

THE ANXIETY–ALCOHOL LOOP

A Clinical Training Manual for Therapists

How Anxiety Is Learned
How Relief Reinforces It
And How the Brain Relearns Calm

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4-Hour CEU Training Manual
CBT • DBT • Motivational Interviewing

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Introduction

Anxiety is one of the most common concerns presented in clinical practice, yet it is often misunderstood—both by clients and by clinicians. It is frequently approached as something to reduce, eliminate, or control. However, when anxiety is treated solely as a problem, an important piece is missed.

Anxiety is not a flaw. It is not a malfunction. It is a protective system.

The human brain is designed to detect and respond to threat. This system operates quickly and automatically, activating the body before conscious thought occurs. While this response is essential for survival, it can become misapplied. The brain begins to respond to perceived threats that are not truly dangerous, creating patterns of anxiety that feel intense, persistent, and difficult to change.

Clients often report that they understand their anxiety does not make sense, yet they continue to experience it. This is because anxiety is not primarily a thinking problem. It is a nervous system response. Insight alone is not enough to create change.

This training introduces a different way of understanding anxiety—one that shifts the focus from eliminating symptoms to understanding patterns.

At the center of this model is the Anxiety Alarm Loop™: Trigger → Thought → Body → Behavior → Relief.

Each part of this loop plays a role, but relief is what reinforces it. When a behavior reduces discomfort, even temporarily, the brain learns that the behavior is effective and is more likely to repeat it. Over time, this creates deeply ingrained patterns that maintain anxiety.

This framework allows clinicians to move beyond surface-level symptom management and begin working at the level where change actually occurs—through experience and behavior.

Substance use, including alcohol and other behaviors, is included in this training as one example of how individuals regulate anxiety. It is not the focus of the model, but rather an application of it. The emphasis remains on understanding the function of behavior. The brain does not attach to substances—it attaches to relief.

Treatment within this model is grounded in established clinical approaches, including Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and Motivational Interviewing (MI). These approaches are integrated to support clients in identifying patterns, tolerating discomfort, reducing avoidance, and creating new learning through experience.

The goal is not to eliminate anxiety. The goal is to change the individual's relationship to it.

Throughout this manual, you will find clear explanations, structured frameworks, and practical exercises designed to support both understanding and application. This material is intended to be used actively, not passively. Reflection, practice, and repetition are essential components of change.

Anxiety is learned. Relief reinforces it. And with the right approach, the brain can learn something new.

Pre-Training Knowledge Check

This assessment is designed to measure your baseline understanding of anxiety, reinforcement patterns, and substance use. It is not graded and is used to support learning throughout the training.

Please select the best answer for each question.

1. Anxiety is best understood as:
 - A. A thinking problem that can be solved with logic
 - B. A protective system designed to detect and respond to threat
 - C. A disorder caused only by chemical imbalance
 - D. A behavior that can be eliminated completely

2. Which system is primarily responsible for rapid threat detection?
 - A. Prefrontal cortex
 - B. Hippocampus
 - C. Amygdala
 - D. Cerebellum

3. What is the primary function of anxiety in the body?
 - A. To create discomfort without purpose
 - B. To signal and respond to potential danger
 - C. To control behavior
 - D. To eliminate uncertainty

4. Why does anxiety often persist over time?
 - A. Clients do not understand their thoughts
 - B. The nervous system is permanently damaged
 - C. The pattern is reinforced through behavior and relief
 - D. It cannot be changed

5. What role does avoidance play in anxiety?
 - A. It eliminates anxiety permanently
 - B. It increases insight
 - C. It reduces anxiety short-term but reinforces it long-term
 - D. It has no impact

6. Which of the following best describes negative reinforcement?
 - A. Adding a reward to increase behavior
 - B. Removing discomfort to increase behavior
 - C. Punishing a behavior to reduce it
 - D. Ignoring a behavior

7. Why does insight alone often not reduce anxiety?
 - A. Clients are not motivated
 - B. Insight does not change nervous system activation
 - C. Insight is not helpful
 - D. Clients forget what they learn

8. In the anxiety loop, which component most strongly reinforces the pattern?
 - A. Thoughts
 - B. Triggers
 - C. Relief following behavior
 - D. Emotions

9. What is the goal of exposure-based interventions?
 - A. To eliminate anxiety immediately
 - B. To distract from anxiety
 - C. To create new learning through experience
 - D. To avoid triggers

10. What happens when a person stays in an anxiety-provoking situation without avoiding?
 - A. Anxiety increases forever
 - B. The nervous system eventually regulates
 - C. The person loses control
 - D. The anxiety becomes permanent

11. What is a safety behavior?
 - A. A healthy coping skill
 - B. A behavior that reduces anxiety without long-term impact
 - C. A behavior used to prevent or reduce perceived threat
 - D. A form of exposure

12. How does attention impact anxiety?
- A. It has no effect
 - B. It reduces anxiety automatically
 - C. It strengthens what the brain focuses on
 - D. It eliminates threat
13. What is the role of behavior in anxiety treatment?
- A. It is less important than thoughts
 - B. It is the primary mechanism of change
 - C. It should be avoided
 - D. It is only relevant in severe cases
14. How does alcohol typically affect anxiety over time?
- A. It permanently reduces anxiety
 - B. It has no effect
 - C. It reduces anxiety short-term but increases it long-term
 - D. It eliminates anxiety symptoms
15. Substance use within the anxiety loop primarily functions as:
- A. A long-term solution
 - B. A form of relief that reinforces the pattern
 - C. A cognitive strategy
 - D. A neutral behavior
16. What is rebound anxiety?
- A. Anxiety that occurs before substance use
 - B. Anxiety that decreases permanently
 - C. Increased anxiety after the effects of a substance wear off
 - D. Anxiety caused by thinking errors
17. What is the primary goal of Motivational Interviewing?
- A. To confront the client
 - B. To give advice
 - C. To help clients explore their own motivation for change
 - D. To eliminate resistance

18. What does urge surfing involve?
- A. Avoiding urges
 - B. Acting on urges immediately
 - C. Observing urges without acting on them
 - D. Eliminating urges completely
19. What is required for the nervous system to update anxiety responses?
- A. Insight alone
 - B. Medication only
 - C. Direct experience without avoidance
 - D. Positive thinking
20. Effective treatment for anxiety and substance use requires:
- A. Treating them separately
 - B. Ignoring substance use
 - C. Addressing both patterns together
 - D. Focusing only on symptoms

End of Pre-Test

The
**Anxiety—Alcohol
Loop™**

SECTION 1

**UNDERSTANDING
ANXIETY**

1.1 Anxiety Is a Protective System

Anxiety is often experienced as something unwanted, disruptive, or even broken. Clients frequently describe it as a problem they need to eliminate. As clinicians, it can be easy to align with this perspective and focus primarily on reducing symptoms. However, when anxiety is approached only as something to get rid of, an important part of the process is missed.

Anxiety is not a flaw. It is not a malfunction. It is a protective system.

The human brain is designed to detect and respond to threat. This system operates quickly and automatically, often outside of conscious awareness. Its primary goal is survival. When a potential threat is detected, the body is activated to respond—heart rate increases, muscles tense, attention narrows, and the system prepares for action. This response is not optional. It is built into the nervous system.

In many situations, this system functions effectively and as intended. It helps individuals respond to danger, make decisions quickly, and protect themselves. However, the system does not evaluate threat with perfect accuracy. It is designed to err on the side of caution. As a result, it can activate in situations that are not actually dangerous.

When this occurs, the experience of anxiety can feel confusing and frustrating. Clients often say, “I know this doesn’t make sense,” or “I know I’m safe, but I still feel anxious.” This disconnect can lead to self-judgment and the belief that something is wrong with them.

From a clinical perspective, this is a critical point of intervention.

When anxiety is reframed as a protective response rather than a problem, it reduces shame and resistance. It allows clients to begin relating to their experience differently. Instead of asking, “What is wrong with me?” the question becomes, “What is my system trying to protect me from?”

This shift changes the direction of treatment.

Rather than focusing solely on symptom reduction, the clinician begins to explore patterns, triggers, and responses. Anxiety is understood as meaningful, even when it is misapplied. The goal is not to eliminate the system, but to help it respond more accurately and flexibly.

It is also important to recognize that the protective system learns through experience. If a situation is repeatedly paired with discomfort, uncertainty, or perceived threat, the brain begins to associate that situation with danger. Over time, the response becomes faster and more automatic.

This means that anxiety is not only protective—it is also adaptable.

The same system that learns patterns of anxiety can learn new patterns of safety. However, this change does not occur through insight alone. It requires new experiences that allow the nervous system to update its response.

As clinicians, our role is not to remove anxiety, but to help clients understand it, respond to it differently, and gradually retrain the system through experience.

When anxiety is understood as protection rather than dysfunction, it creates a foundation for more effective and compassionate treatment.

Core Teaching Points (Expanded for Clinical Application)

- Anxiety is an adaptive survival response, not a pathological flaw
- The primary function of anxiety is protection through threat detection and response
- The nervous system is designed to prioritize safety over accuracy, often leading to false alarms
- Anxiety symptoms are the result of a functioning system, even when misapplied
- Misinterpretation of anxiety as “danger” increases distress and reinforces the cycle
- Reframing anxiety as protective reduces shame and increases client engagement
- Anxiety patterns are learned through repeated experiences and associations
- The nervous system is capable of relearning through new, corrective experiences
- Effective treatment focuses on retraining the system, not eliminating anxiety

Primary Clinical Takeaway:

Anxiety is a protective system that has been learned through experience and can be retrained through new experiences

1.2 The Nervous System and Anxiety

Anxiety is often described in cognitive terms. Clients talk about overthinking, worry, or intrusive thoughts. While these experiences are real and important, they are not where anxiety begins.

Anxiety begins in the body.

The nervous system is constantly scanning the environment for cues of safety and threat. This process occurs automatically and outside of conscious awareness. When a potential threat is detected, the body responds before the thinking part of the brain has time to evaluate what is happening. This is known as bottom-up processing.

In bottom-up processing, the body activates first and the mind follows.

The amygdala plays a central role in this process. It functions as a rapid threat detection system, responding quickly based on pattern recognition and prior learning. It does not rely on logic or reasoning in the way higher-level cognitive processes do. If a situation feels similar to something previously associated with discomfort or danger, the amygdala can activate the alarm response immediately.

This activation leads to physiological changes throughout the body. Heart rate increases, muscles tense, breathing becomes shallow, and attention narrows. These physical sensations are often experienced before a clear thought is formed.

By the time a client becomes aware of anxious thoughts, the nervous system has already been activated.

In many cases, thoughts are the brain's attempt to make sense of what the body is experiencing rather than the original cause of the anxiety. This helps explain a common client experience: "I know this doesn't make sense, but I still feel anxious."

From a cognitive perspective, the client understands there is no real danger. However, the body has already responded as if there is. This creates a mismatch between cognitive understanding and physiological activation. In that moment, the body response tends to dominate.

This is why logic alone does not stop anxiety.

Clients may challenge their thoughts, identify distortions, or remind themselves they are safe. While these strategies are valuable, they often do not immediately reduce the physical experience of anxiety once the nervous system is activated. This can lead to frustration and the belief that they are doing something wrong.

From a clinical standpoint, it is essential to normalize this experience.

Anxiety is not simply a thinking problem that can be resolved through reasoning. It is a body-based alarm system that has been activated. The goal is not to argue with the alarm, but to understand it and work with it.

This understanding shifts the focus of treatment.

Rather than relying solely on cognitive strategies, effective intervention includes approaches that engage the body and behavior. Interventions such as exposure, grounding, and distress tolerance allow the nervous system to experience safety in real time, which creates new learning.

When clinicians understand anxiety as a bottom-up process, they can better align interventions with how the system actually functions.

Anxiety is not driven primarily by faulty thinking. It is driven by a nervous system that is doing its job, sometimes too broadly or inaccurately.

The work is not to eliminate the alarm, but to help the system learn when it is and is not needed.

Core Teaching Points (Expanded for Clinical Application)

- Anxiety is initiated through bottom-up processing, meaning the body activates before conscious thought occurs

- The amygdala functions as a rapid threat detection system and does not rely on logic or reasoning
- Physical symptoms of anxiety often precede and influence cognitive interpretations
- Anxious thoughts are frequently the result of the brain attempting to explain physiological activation
- Cognitive insight alone is insufficient to regulate anxiety once the nervous system is activated
- The experience of “I know this doesn’t make sense, but I still feel anxious” reflects a mismatch between cognitive understanding and physiological response
- Effective treatment must include interventions that address both the body and behavior, not just thoughts

Primary Clinical Takeaway:

Anxiety is a body-based alarm system that requires experiential, not purely cognitive, intervention

1.3 How Anxiety Is Learned

Anxiety is often experienced as sudden or unpredictable. Clients frequently describe it as something that “just happens” without clear cause. However, from a clinical perspective, anxiety follows patterns. These patterns are not random. They are learned.

