BRIEF COUNSELING FOR ANXIETY BY NON-MENTAL HEALTH PROVIDERS

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Joseph Adams MD, FASAM
Chair, MedChi Committee on Opioids, Pain & Addiction
Co-Chair, Public Policy Committee, Maryland-DC Society of Addiction Medicine
Advisory Board, StopStigmaNow.org
joeadamsmd@gmail.com

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The Joint Clinical Practice Guideline on Benzodiazepine Tapering (ASAM, APA, etc.) March 2025

Key Takeaway 7.
“Clinicians should offer patients undergoing BZD tapering adjunctive psychosocial interventions to support successful tapering.”

RATIONALE FOR ROLE OF NON-MENTAL HEALTH PROVIDERS:

1. SELF-HELP FOR ANXIETY IS EFFECTIVE

2. BRIEF COUNSELING FOR ANXIETY IS TRANS-DIAGNOSTIC
   (Even without diagnosing specific disorders)

SELF-HELP FOR ANXIETY:

Self-help in primary care settings was effective, especially with more instruction on self-help manuals. (Review of six RCTs) Van Boeijen C. 2005

Guided self-help had similar effectiveness to face-to-face psychotherapy (Systematic review of 21 studies). Cuijpers P. 2010

Moderate to large effect size of self-help. Slightly less effective than face-to-face treatment. (Meta-analysis of 56 studies). Haug T. 2012

Effectiveness of computer or internet interventions were equal to therapist-delivered treatment across anxiety disorders. (Review or 19 RCTs). Reger MA. 2009

The effectiveness of a variety of self-help interventions with minimal therapist contact, was preserved after 4 - 6 mo. (Review of 31 studies with randomized assignment vs. control). Hirai M. 2006

Van Boeijen C, et al. (2005) Efficacy of self-help manuals for anxiety disorders in primary care: A systematic review. Fam Pract 22: 192–196.

Cuijpers P, et al. (2010) Is guided self-help as effective as face-to-face psychotherapy for depression and anxiety disorders? A systematic review and meta-analysis of comparative outcome studies. Psychol Med 40: 1943–1957.

Haug T, et al. Self-help treatment of anxiety disorders: a meta-analysis and meta-regression of effects and potential moderators. Meta-Analysis Clin Psychol Rev. 2012 Jul;32(5):425-45.

Spek V et al. Internet-based cognitive behaviour therapy for symptoms of depression and anxiety: a meta-analysis. Meta-Analysis Psychol Med. 2007 Mar;37(3):319-28.

Reger MA, et al. meta-analysis of the effects of internet- and computer-based cognitive-behavioral treatments for anxiety. Meta-Analysis J Clin Psychol. 2009 Jan;65(1):53-75.

Hirai M . . . A meta-analytic study of self-help interventions for anxiety problems. Meta-Analysis Behav Ther. 2006 Jun;37(2):99-111.

BIBLIOTHERAPY - WITHOUT THERAPIST CONTACT - IS EFFECTIVE

>500 subjects with significant anxiety were randomized to a workbook vs. wait-list. Assessment with 10 anxiety instruments at 3, 6 and 9 months.

Only the workbook conditions yielded significant improvements from baseline on all assessments, maintained at follow-ups.

Ritzert TR. 2016

In this case, the workbook was 'The Mindfulness and Acceptance Workbook for Anxiety' by John Forsyth PhD and Georg Eifert PhD, New Harbinger Publications.

Ritzert TR et al. Evaluating the Effectiveness of ACT for Anxiety Disorders in a Self- Help Context: Outcomes From a Randomized Wait-List Controlled Trial Behav Ther. 2016 jul;47(4):444)

TRANSDIAGNOSTIC SELF-HELP IS EFFECTIVE

Internet interventions (including apps) designed for both anxiety and/or depression significantly improved anxiety (g = −0.580), depression and QOL, including those with no human contact. (Review of 42 RCTs).

Liu J. 2025

Online Acceptance & Commitment Therapy (ACT) through websites or apps was significantly more effective than wait list controls for anxiety, depression, and QOL, on all assessed outcomes, which were generally maintained at follow-up.

Klimczak KS. 2023

Liu J, et al. Efficacy of internet-delivered universal and tailored transdiagnostic interventions for anxiety and depression: A systematic review and meta-analysis of randomized controlled trials. Psychiatry Res. 2025 Feb;344:116324. Review.

Klimczak KS , et al. Systematic review and meta-analysis of self-guided online acceptance and commitment therapy as a transdiagnostic self-help intervention. Cogn. Behav. Ther., 52 (2023), pp. 269-294

Dindo L et al. Acceptance and Commitment Therapy: A Transdiagnostic Behavioral Intervention for Mental Health and Medical Conditions. Neurotherapeutics. 2017 Jul;14(3):546-553.

