



Participation Agreement for Group Therapy:

You will be joining a closed group which means that it is not open to new members. You will be asked to participate as a valuable part of the group as the structured and supportive nature of a closed group can significantly enhance the effectiveness of anxiety treatment.

The stability of the group composition promotes trust and deeper connections among participants, enhancing mutual support. This consistency allows for tailored, progressive therapy sessions that address the specific needs and progress of the group members. Additionally, the sense of community reduces feelings of isolation, a common issue in anxiety sufferers, while encouraging accountability and sustained engagement in therapeutic activities.

Confidentiality in Group Therapy:

You have the right to confidentiality under federal and state laws relating to the receipt of psychological services (see Informed Consent document). Barnabas Behavioral Healthcare, LLC maintains these confidentiality and privacy standards for group therapy. However, confidentiality from other group members is not protected by these same standards, and BARNABAS BEHAVIORAL HEALTHCARE, LLC cannot control what information other group members may disclose. Your confidentiality cannot be guaranteed in group therapy. Therefore, confidentiality within group therapy is a shared responsibility among all members and is based on mutual trust and respect.

You agree to not disclose to anyone outside the group any personal information about another group member. If participating in a group through telepsychology, you agree to use a private setting where the group conversation cannot be overheard or observed by others. If you breach confidentiality, you may be asked to leave the group.

Additional Group Agreements:

- *You agree to be on time for group and notify the CPC if you cannot attend.*
- *You agree to be respectful of the therapist and other group members.*
- *You understand you are not required to disclose any information you do not feel comfortable discussing in group.*
- *You understand that you may be asked to leave the group if you are disruptive or negatively affecting other group members.*
- *You understand that in-person group sessions may be recorded for training purposes.*

- *You understand that in-person and online groups may be observed by the therapist's supervisor or other therapists-in-training.*
- *You will be notified prior to any recording or observation of group sessions.*

Financial Agreement:

- *You agree to make payments at the time of service.*
- *You agree that you are joining a closed group which means that we will not replace you as group member should you leave the group. Any missed meetings will not be billed to your insurance and you will be charged a \$50 no show fee.*
- *You are agreeing to 5 weekly meetings as a part of this program.*

Care Coordination Agreement:

- You understand and agree that we may communicate with your referring or primary care provider to update treatment status and screening scores.
- You agree and understand that we may communicate with your counselor

Date:

Signature:

Printed Name:

GAD-7 Anxiety

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 _____ + _____ + _____ + _____ =

Total Score _____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

☐

Somewhat difficult

☐

Very difficult

☐

Extremely difficult

☐

Source: Primary Care Evaluation on Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at ris8@columbia.edu. PRIME-MD IS A TRADEMARK OF Pfizer Inc. Copyright 1999 Pfizer Inc. All rights reserved. Reproduced with permission

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of “not at all,” “several days,” “more than half the days,” and “nearly every day.”

GAD-7 total score for the seven items ranges from 0 to 21.

0-4: minimal anxiety

5-9: mild anxiety

10-14: moderate anxiety

15-21: severe anxiety

Adverse Childhood Experience Questionnaire for Adults

California Surgeon General's Clinical Advisory Committee



Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please place a checkmark next to each ACE category that you experienced prior to your 18th birthday. Then, please add up the number of categories of ACEs you experienced and put the *total number* at the bottom.

1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?

☐

2. Did you lose a parent through divorce, abandonment, death, or other reason?

☐

3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?

☐

4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?

☐

5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?

☐

6. Did you live with anyone who went to jail or prison?

☐

7. Did a parent or adult in your home ever swear at you, insult you, or put you down?

☐

8. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?

☐

9. Did you feel that no one in your family loved you or thought you were special?

☐

10. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?

☐

Your ACE score is the total number of checked responses

Do you believe that these experiences have affected your health?

☐

Not Much

☐

Some

☐

A Lot

Experiences in childhood are just one part of a person's life story.
There are many ways to heal throughout one's life.

