

Rhode Island College

Digital Commons @ RIC

Professional Impact Project: Implementation of
Evidence Based Practices by Clinical Mental
Health Counseling Graduate Students

College Events & Initiatives

4-30-2021

Applied Relaxation for Anxiety Management in College Students

Julia Colombo

Follow this and additional works at: https://digitalcommons.ric.edu/cep_posters



Part of the [Other Mental and Social Health Commons](#), and the [Psychiatric and Mental Health Commons](#)

Recommended Citation

Colombo, Julia, "Applied Relaxation for Anxiety Management in College Students" (2021). *Professional Impact Project: Implementation of Evidence Based Practices by Clinical Mental Health Counseling Graduate Students*. 4.

https://digitalcommons.ric.edu/cep_posters/4

This Poster is brought to you for free and open access by the College Events & Initiatives at Digital Commons @ RIC. It has been accepted for inclusion in Professional Impact Project: Implementation of Evidence Based Practices by Clinical Mental Health Counseling Graduate Students by an authorized administrator of Digital Commons @ RIC. For more information, please contact digitalcommons@ric.edu.

Applied Relaxation for Anxiety Management in College Students

Julia Colombo, M.S. in Clinical Mental Health Counseling Program

Description

A two-part applied relaxation technique:

- Diaphragmatic breathing and guided imagery
- Applied relaxation (“AR”) “involves noticing early signs of anxiety and responding with a relaxation response” (Hayes-Skelton et al., 2012, p. 1)
- The hypothesis of AR: an individual can be instructed in ways to relax themselves, and then implement those methods outside of therapy when faced with anxiety-provoking events (Hayes-Skelton et al., 2013)
- “Relaxation” = a mental and physical state of reduced stress; physiologically, the activation of the parasympathetic “rest and digest” nervous system
- Description: Teach client relaxation skills, practice them in-session multiple times, assign client ‘homework’ to put these skills into practice outside of therapy, continuously check in with client regarding the efficacy of these skills.
 - Step 1: Provide rationale & explanation of intervention to client; identify client’s anxiety ‘warning signs’
 - Provide psychoeducation about the cycle of anxiety and how changing our behaviors and our physiological state can reduce our anxiety
 - Step 2: Teach diaphragmatic breathing, practice in session
 - Step 3: Follow up on diaphragmatic breathing, introduce guided imagery
 - Step 4: Practice guided imagery in session
 - Step 5: Encourage client to apply relaxation skills outside of therapy
- Goals: Empower client to develop a sense of agency and the ability to self-regulate and manage their anxiety symptoms... Reduce the client’s “anxiety about being anxious” by encouraging the client to self-soothe and proving that when anxiety comes, they can handle it... Increase client’s sense of control over their emotional, cognitive, and somatic symptoms of anxiety...
 - *De-catastrophize the experience of anxiety*

Review of the Research

- A 2013 article in *Cognitive Behavioral Therapy* highlighted over a dozen studies spanning three decades of research that support the efficacy of AR for treating anxiety (Hayes-Skelton et al., 2013)
- “DBR [diaphragmatic breathing relaxation] training is effective in reducing levels of anxiety” (Chen et al., p. 335)
- Studies have explored the connections between the physiological and the emotional processes involved in anxiety and theorized that “the ANS is modulated by breathing so that in sympathetic dominant states like stress and anxiety, slow-deep breathing techniques and meditation can shift sympathetic dominance to parasympathetic dominance” (Jerath, 2015, p. 112)
- A meta-analysis of relaxation training for treating anxiety across 27 studies discovered “a good efficacy of relaxation training in the reduction of anxiety” (Manzoni et al, 2008, p. 4)

Clinical Problem Addressed

- 20-year-old Korean-American male-identifying, heterosexual, cisgender first-year undergraduate student.
- Anxiety symptoms: racing thoughts and excessive worry related to completing schoolwork; shakiness, sweating, stomach pains, and feelings of agitation; content of worry thoughts is “If I don’t do well in school, my family will be disappointed”
- Meets DSM-5 criteria for Generalized Anxiety Disorder: symptoms cause significant distress and interfere with social and academic functioning
- Depressive symptoms: “boredom” and “existential dread”, physical and mental exhaustion, procrastination due to lack of motivation, and a history of suicidal ideation
- Symptoms have been present since high school

Conceptualization of the Intervention

- In past sessions, this client has directly asked for solutions, but presented as reluctant to engage in Solution-Focused Therapy; this intervention was my way of placing more control in the client’s hands and promoting a sense of agency and responsibility for his emotional experience
- My goals for this intervention: support this client’s sense of control and self-efficacy in managing his anxiety; reduce the duration, frequency and severity of his symptoms
- This client has a passion for creative writing and enjoys using his imagination – helpful traits to have when engaging in guided imagery
- The client and I discussed: if he is going to escape from the present moment by placing himself in the future with excessive worries, he might as well escape to a place that is more pleasant and calming (with guided imagery)