The nervous system learns through experience.

When a situation is paired with discomfort, uncertainty, or perceived threat, the brain begins to associate that situation with danger. This process is known as classical conditioning. Over time, the brain links specific cues—places, sensations, thoughts, or environments—with the experience of anxiety. Even if the original situation is no longer present, similar cues can trigger the same response.

For example, if a person experiences a panic attack in a crowded space, the brain may begin to associate crowds with danger. Eventually, the presence of a crowd alone may be enough to activate anxiety, even if no actual threat exists.

This learning happens quickly and often outside of conscious awareness.

In addition to associations, anxiety is also maintained through reinforcement. This is known as operant conditioning. When a behavior reduces anxiety or discomfort, even temporarily, the brain learns that the behavior is effective. As a result, the behavior is more likely to be repeated.

Avoidance is one of the most common examples of this process.

When a client avoids a situation that causes anxiety, their discomfort decreases in the short term. This relief reinforces the avoidance behavior, making it more likely that the client will avoid similar situations in the future. Over time, this pattern strengthens, and anxiety becomes more persistent and limiting.

Relief is what teaches the brain to continue the pattern.

These processes—association and reinforcement—work together to create and maintain anxiety patterns. The brain learns what to fear and learns how to respond. With repetition, these responses become faster and more automatic.

This is why anxiety can feel immediate and difficult to control.

Clients often report that their anxiety feels automatic, as though it occurs without choice. From a learning perspective, this makes sense. The brain has practiced the pattern repeatedly. What was once a new response has become a well-established pathway.

It is also important to understand that these patterns are not formed through thinking alone.

While thoughts can contribute to anxiety, they are not the sole cause. The nervous system learns through experience—through what is felt, avoided, and reinforced over time. This is why insight alone is often insufficient to create change.

From a clinical standpoint, this understanding shifts the focus of treatment.

If anxiety is learned through experience, then it must also be unlearned and relearned through new experiences. This involves helping clients gradually approach what they fear, tolerate discomfort, and experience safety in situations where they previously expected danger.

Change occurs when the nervous system has the opportunity to learn something different.

As clinicians, the goal is not to eliminate anxiety, but to help clients interrupt learned patterns and create new ones that are more flexible and adaptive.

Core Teaching Points (Expanded for Clinical Application)

- Anxiety is learned through repeated experiences, not simply through cognitive processes
- Classical conditioning creates associations between neutral stimuli and perceived threat
- Previously neutral cues can trigger anxiety once they have been paired with discomfort or fear
- Operant conditioning maintains anxiety through reinforcement of behaviors that reduce distress
- Avoidance is negatively reinforced because it provides short-term relief from anxiety
- Relief strengthens behavioral patterns and increases the likelihood of future avoidance
- Repeated patterns of avoidance and relief lead to increased automaticity of anxiety responses
- Anxiety becomes faster and more automatic over time due to repeated reinforcement
- Insight alone does not change learned patterns without new behavioral experiences
- Effective treatment requires creating new learning through exposure, tolerance of discomfort, and behavioral change

Primary Clinical Takeaway:

Anxiety is learned through experience and maintained through reinforcement, and it must be retrained through new experiences, not just new thoughts

1.4 The Anxiety Alarm Loop

Anxiety can feel complex and overwhelming, but it follows a predictable pattern. Understanding this pattern allows both clinicians and clients to move from confusion to clarity.

At the center of this model is the Anxiety Alarm Loop™: Trigger → Thought → Body → Behavior → Relief.

This loop represents the sequence through which anxiety is activated, experienced, and maintained. While each component plays a role, the pattern itself is what sustains anxiety over time.



The loop often begins with a trigger.

A trigger can be external, such as a situation or environment, or internal, such as a thought, memory, or physical sensation. In many cases, the trigger is subtle or not immediately recognized. What matters is that the nervous system interprets something as potentially threatening.

Once triggered, thoughts begin to form.

These thoughts are often rapid and automatic. They may involve anticipation of danger, uncertainty, or negative outcomes. While thoughts are part of the loop, they are not always the starting point. In many cases, they are a response to the initial activation of the nervous system.

The body then responds.

Physiological activation occurs quickly. Heart rate increases, breathing changes, muscles tense, and the body prepares for action. This physical response is a key part of the anxiety experience and often intensifies the perceived sense of threat.

Behavior follows.

In response to the discomfort of anxiety, individuals engage in behaviors intended to reduce or escape the experience. These behaviors may include avoidance, reassurance seeking, checking, distraction, or substance use. While these behaviors vary, they share a common function: reducing discomfort.

This leads to relief.

Relief may be immediate or gradual, but it signals to the brain that the behavior was effective. Even when relief is temporary, it plays a powerful role in shaping future responses. The brain learns that the behavior successfully reduced discomfort.

This is where the loop becomes self-reinforcing.

Relief strengthens the connection between the trigger, the behavior, and the outcome. The next time a similar trigger occurs, the brain is more likely to activate the same pattern. Over time, the loop becomes faster, more automatic, and more deeply ingrained.

From a clinical perspective, relief is the most important part of the loop.

While clients often focus on triggers, thoughts, or symptoms, it is the experience of relief that maintains the pattern. Without relief, the behavior would not be reinforced. With relief, the loop continues.

This understanding shifts the focus of treatment.

Rather than attempting to eliminate triggers or control thoughts, intervention targets the behavioral and reinforcement components of the loop. Clients are supported in tolerating discomfort without engaging in behaviors that provide immediate relief. This allows the nervous system to experience a different outcome and begin to learn new patterns.

The goal is not to remove anxiety, but to interrupt the loop and create opportunities for new learning.

When the pattern changes, the system changes.

Core Teaching Points (Expanded for Clinical Application)

- The Anxiety Alarm Loop™ represents a predictable pattern of activation, response, and reinforcement
- The loop consists of trigger, thought, body response, behavior, and relief
- Triggers can be external or internal and are often subtle or outside conscious awareness
- Thoughts are frequently a response to physiological activation rather than the initial cause
- The body plays a central role in the intensity and persistence of anxiety
- Behaviors are attempts to reduce or escape discomfort and are driven by the desire for relief
- Relief is the reinforcing outcome that strengthens the entire loop
- Negative reinforcement increases the likelihood that the same behavior will occur in the future
- The loop becomes faster and more automatic with repetition
- Targeting behavior and reducing reliance on relief-based responses is key to treatment
- New learning occurs when clients tolerate discomfort without engaging in reinforcing behaviors

Primary Clinical Takeaway:

Relief is the mechanism that reinforces and maintains the anxiety loop, and treatment must focus on changing the relationship to relief to interrupt the cycle

1.5 Understanding Reinforcement and Relief

Anxiety is not maintained simply by the presence of fear. It is maintained by what happens after the fear is experienced.

Relief is what teaches the brain what to do next.

When anxiety is activated, the body moves into a state of discomfort. This discomfort creates a strong internal drive to reduce or escape the experience. In response, individuals engage in behaviors that lower anxiety in the short term. These behaviors may include avoidance, reassurance seeking, checking, distraction, or substance use.

When the discomfort decreases, even slightly, the brain registers this as success.

This process is known as negative reinforcement.

Negative reinforcement does not mean something negative is happening. It refers to the removal or reduction of discomfort. When a behavior leads to a decrease in anxiety, the brain learns that the behavior is effective and is more likely to repeat it in the future.

This learning happens quickly and often outside of conscious awareness.

For example, if a client avoids a situation that causes anxiety and immediately feels relief, the brain connects avoidance with safety. The next time a similar situation arises, the urge to avoid becomes stronger. Over time, this pattern becomes automatic.

Avoidance works in the short term.

This is why it is so powerful and so difficult to change. It provides immediate relief, which is exactly what the brain is designed to prioritize. However, while avoidance reduces anxiety in the moment, it prevents new learning from occurring.

In the long term, avoidance increases anxiety.

Each time a situation is avoided, the brain does not have the opportunity to learn that the situation may be safe or manageable. Instead, the association between the situation and danger is strengthened. Anxiety becomes more frequent, more intense, and more limiting over time.

This creates a cycle in which the solution becomes part of the problem.

The brain is not focused on long-term outcomes. It is focused on immediate relief. When given the choice between short-term discomfort and short-term relief, the brain will consistently choose relief, even if it leads to greater anxiety in the future.

From a clinical perspective, this understanding is essential.

Clients are not engaging in these behaviors because they lack motivation or insight. They are responding to a system that has learned what works in the moment. The goal of treatment is not to eliminate the desire for relief, but to change how clients respond to it.

This involves helping clients tolerate discomfort without immediately escaping it.

When clients remain in a situation long enough to experience that they can handle the discomfort, the nervous system begins to update its response. Over time, this creates new learning that weakens the association between the trigger and the need for avoidance.

Change occurs when the pattern of reinforcement changes.

As clinicians, the focus is on helping clients interrupt the cycle of immediate relief and develop the capacity to experience discomfort in a different way.

Core Teaching Points (Expanded for Clinical Application)

- Negative reinforcement occurs when a behavior reduces or removes discomfort, increasing the likelihood of that behavior being repeated
- Relief is the outcome that reinforces anxiety-related behaviors
- Avoidance, reassurance, and escape behaviors are maintained because they provide short-term relief
- The brain prioritizes immediate reduction of discomfort over long-term outcomes
- Short-term relief prevents new learning and maintains the association between triggers and perceived danger
- Avoidance strengthens anxiety over time by reinforcing the belief that the situation is unsafe
- Anxiety persists not because the system is broken, but because the learning process is working as designed
- Clients are reinforced for avoiding discomfort, not for approaching it
- Effective treatment requires disrupting the reinforcement cycle by reducing reliance on relief-based behaviors
- New learning occurs when clients tolerate discomfort long enough to experience safety without avoidance

Primary Clinical Takeaway:

The brain repeats behaviors that reduce discomfort, and lasting change requires shifting the pattern from immediate relief to new learning through tolerated experience

1.6 Insight vs Experience

Insight is often an early goal in therapy. Clients gain awareness of their thoughts, identify patterns, and begin to understand why they feel the way they do. This process can be validating and important. However, insight alone does not create lasting change.

Clients frequently report that they understand their anxiety, yet they continue to experience it.

They may be able to identify cognitive distortions, recognize triggers, and logically explain why their fear does not make sense. Despite this, the anxiety persists. This can lead to frustration and the belief that they are failing or that something is wrong with them.

From a clinical perspective, this reflects a misunderstanding of how change occurs.

Insight is a cognitive process. It involves the thinking part of the brain. While it can influence perspective, it does not directly change how the nervous system responds to perceived threat. Anxiety is not maintained solely by thoughts. It is maintained by patterns of activation, behavior, and reinforcement.

The nervous system learns through experience.

For the system to change, it must have new experiences that differ from what it has previously learned. This means encountering situations that trigger anxiety and responding in a different way than before. Without this new experience, the original learning remains intact.

This is where behavioral learning becomes essential.

When clients engage in new behaviors, such as approaching rather than avoiding, staying present rather than escaping, or tolerating discomfort without seeking immediate relief, the nervous system has the opportunity to update its response. Over time, these experiences create new associations and reduce the intensity of the anxiety response.

This process cannot be achieved through thinking alone.

Clients may intellectually understand that a situation is safe, but until they experience that safety while remaining in the situation, the nervous system does not fully integrate the new learning. This is why clients often feel stuck despite having insight.

From a clinical standpoint, it is important to normalize this experience.

Clients are not failing because they still feel anxious. They are encountering the limits of cognitive change. The work is not to increase insight indefinitely, but to shift toward experiences that allow the system to learn something new.

This changes the role of the clinician.

Rather than focusing exclusively on helping clients think differently, the clinician supports them in doing something different. This includes guiding behavioral experiments, exposure, and skill use that allows the client to remain in contact with discomfort without reinforcing the old pattern.

Over time, repeated experiences create new learning.

As the nervous system begins to recognize that previously feared situations are manageable, the intensity and frequency of anxiety decrease. The goal is not to eliminate anxiety entirely, but to change the relationship to it through experience.

Insight can support the process, but it does not replace it.

Lasting change occurs when the nervous system has the opportunity to learn through lived experience.

