar las cosas que nos causan ansiedad.

Acciones: "Mejor no voy a la fiesta porque es muy estresante para hablar con otros",
Para evitar las síntomas de la ansiedad evitamos lugares, situaciones, o personas. A veces tomamos medidas o adoptamos comportamientos que no son saludables para evitar nuestro pensamientos y sentimientos físicos, pero solo funciona temporalmente.



Diario de La Ansiedad

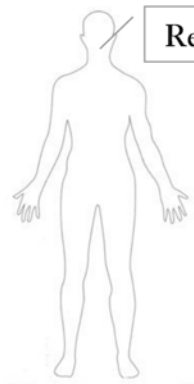
Fecha	Hora	Situación	Síntomas	Pensamientos	La intensidad de la ansiedad (0-10)	¿Trato de evitar la situación?

Respiración Relajada

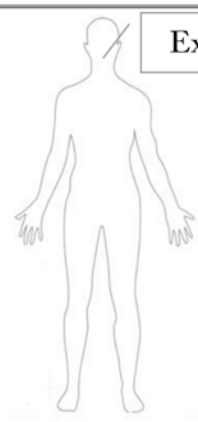
Cuando estamos estresados o ansiosos nuestra respiración se acelera. Esto es parte de nuestro mecanismo defensivo. La reparación relajada manda un señal a todo el cuerpo que se debe de relejar y que uno esta seguro. La respiración relajada es mas lenta y mas profunda que la respiración normal. Cuando uno usa la reparación relejada usamos el estomago o barriga pare respirar y no el pecho.

Instrucciones:

1. Debe de sentarse o acostare para empezar el ejercicio.
2. Cierra los ojos si se siente a gusto haciéndolo.
3. Usa la nariz para respirar profundamente, contando a cuatro **(1….2….3….4)**.



4. Pause **(1….)**.
5. Expira, despacio contando a cuatro **(1….2….3….4)**.



6. Si gusta, puede repetir el ejercicio después de un minuto. Practica durante el día.

Relajación Muscular

El cuerpo y la mente trabajan juntos, cuando estamos ansiosos o estresados nuestros cuerpos responden y se pone tenso. A veces el cuerpo empieza tenso y envía una señal que estamos en peligro y la mente se estresa o se pone ansioso. Entonces relajando el cuerpo nos ayuda eliminar el estrés o ansiedad del momento.

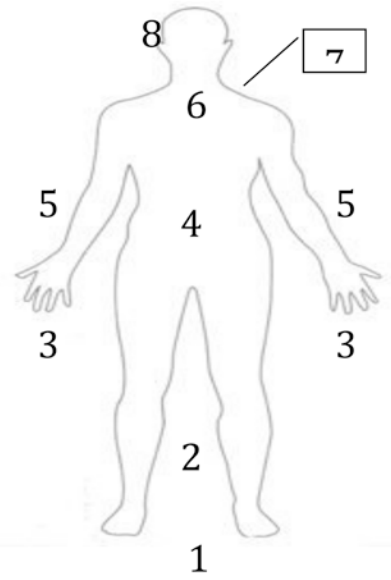
Un modo de relejar el cuerpo es usando relajación muscular. Con la relajación muscular cada grupo de músculos se tensa, y luego elimina la tensión.

Instrucciones

1. Siéntase en una silla, recuestase en una cama, sofá, o piso. Puede cerrar los ojos si gusta.

2. Empieza con 1) los dedos de los pies. Tensa los dedos de sus pies por unos 10-30 segundos, luego relájalos.

3. Repite paso 2 con todo los otros músculos: 2) Piernas, 3) Los dedos de su manos, 4)Estomago y pecho, 5) Los brazos, 6) Cuello y garganta, 7) La espalda, y 8) La Cara.



Recompensas

Cunado uno esta muy ansioso o estresado, a veces se nos olvida las recompenses por todo el trabajo y quehaceres que hemos hecho. Las recompensas son muy importantes para controlar la ansiedad. La recompensas vienen de diferente formas.

Unos ejemplos son:

* Salir a cenar
* Ir a campar

* Caminar en el parque
* Dibujar
* Visitar a Familia o Amistades
* Leer un libro o revistas
* Ir a nadar
* Ir a una fiesta
* Jugar deportes
* Cocinar una comida rica
* Cantar o Karaoke
* Ir a la playa
* Tejer
* Cuidar el jardín
* Ir a un concierto
* Bailar
* Ir de compras
* Aprender a tocar la guitarra

¿Cuales son sus recompensazas favoritas?

