This PowerPoint file is a supplement to the video presentation. Some of the educational content of this program is not available solely through the PowerPoint file. Participants should use all materials to enhance the value of this continuing education program.

Management of Patient Anxiety

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Goal Statement

• The goal of this course is for the radiologic technologist to gain a greater knowledge of health anxiety and how to communicate better with anxious patients
• To learn about health anxiety
  – Definitions
  – Characteristics
  – How it is maintained
• To learn the various types of anxiety disorders
• To be informed about the treatments for health anxiety
• To gain helpful tips on working with anxious and difficult patients

Importance

• Most people worry about their health at some point
  – 5% of the time this worry is clinically significant
• Hypochondriasis
  – A relatively common problem in both primary and secondary medical care settings
  – Radiologic technologists will encounter these patients because they tend to have multiple tests performed
• Between 10% and 20% of all patients at medical clinics have abnormal health anxiety
• Radiologic technologists are usually the first and only healthcare workers that interact with patients having imaging examinations
Importance

• The Joint Commission’s “New Requirements for Diagnostic Imaging” includes magnetic resonance imaging (MRI) safety risks associated with patients who have anxiety or emotional distress
• The National Comprehensive Cancer Network in Canada says that hospital workers must assess distress in patients just as they assess vital signs

Health Anxiety Definitions

• Health worries that can range from concern about getting the flu to pandemics or cancer
• Can be communicable
  – Ebola, Zika (ZIKV), Swine Flu, SARS, Middle East Respiratory Syndrome (MERS), Acquired Immune Deficiency Syndrome (AIDS)
• Or non-communicable
  – Cancers of various sorts, particularly brain and pancreatic cancers, heart disease, multiple sclerosis (MS), and brain aneurysms
• Can meet criteria for an anxiety disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM)
Epidemic and Pandemic Fears

• By the 20th century, controlling infectious diseases seemed to be within reach
  – In the 1970s:
    • Several unknown infectious diseases were discovered
      ➢ Ebola, Human Immunodeficiency Virus (HIV)
    • Re-emergence of well-known diseases
      ➢ Tuberculosis (TB) and cholera
    • Drug-resistant illnesses
    • Bioterrorism

What Causes Health Anxiety?

• Having an existing anxiety disorder
• Having a family member or close friend who has a serious illness
• The death of a loved one
• Having a previous medical problem
• Having a family member with health anxiety
  – Media reports have put fear into patients about the link between imaging examinations and cancer
  – Radiologic technologists often have to deal with the information and misinformation from the media
  – A specific example for radiologic technologists is the Oz Effect
What Causes Health Anxiety?

- This term coined by Forbes Magazine refers to the impact health information aired on television, distributed by social media, or issued by government agencies, along with the influence of media personalities, has on patients in Canada and the U.S.
  - Once Dr. Oz, a TV celebrity, said that:
    - “If he were a woman, he would always ask for a thyroid shield when he had a mammogram...”
  - This led to an increase of women requesting a thyroid shield
  - The use of the shield has led to the need to repeat mammograms (up to 20%)

Model of Health Anxiety

- Negative Health Experiences
  - Illness or death of someone
  - Negative information from media

- Heightened Health Vulnerability
  - A general sense that your health is vulnerable

- Attempt to protect health

- Unhelpful health rules & assumptions
  - Inaccurate beliefs about what should be done to be healthy

- Increased health sensitivity
  - Hypersensitive to health signs and symptoms

- Increased susceptibility to health anxiety
Patient Anxiety Related to Imaging

- Patients undergoing an MRI can experience anxiety, fear, and claustrophobia
  - In one study, 71.6% of patients reported anxiety when going through an MRI
    - Radiologic technologists who are abrupt or inattentive can negatively impact the experience of the patient
    - However, by providing reassurance, care, and connecting with the patient, radiographers can have a positive impact on the patient experience
      - Even the simplest task of introducing oneself to the patient has been shown to be important for the patient
      - Research shows that the more information that is shared with a patient during an MRI the less anxiety they experience

How is Health Anxiety Maintained?

