

15

Chapter

Removing the Crutches

It's good to have supportive friends and healthy, relaxing, and fun habits to get you through tough times and add a dimension to your life. It's also natural to find distractions that help you to temporarily forget the problems in your life. It's also okay to enjoy a drink at the end of the day if you don't have a history of addiction. However, sometimes the things that people do to cope with depression and anxiety feel good in the short term, but cause more problems with depression and anxiety in the long run.

The bottom line: there are healthy ways to cope and unhealthy ways to cope. Exercise is a particularly healthy way to cope. It often improves sleep and it keeps you in good physical condition. Moreover, the mental health benefits are undeniable. It increases the neurotransmitters serotonin and norepinephrine. Low levels of which are associated with depression and anxiety. In fact, the most commonly prescribed antidepressants (which can also be prescribed for the treatment of anxiety) artificially increase these neurotransmitters. Specifically, by blocking the re-uptake of serotonin and norepinephrine in the cells, they allow more of these beneficial substances to circulate in the brain, increasing our levels of them. Exercise increases our levels of these neurotransmitters naturally and directly—it is therefore a natural antidepressant and a natural anti-anxiety approach. Exercise also stimulates dopamine, which makes us feel happy. Weight training not only makes us stronger physically, it makes us feel stronger emotionally as well. Other positive habits that can be used to manage anxiety and depression that are not otherwise mentioned in this book are activities such as a date night, finding time to read a book or watch a movie, a massage, and socializing (unless it involves unhealthy amounts of alcohol or any intake of drugs).

Unhealthy ways to cope, or crutches, can be placed into two categories. The first category is habits that negatively reinforce bad habits. The second is unhealthy habits that both negatively and positively reinforce bad habits.

The terms “positive reinforcement” and “negative reinforcement” are typically misunderstood. To clarify, operant conditioning refers to behaviors that are either increased (reinforced) or decreased (punished) by adding a stimulus (positive) or removing a stimulus (negative). There is a great deal of confusion about positive reinforcement and negative reinforcement because people erroneously believe that “positive” means “good” and “negative” means “bad.” This is *not* the case. Rather, “positive” means that we are *adding* something to *increase or decrease* the behavior. “Negative” means that we are *subtracting* or taking away something to *increase or decrease* the behavior.

Punishment occurs when a behavior has decreased. Reinforcement occurs when a behavior has increased. If we add something that decreases a behavior, that's positive punishment (e.g., a child has to do a chore for misbehaving and it decreases that behavior). If we subtract something that decreases the behavior, that's negative punishment (e.g., a child stops misbehaving after TV is taken away). If we add something and it increases a behavior, that behavior was positively reinforced (e.g., a child is praised for helping and they help more). A behavior is negatively reinforced when we take away or reduce something undesirable, such as anxiety, pain, or depression. For example, consider what happens if someone has a headache, takes an aspirin, the headache goes away, and they increase their use of aspirin when in pain: in this case, the act of taking an aspirin is negatively reinforced. It's reinforcing because the behavior of taking the aspirin is increased, but it is *negatively* reinforcing because the pain is taken away or reduced.

If you have a crutch associated with anxiety or depression, negative reinforcement is likely involved. Unfortunately, in the case of negative reinforcement, not only do the behaviors increase but anxiety and depression typically increase as well.

	Apply a Stimulus (+)	Remove a Stimulus (-)
Increases Behavior	Positive Reinforcement Erin studies more after getting \$100 for each A.	Negative Reinforcement Bill keeps taking aspirin for his headache after he finds that it reduces his pain.
Decreases Behavior	Positive Punishment Andrew stops antagonizing Mason after his mom makes him clean Mason's room	Negative Punishment Jolene stops texting and driving when her parents take away her phone for two weeks for catching her texting and driving.

If someone takes an opiate for pain, the behavior can be both negatively and positively reinforced. Because it reduces or eliminates the pain, it's likely to negatively reinforce taking the drug. And, because it boosts mood, it can also be positively reinforcing. Finally, there can be additional negative reinforcement from a temporary reduction of depression or anxiety.