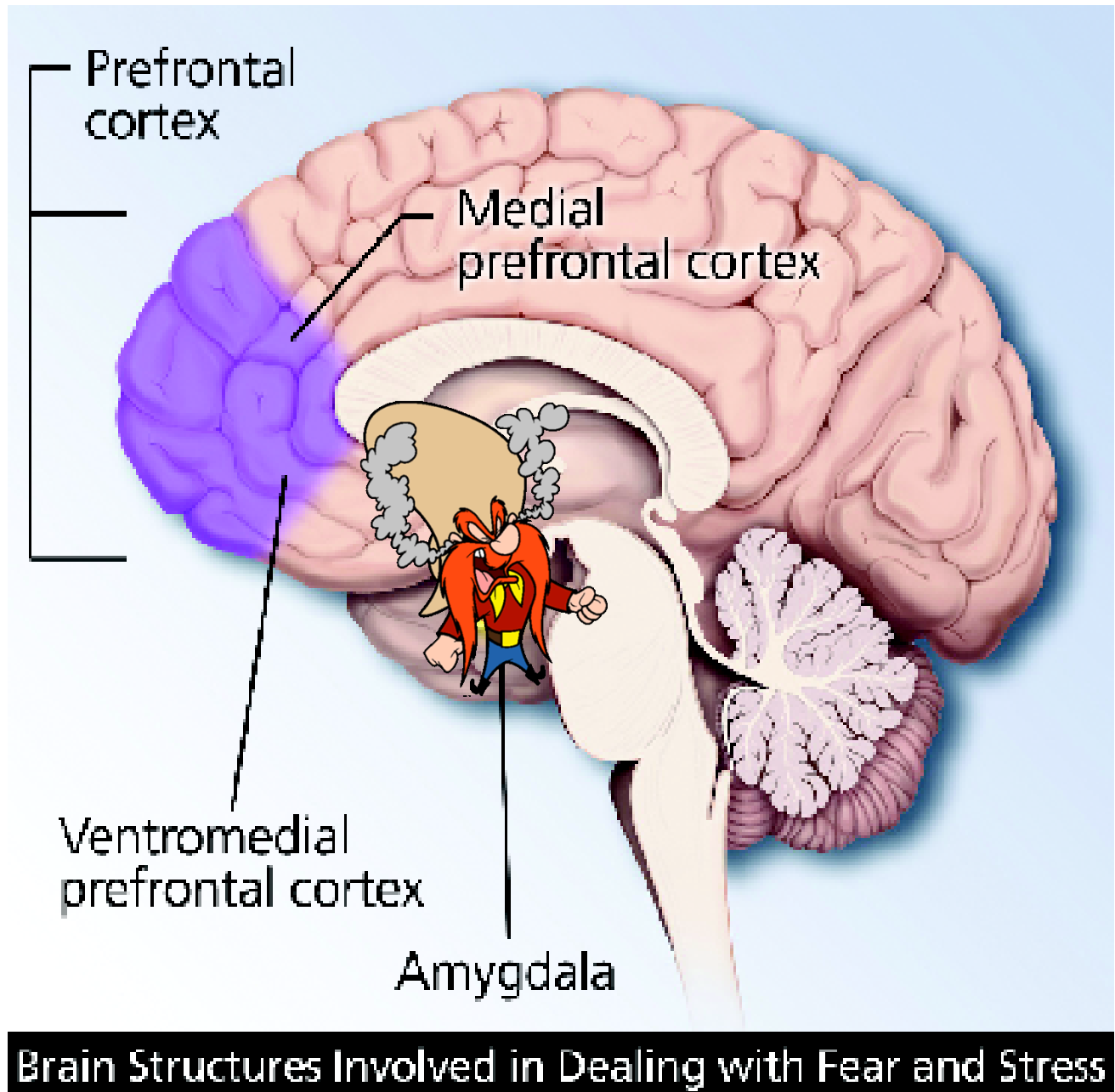
Please let us know if you have questions about privacy or confidentiality.

