Anxiety and Ways to Overcome It

Facilitator Guide | 60-minute psychoeducational group | Anxiety and substance-use recovery

Source and adaptation: Based on the original group handout titled “Anxiety and Ways to Overcome It,” attributed in the source to Joseph Zacarolo, CADC-R, Carolina Center for Recovery. This Blue Rabbit adaptation preserves its progression: anxiety → effects → anxiety and addiction → intervention → reflection. It does not claim institutional endorsement.

Session purpose and objectives

Participants will identify common anxiety responses, explore possible links with substance use without assuming any single cause, practice evaluating an anxious thought, and leave with a practical coping/support plan.

Materials and group agreements

Print the participant workbook; provide pens and optional grounding objects. Participation is voluntary. Offer writing, observation, or passing as alternatives to sharing. Avoid asking for detailed trauma or substance-use histories. Explain confidentiality and its limits according to your setting.

60-minute session plan

• 0–7 min — Welcome, group agreements, and optional check-in: “Where do you notice anxiety first?”

• 7–17 min — What anxiety is: normal stress response versus persistent or impairing anxiety.

• 17–27 min — Anxiety and its effects: thoughts, body sensations, behavior, and avoidance.

• 27–37 min — Anxiety and substance use: short-term relief, longer-term costs, and other possible relationships.

• 37–50 min — Guided thought-check practice and optional grounding exercise.

• 50–57 min — Complete a coping and support plan; optional partner discussion.

• 57–60 min — Closing takeaway and reminders about appropriate care.

Teaching notes: What is anxiety?

Anxiety can involve worry, apprehension, muscle tension, restlessness, difficulty concentrating, sleep changes, and bodily sensations such as a racing heart. Some anxiety is adaptive. A disorder is not established by one symptom or a single difficult day; frequency, intensity, duration, distress, and impairment matter. Medical conditions and medications may also cause similar symptoms.

Ask: “When has anxiety helped you prepare? When has it made something harder?”

Anxiety and its effects

Introduce the cycle: situation → interpretation → body response → urge/action → short-term outcome. Avoidance may reduce distress immediately yet maintain fear over time in some situations. Do not suggest that all avoidance is harmful: leaving an unsafe environment is protective.

Ask: “How can a physical sensation change the story you tell yourself about a situation?”

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Anxiety and substance-use recovery

Anxiety may precede substance use, arise during intoxication or withdrawal, coexist independently, or be affected by sleep, stress, medication, and other conditions. Substance use can offer perceived short-term relief while contributing to later anxiety or harms. Avoid presenting a single cause-and-effect explanation. Withdrawal from alcohol or sedatives can be medically dangerous; refer for assessment rather than relying on coping exercises.

Ask: “What might someone gain in the short term from using a substance, and what might it cost later?”

Intervention: Notice, examine, respond

1. Notice: “I am having the thought that ____.” Name the feeling and bodily cues without judging them. 2. Examine: What evidence supports the thought? What evidence challenges it? Am I predicting the worst or treating uncertainty as certainty? 3. Respond: Choose a balanced statement and a helpful action. Do not force positive thinking or attempt to suppress every unwanted thought.

Worked example: Situation: “I have to speak in group.” Thought: “Everyone will judge me.” Body: tight chest, fast heartbeat. Balanced response: “I cannot know what everyone thinks. I can share one sentence or choose to pass.” Action: place feet on floor, breathe comfortably, ask for support.

Optional 2-minute practice

Invite participants to notice contact between feet and floor and name three neutral objects in the room. They may keep eyes open, move, or opt out. Do not prescribe breath holds, force deep breathing, or use cold exposure as a default; these can be uncomfortable or unsuitable for some participants.

Discussion prompts

1. Describe a situation that has caused you to experience anxiety. What did you notice in your body, thoughts, and actions?

2. How, if at all, have alcohol or other substances been connected to attempts to manage anxiety? You may use a fictional example instead.

3. Which anxious thought might benefit from a second look?

4. What is one coping response you can practice, and who could support you?

Clinical and safety notes

New, severe, or unexplained chest pain, fainting, or significant breathing difficulty should not automatically be labeled anxiety; follow emergency assessment procedures. For persistent anxiety, panic, functional impairment, or substance-related concerns, encourage appropriate professional evaluation. Cognitive behavioral therapy and other evidence-based treatments may help; medication decisions belong with qualified prescribers. Avoid abrupt changes to prescribed medication.

Facilitator close

Ask for one optional takeaway: a warning sign, a balanced thought, a coping action, or a support person. Reinforce that skills take practice and that seeking treatment is a valid part of coping.

Reference and editorial notes

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Original handout cited MedlinePlus (Anxiety), Anxiety and Depression Association of America (Facts & Statistics), Mayo Clinic (Anxiety disorders), and Mayo Clinic Health System (11 tips for coping with an anxiety disorder). Original 2022 statistics and broad physiological claims are not repeated here because they require fresh verification.

Suggested source pages for final editorial checking: medlineplus.gov/anxiety.html; mayoclinic.org/diseases-conditions/anxiety/symptoms-causes/syc-20350961; nida.nih.gov/research-topics/co-occurring-disorders. URLs and source-to-claim matches require verification before publication.

Educational use: This is a structured discussion aid, not an assessment, individualized treatment protocol, or substitute for clinical judgment.

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