Core Teaching Points (Expanded for Clinical Application)

- Insight is a cognitive process that increases awareness but does not directly change nervous system activation

- Clients can understand their anxiety and still experience it due to unchanged physiological and behavioral patterns
- Cognitive understanding alone does not create new learning at the level of the nervous system
- The nervous system learns through direct experience, not through reasoning alone
- Behavioral learning is required to update threat responses and reduce anxiety over time
- Avoidance and relief-based behaviors prevent the corrective experiences needed for change
- Clients remain stuck when insight is not paired with new behavioral experiences
- Exposure to discomfort, without reinforcement of avoidance, allows new learning to occur
- The role of the clinician is to guide clients toward experiences that challenge existing patterns
- Repeated experiences of tolerating and managing anxiety lead to long-term change

Primary Clinical Takeaway:

Insight does not rewire the nervous system—experience does

Workbook Reflection (End of Section 1)

This reflection is designed to help translate the concepts from this section into applied understanding. The goal is not just to identify anxiety, but to understand how it is learned, experienced, and maintained.

Begin by identifying a recent experience of anxiety. This can be a situation that felt uncomfortable, activating, or difficult to manage. Choose an example that is specific and easy to recall.

Describe the situation in detail. What was happening? Where were you? Who was present? What made this situation stand out as anxiety-provoking?

Next, map the experience using the Anxiety Alarm Loop™. Identify each part of the sequence as it occurred.

What was the trigger? This may have been an external situation or an internal experience such as a thought or physical sensation.

What thoughts were present? Identify any automatic thoughts, predictions, or interpretations that occurred.

What did you notice in your body? Describe the physical sensations that were present during the experience.

What behavior followed? Identify how you responded to the anxiety. This may include avoidance, reassurance seeking, distraction, or other strategies used to reduce discomfort.

Where did relief occur? Identify the point at which the anxiety decreased, even slightly. This is a critical part of the loop.

Finally, reflect on the pattern of reinforcement. How did the relief you experienced influence your likelihood of responding the same way in the future? What did your brain learn from this experience?

Consider how this pattern may continue if it is not interrupted, and what might happen if a different response were introduced.

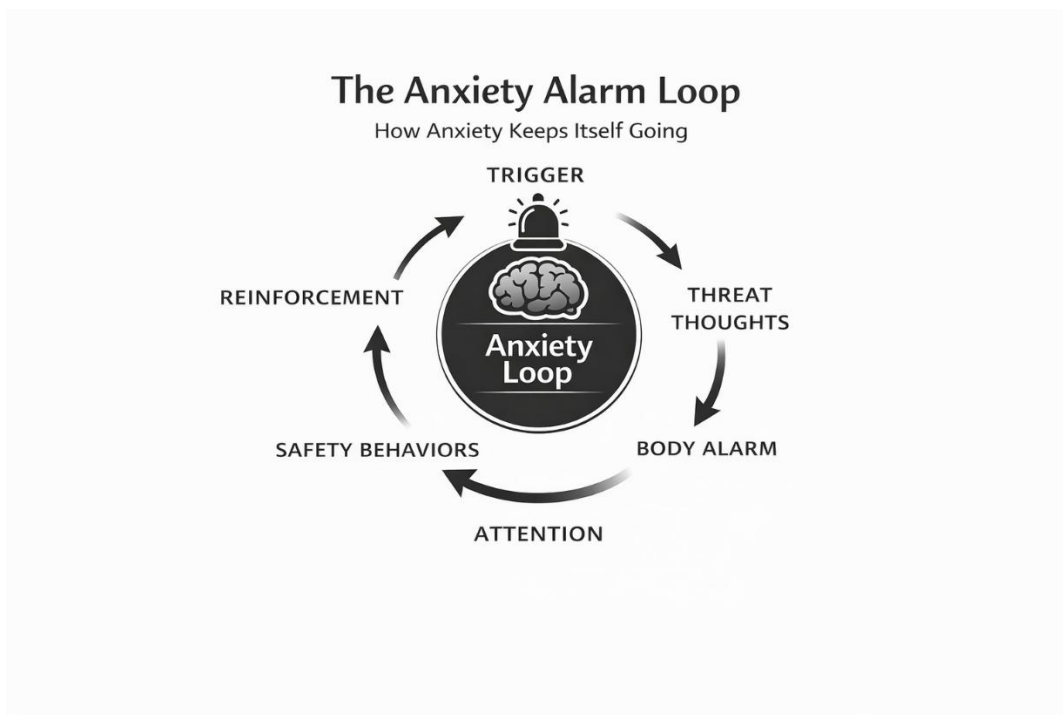
This exercise is intended to increase awareness of how anxiety operates as a learned and reinforced system. The goal is not to judge the response, but to understand it.

Workbook Reflection Exercise

Mapping the Anxiety Alarm Loop

Describe a recent anxiety experience using the Anxiety Alarm Loop

Fill in each section below:



Trigger: _____

Threat Thoughts: _____

Body Alarm: _____

Safety Behaviors: _____

Reinforcement: _____

Workbook Reflection:
Reinforcement Patterns

Reflect on how relief functions within your anxiety experience.

What behavior or response reduced your anxiety in the moment?

How did the experience of relief affect you physically and emotionally?

What did your brain learn from this experience?

How might this learning influence your response in future situations?

A faint, light purple circular graphic with concentric rings is centered behind the main title.

The
**Anxiety—Alcohol
Loop™**

SECTION 2

**BREAKING THE
ANXIETY LOOP**

2.1 Why Anxiety Persists

Anxiety does not continue because something is wrong with you. It continues because your brain is doing exactly what it is designed to do—learn from experience and repeat what works.

When anxiety is activated, the nervous system is not asking, “Is this accurate?” It is asking, “Is this safe?” That distinction matters. The brain is built to prioritize protection over precision. It would rather overreact than miss something important.

When a trigger is perceived, the body responds quickly. Thoughts follow, sensations increase, and the system moves toward action. At some point in that process, relief becomes the goal.

That is where the loop is reinforced.

When a behavior reduces anxiety—even slightly—the brain registers that as successful. It does not evaluate whether the situation was actually dangerous. It evaluates what reduced discomfort. That relief becomes the most important learning signal.

Over time, this creates a pattern. The brain links anxiety with the behavior that reduced it. The next time anxiety shows up, the same response is activated more quickly and more automatically.

This is how the loop strengthens.

Clients often recognize this pattern after the fact. They may say, “I know this isn’t dangerous,” or “I know I shouldn’t react this way,” but the response still happens. This is not a failure of understanding. It is a reflection of how learning has occurred.

The learning that maintains anxiety is not happening at the level of logic. It is happening through repeated experiences of relief.

The nervous system does not change because something makes sense. It changes because something is experienced differently.

Without new experiences, the brain continues to rely on what it has already learned. And what it has learned is this: anxiety goes down when I do this behavior, so I will keep doing it.

That is why the pattern repeats.

Core Teaching Points (Expanded for Clinical Application)

- Insight is a cognitive process that increases awareness but does not directly change nervous system activation
- Clients can understand their anxiety and still experience it due to unchanged physiological and behavioral patterns
- Cognitive understanding alone does not create new learning at the level of the nervous system
- The nervous system learns through direct experience, not through reasoning alone

- Behavioral learning is required to update threat responses and reduce anxiety over time
- Avoidance and relief-based behaviors prevent the corrective experiences needed for change
- Clients remain stuck when insight is not paired with new behavioral experiences
- Exposure to discomfort, without reinforcement of avoidance, allows new learning to occur
- The role of the clinician is to guide clients toward experiences that challenge existing patterns
- Repeated experiences of tolerating and managing anxiety lead to long-term change

Primary Clinical Takeaway:

Insight does not rewire the nervous system—experience does.

2.2 The Role of Avoidance

Avoidance is one of the most effective short-term strategies for reducing anxiety. It works quickly, reliably, and often without much effort. When a situation feels uncomfortable or overwhelming, avoiding it can bring immediate relief.

That relief is what makes avoidance so powerful.

When a person avoids something that triggers anxiety, their nervous system settles. The discomfort decreases, and the body returns to a more regulated state. In that moment, the brain learns something important: avoiding this made me feel better.

The brain is not evaluating whether the situation was actually dangerous. It is learning what reduced discomfort.

This is how avoidance becomes reinforced.

Over time, avoidance is not just a choice—it becomes a pattern. The brain begins to expect that anxiety should be escaped or reduced as quickly as possible. When a similar situation arises, the urge to avoid becomes stronger and more automatic.

Avoidance works in the short term, but it has a cost.

Each time a situation is avoided, the nervous system does not have the opportunity to learn that the situation may be safe or manageable. The original fear remains unchallenged. Instead of updating, the brain strengthens the association between the situation and danger.

This leads to expansion.

Situations that were once manageable begin to feel more difficult. Avoidance spreads to similar situations, and over time, the range of what feels safe becomes smaller. The person's world can become increasingly limited, not because the danger has increased, but because the learning has not changed.

From a clinical perspective, avoidance is not the problem—it is the strategy.

It is a strategy that makes sense. It reduces discomfort. It protects the individual in the moment. However, it also prevents the corrective experiences needed for change.

This is why simply encouraging clients to face their fears is not enough. The work is not just about exposure—it is about helping clients remain in the experience long enough for the nervous system to learn something new.

When avoidance is reduced, even slightly, the brain begins to gather new information. It can start to recognize that discomfort is tolerable and that feared outcomes do not always occur.

Change happens when the pattern is interrupted.

As clinicians, the goal is to help clients shift from automatic avoidance to intentional engagement. This creates space for new learning and gradually weakens the anxiety loop.

Core Teaching Points (Expanded for Clinical Application)

- Avoidance is negatively reinforced because it reduces anxiety in the short term
- Relief following avoidance teaches the brain that the situation was unsafe
- Avoidance prevents corrective learning by removing exposure to the feared situation
- The nervous system cannot update its response without new experiences
- Avoidance patterns become stronger and more automatic over time
- Generalization occurs when avoidance spreads to similar situations
- Short-term relief leads to long-term maintenance of anxiety
- Avoidance narrows behavioral flexibility and increases perceived threat
- Reducing avoidance creates opportunities for new learning and nervous system recalibration
- Clinicians should support gradual, tolerable engagement rather than immediate elimination of avoidance

Primary Clinical Takeaway:

Avoidance reduces anxiety in the moment but prevents the learning required for long-term change

2.3 Safety Behaviors

Safety behaviors are actions people use to reduce anxiety or increase a sense of control while remaining in a situation. Unlike avoidance, which involves leaving or not entering a situation, safety behaviors allow the person to stay—but in a guarded or protected way.

These behaviors are often subtle and may not be immediately recognized by the client.

Common examples include reassurance seeking, checking, over-preparing, carrying “just in case” items, mentally rehearsing, scanning for exits, or staying close to perceived sources of safety. While these behaviors can reduce anxiety in the moment, they also change how the situation is experienced.

The presence of safety behaviors communicates to the nervous system that the situation is not safe on its own.

Even though the person remains in the situation, the brain learns that safety depended on the behavior, not the environment. This prevents the nervous system from fully updating its response.

Relief still occurs.

Anxiety may decrease while the person is using the safety behavior, which reinforces the action. The brain registers that the behavior helped, and the likelihood of using it again increases. Over time, these behaviors become automatic and are used with little awareness.

This creates a hidden form of reinforcement.

Clients may believe they are “facing their fears,” but the presence of safety behaviors means the underlying learning has not changed. The nervous system continues to associate the situation with danger and the behavior with safety.

From a clinical perspective, this is an important distinction.

Progress is not defined only by entering a situation. It is defined by how the situation is experienced and what the nervous system learns during that experience.

Safety behaviors can limit this learning.

When clients rely on these behaviors, they reduce discomfort in the short term but maintain the belief that the situation is unsafe without them. This keeps the anxiety loop active, even when the client appears to be engaging.

This is why simply encouraging exposure is not enough.

Effective treatment involves identifying and gradually reducing safety behaviors so the client can experience the situation more directly. This allows the nervous system to learn that the situation can be tolerated without relying on protective strategies.

The goal is not to remove all supports at once, but to increase awareness and flexibility.

As safety behaviors are reduced, the client begins to build confidence in their ability to manage anxiety without relying on them. This creates new learning and weakens the association between the situation and perceived danger.

Core Teaching Points (Expanded for Clinical Application)

- Safety behaviors are actions used to reduce anxiety while remaining in a situation
- They differ from avoidance but serve a similar function of reducing discomfort

- Safety behaviors can be subtle and often occur without full awareness
- Relief experienced while using safety behaviors reinforces their continued use
- The nervous system attributes safety to the behavior rather than the situation
- This prevents corrective learning and maintains the perception of threat
- Clients may believe they are facing fears while still reinforcing anxiety patterns
- Safety behaviors maintain the anxiety loop even during exposure
- Gradual reduction of safety behaviors allows for more accurate learning
- Clinicians should help clients identify and shift these behaviors without overwhelming them

Primary Clinical Takeaway:

Safety behaviors reduce anxiety in the moment but prevent the nervous system from learning that the situation is safe without them

2.4 Attention and Hypervigilance

Anxiety does not only affect how a person feels. It also changes what they notice.