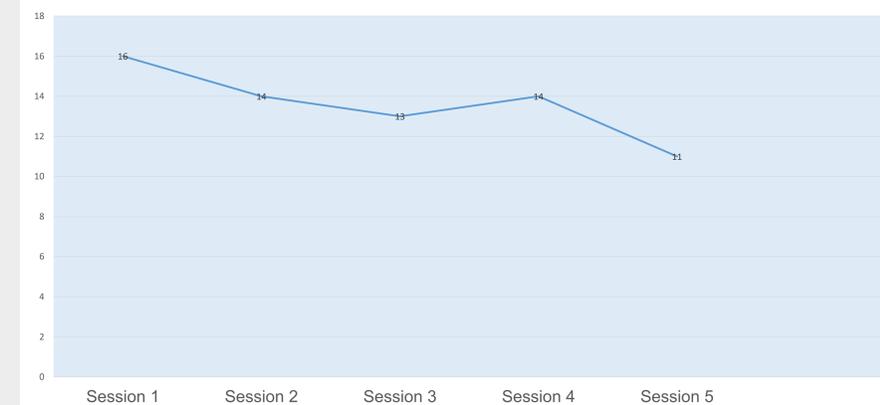
Implementation

- Session 1: Provided psychoeducation about the cycle of anxiety and relaxation training. Introduced client to diaphragmatic breathing exercise in session. Client reported feeling increased relaxation. Encouraged client to practice at home and provided handouts on breathing and the cycle of anxiety.
- Session 2: Client reported trying breathing at home with mild improvement in anxiety symptoms immediately following breathing; stated his symptoms returned within an hour. Used Motivational Interviewing to explore client’s ambivalence towards coping skills, including applied relaxation.
- Session 3: Client reported practicing breathing at home, again with mild and temporary improvement in anxiety symptoms. Introduced client to guided imagery exercise and explained that this relaxation skill utilizes his creativity and strong imagination. Guided client through imagery exercise in session. Client reported engaging in a vivid mental visualization during the exercise. Encouraged client to practice using guided imagery at home and provided a handout.
- Session 4: Client reported practicing breathing at home with same effects as last session. Client reported forgetting to practice guided imagery and states he would like to “if he remembers” (historically, this client frequently forgets to try coping skills). Continued to engage client in motivational interviewing regarding ambivalence towards making behavioral changes to address his anxiety.
- Session 5: Client reported trying guided imagery at home twice; once at bedtime and once in the afternoon when sitting down to complete a difficult homework assignment. He reported falling asleep during bedtime practice and feeling “a little less nervous” during his afternoon practice. Reflected on client’s experiences using applied relaxation and encouraged him to continue practicing.

Evaluation and Outcome

- Hamilton Anxiety Rating Scale (HAM-A) - completed by counselor based on interview with client
- Measures mental agitation, psychological distress, and somatic symptoms
- Client declined to complete the Beck Anxiety Inventory (BAI) self-report assessment on several occasions, so the HAM-A was used instead
- Client’s scores decreased by 5 total points over the course of treatment
- Client remained in the mild anxiety score range
- This outcome measure indicates a slight decrease in anxiety
- Important to note that factors other than my intervention could easily explain this outcome: e.g., the school semester ending, and client’s self-report of increased social engagement

Hamilton Anxiety Rating Scale (HAM-A) Scores



References

- Chen, Y.-F., Huang, X.-Y., Chien, C.-H., & Cheng, J.-F. (2017). The effectiveness of diaphragmatic breathing relaxation training for reducing anxiety. *Perspectives in Psychiatric Care*, 53(4), 329–336. <https://doi.org/10.1111/ppc.12184>
- Hayes-Skelton, S. A., Roemer, L., Orsillo, S. M., & Borkovec, T. D. (2013). A contemporary view of applied relaxation for generalized anxiety disorder. *Cognitive behaviour therapy*, 42(4), 292–302. <https://doi.org/10.1080/16506073.2013.777106>
- Hayes-Skelton, S. A., Usmani, A., Lee, J. K., Roemer, L., & Orsillo, S. M. (2012). A Fresh Look at Potential Mechanisms of Change in Applied Relaxation for Generalized Anxiety Disorder: A Case Series. *Cognitive and behavioral practice*, 19(3), 451–462. <https://doi.org/10.1016/j.cbpra.2011.12.005>
- Jerath, R., Crawford, M. W., Barnes, V. A., & Harden, K. (2015). Self-regulation of breathing as a primary treatment for anxiety. *Applied Psychophysiology and Biofeedback*, 40(2), 107–115. <https://doi.org/ric.idm.oclc.org/10.1007/s10484-015-9279-8>
- Manzoni, G.M., Pagnini, F., Castelnuovo, G. et al. (2008). Relaxation training for anxiety: a ten-years systematic review with meta-analysis. *BMC Psychiatry* 8(41). <https://doi.org/10.1186/1471-244X-8-41>

Acknowledgments

- Bryant University Office of Counseling Services
- Michelle Crossley, Ph.D., Rhode Island College CMHC Program
- Charles Boisvert, Ph.D., Rhode Island College CMHC Program
- Noelle Harris, Ph.D., Bryant University Office of Counseling Services