

THE ANXIETY TOOLBOX



The Youth LifeCoach Toolbox Series ©

*The most difficult thing is the decision to act, the rest is merely tenacity.
— Amelia Earhart*

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The Who, What and When

Anxiety occurs when we don't know the outcome of a situation, and our brain throws the worst possible conclusions into that space. Anxiety tends to take over our thinking to the point we start to think it's the likely outcome. There are a range of different anxiety types and/or disorders, including general, social, panic, phobias and situational. Knowing activities, processes and management techniques is essential to assist clients in dealing with how anxiety impacts their lives.

Audiences

Youth (12–24 years), adults, neurodivergent and neurotypical, LGBTIQ+

How many sessions

Approximately 3x 50-minute sessions

Activity outcomes

- Explain and understand anxiety.
- Reframe anxiety to take away its power.
- Multiple tools to use across various situations.



The Stats

According to the World Health Organisation, anxiety disorders are the most common mental health disorder across the world, with over 301 million people estimated to be affected in 2019.¹ More women are impacted by anxiety overall, and symptoms often start in childhood or adolescence. Concerningly, only one in four people with an anxiety disorder receive treatment.

In Australia² (2020–22), 17.2% of people aged 16–85 had an anxiety disorder in the last 12 months. This was more prevalent for females (21.1%) than males (13.3%). For those in the 16–24 years age group, almost one in three (31.8%) suffered from a 12-month anxiety disorder. This again was higher for females (40.4%).

In the United States, statistics show a similar pattern, with approximately 19.1% of those 18+ years having an anxiety disorder³. Evidence suggests that for 13–18-year-olds, anxiety disorders affect as many as 31.9%. As across other countries, females are more likely to experience than males.

The picture is similar across different countries where data is available, suggesting that anxiety is one of the biggest mental health challenges we face regardless of borders.

¹ World Health Organization. (2023, September 27). Anxiety disorders. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/anxiety-disorders>. Accessed 24/05/2024

² Australian Bureau of Statistics. (2023, October 5). National Study of Mental Health and Wellbeing, 2020-2022. Australian Bureau of Statistics. <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>. Accessed 24/05/2024

³ Anxiety and Depression Association of America. (2023, December 15). Facts & Statistics: Anxiety and Depression Association of America, ADAA. Facts & Statistics | Anxiety and Depression Association of America, ADAA. <https://adaa.org/understanding-anxiety/facts-statistics>. Accessed 24/05/2024



The Toolbox

Tools in this edition include:

Session 1

1. The Story
2. Finger Breathing
3. Likely Analysis

Session 2

4. Colour Scan
5. Anxiety Education

Session 3

6. Reflection on what is working, obstacles and other ideas
7. Progressive Muscle Relaxation

Resources required

- Large whiteboard (I use 180cm x 90cm)
- Multiple coloured whiteboard markers
- Camera to take photos of the board at the end and put in notes



The Story

I use the following story when we start work in this area to help people reframe the power of anxiety, not an overwhelming beast they are helpless in the face of. It's the voice of a very scared child, not logical, not using evidence, and not well thought out.

Picture you are babysitting a young child around three years old. They could be your little brother, sister, cousin, niece or nephew. You've had a great night, and everything has gone smoothly. They went to bed after a story and fell asleep easily. Now it's around 11 pm, and you suddenly hear them screaming, "There is a monster under the bed." What do you do?

Give clients a chance to think about this. Let them throw some ideas around.

As they come up with ideas, write them on the whiteboard so you can keep track of them together. Don't let them struggle for too long. Some neurodivergent clients can find this question difficult, so relate something like the following to them:

For me, I'd probably go up to the room and first give them a big hug. When we are really scared like that, our whole body is very tense. We are breathing fast, and our hearts are racing. The hug helps them slow down so they can think straight. We can't think straight when we are that anxious and frightened.

The next thing I would do is get out my phone, turn the torch on, and shine it under the bed so they can see there is no monster. This is looking for the evidence. Is there actually a monster, or did their brain just dream one up?

Finally, once I knew their body had calmed down a bit, that they knew there wasn't a monster, I'd read them a story. This is to distract their brains from the fright they had so they can slow down enough to get back to sleep.