When the nervous system is activated, attention shifts toward detecting threat. This process happens automatically and often outside of conscious awareness. The brain begins scanning the environment for anything that could signal danger.

This is known as hypervigilance.

Hypervigilance is an increased state of alertness in which attention is narrowly focused on potential threats. The system becomes more sensitive, and the threshold for what is considered “dangerous” becomes lower. As a result, cues that would normally be neutral may begin to feel significant or threatening.

This shift in attention changes the experience of the environment.

When attention is directed toward threat, the brain gathers more information that supports the idea that something is wrong. Small details are noticed, interpreted, and often amplified. This creates a feedback loop in which the person becomes more aware of potential danger, which increases anxiety, which further narrows attention.

Over time, this process strengthens the perception of threat.

The brain is not only reacting to danger—it is actively searching for it. And when it searches, it finds.

This is why anxiety can feel like it is “everywhere.”

Clients may report that they cannot stop noticing certain sensations, thoughts, or environmental cues. They may become highly aware of bodily changes, facial expressions of others, or subtle shifts in their surroundings. While this awareness is intended to protect, it often increases distress.

From a clinical perspective, this is not a failure of attention. It is a function of the system.

The nervous system is doing what it is designed to do—prioritize survival by focusing on potential threat. However, when this focus becomes too narrow, it limits access to information that signals safety.

Attention influences perception.

When attention is consistently directed toward danger, the brain has fewer opportunities to recognize safety. This imbalance maintains anxiety and reinforces the belief that the environment is unsafe.

This is why shifting attention is an important part of treatment.

The goal is not to eliminate awareness of threat, but to broaden attention so that both safety and threat can be noticed. When clients begin to intentionally redirect attention, they create opportunities for the nervous system to take in new information.

Over time, this helps rebalance the system.

As attention becomes more flexible, the intensity of perceived threat decreases. The environment is experienced more accurately, and anxiety begins to lose its grip.

Core Teaching Points (Expanded for Clinical Application)

- Anxiety shifts attention toward detecting potential threat
- Hypervigilance is an automatic increase in scanning for danger
- The threshold for identifying threat becomes lower when the system is activated
- Neutral cues can be interpreted as threatening due to narrowed attention
- Attention reinforces perception, strengthening the experience of anxiety
- The brain gathers information that confirms what it is focused on
- Increased threat monitoring maintains and intensifies anxiety over time
- Limited attention to safety cues prevents corrective learning
- Expanding attention allows for more balanced and accurate perception
- Interventions that shift attention can support nervous system regulation and reduce anxiety

Primary Clinical Takeaway:

Where attention goes, anxiety grows

2.5 Reversing the Loop: New Learning

Anxiety is learned through experience, and it is changed through experience.

When the anxiety loop is understood, the focus of treatment shifts from trying to control symptoms to creating new learning. The goal is not to eliminate anxiety, but to change how the nervous system responds to it over time.

The brain does not update based on logic alone. It updates based on what is experienced.

When a person encounters a situation that triggers anxiety and responds in the same way they always have, the existing pattern is reinforced. However, when the person responds differently, the nervous system has the opportunity to learn something new.

This is where exposure becomes essential.

Exposure is not simply about facing fears. It is about creating conditions in which the nervous system can experience a different outcome than it expects. When a client remains in a situation long enough for the anxiety to rise and fall without engaging in avoidance or safety behaviors, the brain begins to update its understanding of that situation.

This process is often uncomfortable.

When clients stay in contact with discomfort, the nervous system remains activated for a period of time. However, the system cannot sustain that level of activation indefinitely. Over time, it begins to settle, even without the use of relief-based behaviors.

This is a critical learning moment.

The brain starts to recognize that anxiety can decrease without avoidance, control, or escape. This weakens the association between the situation and danger, and reduces the need for protective responses.

Staying in the experience allows the system to recalibrate.

This is how new learning occurs. The nervous system gathers updated information that challenges previous patterns. Instead of learning that the situation is dangerous, it begins to learn that the situation is tolerable.

Repetition strengthens this learning.

One experience is not enough to fully change a pattern. The brain requires repeated exposures to build confidence and consistency. With each new experience, the response becomes less intense and more flexible.

Over time, the loop begins to change.

Triggers become less activating, behaviors become less reactive, and the need for immediate relief decreases. The system becomes more adaptable and less rigid.

From a clinical perspective, the goal is to guide clients through this process in a way that is gradual, structured, and tolerable.

The work is not about pushing clients into overwhelming situations. It is about helping them engage with discomfort at a level that allows for learning to occur.

Change happens when the pattern of experience changes.

Core Teaching Points (Expanded for Clinical Application)

- The brain changes through experience rather than cognitive understanding alone
- New learning occurs when individuals respond differently to anxiety-provoking situations
- Exposure creates opportunities for corrective learning within the nervous system
- Remaining in a situation without avoidance allows anxiety to rise and naturally decrease
- The nervous system cannot remain in a heightened state indefinitely and will regulate over time
- Reduction in anxiety without reliance on safety behaviors weakens previous associations
- Tolerating discomfort is necessary for updating threat responses
- Repetition of new experiences strengthens learning and increases behavioral flexibility
- Gradual and structured exposure supports effective and sustainable change
- Clinicians guide clients in creating experiences that challenge existing patterns without overwhelming them

Primary Clinical Takeaway:

New experiences, not new thoughts, change the anxiety loop

2.5 Reversing the Loop: New Learning

Anxiety is learned through experience, and it is changed through experience.

When the anxiety loop is understood, the focus of treatment shifts away from trying to control or eliminate symptoms and toward creating new learning. The goal is not to remove anxiety, but to change how the nervous system responds over time.

The brain does not update based on what makes sense. It updates based on what is experienced.

When a client encounters a trigger and responds with avoidance or safety behaviors, the existing pattern is reinforced. The brain learns that the situation required protection. However, when the client responds differently, the nervous system is given an opportunity to learn something new.

This is the role of exposure.

Exposure is not simply about facing fears. It is about creating an experience that allows the nervous system to update its response. When a client remains in a situation long enough for anxiety to rise and fall without relying on relief-based behaviors, the brain begins to gather new information.

This process can feel uncomfortable.

As anxiety increases, the natural urge is to escape or reduce the discomfort. However, when the client stays in the experience, the nervous system begins to regulate on its own. The body cannot remain in a heightened state indefinitely. Over time, activation decreases even without avoidance.

This creates a critical learning moment.

The brain begins to recognize that anxiety can decrease without relying on old patterns. The association between the situation and danger starts to weaken. Instead of learning that the situation is unsafe, the nervous system begins to learn that it is tolerable.

Staying in the experience allows the system to recalibrate.

This is how the loop begins to reverse. The same structure that once reinforced anxiety now becomes the pathway for change. New experiences interrupt the old pattern and create updated learning.

Repetition is essential.

One experience is not enough to fully change a learned pattern. The brain requires repeated opportunities to encounter the situation and respond differently. With each repetition, the response becomes less automatic and more flexible.

Over time, the loop shifts.

Triggers become less activating, the intensity of the response decreases, and the reliance on relief-based behaviors weakens. The system becomes more adaptable and less driven by immediate discomfort.

From a clinical perspective, the goal is to guide this process in a way that is gradual and tolerable.

The work is not about forcing clients into overwhelming situations. It is about helping them engage with discomfort at a level where learning can occur.

Change happens when experience changes.

Core Teaching Points (Expanded for Clinical Application)

- The brain changes through experience rather than insight alone
- Cognitive understanding does not create new learning at the level of the nervous system
- Exposure provides the conditions necessary for corrective learning
- Remaining in an anxiety-provoking situation allows the nervous system to regulate naturally
- Anxiety will rise and fall without the need for avoidance or immediate relief
- Reduction in anxiety without safety behaviors weakens previously learned associations
- Tolerating discomfort is required for updating threat responses

- Repetition of new experiences strengthens learning and increases flexibility
- Gradual, structured exposure supports effective and sustainable change
- Clinicians guide clients in creating manageable experiences that challenge existing patterns

Primary Clinical Takeaway:

New experiences, not new thoughts, change the anxiety loop

2.6 Tolerating Discomfort

Discomfort is a central part of the anxiety experience. When anxiety is activated, the body responds with sensations that feel intense, unfamiliar, and often overwhelming. The natural response is to try to reduce or eliminate these sensations as quickly as possible.

This response makes sense.

The nervous system is designed to move away from discomfort and toward safety. However, when discomfort is consistently avoided, the brain does not have the opportunity to learn that the sensations themselves are not dangerous.

Discomfort is not the problem. The response to discomfort is what maintains the pattern.

When anxiety is allowed to be present without immediate avoidance or relief-based behaviors, the nervous system begins to move through its natural cycle. Activation increases, reaches a peak, and then gradually decreases.

The system cannot stay activated indefinitely.

Even though anxiety can feel continuous, the physiological response has limits. When the individual remains in the experience without escaping, the body begins to regulate on its own. This creates an important learning experience.

The brain starts to recognize that discomfort can be tolerated.

This is different from eliminating anxiety. The goal is not to remove the sensation, but to change the relationship to it. When discomfort is experienced without avoidance, the nervous system updates its response and begins to reduce the intensity of future reactions.

Discomfort is temporary.

While it may feel intense in the moment, it does not last forever. The belief that anxiety will continue to increase without limit is part of what drives avoidance. When clients remain in the experience long enough to observe the natural rise and fall, this belief begins to change.

This is where learning occurs.

The nervous system gathers new information: the sensation is uncomfortable, but not harmful. This weakens the association between discomfort and danger, and reduces the urgency to escape.

From a clinical perspective, this process must be approached gradually.

Clients do not need to tolerate overwhelming levels of anxiety to create change. Instead, they are supported in engaging with discomfort at a level that is manageable. Over time, their capacity increases, and the system becomes more flexible.

The goal is not to remove discomfort, but to build tolerance for it.

As tolerance increases, the need for avoidance decreases. This allows new patterns to develop and the anxiety loop to weaken.

Core Teaching Points (Expanded for Clinical Application)

- Anxiety decreases naturally when it is not interrupted by avoidance or relief-based behaviors
- The nervous system cannot remain in a heightened state indefinitely and will regulate over time
- Discomfort is a temporary physiological experience, not a signal of danger
- Avoidance prevents the experience needed for the nervous system to update its response
- Tolerating discomfort allows the brain to learn that the sensation is manageable
- The belief that anxiety will continue to escalate drives avoidance behavior
- Experiencing the rise and fall of anxiety weakens fear-based associations
- Gradual exposure to discomfort builds tolerance and increases flexibility
- Learning occurs when discomfort is experienced without immediate escape
- Clinicians support clients in approaching discomfort at a tolerable level to promote change

Primary Clinical Takeaway:

Discomfort is the pathway to rewiring, not something to eliminate

2.7 The Shift from Control to Response

A common goal for clients is to gain control over anxiety. They often enter treatment wanting to eliminate symptoms, stop anxious thoughts, or prevent discomfort from occurring. While this goal is understandable, it can unintentionally maintain the anxiety cycle.

The more a person tries to control anxiety, the more attention and energy are directed toward it.

This creates a paradox. Efforts to control anxiety often increase awareness of it, reinforce its importance, and strengthen the belief that it must be managed or eliminated. Over time, this can lead to increased frustration and a sense of failure when anxiety continues to appear.

Control becomes part of the loop.

When anxiety is treated as something that must be removed, every experience of discomfort is interpreted as a problem. This keeps the focus on the presence of anxiety rather than on how the individual responds to it.

From a clinical perspective, a shift is needed.

Instead of focusing on controlling anxiety, the focus moves to changing the response to it. Anxiety may still be present, but the way it is handled begins to change. This creates space for new learning and reduces the power anxiety holds.

Response is where change occurs.

When clients begin to respond differently—by staying in situations, reducing avoidance, and allowing discomfort—they interrupt the established pattern. The nervous system is given an opportunity to learn that anxiety does not need to be controlled in order to be managed.

This shift builds flexibility.

Rather than relying on rigid strategies to eliminate anxiety, clients develop a wider range of responses. They learn that they can experience anxiety and still move forward. This increases adaptability and reduces the urgency to escape or control.

Confidence develops through action.

As clients engage with anxiety in new ways, they begin to see that they can tolerate discomfort and function effectively. This builds a sense of capability that is not dependent on the absence of anxiety, but on the ability to respond to it.

This is a fundamental change in perspective.

The goal is no longer to feel less anxiety in order to live, but to live in a way that allows anxiety to be present without determining behavior. Over time, this shift reduces the intensity and frequency of anxiety as the system becomes less reactive.