- Catastrophic interpretation of bodily sensations
- Increase in anxiety symptoms
  - Fight/flight response:
    - Muscular tension, racing heart, dizziness, numbness in fingers and toes, changes in breathing rate, and nausea
- Focus on the symptoms
- Checking self and reassurance seeking behavior
- Avoidance behaviors
  - Not:
    - Phoning for test results, using public bathrooms, watching medical dramas, eating food that is near the expiration date
How is Health Anxiety Maintained?

• Safety behaviors
  – For example:
    • Fearful of meningitis
      ➢ Will only go out if they carry hand sanitizer

Psychological Factors that Predict Health Anxiety

• Health anxiety consists of inflated estimates of the likelihood of becoming ill
  – An exaggerated perception of the negative consequences of having a serious illness
    • Can include infectious illnesses and chronic or fatal illnesses
• Anxiety sensitivity, which refers to the tendency to misinterpret benign physical sensations (especially those associated with anxious arousal) as being harmful, is associated with health anxiety
  – For example: highly anxiety sensitive individuals might misconstrue temporary harmless episodes of dizziness or indigestion as indicating the presence of illness, triggering anxiety and excessive health-related behaviors (e.g., visiting doctors)
Behaviors Associated with Fear of Diseases

• Handwashing & hand sanitizer
• Taking time off work
• Avoiding public transportation and crowded places
• Distancing from the disease
• Blaming particular entities for the disease’s origin and/or spread
• Stigmatization of those who have contracted it and/or who are represented as having intensified its spread
• Going to the doctor often and getting tested for diseases

Things Physicians Do that are Not Helpful

• Doctors tell their patients to avoid looking at the information that comes in their prescription medications, since reading about potential side effects makes them more afraid
• Doctors tell patients not to look diseases up online
  – Not helpful for the treatment of health anxiety because they discourage the patients from confronting their fears
• Physicians agree to do special tests and procedures in order, once and for all, to prove to their patients that they do not have one or another disease
  – This is considered to be bad practice
  – This is considered to be bad practice
  • Checking makes the underlying fear worse
    ➢ Reminds the patient of the possibility of the feared condition really being present
DSM-5

- Generalized Anxiety Disorder (GAD)
- Panic Disorder
- Illness Anxiety Disorder
- Somatic Symptom Disorder
- Conversion Disorder
- Factitious Disorder

Generalized Anxiety Disorder

A. Excessive anxiety and worry (apprehensive expectation)
   - Occurring more days than not for at least 6 months
     - About a number of events or activities, such as work or school performance
B. The person finds it difficult to control the worry
C. The anxiety and worry are associated with three or more of the following six symptoms
   - With at least some symptoms present for more days than not for the past 6 months
   - Note: Only one item is required in children
Generalized Anxiety Disorder

1. Restlessness or feeling keyed up or on edge
2. Being easily fatigued
3. Difficulty concentrating or mind going blank
4. Irritability
5. Muscle tension
6. Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)

• The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
• The disturbance is not attributable to the physiological effects of a substance (e.g. drug use/abuse, a medication) or another medical condition (e.g. hyperthyroidism)

Generalized Anxiety Disorder

• The disturbance is not better explained by another mental disorder
  – Associated features:
    • Many with GAD experience somatic symptoms (e.g. sweating, nausea, diarrhea) and/or autonomic hyperarousal (e.g. accelerated heart rate, shortness of breath, dizziness)
Generalized Anxiety Disorder

- Occurs in 2.9% of the population
- Females are twice as likely to have GAD
- Individuals from developed countries are more likely to report GAD symptoms than those from non-developed countries
- The median age of onset is 30
  - Later onset occurs for other anxiety disorders

Panic Disorder

- Recurrent unexpected panic attacks
  - A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four or more of the following symptoms occur
  - The abrupt surge can occur from a calm state or an anxious state:
    1. Palpitations, pounding heart, or accelerated heart rate
    2. Sweating
    2. Trembling or shaking
    3. Sensations of shortness of breath or smothering
    5. Feeling of choking
    6. Chest pain or discomfort
    7. Nausea or abdominal distress
    8. Feeling dizzy, unsteady, lightheaded, or faint
Panic Disorder

• The abrupt surge can occur from a calm state or an anxious state:
  9. Chills or heat sensations
  10. Paresthesias (numbness or tingling sensations)
  11. Derealization (feelings of unreality) or depersonalization (being detached from oneself)
  12. Fear of losing control or going crazy
  13. Fear of dying