PRN vs. 'By-the-Clock' use of BZDs

"Avoid taking extra tablets in times of stress. Learn to gain control over your symptoms. This will give you extra confidence that you can cope without benzodiazepines." Ashton CH. 2002

"...Unfortunately, prescribing benzodiazepines on an as-needed (PRN) basis has a number of adverse effects. Irregular use promotes fluctuating blood levels that may aggravate anxiety. . . it may be preferable to encourage regular use rather than use linked to surges of anxiety." APA Guidelines: Panic Disorder, 2010

"There is considerable evidence that combined Benzodiazepine with CBT may be less effective than CBT alone. . . Regular benzodiazepine users significantly outperformed PRN users in several measures of CBT response, suggesting that the manner in which one takes benzodiazepines may be more important than the amount. Using benzodiazepines PRN for anxiety symptoms such as panic may be equivalent to avoidance and consequently perpetuate a fear of body sensations." Westra HA. 2002

Acceptance & Commitment Therapy, and mindfulness practices, successfully help patients adapt to negative experiences through acceptance and awareness, "rather than engaging in counterproductive attempts to eliminate or suppress them." Dindo L 2017

So chemical coping with PRN BZD use may interfere with learning skills through psychotherapy.

Ashton CH. Benzodiazepines: How They Work and How to Withdraw (The Ashton Manual). Benzodiazepine Information Coalition; 2002.

2010 American Psychiatric Association Practice Guideline for the Treatment of Patients With Panic Disorder, http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/panicdisorder.pdf

Westra HA, et al. Naturalistic manner of benzodiazepine use and cognitive behavioral therapy outcome in panic disorder with agoraphobia. J Anxiety Disord 2002; 16:233–246)

Dindo L et al. Acceptance and Commitment Therapy: A Transdiagnostic Behavioral Intervention for Mental Health and Medical Conditions. Neurotherapeutics. 2017 Jul;14(3):546-553.

PATIENT HANDOUT ON ANXIETY (excerpt)

FOR PANIC ATTACKS:

A panic attack (or "anxiety attack") is a sudden surge of intense fear or discomfort which may be unexpected (out of the blue), often with a sense of danger, which may be more common in a crowded place (or when feeling stressed or trapped), often 5 – 20 minutes, in discrete episodes, associated with a few of the following:

1. Palpitations, pounding heart, or accelerated heart rate.
2. Sweating.
3. Trembling or shaking.
4. Sensations of shortness of breath or smothering. [or not getting enough air]
5. Feeling of choking.
6. Chest discomfort.
7. Nausea or abdominal distress.
8. Feeling dizzy, unsteady, lightheaded or faint.
9. Chills or heat sensations.
10. Numbness or tingling.
11. Derealization (feelings of unreality) or depersonalization (being detached from oneself).
    [Do you feel out of your body, strange or unreal?]
12. Fear of losing control or "going crazy."
13. Fear of dying.

It is actually the *fear* of panic attacks, and *attempts to control, avoid, or escape them*, which keep them going.

If you react as if they are dangerous, they get worse. . .
If you are anticipating problems or planning your escape, your anxiety level increases. . .

(. . . Continued) PATIENT HANDOUT ON ANXIETY (excerpt)

ANXIETY (WITH OR WITHOUT PANIC ATTACKS):

If you avoid places or situations because of anxiety, you do not need to figure out how to feel less anxious!
It is only when you give up these efforts that you begin to recover! . . .
So **"Bring your anxiety with you"** while resuming activities, and symptoms improve on their own.

During anxiety you may (if you want) **simply notice your surroundings, feel your feet on the ground, and remain more in the present than in the future**, or you may simply just go about your business. . .

Anxiety cannot be vanquished with effort. Anything you do to suppress, fight, distract, analyze, get rid of, keep at bay, or avoid these feelings will ultimately fall short.

Techniques to relax and calm oneself can increase anxiety if the goal is to turn off the anxious feelings. Attempts to banish anxious thoughts tend to bring them back stronger.

Relying on distractions can worsen anxiety in the long run. . .

With practice you can learn to be aware of anxious thoughts and feelings (without giving them too much attention) as if from an outside observer's perspective, with curiosity, non-judgmentally, with kindness to yourself, and with the knowledge that thoughts and feelings are not necessarily "true" or helpful, and that they come and go.

(. . . Continued) PATIENT HANDOUT ON ANXIETY (excerpt)

This Handout is by Sally Winston, Psy.D., Founder, Anxiety and Stress Disorders Institute of MD: ASDIM. (www.anxietyandstress.com) & based on Acceptance & Commitment Therapy and Cognitive Behavioral Therapy

SELF HELP works for anxiety when skills are practiced over time. Professional therapy is also recommended. (Some self-help resources are not recommended and could potentially make matters worse).

SOME RECOMMENDED SELF-HELP RESOURCES:

The Mindfulness & Acceptance Workbook for Anxiety' by Drs. Forsyth & Eifert. Shown to be effective, by itself, in a randomized trial (Ritzert TR. Behav Ther. 2016. DOI: 10.1016/j.beth.2016.03.001)
www.anxietyandstress.com – **'What We Offer' – 'Resources'** (Anxiety & Stress Disorders Institute of MD)
www.adaa.org – 'Learn And Share' (The Anxiety & Depression Association of America)
https://stevenchayes.com – 'Tools' By the originator of Acceptance & Commitment Therapy.
https://mindfulwaythroughanxiety.com Free online audio exercises created by anxiety psychologists.