From a clinical standpoint, this requires consistent practice.

Clients are supported in identifying moments where they can shift from control-based strategies to response-based actions. With repetition, this approach becomes more natural and sustainable.

Recovery is not built on eliminating anxiety.

It is built on changing how a person responds when anxiety shows up.

Core Teaching Points (Expanded for Clinical Application)

- Efforts to control anxiety can increase focus on symptoms and reinforce the anxiety cycle
- Control-based strategies often maintain the belief that anxiety is dangerous or must be eliminated
- Shifting from control to response changes the focus from symptoms to behavior
- Behavioral responses determine whether the anxiety loop is reinforced or interrupted
- Flexibility in responding allows for more adaptive and effective coping
- Clients can function effectively even when anxiety is present
- Confidence develops through repeated experiences of responding differently to anxiety
- Reducing reliance on control-based strategies creates space for new learning
- The goal of treatment is to change the relationship to anxiety, not eliminate it
- Clinicians support clients in practicing response-based strategies consistently over time

Primary Clinical Takeaway:

Recovery is built on changing responses, not controlling anxiety

Workbook Reflection:
Behavioral Patterns and Reinforcement

Describe a situation where avoidance or safety behaviors were used

What immediate effect did the behavior have on your anxiety?

What learning occurred as a result of this response?

What alternative response could support new learning?

The
**Anxiety—Alcohol
Loop™**

SECTION 3

**SUBSTANCE USE
AND REINFORCEMENT**

3.1 Treatment Goals and Clinical Approach

Treatment for anxiety often begins with a focus on symptom reduction. Clients want to feel less anxious, think more clearly, and regain a sense of control. While these goals are understandable, they can unintentionally keep the focus on the presence of anxiety rather than the patterns that maintain it.

From a clinical perspective, the goal is not simply to reduce symptoms, but to change the pattern that produces them.

Anxiety is maintained through a cycle of activation, behavior, and reinforcement. When treatment focuses only on reducing how anxiety feels, it can overlook the behaviors that continue to reinforce the loop. This is why symptom-focused approaches often provide short-term relief without creating lasting change.

Shifting the focus to pattern change creates a different direction for treatment.

Rather than asking how to eliminate anxiety, the question becomes: what is maintaining it? This shift allows clinicians to identify the behaviors, responses, and reinforcement cycles that keep anxiety active over time.

Behavior becomes the central focus.

While thoughts are an important part of the anxiety experience, they are not the primary driver of change. The function of behavior—what the behavior does in the moment—is what determines whether the pattern is reinforced or interrupted. Behaviors that reduce discomfort in the short term often maintain anxiety in the long term.

Understanding the function of behavior changes how interventions are selected.

Instead of focusing only on what the client is thinking, the clinician examines what the client is doing in response to anxiety. This includes identifying avoidance, safety behaviors, reassurance seeking, and other strategies that provide relief.

Reducing these patterns is essential for change.

When avoidance and relief-based behaviors are decreased, the nervous system has the opportunity to experience something different. This creates space for new learning and begins to weaken the anxiety loop.

At the same time, clients are supported in building tolerance.

Discomfort is a natural part of this process. Rather than eliminating it, treatment helps clients increase their ability to remain in the experience without immediately escaping it. This builds capacity and reduces the urgency of the anxiety response.

Flexibility becomes the goal.

Instead of relying on rigid strategies to control anxiety, clients develop the ability to respond in different ways depending on the situation. This flexibility allows for more adaptive functioning and reduces the impact of anxiety on daily life.

From a clinical standpoint, this approach requires a shift in how success is defined.

Progress is not measured only by a decrease in anxiety, but by an increase in the client's ability to respond differently when anxiety is present. Over time, this leads to changes in both experience and outcome.

Treatment becomes focused on the pattern, not just the symptoms.

Core Teaching Points (Expanded for Clinical Application)

- Treatment shifts from symptom reduction to changing the pattern that maintains anxiety
- Anxiety is sustained through cycles of activation, behavior, and reinforcement
- Focusing only on symptom relief can maintain the anxiety loop
- Behavior is the primary mechanism through which anxiety is reinforced or interrupted
- The function of behavior is more important than the content of thoughts
- Avoidance and relief-based behaviors must be identified and reduced
- New learning occurs when clients respond differently to anxiety
- Building tolerance for discomfort is essential for long-term change
- Flexibility in responding increases adaptive functioning and reduces anxiety impact
- Progress is measured by changes in response, not just reduction in symptoms

Primary Clinical Takeaway:

Treatment targets the pattern maintaining anxiety, not just the symptoms

3.2 Cognitive Behavioral Therapy (CBT) Interventions

Cognitive Behavioral Therapy (CBT) is one of the most widely used and effective approaches for treating anxiety. It provides a structured framework for understanding how thoughts, emotions, and behaviors interact. Within this model, particular attention is given to the role of automatic thoughts and how they influence the experience of anxiety.

Automatic thoughts are rapid, often unnoticed interpretations that occur in response to a trigger. These thoughts can shape how a situation is perceived and can increase the sense of threat. Clients may become aware of patterns such as catastrophic thinking, overestimation of danger, or underestimation of their ability to cope.

Identifying these patterns is an important first step.

When clients begin to recognize their automatic thoughts, they gain awareness of how their thinking contributes to the anxiety experience. This awareness can reduce confusion and provide a sense of clarity about what is happening internally.

Cognitive distortions are common within anxiety.

These distortions involve patterns of thinking that exaggerate threat or minimize coping ability. While these thoughts feel real, they are often based on misinterpretations rather than objective danger. Helping clients identify and label these distortions can support a more balanced understanding of their experience.

Cognitive restructuring is often used to address these patterns.

This involves examining thoughts, evaluating evidence, and generating alternative perspectives. While this process can be helpful, it is important to understand its role within treatment.

Cognitive restructuring supports awareness, but it does not directly change the nervous system.

Clients may be able to think differently about a situation and still feel anxious. This does not mean the intervention has failed. It reflects the distinction between cognitive understanding and physiological learning.

Thoughts are part of the loop, but they are not the primary driver of change.

Within the Anxiety Alarm Loop, thoughts interact with body responses and behaviors. However, the reinforcement of the loop occurs through behavior and relief. If behavior remains unchanged, the overall pattern is likely to continue, even if thinking becomes more accurate.

This is why it is important to link thoughts to behavior.

When clients understand how their thoughts influence their responses, and how those responses are reinforced, they can begin to see where change is possible. Cognitive work becomes a tool to support behavioral change, rather than the sole focus of treatment.

From a clinical perspective, CBT is most effective when integrated with behavioral intervention.

Cognitive strategies can increase awareness and reduce the intensity of perceived threat, making it easier for clients to engage in new behaviors. These behaviors, in turn, create the experiences needed for the nervous system to learn and update.

The goal is not to eliminate anxious thoughts, but to change how they are responded to.

When clients are able to notice thoughts without automatically acting on them, and instead engage in behaviors that support new learning, the anxiety loop begins to shift.

Core Teaching Points (Expanded for Clinical Application)

- Automatic thoughts are rapid interpretations that influence the perception of threat
- Cognitive distortions exaggerate danger and minimize perceived ability to cope
- Identifying thought patterns increases awareness and reduces confusion
- Cognitive restructuring can help generate more balanced perspectives
- Cognitive change alone does not directly alter nervous system activation
- Thoughts are part of the anxiety loop but are not the primary driver of reinforcement
- Behavior determines whether anxiety patterns are maintained or changed
- Linking thoughts to behavior helps identify where intervention is most effective
- CBT is most effective when combined with behavioral and experiential interventions
- The goal is to change responses to thoughts, not eliminate thoughts entirely

Primary Clinical Takeaway:

CBT supports awareness, but behavior drives change

3.3 Behavior as the Treatment

Anxiety is maintained through patterns of behavior and reinforcement, which means that change must occur at the level where the pattern is reinforced.

Behavior is the mechanism through which the anxiety loop is either maintained or interrupted.

While thoughts and sensations are important parts of the experience, they do not directly reinforce the loop. Reinforcement occurs when a behavior leads to relief. This is why behavior becomes the primary focus of treatment.

When a client responds to anxiety with avoidance or safety behaviors, the loop is strengthened.

These behaviors reduce discomfort in the short term, which teaches the brain that the response was effective. Over time, this pattern becomes automatic, and anxiety persists regardless of cognitive understanding.

Interrupting this pattern requires a shift in behavior.

Rather than responding in ways that reduce discomfort immediately, clients are supported in engaging in behaviors that allow the experience to unfold without reinforcement. This creates an opportunity for the nervous system to learn something new.

Behavior change does not mean eliminating anxiety.

It means responding differently when anxiety is present. This may involve approaching a situation instead of avoiding it, remaining in the experience rather than escaping it, or reducing reliance on safety behaviors.

These changes create new learning.

When the expected outcome does not occur, or when the client experiences that they can tolerate the discomfort, the brain begins to update its response. The association between the trigger and danger weakens, and the intensity of the anxiety response decreases over time.

The Anxiety Alarm Loop provides a clear structure for intervention.

Each part of the loop offers an opportunity to understand what is happening, but behavior is where the loop can be changed. By identifying the behavioral response and adjusting it, the clinician can directly influence the reinforcement process.

Intervention becomes more targeted and effective.

Rather than trying to control thoughts or eliminate sensations, the focus is on what the client does in response to anxiety. This allows for consistent and measurable change.

From a clinical perspective, behavior is not just part of treatment—it is the treatment.

When behavior changes, the pattern changes. When the pattern changes, the system begins to respond differently.

Core Teaching Points (Expanded for Clinical Application)

- Behavior is the primary mechanism through which anxiety patterns are reinforced or changed
- Reinforcement occurs when behaviors lead to a reduction in discomfort
- Avoidance and safety behaviors maintain the anxiety loop through negative reinforcement
- Changing behavior interrupts the reinforcement cycle
- New behavioral responses create opportunities for updated learning
- Anxiety does not need to be eliminated for behavior to change
- Approaching rather than avoiding supports nervous system recalibration
- The Anxiety Alarm Loop can be used to identify where behavioral intervention is needed
- Behavior change leads to new associations between triggers and outcomes
- Consistent behavioral practice strengthens new learning and increases flexibility

Primary Clinical Takeaway:

Behavior change creates new learning and rewires the system

3.4 Exposure-Based Interventions

Exposure-based interventions are a central component of effective anxiety treatment because they directly target the learning processes that maintain the anxiety loop.

Avoidance prevents learning. Exposure creates it.

When a client avoids a situation, the nervous system does not have the opportunity to update its understanding of that experience. The brain continues to associate the situation with danger

because it has never experienced a different outcome. Exposure changes this by allowing the client to remain in contact with the trigger long enough for new learning to occur.

Exposure is a gradual and intentional process.

Clients are not expected to confront the most intense situations immediately. Instead, exposure is structured in a way that begins with manageable levels of discomfort and progresses over time. This allows the nervous system to adapt without becoming overwhelmed.

The goal is not to eliminate anxiety during exposure.

The goal is to stay in the experience.

When a client remains in an anxiety-provoking situation without engaging in avoidance or safety behaviors, the nervous system goes through its natural cycle. Anxiety increases, reaches a peak, and then begins to decrease.

This process is critical.

It provides direct evidence that anxiety can reduce without escape or control. This challenges the belief that the situation is dangerous or that the discomfort is intolerable.

Staying in the experience allows for corrective learning.

Corrective learning occurs when the outcome of a situation differs from what the brain expected. If the brain expects danger, loss of control, or inability to cope, and those outcomes do not occur, the nervous system begins to update its response.

This weakens the association between the trigger and threat.

Over time, the intensity of the anxiety response decreases because the brain no longer interprets the situation as dangerous in the same way.

Repetition strengthens this process.

One exposure experience can introduce new learning, but repeated exposures are necessary to solidify it. With each repetition, the response becomes less reactive and more flexible.

Tolerance increases over time.

Clients begin to feel more capable of managing anxiety and less dependent on avoidance or safety behaviors. This shift builds confidence and reduces the impact of anxiety across different situations.

From a clinical perspective, exposure must be guided and supported.

Clinicians help clients pace the process, remain engaged in the experience, and resist the urge to rely on relief-based behaviors. The focus is on creating conditions where learning can occur, not on forcing the client into overwhelming situations.

Exposure is not about proving that anxiety is irrational.

It is about allowing the nervous system to experience something different.