• At least one of the attacks has been followed by 1 month or more of one or both of the following symptoms:
  – Persistent concern or worry about additional panic attacks or their consequences (e.g., losing control, having a heart attack, going crazy)

Panic Disorder

– Significant maladaptive change in behavior related to the attacks (e.g., behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations)

• The disturbance is not attributable to the physiological effects of a substance (e.g. drug use/abuse) or another medical condition (e.g. hyperthyroidism)

• The disturbance is not better explained by another medical or mental disorder
Panic Disorder

- 2-3% of the US population suffers from panic attacks
- Female to male ratio is 2:1
- Can begin in adolescence and increase in severity in adulthood

Panic Disorder Case Study

- Charlie is a 44 year-old married man with three teenaged sons
- He has been on leave from his job as a bank teller for the past 5 months due to panic disorder with agoraphobia
- His first panic attack was triggered when smoking marijuana for the first and only time, during the 1970s
- He experienced rapid pounding heart, difficulty breathing, feelings of unreality, and tingling in his fingers
- During this first panic attack he experienced fear he was dying of a heart attack or stroke and he went immediately to the emergency room (ER) at the local hospital
- Since that time he has experienced approximately one panic attack each week, and often worries about having a future panic attack
- He fears that his panic symptoms mean he is about to die from a heart attack or stroke, although his physician has ruled out any medical problems
Panic Disorder Case Study

- Over the years he has experienced significant interference in his life due to his symptoms and fear of triggering a panic attack
- For example: he quit outdoor recreational activities he previously enjoyed as a young man and he has been unable to do many things away from the home without being accompanied by another "safe" person such as his wife or his brother
- He also tends to avoid going back to any places he has experienced a panic attack
- During the last year he began to experience heart palpitations and chest pain during his panic attacks
- He experienced a particularly intense panic attack during a staff meeting that led him to leave work that day
- Since that time he has been unable to return to work due to fear of another severe panic attack

Panic Disorder Case Study

- In addition he continues to avoid a number of activities or situations he has avoided for many years including exercise or physical exertion, drinking coffee or colas, movie theaters, or being home alone
- He is finding himself increasingly reliant upon doing things with his wife due to fear he will be unable to get medical assistance during a panic attack
- He feels very depressed about not being able to work
- His physician has prescribed some anti-anxiety medication and he only feels safe if he carries it with him at all times
Illness Anxiety Disorder

A. Preoccupation with having or acquiring a serious illness
B. Somatic symptoms are not present, or if present, are only mild in intensity
   - If another medical condition is present or there is a high risk for developing a medical condition (e.g. strong family history), the preoccupation is clearly excessive or disproportionate
C. There is a high level of anxiety about health, and the individual is easily alarmed about personal health status
D. The individual performs excessive health-related behaviors (e.g. repeatedly checks body) or exhibits maladaptive avoidance (e.g. avoids doctor appointments)
E. Illness preoccupation has been present for at least 6 months, but the specific illness that is feared may change over that period of time

Illness Anxiety Disorder

F. The illness-related preoccupation is not better explained by another mental disorder (i.e. Somatic Symptom Disorder, Panic Disorder, etc.)
Illness Anxiety Disorder Case Study

- A 39-year-old housewife, with numerous hospitalizations, reports having lots of examinations yet doctor can’t find anything wrong with her
- Her symptoms include edema in both hands and feet, shortness of breath, a sore throat, a heavy feeling in her head, oral ulcers, and strong dependency on nasal oxygen
- In her last hospitalization, the patient was moved to the psychiatric unit and had nose bleeding
- She reported complaints about physical pain, shortness of breath, and difficulty falling asleep
- The patient suffers from death phobia, and fear of having a severe and dangerous disease like cancer
- Currently, she shows symptoms of hyperventilation such as asphyxia, agitation, chronic pain, palpitations, feeling dizzy, and numbness in her fingers and toes