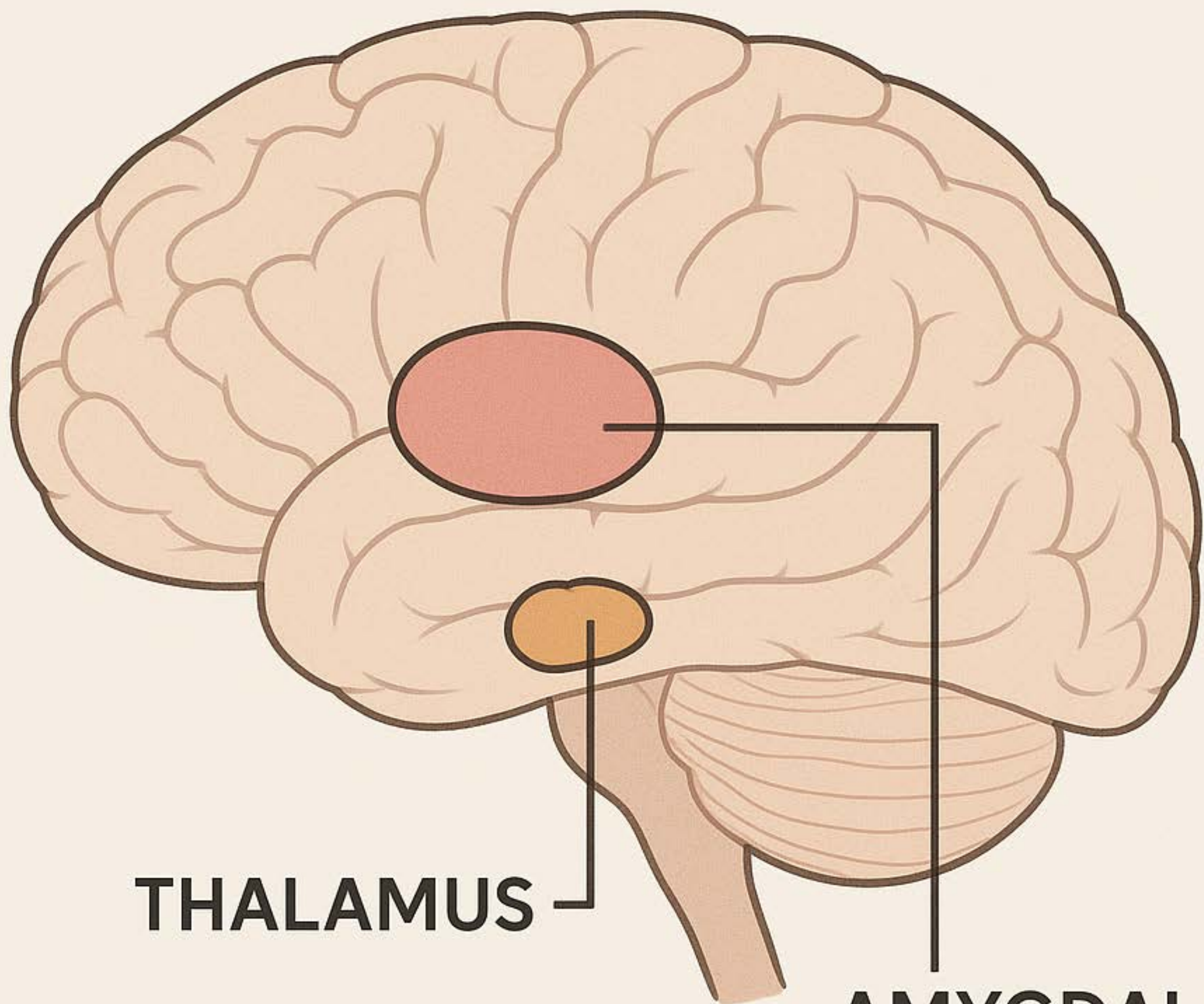
5/5/20

RESTRUCTURE REWIRING ANXIETY

Barnabas Behavioral Healthcare, LLC

*Anxiety is not a disease- it is simply a symptom of an **irritable** Amygdala*

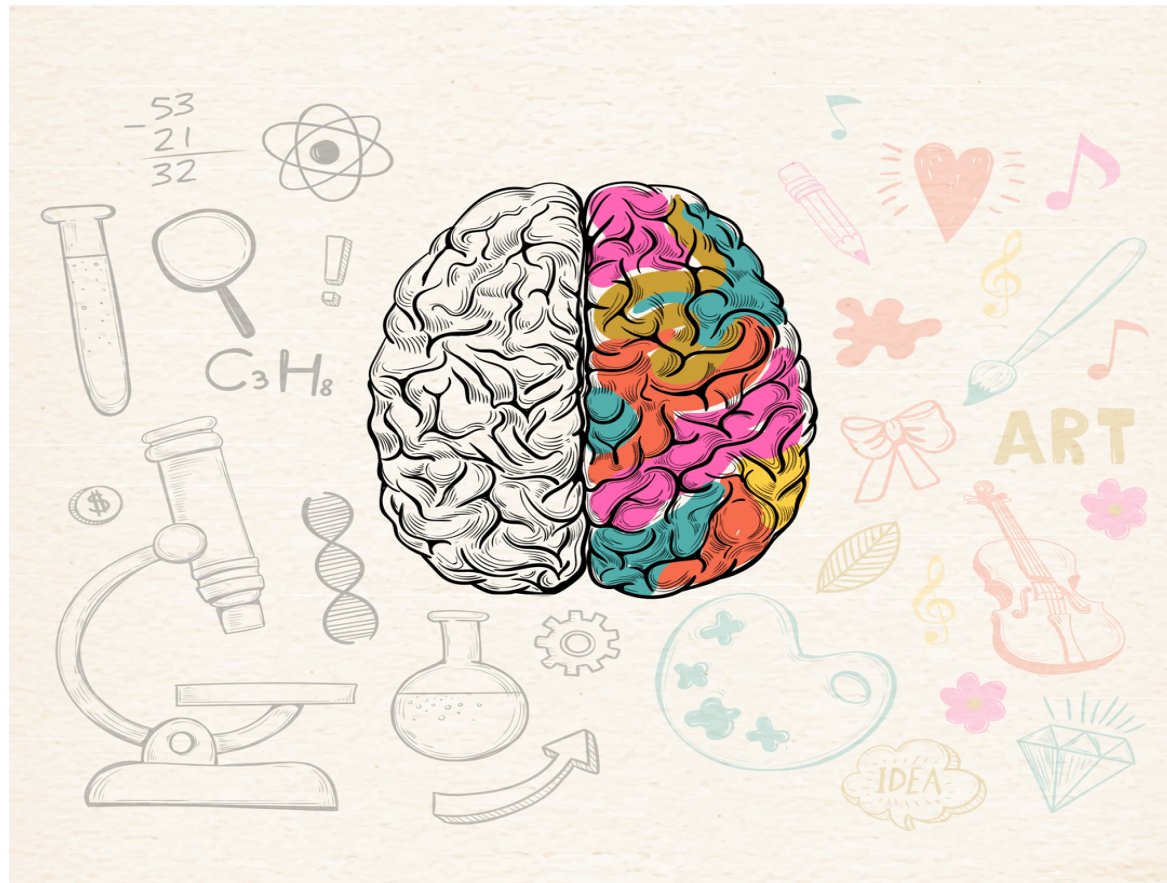




THALAMUS

AMYGDALA

Integration of neural networks across left and right hemispheres of the brain will help us express feelings with words and assimilate positive resources into negative perceptions of emotions



Neuroplasticity

- Neuroplasticity is the ability of the brain and nervous system to recognize the neural pathways, connections, and functions.
- It takes place in time, slowly or quickly, over three main time spans:
 - Evolution over eons
 - Development over lifespan
 - Experience-based neuroplasticity that takes place quickly at any age