Core Teaching Points (Expanded for Clinical Application)

- Exposure provides the conditions necessary for corrective learning
- Avoidance prevents the nervous system from updating threat responses
- Gradual exposure allows clients to engage with anxiety in a manageable way
- Staying in the experience without avoidance allows anxiety to rise and fall naturally
- The nervous system regulates over time without the need for escape or control
- Corrective learning occurs when expected negative outcomes do not happen
- Exposure weakens the association between triggers and perceived danger
- Repetition of exposure strengthens new learning and increases flexibility
- Tolerance for discomfort increases with repeated experience
- Clinicians guide pacing and support clients in remaining engaged without reinforcing avoidance

Primary Clinical Takeaway:

Exposure creates corrective experiences that update the nervous system

3.5 Dialectical Behavior Therapy (DBT) Skills

Dialectical Behavior Therapy (DBT) skills provide clients with practical tools to manage the intensity of anxiety without reinforcing avoidance or escape. These skills are not designed to eliminate anxiety, but to support clients in staying engaged in the experience while it is occurring.

This distinction is important.

When skills are used to immediately reduce or eliminate discomfort, they can function as safety behaviors and maintain the anxiety loop. When used appropriately, DBT skills help clients remain in the experience long enough for the nervous system to regulate naturally.

Distress tolerance is a key component.

Distress tolerance skills are used when anxiety is elevated and the urge to escape is strong. These skills allow clients to move through the experience without acting on that urge. The focus is on getting through the moment without reinforcing avoidance.

Grounding supports present-moment awareness.

When anxiety is high, attention often shifts toward perceived threat or internal sensations. Grounding techniques help redirect attention to the present environment. This broadens awareness and reduces the intensity of hypervigilance without removing the experience of anxiety entirely.

Emotion regulation strategies support overall stability.

These strategies help clients understand and manage emotional responses over time. While they do not eliminate anxiety, they can reduce vulnerability to intense activation and support more consistent functioning.

The role of these skills is to support engagement, not avoidance.

Clients are encouraged to use DBT skills in a way that allows them to remain in anxiety-provoking situations rather than leave them. This ensures that the skills do not interfere with exposure or corrective learning.

This requires careful clinical guidance.

Clinicians help clients understand when and how to use skills so they support the treatment process. The goal is to reduce the likelihood of skills becoming subtle forms of avoidance.

When used effectively, DBT skills increase capacity.

Clients develop the ability to experience discomfort without immediately reacting to it. This builds tolerance and supports the development of new behavioral patterns.

These skills create stability within the process of change.

As clients engage in exposure and behavioral interventions, DBT skills provide a foundation that allows them to remain in the experience long enough for learning to occur.

From a clinical perspective, DBT skills are supportive tools within a larger framework.

They are most effective when integrated with behavioral interventions that target the anxiety loop directly.

Core Teaching Points (Expanded for Clinical Application)

- DBT skills support clients in managing anxiety without reinforcing avoidance
- Distress tolerance skills help clients move through high levels of activation without escape
- Grounding techniques redirect attention to the present moment and reduce hypervigilance
- Emotion regulation strategies support long-term emotional stability
- Skills must be used in a way that supports engagement rather than avoidance
- Misuse of skills can function as safety behaviors and maintain the anxiety loop
- DBT skills increase the ability to tolerate discomfort during exposure

- Skills provide structure and support during anxiety-provoking situations
- Integration of DBT with behavioral interventions enhances treatment effectiveness
- Clinicians guide appropriate use of skills to ensure they support new learning

Primary Clinical Takeaway:

DBT skills help clients stay in the experience without escaping

3.6 Urge Surfing and Response Delay

Urges are a central part of the anxiety experience. When anxiety is activated, the nervous system generates a strong impulse to reduce discomfort as quickly as possible. This often shows up as an urge to escape, avoid, seek reassurance, or engage in safety behaviors.

These urges feel immediate and convincing.

Clients often experience them as something that must be acted on right away. However, an urge is not a command. It is a temporary internal experience that rises and falls over time.

Understanding this distinction is essential.

When urges are automatically acted on, the anxiety loop is reinforced. The brain learns that the behavior was necessary to reduce discomfort. Over time, this strengthens the pattern and increases the likelihood that the same response will occur in the future.

Urge surfing introduces a different response.

Rather than acting on the urge, the client observes it. The focus shifts from reacting to the urge to experiencing it as it unfolds. Clients are guided to notice the intensity, duration, and changes in the urge without immediately responding.

This process creates space.

When there is a delay between the urge and the response, the automatic pattern is interrupted. The nervous system has an opportunity to move through the experience without reinforcement.

Response delay is a practical way to begin this process.

Clients may be asked to wait a short period of time before engaging in a behavior they would normally use to reduce anxiety. During this time, they observe what happens to the urge.

In many cases, the urge changes.

It may increase, decrease, or fluctuate. Over time, clients begin to recognize that urges are not constant and do not require immediate action.

This builds capacity.

As clients practice delaying their response, they develop a greater ability to tolerate discomfort. The urgency of the anxiety response begins to decrease, and the need for immediate relief weakens.

Urges lose their power when they are not reinforced.

The brain starts to learn that the urge itself is not dangerous and does not require action. This reduces the intensity of future urges and increases flexibility in responding.

From a clinical perspective, urge surfing supports behavioral change.

It allows clients to remain in contact with anxiety while reducing reliance on avoidance and safety behaviors. This creates the conditions necessary for new learning to occur.

Over time, the response to anxiety becomes less automatic and more intentional.

Core Teaching Points (Expanded for Clinical Application)

- Urges are temporary internal experiences that arise in response to anxiety
- Urges often create a strong impulse to engage in avoidance or safety behaviors
- Acting on urges reinforces the anxiety loop through relief
- Urge surfing involves observing urges without immediately responding to them
- Response delay interrupts automatic patterns and reduces reinforcement
- Urges rise, peak, and fall without requiring action
- Delaying response builds tolerance for discomfort and reduces urgency
- Observing urges increases awareness and reduces reactivity
- Repeated practice weakens the association between urges and behavior
- Clinicians support clients in developing the ability to experience urges without acting on them

Primary Clinical Takeaway:

Urges can be experienced without being acted on

3.7 Integrating Skills into the Anxiety Loop

Effective treatment requires more than understanding individual skills. It requires knowing where and how to apply them within the anxiety pattern.

The Anxiety Alarm Loop provides a structure for this process.

Each part of the loop—trigger, threat interpretation, body activation, attention, and behavior—offers a potential point of intervention. Rather than applying interventions in a general way, clinicians can use the loop to identify where the pattern is being maintained and target that specific area.

This increases precision in treatment.

When clinicians understand where the loop is strongest, they can match interventions more effectively. For example, cognitive strategies may be helpful when threat interpretation is driving anxiety, while behavioral interventions are critical when avoidance or safety behaviors are reinforcing the pattern.

The body and attention are also key entry points.

Interventions such as grounding or distress tolerance can be used when physiological activation or hypervigilance is prominent. These strategies help clients remain engaged in the experience without reinforcing avoidance, allowing other interventions to be more effective.

Behavior remains central.

While multiple points of intervention exist, behavior is where reinforcement occurs. Changing behavior disrupts the loop and creates new learning. Other interventions support this process by making it possible for the client to respond differently.

Flexibility is the goal.

Clients do not experience anxiety in the same way across all situations. By learning how to apply different skills at different points in the loop, they develop the ability to respond in a more adaptive and flexible manner.

This reduces reliance on rigid patterns.

Instead of defaulting to avoidance or control-based strategies, clients begin to select responses based on what will support long-term change. This shift allows for more consistent progress across a range of situations.

Repetition strengthens integration.

Using skills once is not enough to create lasting change. Repeated application within the loop builds familiarity and reinforces new patterns. Over time, these responses become more automatic and replace previous patterns.

From a clinical perspective, integration is what makes treatment effective.

Skills are not used in isolation. They are applied within the context of the anxiety loop to target the mechanisms that maintain the pattern.

This approach creates a cohesive and structured treatment process.

It allows clinicians to guide clients in understanding not only what to do, but when and why to do it. This increases both effectiveness and confidence in the treatment process.

Core Teaching Points (Expanded for Clinical Application)

- The Anxiety Alarm Loop provides a framework for identifying intervention points
- Different components of the loop require different types of interventions
- Matching interventions to trigger, body, attention, or behavior increases effectiveness
- Cognitive strategies support threat interpretation but do not replace behavioral change
- Physiological and attention-based interventions help clients remain engaged in the experience
- Behavior is the primary point of reinforcement and must be addressed for change to occur
- Flexibility in applying skills supports adaptation across different situations
- Integrated use of skills reduces reliance on avoidance and control-based strategies
- Repetition of skill use within the loop strengthens new learning
- Clinicians guide clients in understanding how to apply interventions within the pattern

Primary Clinical Takeaway:

Interventions are most effective when applied directly within the loop

Workbook Reflection:
Integrating Skills into the Anxiety Loop

Identify a client or personal anxiety pattern

Where would you intervene in the loop?

What behavior would need to change?

What intervention would support new learning?

A faint, light purple circular graphic with concentric rings is centered behind the main title.

The
Anxiety—Alcohol
Loop™

SECTION 4

**EXPERIENCE AND
BEHAVIOR CHANGE**

4.1 Understanding the Relationship Between Anxiety and Substance Use

Substance use is often closely connected to the experience of anxiety. Many individuals use substances as a way to reduce discomfort, manage internal distress, or create a sense of relief in moments of heightened activation.

This response is understandable.

When the nervous system is activated, the urge to reduce discomfort is strong. Substances can provide a rapid change in how a person feels, which makes them an appealing option for managing anxiety in the moment.

The relief is immediate, but temporary.

When a substance reduces anxiety, the nervous system experiences a shift away from discomfort. This creates a powerful learning experience. The brain begins to associate the substance with relief, reinforcing the behavior and increasing the likelihood that it will be used again in similar situations.

This is the role of reinforcement.

Substance use functions in the same way as other avoidance or safety behaviors within the anxiety loop. It reduces discomfort in the short term, which teaches the brain that the response was effective. Over time, this strengthens the pattern and makes it more automatic.

Short-term relief leads to long-term maintenance.

While substances may reduce anxiety temporarily, they do not change the underlying pattern that produces it. Instead, they prevent the nervous system from having the experiences needed to update its response. This allows anxiety to persist and, in many cases, increase over time.

Substances become part of the anxiety loop.

Rather than existing as a separate issue, substance use can be understood as one of the behaviors within the loop. When anxiety is triggered, the individual uses a substance to reduce discomfort, experiences relief, and reinforces the pattern.

This creates repetition.

Each time the substance is used to manage anxiety, the association becomes stronger. The behavior becomes more automatic, and the reliance on the substance increases. Over time, this can lead to both increased anxiety and increased use.

From a clinical perspective, understanding the function of substance use is essential.

The focus is not only on the substance itself, but on what the substance is doing within the anxiety pattern. When clinicians identify the role of substance use as a form of relief, they can begin to address the behavior in the context of the loop.

Change requires interrupting the pattern.

This involves helping clients recognize the connection between anxiety and substance use, and supporting them in developing alternative responses that allow for new learning.

Substance use is not just a separate problem.

It is part of the same system that maintains anxiety.

Core Teaching Points (Expanded for Clinical Application)

- Substances are often used to reduce anxiety and internal discomfort
- Relief from substance use reinforces the behavior through negative reinforcement
- Short-term reduction in anxiety strengthens long-term patterns of use
- Substance use functions similarly to avoidance and safety behaviors
- The brain learns to associate substances with relief and safety
- Substance use prevents corrective learning within the nervous system
- Anxiety patterns remain unchanged when relief-based behaviors are repeated
- Repeated use increases automaticity and reliance on substances
- Substance use can be understood as part of the Anxiety Alarm Loop
- Clinicians must assess the function of substance use within the anxiety pattern

Primary Clinical Takeaway:

Substance use functions as a form of relief that reinforces anxiety patterns

4.2 Alcohol and Anxiety

Alcohol is commonly used as a way to reduce anxiety and create a sense of calm. As a depressant, alcohol slows activity in the central nervous system, which can temporarily decrease feelings of tension, worry, and physiological activation.

This effect can feel immediate and effective.

Clients often report that alcohol helps them relax, quiet their thoughts, or feel more comfortable in situations that would normally trigger anxiety. This reinforces the belief that alcohol is a helpful coping strategy.

The relief is short-term.

While alcohol reduces anxiety in the moment, it does not address the underlying pattern that produces it. As the effects wear off, the nervous system begins to return to its baseline state. However, this return is often accompanied by increased activation.

This is known as rebound anxiety.

Rebound anxiety refers to the increase in anxiety that occurs after the effects of alcohol diminish. The nervous system becomes more sensitive, and individuals may experience heightened worry, restlessness, or physical symptoms of anxiety.

Over time, this can raise baseline anxiety levels.