Illness Anxiety Disorder Case Study

- She looks anxious and has panic
Somatic Symptom Disorder

A. One or more somatic symptoms that are distressing or result in significant disruption of daily life

B. Excessive thoughts, feelings, or behaviors related to the somatic symptoms or associated health concerns as manifested by at least one of the following:
   – Disproportionate and persistent thoughts about the seriousness of one’s symptoms
   – Persistently having high level of anxiety about health or symptoms
   – Excessive time and energy devoted to these symptoms or health concerns

C. Although any one somatic symptom may not be continuously present, the state of being symptomatic is persistent (typically more than 6 months)

Somatic Symptom Disorder

• Development
  – Symptoms in older adults sometimes happen concurrent with medical illnesses
    • But may be underdiagnosed in older adults
    • May be comorbid with depression in older adults
  – In children, most common symptoms are abdominal pain, headache, fatigue, and nausea
Somatic Symptom Disorder Case Study

• Hank, 38, has received numerous tests to check for gastrointestinal issues
• Hank has had x-rays, a colonoscopy, and numerous other tests
• Hank’s results have all come back negative for significant disease, yet Hank seems more disappointed than relieved
• Hank’s symptoms include occasional twinges of mild abdominal pain, feelings of “fullness,” “bowel rumblings,” and he describes having a “firm abdominal mass”
• He has tested his stool weekly for blood
• Hank’s brother died at a young age from colon cancer and Hank believes that he has the same condition

Hypochondriasis

• Most individuals with hypochondriasis are classified as having somatic symptom disorder
  – Some do meet criteria for Illness Anxiety Disorder where symptoms aren’t present or are mild
  – Risk factors for hypochondriasis include dysfunctional assumptions and beliefs about the prevalence and communicability of severe illnesses, the meaning of bodily symptoms, and the course and treatment of illnesses
  – Most of the hypochondriacal patients are concerned about HIV, cancers, hepatitis, or multiple sclerosis
Hypochondriasis Case Study

- A 43-year-old attorney was referred to a psychiatric physician by his gastroenterologist after repeated evaluations for abdominal cramping and alternating bowel habits
- The patient continued to believe he had a serious gastrointestinal disorder, “either a malignancy or ulcerative colitis” that had not been discovered
- He reported that he tended to worry about everything and had sought evaluations at a number of major diagnostic centers
- Each of these evaluations ended in the similar conclusion that he suffered from Irritable Bowel Syndrome
- He admitted that this seemed reasonable, but shortly after each medical encounter, he began to worry that the physicians might have missed something or that one of the negative laboratory results had occurred in error

Hypochondriasis Case Study

- He openly admitted to a depressed mood, difficulty sleeping since he worried about having a serious illness, and other symptoms suggestive of a major mood disorder
- His wife reported that being married to him “was like having another child” because he was constantly identifying new problems/symptoms, and staying home from work
- His law partners were always joking about his many complaints, and his children viewed their father as “the world's greatest hypochondriac”
- He complained that his internist did not believe him and thus sent him to a psychiatrist as a “punishment”
Conversion Disorder

A. One or more symptoms of altered voluntary motor or sensory function
B. Clinical findings provide evidence or incompatibility between the symptom and recognized neurological or medical conditions
C. The symptom or deficit is not better explained by another medical or mental disorder
D. The symptom or deficit causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or warrants medical evaluation

Conversion Disorder Case Study

• Tammy, a 35-year-old woman, presented to the emergency room with a week-long complaint of jerking movements in her shoulders and legs
• She was conscious during and after these episodes, which lasted for a few minutes, but had some difficulty walking afterwards
• The episodes were often immediately followed by short periods of gagging and apnea
• Her husband, who brought her to the ER, was very concerned that Tammy might have a serious medical illness but Tammy was not worried about it
• Tammy did not have any prior medical conditions
• 5 years ago Tammy and her husband lost their 3-year-old daughter to Tay-Sachs Disease so she has dealt with a lot of grief
• Her neurologic and general physical examinations, as well as her laboratory assessment, were inconclusive
Conversion Disorder Case Study

The psychiatric consultant felt that Tammy met DSM criteria for Conversion Disorder

Psychological Disorders Affecting Other Medical Conditions

Examples

- Hypertension and chronic occupational stress
- Anxiety and asthma
- Depression and coronary artery disease
- Alcohol abuse and liver disease
- Smoking and chronic obstructive pulmonary disease (COPD)
- Obesity and diabetes
Factitious Disorder Imposed on Self