I will teach you a technique to use all of these elements. 'Finger Breathing' for the hugs and to slow the body down. The 'Likely Analysis' for the torch under the bed or evidence-seeking. 'Colour Scan' is a puzzle that distracts the brain, but remember the story so you can recognise that anxiety is just a frightened child. It isn't all-powerful. We just need to help it slow down and realise the worst outcome is rarely true.



Finger Breathing

The 'finger breathing' approach gets the person back into their body, slowing down their anxiety response. When we experience high levels of anxiety, we don't necessarily realise our body is having such an extreme reaction because we are in our heads at the time. This creates a negative feedback loop where our anxiety keeps growing as our bodies have an increasingly high fear response. Finger breathing aims to halt that and slow our systems down.

Did you know we have more nerve endings in our fingertips, lips and tongues than anywhere else in our bodies? So, we are going to use that and a method called 'circular breathing' to help slow our anxiety response.

Get in close to your client at this point and show them exactly how to do it. I generally close my eyes so they can watch me without feeling weird about it.

First, you get your thumbnail and push it into the pad of your index finger. We don't want to hurt ourselves, but we want to push hard enough to feel it. We want to get our attention back into our bodies. Then we take a slow but deep inhale of breath through our nose, around a count of five. Then, we hold our breath for around a count of five. Finally, we exhale slowly for a count of five. Then, we move our thumbnail to the next finger, the middle finger, and repeat. Then repeat for the ring finger and the little finger.



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Do you feel how much your body has slowed down already? Now, if you are still having a super strong anxiety response, you can repeat it on the next hand or even both at the same time.

If a client has sped their way through it and has not experienced any slowing down of their body, lead them through the exercise again. Keep doing it with them rather than getting them to 'perform' it for you.

The other great thing about finger breathing is you can do it with other people around you, and they don't need to know. You can have a hand behind your back, keep your eyes open and do the technique in class before an exam or presentation and no one will know unless they are trying to talk to you. This is about slowing your body and thoughts down so you can move to the next stage, looking for evidence (the Likely Analysis).

Practice

Three times a day every day, regardless of anxiety, to train the body to slow down on command.

Track on a whiteboard when they have done it each day until the next session.



Obstacles and potential solutions

For some clients, the idea of simply breathing has just been played out for them. People tell them to stop feeling anxious by breathing. Breathing alone will not stop anxiety. However, when it's put together as a 'first step' in a process, it helps cut through their scepticism. Other times, it can be used to teach other family members or friends. I have some families where everyone does a round of finger breathing together before leaving the house for the day.

Real client experiences

When I did a small survey across clients (we often have one running on a small section of the whiteboard over a few weeks or months), this one was the one most used by clients.

I also remember one young man in his 20s who said, "Would you really use this, Nat?" I told him how and when I do use because everyone gets anxious sometimes.





Likely Analysis

The 'Likely Analysis' reinforces the idea that anxiety is a frightened child that is inaccurate about likely outcomes to situations. This technique is like shining the torch under the bed to show evidence of no monsters. We will guide our clients through an evidence-based approach to understanding their anxiety, which they can apply daily.

First, we need to draw up the following table on the whiteboard to work on together. Make it big with lots of space to write information in.

Example

Anxiety Trigger	Worst	Best	Likely

Step 1

Get clients to list out the types of events or thoughts that trigger their anxiety. If a client struggles to think of them, offer some examples to get them going. You may even have one of your own you can offer. Some key ones I often hear include:

- Talking to new people
- Doing an exam
- Losing something important
- Messages being left on 'open' or 'read' with friends
- Phobia-based triggers (e.g., spiders, snakes, heights)

List them in the 'Anxiety Trigger' column, leaving a decent space between each section for the next exercise.



Step 2

Remind clients that anxiety is the voice of a scared 3-year-old and generally throws the worst possible outcome into our thoughts.

What is your anxiety voice telling you is the worst outcome for the first trigger?

Give clients time to think through their responses if they need it. Don't stare at them like they aren't moving fast enough. If they don't know, say, "That's okay, that's why we are taking the time to work this out now." Use your body language to stare at the whiteboard as if you are also thinking it over.

If they get stuck, you can offer some hints:

Some people's anxiety might say ...