For the most part, those behaviors that positively and negatively reinforce anxiety to the point of it being problematic involve addictions, or substance abuse. If you have a glass of wine with dinner and it makes you feel good and you are more relaxed, this is not a problem. Everything in moderation. Overeating once a week or so also is not typically a problem. However, excessive use of alcohol or of prescription or illicit drugs; over-engagement in sex or pornography; excessive gambling; and overeating can be problematic when they become habits used to cope with anxiety or depression (e.g., missing work, driving under the influence, or hurting someone). These are serious issues and beyond the scope of this book. If any of these apply to you, it is recommended that you see a therapist who specializes in addictions, or at least go to Alcoholics Anonymous, Gamblers Anonymous, Overeaters Anonymous, or a similar group. If you have a therapist and you're hiding any of these crutch behaviors, I urge you to discuss them at your next session.

Until you resolve this issue, you will likely continue to suffer from the other problems that led you to open this book. In fact, if you have found the exercises and worksheets to be minimally effective or ineffective and are engaged in such addictive behaviors, it is probably because you are relying on your addiction instead of relying on the principles in this book. Similarly, if you are using a class of drugs known as benzodiazepines (e.g., clonazepam/Klonopin, alprazolam/Xanax, lorazepam/Ativan, or diazepam/Valium) and are not improving or are feel stuck, it's best to work with your prescribing doctor to gradually reduce your reliance on these medications. Please note that suddenly stopping using alcohol, benzodiazepines, opiates, and other addictive drugs is potentially dangerous. So please consult your physician about a plan to gradually decrease them while increasing reliance on the strategies in the book, preferably with the help of a therapist.

Hopefully, if you have crutches, they are limited to the negatively-reinforcing kind that don't involve drugs, alcohol, or other addictive behaviors. Negative reinforcement is particularly problematic in obsessive-compulsive disorder and phobias. However, it can be a problem with any anxiety issue. The frustrating fact is that many of the things people do to try to make their anxiety better usually help in the short term, but make the anxiety worse (or at least serve to maintain it) in the long run. Technically, these are negatively-reinforcing behaviors, but we can just call them crutches.

Examples of crutches include calling a loved one to make sure they are okay when it isn't necessary, repetitively seeking reassurance that goes beyond advice, keeping Xanax in your purse or wallet "just in case," repeatedly

reassuring yourself such that you “see-saw” or “ping-pong” in your mind (worry, reassuring thought, worry, reassuring thought, etc.), frequently checking your heart rate or blood pressure (or other medical information), and avoiding situations because of worry or fear about what might happen. All these crutches either make you feel better or avoid increasing your fear in the short term. In turn, this maintains or increases these behaviors while increasing the accompanying anxiety such that it is threatening to think of removing, or even reducing, your crutches. In some cases, just removing these crutches will be very helpful. However, it may also be necessary to take some steps to directly face your fears.

An example is someone we’ll call Henry. Henry is worried that there is something wrong with his heart even though he’s seen a cardiologist who cleared him. He checks his heart rate with a heart rate app as many as 25 times per day (this is crutch one). And he has purchased two blood-pressure machines so he can check his blood pressure both at home and at work, and he checks it at least 10 times per day, often more (this is crutch two).

There are several ways Henry could approach his problem. He could try to stop using both crutches at the same time, wean himself off both, or address each crutch separately by either weaning or stopping “cold turkey.” I might recommend that he begin by checking his heart rate and blood pressure only upon rising, at meal times, and at bedtime. Once he begins to get relatively comfortable with this, he could reduce his checks to just one of those times, and then finally stop completely or check his vitals only once per week.

If Henry were avoiding exercising out of fear of a cardiac event, he could sprint to face his fear. Alternatively, he could return to the exercise program he used before his worry got out of control, or gradually work his way up to his old routine. Use the following sheets to make a plan for reducing your crutches and monitor your progress to keep up your motivation.

Identify + Plan to Manage Crutches

List habits in your life that you believe are crutches, including addictive behaviors.

1. _____
2. _____
3. _____
4. _____
5. _____

If applicable, circle what you plan to quit completely right now.

For any crutches remaining, decide how frequently you want to use them in the period before you quit or possibly reduce them to a healthy level. Below, write your plan for each crutch.

Reduce/Manage Crutches

Use this monitoring form to track your progress while beginning to rely more on the strategies in this workbook and other strategies your therapist has suggested.

Date	Crutch	Planned Number of Times Used or Time Spent	Actual Number of Times Used or Time Spent	Anxiety Rating (0-10)