A. Falsification of physical or psychological signs or symptoms, or induction of injury or disease, associated with identified deception
B. The individual presents himself or herself to others as ill, impaired, or injured
C. The deceptive behavior is evident even in the absence of obvious external rewards
D. The behavior is not better explained by another mental disorder, such as delusional disorder or another psychotic disorder

Factitious Disorder Imposed on Another

A. Falsification of physical or psychological signs or symptoms, or induction of injury or disease, in another, associated with identified deception.
B. The individual presents another individual (victim) to others as ill, impaired, or injured
C. The deceptive behavior is evident even in the absence of obvious external rewards
D. The behavior is not better explained by another mental disorder, such as delusional disorder or another psychotic disorder
Factitious Disorder Imposed on Another Case Study

- Nancy brought her 10-year-old son, Taylor, to the emergency room several times over the course of a few weeks
- Taylor had a rash and a fever that weren’t responding to viral or bacterial treatments
- During Taylor’s 4th trip to the ER he was lethargic and irritable and was admitted to the hospital
- It was discovered that he was in renal failure and received dialysis
- Further testing found elevated mercury levels in Taylor’s system, suggesting mercury poisoning
- When questioned about the mercury, Nancy was in shock about the diagnosis
- Nancy had recently completed her training as a nurse’s aide and appeared to be very helpful with Taylor in the hospital

Factitious Disorder Imposed on Another Case Study

- She received lots of compliments from the hospital staff about how good she was with Taylor
- Taylor wasn’t getting much better and the hospital staff began to question whether Nancy was poisoning Taylor
- The staff began to restrict her visits, not allowing her to bring food to Taylor
- After some time, Taylor was well enough to leave the hospital and was placed in foster care
Working with Anxious Children

• Imaging of children can be challenging for parents and the child
• Distressed children may cry, flail around, or talk excessively
• Radiologic technologists must know how to handle anxious patients and their family
  – This includes being patient and thinking outside of the box
  • You could make a game out of the exam if it is age appropriate
  – Positive visual and audio distractions (e.g., artworks with nature scenes, music) have been found to significantly reduce stress and improve healthcare outcomes in kids
• For toddlers, you can provide meaning when they are trying to communicate
  – “You are crying. I know you don’t like lying on that table. We’re almost done.”

Working with Anxious Children

• For preschoolers, encourage them to talk about their feelings
  – “Tell me about how you are feeling. Are you scared?”
• For school aged children, you can also ask the child about their likes and preferred activities, friends, TV shows, etc.
  – “What is your favorite thing to do when you get home from school?”
Treatments for Anxious Patients

- Prescription drugs
- Psychoeducation
- Psychotherapy

So how can radiologic technologists use these when working with patients?

Meditative Practices for Patients

- The Centre for Clinical Interventions
- Radiologic technologists can help patients use meditative practices by talking them through the procedure if possible
  - You can encourage them to breathe or carry on a conversation with them so they stay present focused
- 5 4 3 2 1 technique
  - See, hear, feel
    - It is okay for patient to repeat items
If Patients Ask You How to Deal with their Anxiety...

• Psychology Today© article on dealing with health anxiety
• Learn the truth about yourself
  – The ins and outs of their body
• Learn more about the illness they fear
• Confront their fears
  – Imagine, in detail, the worst case scenario of their fears (desensitization)
• Avoid checking and the search for empty reassurance
• Think of the odds against being desperately ill rather than the stakes
  – “Wouldn’t it be awful if I died suddenly from a ruptured aneurysm?”
  – “Wouldn’t it be awful if I died suddenly from a ruptured aneurysm?”
  – “Yes, but what are the chances of that happening?”

If Patients Ask You How to Deal with their Anxiety...