As alcohol is used repeatedly to manage discomfort, the nervous system becomes more dependent on it for regulation. This reduces the body's ability to self-regulate naturally and increases overall vulnerability to anxiety.

Alcohol also impacts sleep and mood.

While alcohol may initially make it easier to fall asleep, it disrupts sleep quality and interferes with restorative sleep cycles. Poor sleep contributes to increased emotional reactivity and reduced ability to cope with stress, which further intensifies anxiety.

Mood is also affected.

Alcohol can alter neurotransmitter activity in ways that contribute to low mood, irritability, and decreased emotional stability. These changes can increase anxiety over time, even if alcohol initially appears to reduce it.

This creates a cycle.

Anxiety leads to alcohol use, alcohol provides temporary relief, and then anxiety increases again. This increased anxiety often leads to further use, reinforcing the pattern and making it more difficult to break.

From a clinical perspective, alcohol use must be understood within the anxiety loop.

It functions as a form of relief that maintains the pattern rather than resolving it. Clients may not immediately recognize this connection, especially if they experience short-term benefits.

Helping clients understand this cycle is an important part of treatment.

When clients begin to see how alcohol contributes to ongoing anxiety, they can become more open to exploring alternative ways of responding to discomfort.

Alcohol may reduce anxiety in the moment, but it increases it over time.

Core Teaching Points (Expanded for Clinical Application)

- Alcohol is a central nervous system depressant that can temporarily reduce anxiety
- Short-term calming effects reinforce alcohol use as a coping strategy

- Rebound anxiety occurs as alcohol leaves the system
- Repeated use can increase baseline anxiety levels over time
- Alcohol disrupts sleep, reducing emotional regulation and increasing vulnerability to anxiety
- Changes in mood and neurotransmitter activity can contribute to increased anxiety
- Alcohol use creates a cycle of temporary relief followed by increased anxiety
- Increased anxiety can lead to increased reliance on alcohol
- Alcohol functions as a relief-based behavior within the anxiety loop
- Clinicians help clients understand the short-term and long-term effects of alcohol use

Primary Clinical Takeaway:

Alcohol reduces anxiety short-term but increases it over time

4.3 Other Substances and Anxiety

In addition to alcohol, a range of other substances can influence the experience of anxiety. While each substance affects the nervous system differently, they often serve a similar function within the anxiety pattern.

Substances are frequently used to manage internal states.

Whether the goal is to reduce anxiety, increase energy, or change mood, the underlying process is the same. The substance creates a shift in how the person feels, and this shift can become reinforcing over time.

Stimulants increase activation.

Substances such as caffeine, nicotine, and cocaine stimulate the central nervous system. This can lead to increased heart rate, heightened alertness, and greater physiological arousal. For individuals prone to anxiety, this increased activation can intensify symptoms and make the nervous system more reactive.

Even when the intention is not to reduce anxiety, the impact can still reinforce the loop.

For example, a client may use caffeine to improve focus or energy, but the resulting physiological activation may mimic or amplify anxiety symptoms. This can increase sensitivity to internal sensations and contribute to hypervigilance.

Cannabis has variable effects.

Some individuals report that cannabis reduces anxiety and creates a sense of calm. Others experience increased anxiety, paranoia, or heightened awareness of internal sensations. These differences depend on factors such as dosage, frequency of use, individual sensitivity, and context.

Regardless of the immediate effect, the pattern of use can still become reinforcing.

If cannabis is used to manage discomfort, the nervous system may learn to rely on it rather than developing tolerance for anxiety. This can maintain the underlying pattern even if the short-term experience feels beneficial.

Prescription medications can also play a role.

Benzodiazepines, for example, are commonly prescribed for anxiety due to their rapid calming effects. While they can be helpful in certain situations, misuse or long-term reliance can lead to dependence and reduced natural regulation of the nervous system.

Relief strengthens the association.

When any substance reduces anxiety or discomfort, it reinforces the behavior that preceded it. Over time, the brain learns to associate the substance with safety or control, increasing the likelihood of continued use.

Different substances, same pattern.

Although substances vary in how they affect the body, they often function similarly within the anxiety loop. They provide short-term relief or change in state, which reinforces use and prevents new learning.

From a clinical perspective, the focus is on function rather than substance alone.

Understanding what the substance is doing for the client allows for more targeted intervention. Whether the substance increases or decreases anxiety in the moment, its role in the reinforcement cycle must be considered.

Substances may differ in effect, but they share a common role in maintaining the pattern.

Core Teaching Points (Expanded for Clinical Application)

- Substances are often used to alter internal states, including anxiety and mood
- Stimulants increase physiological activation and can intensify anxiety symptoms
- Increased activation can heighten sensitivity to internal sensations and threat perception
- Cannabis has variable effects, including both reduction and increase of anxiety
- Use of cannabis for relief can reinforce avoidance of discomfort
- Benzodiazepines provide rapid relief but can lead to dependence with repeated use
- Relief from any substance strengthens the association between use and reduced discomfort
- Substance use can prevent the nervous system from developing tolerance to anxiety
- Different substances affect the body differently but can serve the same reinforcing function
- Clinicians focus on the role of the substance within the anxiety loop rather than the substance alone

Primary Clinical Takeaway:

Different substances impact anxiety differently, but all can reinforce the loop

4.4 Substance Use as Avoidance and Safety Behavior

Substance use can be understood as a form of avoidance within the anxiety pattern. When anxiety is activated, the nervous system generates a strong urge to reduce discomfort. Substances provide a rapid way to change internal experience, making them a common response to distress.

This response functions as emotional avoidance.

Rather than remaining in contact with the experience of anxiety, the individual uses a substance to alter or escape it. While this reduces discomfort in the moment, it prevents the nervous system from processing the experience and learning that the anxiety is tolerable.

Relief reinforces the behavior.

When a substance reduces anxiety, the brain registers this as an effective response. This creates a learning pattern in which substance use becomes linked with safety or control. Over time, the behavior becomes more automatic and more likely to occur in future situations.

Substance use becomes a learned coping strategy.

The individual begins to rely on the substance whenever anxiety arises. This pattern may develop gradually, often without conscious awareness, as the brain continues to prioritize what reduces discomfort most quickly.

This pattern maintains the anxiety loop.

Because the substance interrupts the natural rise and fall of anxiety, the nervous system does not have the opportunity to update its response. The association between the trigger and perceived danger remains unchanged.

Corrective learning does not occur.

For the nervous system to learn that a situation is safe or manageable, the individual must remain in the experience long enough for anxiety to decrease without relying on avoidance or relief-based behaviors. Substance use prevents this process.

The loop continues.

Anxiety leads to substance use, substance use provides relief, and relief reinforces the behavior. This cycle increases both reliance on the substance and persistence of anxiety over time.

From a clinical perspective, substance use must be addressed within the context of avoidance.

The goal is not only to reduce substance use, but to understand what function it serves within the anxiety pattern. This allows clinicians to target the behavior more effectively.

Treatment involves creating alternative responses.

Clients are supported in gradually reducing reliance on substances while building the capacity to remain in contact with anxiety. This creates the conditions necessary for new learning and change.

Substance use is not just a separate issue.

It is a behavior within the anxiety loop that maintains the pattern.

Core Teaching Points (Expanded for Clinical Application)

- Substance use functions as a form of avoidance of internal discomfort
- Emotional avoidance prevents full engagement with the anxiety experience
- Relief from substance use reinforces the behavior through negative reinforcement
- Substance use becomes a learned and automatic coping strategy over time
- Avoidance through substance use maintains the anxiety loop
- Corrective learning cannot occur when anxiety is consistently avoided
- The nervous system does not update threat responses without direct experience
- Substance use increases reliance on external regulation rather than internal tolerance
- Reducing substance use creates opportunities for new learning
- Clinicians assess the function of substance use within the anxiety pattern

Primary Clinical Takeaway:

Substance use maintains anxiety by preventing new learning

4.5 The Overlap Between Anxiety and Addiction Patterns

Anxiety and substance use are often experienced as separate issues, but they are maintained through many of the same underlying processes. Both involve patterns of behavior that are reinforced through relief, which makes them highly interconnected.

At the core of both is reinforcement.

In anxiety, behaviors such as avoidance or safety strategies reduce discomfort in the moment. In substance use, the substance alters the internal state and provides relief. In both cases, the brain learns that the behavior was effective, increasing the likelihood that it will be repeated.

This creates a cycle.

The individual experiences discomfort, engages in a behavior that reduces that discomfort, and then reinforces the pattern. Over time, this cycle becomes more automatic and more difficult to interrupt.

Urges and cravings play a similar role.

In anxiety, there is an urge to escape or reduce discomfort. In substance use, there may be a craving or urge to use. While the content of the urge may differ, the experience is similar. Both involve a strong internal pull toward a behavior that promises relief.

These urges feel urgent, but they are temporary.

When acted on, they reinforce the pattern. When observed without immediate response, they create an opportunity for change. This is why approaches such as urge surfing are effective in both anxiety and substance use treatment.

Habit formation strengthens both patterns.

Repeated engagement in relief-based behaviors leads to automatic responding. The brain begins to associate certain situations, emotions, or internal states with specific behaviors. This reduces the need for conscious decision-making and increases the likelihood of repetition.

Over time, these patterns become ingrained.

The individual may feel as though the response is automatic or unavoidable. However, these patterns are learned, and therefore can be changed through new learning experiences.

There are shared neurological mechanisms.

Both anxiety and substance use involve systems related to threat detection, reward, and reinforcement. The brain prioritizes behaviors that reduce discomfort or increase relief, regardless of long-term consequences. This is why both patterns can persist even when the individual understands the negative impact.

From a clinical perspective, this overlap is important.

It allows clinicians to apply similar principles across both anxiety and substance use treatment. By targeting reinforcement, urges, and behavior, interventions can address both patterns simultaneously.

The focus remains on the process, not just the symptom.

Understanding that anxiety and substance use share the same reinforcement mechanisms helps shift treatment toward interrupting the cycle and creating new patterns of response.

Core Teaching Points (Expanded for Clinical Application)

- Anxiety and substance use are both maintained through reinforcement cycles
- Relief from discomfort increases the likelihood of repeating a behavior
- Avoidance in anxiety and substance use serve similar reinforcing functions
- Urges and cravings are internal signals that drive behavior toward relief
- Acting on urges strengthens patterns, while delaying response supports change

- Repeated behaviors become automatic through habit formation
- Learned patterns can feel automatic but are modifiable through new experiences
- Both anxiety and substance use involve shared neurological systems related to reward and threat
- The brain prioritizes short-term relief over long-term outcomes
- Interventions targeting reinforcement and behavior can address both patterns

Primary Clinical Takeaway:

Anxiety and substance use share the same reinforcement processes

4.6 Motivational Interviewing (MI) for Substance Use

Motivational Interviewing (MI) is a collaborative, client-centered approach used to support behavior change, particularly when ambivalence is present. In the context of substance use and anxiety, MI helps clients explore their relationship with substances without increasing resistance or defensiveness.

Ambivalence is a normal part of change.

Clients often experience competing motivations. One part recognizes the negative impact of substance use, while another part values the relief or coping it provides. This internal conflict can keep individuals stuck, even when they understand the consequences.

MI focuses on exploring this ambivalence.

Rather than directing or persuading, the clinician creates space for the client to examine both sides of the experience. This process helps clients become more aware of their own thoughts, feelings, and motivations related to change.

Change is more effective when it comes from the client.

When clients generate their own reasons for change, they are more likely to follow through. MI emphasizes eliciting “change talk,” which includes statements that reflect desire, ability, reasons, or need for change.

The clinician guides, rather than directs.

This approach reduces resistance by avoiding confrontation or argument. Instead of telling the client what they should do, the clinician asks questions, reflects responses, and highlights discrepancies between current behavior and desired outcomes.

Autonomy is central to the process.

Clients are supported in recognizing that they have the ability to make choices about their behavior. This increases engagement and reduces defensiveness, creating a more collaborative therapeutic relationship.

Values play an important role.

By exploring what matters most to the client, clinicians can help connect behavior change to meaningful goals. When substance use is seen as inconsistent with personal values, motivation for change often increases.

MI integrates effectively with anxiety treatment.

As clients begin to understand how substance use reinforces the anxiety loop, MI can support them in exploring their willingness to change that pattern. This creates a bridge between insight and action.

From a clinical perspective, MI supports readiness.

Not all clients are immediately prepared to change their behavior. MI meets clients where they are, helping them move from ambivalence toward commitment at their own pace.

Motivation is not imposed. It is developed.