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

¡Enfócate en el Presente!

Usando los cinco sentidos nos ayuda relajarnos y gozar el momento para reducir la ansiedad.

Sentido de Gusto:

¿Que pruebo en este momento?
¿ Es sutil o fuerte? ¿Es amargo, dulce o caliente? ¿Es frío o caliente?
¿Cuánto tiempo dura el sabor?

Sentido de Tacto:

¿Qué siento en mi piel?
¿Qué siento con las puntas de los dedos?
¿Que textura(s) siento?
¿Es suave o duro? ¿Es áspera o lisa? ¿Es caliente o frío al tacto?

Sentido de Olfato:

¿Qué olores noto?
¿Son fuertes o suaves?
¿Cómo cambia el aroma con el tiempo?
¿Cuánto tiempo dura el olor?

Sentido de Oír :

¿Qué es lo que oigo en este momento?
¿Hay sonidos cerca o lejos? ¿Son fuerte o suave?
¿Es en tono alto o bajo?
¿Cuánto tiempo dura cada sonido?

Sentido de la Vista:

¿Qué veo en este momento?
¿Qué objetos observo?
¿Qué colores miro?
¿Que son las texturas y patrones de lo que veo?
¿Qué figura o forma es lo que veo?

Actividades Para Utilizar lo Cinco Sentidos

Usar el perfume o las lociones favoritas

Ambientar la casa con una fragancia agradable

Hervir canela, hacer galletas o un pastel

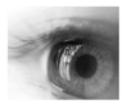
Oler flores

Acariciar al perro o al gato

Que nos den un Masaje

Ponerse loción en el cuerpo

Abrazar alguien



Comprar y arreglar flores

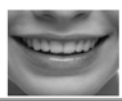
Ir a un museo de arte.

Contemplar la naturaleza

Mirar una fotos

Escuchar música hermosa

Escuchar la naturaleza



Saborear una comida buena

Probar diferentes sabores en una heladería

Mascar nuestro chicle favorito

Resolviendo Problemas

Para cada problema que esta ocurriendo en este momento, llena una hoja separada.

1. Identifica su problema con detallé.

2. ¿Que sentimientos siente con este problema?

3. ¿Cuantas soluciones hay para este problema?

4. Para cada solución lista las aventajas y desventajas.

	Aventajas	Desventajas
Solución 1		
Solución 2		
Solución 3		
Solución 4		

¿Que es la Terapia de Exposición?

La terapia de exposición es un tratamiento psicológico que fue desarrollado para ayudar a las personas enfrentar sus miedos. Cuando las personas tienen miedo de algo, evitan los objetos, actividades o situaciones temidas. Aunque esta evitación podría ayudar a reducir los sentimientos de miedo en el corto plazo, a largo plazo puede ser que evitando el miedo cause mas daño.

En la terapia de exposición, los psicólogos o terapeutas crean un ambiente seguro en el que uno "expone " individuos a las cosas que

temen y evitan. La exposición a los objetos, actividades o situaciones temidas en un entorno seguro ayuda a reducir el miedo y la evitación disminución.

Hay dos formas comunes de exposición:

La exposición en vivo: Situado frente a un objeto, situación o actividad temida en la vida real. Por ejemplo, alguien con un miedo a las arañas puede ser instruido a tocar una araña, o alguien con ansiedad social puede ser instruido para dar un discurso frente a una audiencia.

La exposición imaginal: Vívidamente imaginar el objeto, situación o actividad temido. Por ejemplo, uno debe de recordar y describir una experiencia traumática que tuvieron repetidamente para reducir la sensación de miedo.

Enfrentando los Pensamientos Negativos y Preocupaciones

Pensamiento Negativo/ Preocupación	Nivel de Ansiedad 0-10 Antes de enfrentarlo	¿Como voy a enfrentar el pensamiento o preocupación?	¿Pasara este momento?, ¿Voy a sobrevivir? ¿Si o no?	Nivel de Ansiedad 0-10 después de enfrentarlo	Recompensas

Diario: Practicando los Ejercicios para Reducir la Ansiedad

Fecha/Día	Hora	Causa de Ansiedad	Nivel de Ansiedad 0-10	¿Que Ejercicio uso? 1	¿Que Ejercicio uso? 2	Nivel de Ansiedad 0-10

Appendix

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