• Do not seek absolute certainty or safety
• Live in a healthy way
  – Including principles of eating properly and exercising
Screening for Distress

- A new standard of accreditation in Canada, the Cancer Care Ontario (CCO), mandates all healthcare professionals working in oncology centers to screen for anxiety and depression in patients
  - Emotional distress is to be addressed as a sixth vital sign along with blood pressure, pain, heart rate, respiration, and temperature
  - The rationale for doing this is based on research that suggests providing comprehensive education to patients about their treatment and side effects reduces anxiety
  - If the presence of anxiety and/or depression symptoms exist, steps must be taken to ensure the patient is appropriately referred to a physician, social worker, and/or nurse. Each patient should have an individually tailored care plan

Screening for Distress

- Another important aspect of symptom management in Ontario is the Edmonton Symptom Assessment System (ESAS)
  - In accordance with the CCO guidelines, patients are asked to complete the self-reporting ESAS questionnaire weekly before seeing their radiation oncologist
Edmonton Symptom Assessment System (ESAS)

- The severity \textit{at the time of assessment} of each symptom is rated from 0 to 10 on a numerical scale, 0 meaning that the symptom is absent and 10 that it is of the worst possible severity
  - Asks patients to rate pain, tiredness, nausea, depression, anxiety, drowsiness, appetite, wellbeing, shortness of breath, and an “other” category
  - It also gives a drawing of the body (front and back views) and asks the patient to locate “where it is you hurt”

PracticeCALM for Radiation Therapists

- Eight-week, skills-based training program
  - Week 1: Introduction Stress/Communication/“Being Calm” in the Room
  - Week 2: Therapeutic presence and self awareness
  - Week 3: Learning the PracticeCALM interventions
  - Week 4: Panic attacks practice interventions
  - Week 5: Case-based learning
  - Week 6: Demonstration
  - Week 7 & 8: Integration mentorship in daily practice
Communication in Radiologic Technology

• Types of patients:
  – Angry
    • If safety becomes a concern, ask for help
• Any of these types could be suffering from health anxiety!

Recommendations for Radiologic Technologists in Communicating with Anxious Patients

• American Society of Radiologic Technologists launched the ACE patient awareness campaign in 2013
  – A nnounce your name
  – C ommunicate your credentials
  – E xplain what you are going to do
• When radiologic technologists introduce themselves to patients in a positive way, this can decrease anxiety, and thus increase compliance and better clinical outcomes
  – It is recommended to acknowledge the patient by name, state your name, job, professional certification, and the number of years you’ve been in the field
    • Also explain how long the test will take and reassure them that you’ll be there to help at all times
Recommendations for Radiologic Technologists in Communicating with Anxious Patients

- The stories of quality patient care give the following example:
  - “Hello, Mr. Smith. My name is Ellen.”
  - “I’ll be taking your x-rays today.”
  - “I’ve been a certified and registered technologist for 10 years.”
  - “This means I have special education, passed an exam, maintain high ethical standards, and continuously learn to keep abreast of healthcare advancements.”
  - “The exam is going to take about 15 minutes, and I’ll explain everything in detail as we get started.”
  - “Do you have any questions for me right now?”

Recommendations for Radiologic Technologists in Communicating with Anxious Patients

- Speak to the patient in a calm, clear voice
- Explain every examination or procedure in detail, including duration, then verify patient understanding, answer questions, and attempt to calm concerns
- Do not appear too busy to listen, and try not to sound frustrated or aggravated when patients are confused or scared
  - It is human nature to fear the unknown, especially when friends, family, and the internet can influence the realm of possible diagnoses
  - Imaging tests can run together and start to sound the same
  - Remember that no 2 patients are the same
  - Choose words appropriately when discussing sensitive topics such as examinations involving reproductive organs, pregnancy loss, and terminal illness
Additional Tips for Communicating Better with Patients

- Establish rapport
  - If possible, spend a few minutes getting to know your patient
- Respect patient privacy
  - Consider the environment before asking sensitive questions
- Recognize face value
  - Recognize how your tone, body language, etc. may come across
- Move to the patient’s field of vision
  - Try to get at eye level
- Consider how you look
  - Do you look interested in talking to them, or are you frustrated?
- Ask open-ended questions
  - What led you to come to the hospital again today?

Additional Tips for Communicating Better with Patients

- One thing at a time
  - Go slow
- Leave out medical terminology if possible
  - Use common language
- Listen
  - Don’t think about your next question but listen to their current answer
- Culture matters
  - Understand the dominant cultures in your area
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Management of Patient Anxiety

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