Example

Anxiety Trigger	Worst	Best	Likely
Having to talk to new people	I'll say something stupid, and they will think I'm an idiot or annoying. They will tell everyone else they hate me, and now everyone will hate me.		

Step 3

The next step is to examine the best outcome. I generally ask clients to think about it as:

All rainbows, unicorns, and rose-coloured classes for this one. What is the best absolute thing that could happen.

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Example

Anxiety Trigger	Worst	Best	Likely
Having to talk to new people	I'll say something stupid, and they will think I'm an idiot or annoying. They will tell everyone else they hate me, and now everyone will hate me.	We actually hit it off. We have heaps in common and the same humour. They end up becoming a good friend over time.	

Step 4

This is where we remove all the emotion and try to work on pure evidence and logic.

Now, I want you to try to push all the emotions out of your head for the likely outcome. It's not the anxiety of the scared 3-year-old. It's not the hopeful voice of the best. We want to get totally realistic. Based on your similar experiences in the past, what is likely to happen?

Example

Anxiety Trigger	Worst	Best	Likely
Having to talk to new people	I'll say something stupid, and they will think I'm an idiot or annoying. They will tell everyone else they hate me, and now everyone will hate me.	We actually hit it off. We have heaps in common and the same humour. They end up becoming a good friend over time.	Nothing really bad happens. Some people I get along better with than others. It's nice if I find someone I get along with well.



Step 5

Start working through the other triggers in the same way. Go through all steps in sequence.

Step 6

Perform this step before the end of the session.

We must look at how the likely outcomes sit with the worst and best outcomes. This is to illustrate to the client the inaccuracy of the anxiety voice. This step is essential, so if you need to stop before all the triggers are processed to fit this in at the end of the session, that's fine. You can return to the other triggers for processing in the next session.

For each Likely Analysis, you want the client to pick what it's closer to — the best or worst. If they start using the emotional anxiety voice, do your best to bring them back to reality. In the above example, I might point out the statement "everyone will hate me" — one person is not 'everyone', therefore, this is very unlikely. Place an 'X' where they say each one lies on a continuum. Generally, they will find they sit much closer to the 'best' than the 'worst'. All this goes up on the whiteboard with the Likely Analysis. I read each one out loud again to remind them what they said.

For some clients who have experienced bad trauma such as family abuse, intense bullying, etc., the 'likely analysis' may indeed be closer to the 'worst' for some key triggers. This must be acknowledged rather than ignored. Remind them that what happened in those circumstances was unfair, harsh, and understandably left a mark. It would make sense that once you have some key supports in place, such as anxiety and self-esteem (toolkit available) work, you would then process the trauma (toolkit available).





Practice

When anxiety hits do a round of finger breathing to calm down and then ask yourself what is likely?

Obstacles and Potential Solutions

For most clients, it's simply forgetting to do the likely analysis because they are so used to having to just sit with the anxiety. Sometimes, it's as simple as putting a big "Likely Analysis" note in their room or whiteboard to help remind them to do it.

Another client came up with the brilliant idea of putting LA as a watermark on the front of their phone picture (small text in the corner). Their reasoning for this is they often turned to doom-scrolling when they felt anxious. This way, as soon as they looked at their phone, they'd be reminded, but no one else knew what it stood for.

Real Client Experiences

Once clients get well-practised in this technique, especially after 'finger breathing', it becomes powerful. One young woman had bad anxiety in shopping malls. Her anxious inner voice told her everyone was looking at and judging her. She said it helped because when she looked around, she realised hardly anyone was looking at her. So, it was likely that people were doing their own thing and barely noticed her.



Colour Scan

The Colour Scan is part three of the scared child story. It's the equivalent of reading a book to help distract them from their fear and slow down enough to go back to sleep. Many have been told previously to use the technique 'identify five things you can see, four things you can touch, three things you can hear, two things you can smell, and one thing you can taste'. If this process hadn't worked for them, a lot felt frustrated, likely because their nervous system was dysregulated. I was looking for a similar idea but from the perspective that our brains love puzzles.

The Colour Scan combines our brains' love of puzzles and environmental scanning. We look around a room after identifying which colour we will search for in a slow, methodical method, allowing our brain to experience a bit of a 'win' each time we find it.