- **Neuroplasticity happens at the neuronal level!**
- **Hebb's Rule: neurons that FIRE together, WIRE together!**
- **When neurons stop firing together, connections weaken and break down. This helps explain how learning and memory occur at a neuronal level and helps account for neuroplasticity.**
- **Repeated experience can strengthen or weaken neuronal bonds**



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PEMSA

Date:

PEMSA instructions: Each morning rate how you feel in the areas of Physical health which would be monitoring pain; Emotion where we are looking for any changes caused by relationship issues; Mental tracks clarity; Spiritual looks within for connectedness; and of course, Anxiety which is the reason that we are here. Using 5 as a baseline of your 'normal' do a quick scan each morning to get a read of what you are taking into the world and a quick scan at the end of the day to see what may have changed. To measure, starting with 5, increase the numbers if symptoms or pain have increased or decrease if symptoms or pain diminished during the course of the day. Use the notes section to record events that could account for the change.

	AM	PM
Physical		
Emotional		
Mental		
Spiritual		
Anxiety		

Notes:

Affirmations and Coping Statements

Affirmations and coping statements can be a powerful tool to balance, counter or replace negative or fearful thoughts with positive statements that promote self-worth and self-efficacy

- ★ I accept myself as I am.
- ★ I am a capable person.
- ★ I am a good and caring person.
- ★ I am doing the best that I can.
- ★ I am good enough.
- ★ I am valuable because I am human, alive and unique.
- ★ I can be anxious and still deal with this situation.
- ★ I can do my coping strategies and allow this to pass.
- ★ I can handle my feelings and sensations.
- ★ I can handle these symptoms or sensations.
- ★ I can make a difference in the world.
- ★ I can relax and let go of tension.
- ★ I can take all the time I need in order to let go and relax.
- ★ I deserve to feel O.K. right now.
- ★ I don't need these thoughts – I can choose to think differently.
- ★ I have confidence in myself.
- ★ I've survived this before and I'll survive this time, too.
- ★ There's no need to push myself. I can take as small a step forward as I choose.
- ★ These are just thoughts – not reality.
- ★ This anxiety won't hurt me – even if it doesn't feel good.
- ★ This feeling isn't comfortable or pleasant, but I can accept it.
- ★ This is an opportunity for me to learn to cope with my fears.
- ★ This isn't an emergency. It's O.K. to think slowly about what I need to do.
- ★ This isn't the worst thing that could happen.

Remember keep them:

- Personal
- Present Tense
- Positive



How To Use:

- ✓ Say them before bed or after waking up
- ✓ Use them with relaxation techniques
- ✓ Use as needed throughout the day
- ✓ Write them on cards or “post-its” and place them where you will read them.
- ✓ Create an audiotape and listen when you need them

15 Things You Can't Control

(And What You Can Control Instead)

A companion to Tiny Buddha's Inner Strength Journal

tinybuddha.com/strong

1. You can't control what other people do

You can control whether you participate in their behavior or enable them.

2. You can't control how other people see you.

You can control how you show up in your relationships and how you see yourself.

3. You can't control how other people treat you.

You can control how you internalize and respond to their treatment

4. You can't control whether other people like you.

You can control how true you are to yourself

5. You can't control what people think, feel, and believe.

You can control how you engage about your different opinions, feelings, and beliefs.

6. You can't control how other people internalize things you say and do

You can control your intentions and how you respond when you unintentionally hurt

7. You can't control what happens to other people

You can control how you show up for them when things get hard

8. You can't control your thoughts and feelings

You can control whether you attach to them, identify with them, or act on them.

9. You can't control the things that have already happened

You can control what you do in the present

10. You can't control everything that's going to happen

You can control how you strengthen yourself to handle the unknown

11. You can't control the outcome of anything you do.

You can control your efforts

12. You can't control your body aging

You can control how well you take care of your body and how you think about it.

13. You can't control all aspects of your health

You can control the preventative health measures you take

14. You can't control the inevitability of you getting hurt

You can control how you treat yourself when you're hurting

15. You can't control the fact that there's suffering in the world

You can control whether you contribute to it or help alleviate it.