INDEPENDENT RATINGS OF MENTAL HEALTH APPS:

Research has shown that stars and review ratings are not correlated with app quality.
These sites rate apps on data privacy, user experience, cost etc. (Not always whether they're based on research).
https://onemindpsyberguide.org Also rates on whether based on research (Affiliated with U. of California, Irvine)
https://mindapps.org Also rates on whether based on research. From the Division of Digital Psychiatry, Beth Israel Deaconess Medical Center, and linked from the U.S. Agency for Healthcare, Research & Quality.
https://mobile.va.gov/appstore Experts have praised these apps developed by the federal government.

'How to Find a Mental Health App That Works for You'
https://www.nytimes.com/2022/04/13/well/mind/mental-health-apps-therapy.html

SUBSTITUTING LONG-ACTING FOR SHORT-ACTING BZPS

50 consecutive patients who completed supervised benzodiazepine withdrawal. All wished to stop.
At 10 months to 3.5 years later, the outcome was

excellent / fully recovered: 48%
good / much better: 22%
moderately better: 16%
poor / no better): 6%.
1 failed to withdraw; 3relapsed to BZD use.

A favorable outcome was associated with younger age, but not associated with duration or type of BZDs use, symptom severity, or psychiatric history. Ashton CH 1987

"Clinicians have been using BZD 'substitution' treatment in such cases for decades. . .
We suggest evaluation of a substitution approach … with a slow-onset, long-acting BZD.
Advantages may be improved health, less craving, fewer withdrawal complications, reduced anxiety, increased treatment retention, and less illegal activity." Liberians M 2010

Ashton CH. Benzodiazepine Withdrawal: Outcome in 50 Patients British Journal of Addiction (1987) ·82, 655-671.
PDF: https://www.benzo.org.uk/ashbzoc.htm
Liebrenz M, et al. Agonist substitution--a treatment alternative for high-dose benzodiazepine-dependent patients?
Addiction. 2010 Nov;105(11):1870-4.

Maintenance clonazepam reduced illicit BZD use in an OTP

66 OTP patients with long-term illicit BZD use, voluntarily chose either

Maintenance clonazepam with observed dosing, avg 2.64 mg/day. vs. **clonazepam taper**

At 2 months: 79% were abstinence from illicit benzos in (maintenance group) vs 27% (tapering group).

At 12 months: 65% vs. 14% . Weizman T. 2003

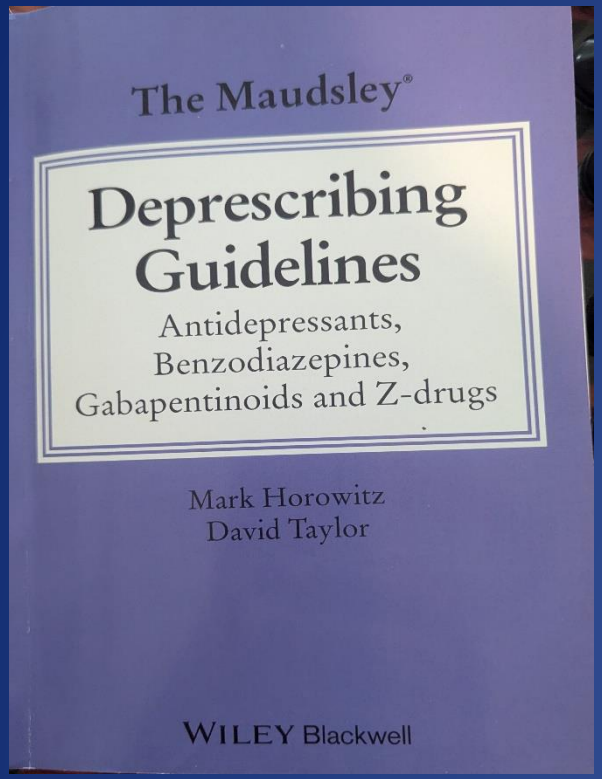
Weizman T, et al. Treatment of benzodiazepine dependence in methadone maintenance treatment patients: A comparison of two therapeutic modalities and the role of psychiatric comorbidity. Aust N Z J Psychiatry. 2003;37:458–463.

"Theoretically, a longer-acting drug should cause a more gradual change in plasma levels following reductions that should minimize withdrawal symptoms. . .

“A conversion table for benzodiazepines is shown . . . [with precautions]

“Switching should be performed step-wise rather than abruptly . . .

“A period of stabilization (e.g. 2 weeks or longer) on the new drug may be required before commencing a taper."



The Maudsley Deprescribing Guidelines - Antidepressants, Benzodiazepines, Gabapentinoids and Z-drugs.
Horowitz M, Taylor D. Wiley Blackwell, 2024