Step 1

Identify a colour you can see but not much of in a room. It can often be things like yellows or reds. It's not fun if we don't have to work for it.

Once you have identified the colour you will search for with your client, get them to stand beside you facing a wall.

Step 2

Together, start scanning slowly methodically—ceiling to floor—in about a one- or two-meter width. Point out any time you see the colour. Point with your finger at the area so they don't rush it. Once you reach the floor, move across slightly with your finger and vision and start working upwards. Slowly move around the room. Once they have the feel, let them begin identifying the colour if they are happy to.

You could model this by saying, "*Next wall is yours*".



Practice

Practise this daily in different rooms in their home or school. Again, we want to train their brain to drop into it quickly in various spaces.

Track on a whiteboard when they have done it each day until the next session.

Obstacles and Potential Solutions

One of my clients said that she couldn't do a colour scan before the start of an exam. She was sitting up in front, and all she could see easily was the whiteboard (which was empty apart from exam time) against a white wall. I got her to close her eyes and ask if she could see a picture-like version of her bedroom in her mind. She could. The next time she was in that situation, she colour-scanned her bedroom in her mind, and it worked well. Offer this as an alternative to your clients if they are in a similar situation.

Real Client Experiences

One client was scared about being in the airport and lining up to jump on the flight. They said being on the flight wasn't so bad. It was the 'before' boarding, a classic anxiety space. She said she used a combination of finger breathing and colour scanning in the airport, which kept her calm enough to get on the plane and onto her much-needed holiday.



Anxiety Education

I firmly believe that knowledge is power. I've put together several presentations that I work through with clients to help them understand themselves better. Whether it is neurodivergent conditions, such as ADHD and Autism, through Anxiety and Depression, it helps build a better understanding of what is related to their condition and helps normalise what they experience.

In the anxiety education sessions, the visual presentations (PowerPoint) cover:

- What anxiety is
- How it is a protective factor that has gone a bit out of control
- The rates in my country's population, especially for young people
- Key symptoms and 'normal' versus 'problem' anxiety
- Fight or flight responses and how 'freeze' and 'fawn' might manifest itself
- Key anxiety disorders
- Difference between panic disorder and anxiety response
- Causes of anxiety
- Treatments
- Benefits (there are some)
- Some famous people with it
- Will it go away?

These sessions combine collaboration and discussion. It allows the young person to identify, "That happens for me" or that it doesn't.

I find the section on 'Fight or Flight' responses powerful. When they find out what is happening in their body is an outdated evolutionary system to save them from significant danger (like being chased by a tiger), it makes better sense when they get butterflies (reduced blood to the digestive system) and their heart rate speeds up (to move blood faster around their body, especially to their muscles). It is easier to separate those responses as they know a tiger is not chasing them!

I do this session after the initial Story, Finger Breathing, and Likely Analysis because I like to have some tools first so they don't immediately jump to conclusions about whether they have OCD or PTSD, etc. It also allows us to talk about it if they think a more significant anxiety diagnosis is a possibility.



Obstacles and Potential Solutions

A lot of writing on the screen can be tricky if working with a dyslexic individual. I try to highlight key phrases, use a decent number of pictures, etc., to break up huge chunks of text.

Real Client Experiences

One client who struggled with anxiety said they had started asking themselves, *"Is this a tiger moment?"* as shorthand for "Is this as serious as my anxiety is telling me?" They found it powerful to help question the situation as an adjunct to the Likely Analysis.





Reflection On What Is Working, Obstacles, and Other Ideas

The first part of session three includes reviewing how the tools work for the client. Write up on the whiteboard what you and the client aimed to achieve and if there were any obstacles to using the techniques. Some obstacles might include:

- I forgot
- I ran out of time
- It didn't feel right
- I was too anxious to try something new

All of these are valid experiences and essential discussions if a client is struggling. There is nothing worse than finally seeking help and having your therapist say you are doing it wrong.

I often talk about anxiety like a dog running on the same piece of grass again and again. Eventually, the grass dies in that spot, and a pathway is made. To get the grass to recover, we have to put up a fence, lay some grass seed, and keep it watered until it grows back.