Core Teaching Points (Expanded for Clinical Application)

- Ambivalence is a normal and expected part of behavior change
- Clients often experience both benefits and costs related to substance use
- Motivational Interviewing explores ambivalence without judgment or confrontation
- Change is more likely when motivation comes from the client rather than external pressure
- Eliciting change talk increases readiness and commitment to change
- Reflective listening and open-ended questions reduce resistance
- Supporting autonomy increases engagement and collaboration
- Exploring client values helps align behavior change with meaningful goals
- MI can be integrated with anxiety treatment to address reinforcement patterns
- Clinicians guide the process rather than direct or prescribe change

Primary Clinical Takeaway:

Motivation for change increases when clients explore their own reasons

4.7 Integrating Anxiety Treatment and Substance Use Interventions

Anxiety and substance use are often interconnected, and effective treatment requires addressing both patterns together. When these issues are treated separately, important connections may be missed, and the overall pattern can remain unchanged.

Both patterns operate within the same reinforcement cycle.

Anxiety leads to discomfort, substance use provides relief, and that relief reinforces the behavior. If substance use continues while anxiety treatment is introduced, the reinforcement cycle may

remain active. This can limit the effectiveness of interventions aimed at changing the anxiety pattern.

Integration allows for more effective change.

By addressing anxiety and substance use at the same time, clinicians can target the shared mechanisms that maintain both patterns. This creates a more cohesive treatment approach and increases the likelihood of lasting outcomes.

Exposure remains a central component.

Clients are supported in engaging with anxiety-provoking situations while gradually reducing reliance on substances. This allows the nervous system to experience the situation without the use of relief-based behaviors, creating opportunities for new learning.

This process requires careful pacing.

Clients are not expected to immediately eliminate substance use or tolerate overwhelming levels of anxiety. Instead, the focus is on gradual change, building tolerance, and increasing awareness of how both patterns interact.

Supporting discomfort is essential.

As substance use is reduced, clients may experience increased anxiety or discomfort. This is a critical point in treatment. Rather than returning to substance use, clients are supported in remaining in the experience and allowing the nervous system to regulate naturally.

Alternative responses are developed.

Clients learn new ways of responding to anxiety that do not involve substance use. This may include behavioral strategies, distress tolerance skills, or response delay. These alternatives provide options that support change without reinforcing the loop.

New learning begins to occur.

When clients experience anxiety without using substances and observe that they can tolerate it, the nervous system starts to update its response. This weakens both the anxiety pattern and the reliance on substances.

Repetition strengthens integration.

Consistent practice of new responses across different situations builds flexibility and reduces automatic reliance on previous patterns. Over time, both anxiety and substance use behaviors decrease as the system becomes more adaptive.

From a clinical perspective, integration creates alignment.

Interventions are not applied in isolation, but are coordinated to address the full pattern. This allows clinicians to guide clients through a process that targets both anxiety and substance use in a structured and effective way.

Change occurs when both patterns are addressed together.

Core Teaching Points (Expanded for Clinical Application)

- Anxiety and substance use are maintained through shared reinforcement processes
- Treating both patterns simultaneously increases treatment effectiveness
- Continued substance use can maintain the anxiety loop and limit progress
- Exposure can be used while gradually reducing reliance on substances
- Reducing substance use may temporarily increase discomfort and requires support
- Tolerating anxiety without substance use creates opportunities for new learning
- Alternative responses replace substance use as a coping strategy
- Integration of interventions ensures consistent and cohesive treatment
- Repetition of new behaviors strengthens both anxiety and substance use recovery
- Clinicians guide pacing and support clients through both processes simultaneously

Primary Clinical Takeaway:

Effective treatment addresses both anxiety and substance use patterns together

Workbook Reflection:
Anxiety and Substance Use Patterns

Identify a pattern of substance use linked to anxiety

What function does the substance serve?

How does it reinforce the anxiety loop?

What alternative response could be introduced?

Post-Training Competency Assessment

This assessment evaluates your understanding of anxiety, reinforcement patterns, and the integration of substance use and clinical interventions. A passing score may be required for CEU credit based on training guidelines.

Please select the best answer for each question.

-
1. Anxiety is best understood as which of the following?
 - A. A cognitive distortion that must be corrected
 - B. A protective nervous system response to perceived threat
 - C. A behavioral disorder only
 - D. A voluntary emotional reaction
-
2. A client states, "I know this doesn't make sense, but I still feel anxious." This best reflects:
 - A. Resistance to treatment
 - B. Lack of insight
 - C. Bottom-up processing in the nervous system
 - D. Cognitive avoidance
-
3. Which of the following best explains why anxiety becomes automatic over time?
 - A. Clients lack motivation
 - B. Repeated reinforcement of the anxiety loop
 - C. Poor cognitive skills
 - D. Lack of education
-
4. In the Anxiety Alarm Loop, which component most strongly maintains the cycle?
 - A. Trigger
 - B. Thought
 - C. Body response
 - D. Relief following behavior
-
5. A client avoids social situations to reduce anxiety. This behavior is best understood as:
 - A. A healthy coping strategy
 - B. Exposure

- C. Negative reinforcement maintaining anxiety
 - D. Cognitive restructuring
-

6. Which statement best reflects the role of insight in anxiety treatment?
- A. Insight eliminates anxiety
 - B. Insight directly rewires the nervous system
 - C. Insight increases awareness but does not create change alone
 - D. Insight is not necessary
-

7. What is the primary goal of exposure-based interventions?
- A. To eliminate anxiety symptoms immediately
 - B. To reduce thinking errors
 - C. To create corrective learning through experience
 - D. To avoid triggers gradually
-

8. During exposure, why is it important to reduce safety behaviors?
- A. They are ineffective
 - B. They interfere with corrective learning
 - C. They increase anxiety permanently
 - D. They are not relevant
-

9. A client remains in an anxiety-provoking situation without avoiding. What is most likely to occur?
- A. Anxiety will continue to increase indefinitely
 - B. The nervous system will naturally regulate over time
 - C. The client will lose control
 - D. The anxiety will become permanent
-

10. Which of the following best describes distress tolerance skills?
- A. Techniques used to eliminate anxiety
 - B. Strategies to avoid discomfort
 - C. Skills that support staying in the experience without escape
 - D. Cognitive restructuring tools
-

11. Urge surfing is best defined as:
- A. Eliminating urges
 - B. Distracting from urges
 - C. Observing urges without acting on them
 - D. Avoiding triggering situations
-

12. What is the primary function of substance use within the anxiety loop?
- A. Long-term symptom reduction
 - B. Cognitive restructuring
 - C. Short-term relief that reinforces the pattern
 - D. Emotional expression
-

13. Which of the following best describes rebound anxiety?
- A. Anxiety before substance use
 - B. Increased anxiety after substance effects wear off
 - C. Decreased anxiety over time
 - D. Anxiety caused by thinking errors
-

14. A client uses alcohol nightly to relax but reports increased anxiety the next day. This pattern reflects:
- A. Effective coping
 - B. Nervous system regulation
 - C. Reinforcement and rebound anxiety
 - D. Cognitive restructuring
-

15. Which substance is most likely to increase physiological activation and anxiety symptoms?
- A. Alcohol
 - B. Benzodiazepines
 - C. Caffeine
 - D. Sleep aids
-

16. Substance use can be conceptualized as what type of behavior in anxiety treatment?
- A. Exposure
 - B. Neutral behavior

- C. Avoidance or safety behavior
 - D. Cognitive strategy
-

17. What is the primary goal of Motivational Interviewing?
- A. To persuade the client to change
 - B. To confront resistance
 - C. To elicit the client's own reasons for change
 - D. To provide education
-

18. Which approach best supports long-term change in anxiety and substance use?
- A. Focusing only on symptom reduction
 - B. Treating anxiety and substance use separately
 - C. Addressing reinforcement patterns and behavior
 - D. Avoiding discomfort
-

19. What is required for new learning to occur in the nervous system?
- A. Insight alone
 - B. Avoidance reduction with direct experience
 - C. Medication only
 - D. Positive thinking
-

20. Which of the following best reflects effective integrated treatment?
- A. Eliminating anxiety before addressing substance use
 - B. Addressing substance use only
 - C. Simultaneously targeting anxiety patterns and substance use behaviors
 - D. Focusing only on cognitive strategies
-

Clinical Application Questions

21. A client reports drinking alcohol each evening to reduce anxiety after work. The next day, they experience increased anxiety. What is the most accurate clinical interpretation?

- A. The client is effectively coping
 - B. Alcohol is reducing long-term anxiety
 - C. The client is experiencing reinforcement and rebound anxiety
 - D. The anxiety is unrelated
-

22. A client avoids driving due to panic symptoms. What is the most appropriate intervention?

- A. Encourage continued avoidance
 - B. Focus only on cognitive restructuring
 - C. Gradual exposure to driving situations
 - D. Eliminate anxiety before driving
-

23. A client says, “I need to use something to calm down or I can’t handle this.” What is the most appropriate clinical response?

- A. Challenge the statement directly
 - B. Provide reassurance
 - C. Explore the function of the behavior and build alternative responses
 - D. Ignore the statement
-

24. During treatment, a client uses grounding techniques to immediately reduce anxiety and leave situations. How should this be understood?

- A. Effective use of skills
 - B. Avoidance supported by skills
 - C. Exposure
 - D. Cognitive restructuring
-

25. A client is ambivalent about reducing substance use. Which MI approach is most appropriate?

- A. Confront the behavior
 - B. Provide education only
 - C. Explore ambivalence and elicit change talk
 - D. Set strict rules
-

Post-Test:

A minimum score of **80% (16 out of 20 correct)** is recommended to demonstrate competency. If the clinical application section is included (25 questions total), a passing score is **80% (20 out of 25 correct)**.

Participants who do not meet the passing score may review the material and retake the assessment.

This assessment is designed to evaluate comprehension of anxiety, reinforcement patterns, and integrated substance use interventions consistent with training objectives.

Training Evaluation Form

Training Title: Anxiety, Reinforcement, and Substance Use

Trainer: Ginger Caughell Kramer, MA, LPC, CAADC

Date: _____

Thank you for participating in this training. Your feedback is important and helps improve future educational offerings.

Please rate the following using the scale below:

1 = Strongly Disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly Agree

Training Content

The training objectives were clearly stated

1 2 3 4 5

The content was relevant to my clinical practice

1 2 3 4 5

The training increased my understanding of anxiety and reinforcement patterns

1 2 3 4 5

The integration of substance use content was clear and useful

1 2 3 4 5

The material was presented in a logical and organized manner

1 2 3 4 5

Clinical Application

I can apply the concepts from this training in my work

1 2 3 4 5

The training improved my ability to identify anxiety patterns
1 2 3 4 5

I feel more confident addressing avoidance and reinforcement behaviors
1 2 3 4 5

I can integrate behavioral interventions into treatment
1 2 3 4 5

I can better address the relationship between anxiety and substance use
1 2 3 4 5

Trainer Effectiveness

The trainer demonstrated knowledge of the subject matter
1 2 3 4 5

The trainer communicated information clearly
1 2 3 4 5

The trainer maintained engagement throughout the training
1 2 3 4 5

The trainer provided useful examples and applications
1 2 3 4 5

Overall Evaluation

The training met my expectations
1 2 3 4 5

I would recommend this training to other professionals
1 2 3 4 5

Overall quality of the training
1 2 3 4 5

Open-Ended Feedback

What was most helpful about this training?

What could be improved?

What additional topics would you like to see in future trainings?

Optional Information

Name: _____

License/Profession: _____

About the Author and Trainer

Ginger Caughell Kramer, MA, LPC, CAADC, is a licensed professional counselor and certified advanced alcohol and drug counselor specializing in anxiety, nervous system regulation, and behavioral change. Her work focuses on helping individuals and clinicians understand how anxiety develops, why it persists, and how it can be effectively treated through experience-based learning.

She is the creator of Calm Space with Ginger, where she provides practical, therapist-informed education designed to translate complex psychological concepts into clear, usable strategies. Her approach integrates cognitive behavioral therapy, dialectical behavior therapy, and motivational interviewing, with a strong emphasis on how behavior and reinforcement shape long-term outcomes.

Ginger has extensive experience working with individuals experiencing anxiety, substance use concerns, and patterns of avoidance that interfere with daily functioning. Through both clinical practice and professional training, she focuses on helping people move beyond understanding anxiety and into actively changing how they respond to it.

This training was developed to provide clinicians with a clear, structured model for understanding the relationship between anxiety and substance use, and for applying effective, evidence-informed interventions in practice. The content emphasizes real-world application, guiding clinicians in identifying reinforcement patterns, reducing avoidance, and supporting clients in building tolerance and flexibility in their responses.

Her work is grounded in the belief that anxiety is not a flaw, but a protective system that can be retrained through new experiences, and that meaningful change occurs when individuals learn to respond differently, not when they attempt to eliminate anxiety entirely.

Further Publications & Trainings at: gingerkramer.com