These techniques represent those fences, so we need to work out whether the method isn't appropriate or if there is something else that we need to examine. Mantras can be helpful for some. Medication is necessary sometimes. Reducing stressors is better for others. Lifestyle factors such as diet, exercise, AoD use, blood health (e.g., deficiencies in iron, vitamin D, etc.), and sleep quality are valid explorations to be made with health professionals.

What is essential is problem-solving this together as a team.



Real Client Experiences

One client was constantly tired, which made changing their behaviour incredibly difficult. I suggested getting some blood tests done with their doctor, and we found they were deficient in iron and vitamin D. Once they had an Iron infusion, they started to feel better and had the energy to try more of the anxiety techniques. This gave her a sense of progression and control. We must let clients be their own experts and listen to what they are telling us.





Progressive Muscle Relaxation

Progressive muscle relaxation is an excellent method to help release muscle tension. When we feel anxious, that tension becomes so normal that we almost don't notice what our muscles hold. The process involves squeezing and releasing muscles in a particular order. This releases tension and slows the heart rate and breathing.

I leave this till the last 20–25 minutes of the third session on Anxiety. This is after we have reviewed how the other techniques work and determined approaches to any obstacles clients are experiencing when using them.

Clients need to have a comfortable place to lie down as if they were on a bed. I also have a blanket to cover them if they want it. I sit facing away from them so they don't feel watched, and I run them through the process the first time. You can hear a recording of me doing that [here](#).

A brief version of the process:

- Find a quiet location in your room/lounge on your bed or couch where you won't be interrupted. Turn the sound off on your phone.
- Lie flat with arms by your side and legs out straight.
- Take five deep, slow breaths — in through the nose, hold, and out through the mouth.
- Take your awareness to your feet and squeeze for about five seconds, then release after a brief pause, repeat, and then one more time (three times in total).
- Move on to your calf muscles and repeat three times. Repeat for thighs and gluteal muscles.
- Combine all those lower body muscle groups for about eight seconds. Repeat another two times.
- Move onto the upper body — start with stomach muscles (five seconds), squeezing and releasing three times.
- Continue for chest, shoulders, biceps, forearms and hands.
- Combine all those upper body muscle groups for about eight seconds. Repeat another two times.
- Complete the same process for the face muscles.
- Focus on ten deep breaths to finish off.



Practice

Every night for two weeks and note the change

Obstacles and Potential Solutions

Remembering the process can be tricky, especially for neurodivergent young people. I always give them the link to my recording and invite them to save it somewhere they can easily access it, along with other tools we share. Many also say having a familiar, soothing voice taking them through it each time is comforting.

Real Client Experiences

One of my ADHD clients was having a tough time getting to sleep, which is very common for those with the condition. They would lie awake with all the stresses in their life escalating in their head. They started using a combination of valerian root, progressive muscle relaxation, and listening to a podcast to help them drift off at night. They also reported a fundamental change in their mental and physical wellbeing by not carrying all that unnecessary tension.



About Natalie Rinehart

B.A.Sci. (Psych); Grad.Dip.App.Psych; Cert. Developmental, Learning & Behavioural Disorders — Children and Adolescents.

In her private practice in Melbourne, Australia, Natalie Rinehart, the Youth Lifecoach, sees young people between 12–30 years of age. She provides a mixture of counselling and life coaching through different activities to help young people set and achieve their goals, better understand themselves, maximise their strengths and manage their challenges.

After hearing from clients that they didn't get much out of standard counselling and didn't know what to talk about or do differently after sessions, Natalie decided to develop a new method — part-counselling, part-workshop, very visual, interactive and challenge-based.

Her approach pulls from multiple therapy types, such as solution-focused, cognitive-behavioural and narrative therapies. Based on her experiences running resilience-building workshops in schools (The SMART Program and books), she has developed multiple methods to help her clients process information and emotional states.

She works with many neurodivergent clients and uses a lot of whiteboarding to help show how they are processing information and setting challenges to use that information before the next session. Techniques are tried and tested and work across multiple ages, genders and neurodiversities.

After being constantly asked why she gets results when many other providers don't, Natalie wrote these up as *The Youth Lifecoach Toolbox Series*® and has made them available to other providers.

