MSA 101:

*Fear Knots of Your Heart: Faith Over Fear*

Ken Nichols, Psy.D.
Managing Fear, Stress, and Anxiety 2.0

Abstract
Fear is a natural response to certain events we face, but often keeps us from enjoying life or taking the actions necessary to overcome our challenges. However, by summoning spiritual faith, personal courage and practical strategies, we can transform the “Fear Knots” of our hearts into the “Fear Nots” found in God’s promises.

Learning Objectives
1. Participants will describe biblical principles that transform fear into faith.

2. Participants will identify common fears and how to biblically combat them.

3. Participants will examine how faith, hope, and love can be used to untie the fear knots of the heart.
I. Transforming Fear Into Faith

A. Fearful or Faithful?
   1. Fear provides the landscape to cultivate faith.
   2. If there is no fear, then there is no requirement for extended faith.
   3. The bible teaches us specific principles that enable us to transform fear into faith.
   4. A biblical focus enables us to see fear-saturated circumstances through the view of the heart of God.
   5. Fear provides for us a remarkable opportunity provided by God to grow us into spiritual character.

B. What Do You Fear?
   1. The NIMH estimates that 24 million Americans suffer from serious fears.
   2. Fear-induced mental illnesses are the most common in America
   3. 80% of those who go to the emergency room reporting heart attack symptoms is a direct result of anxiety and fear
   4. Fear has been referred to as the disease of the decade
   5. Fears and phobias are the malignant disease of the what-if.
C. Spiritual Warfare

1. Fear unmanaged by spiritual resources has tremendous potential to defeat you in your spiritual journey.

2. We are engaged in a spiritual battle.

3. There are 366 “fear not” mentions in the bible

4. Fear is either our ally or our foe.

5. Overcoming fear will transform faith.

6. Scriptural resources:
   - John 14:27
   - Hebrews 13:6
   - 2 Timothy 1:7
   - Deuteronomy 20:1
   - 2 Chronicles 20:15b

D. Reasons and Resources

1. Resources for fear knots are never greater than the resources for God’s fear nots.
   - Isaiah 41:10

2. Fear can be the difference between an abundant and a barren life.
   - Exodus 14
II. The Three Foundational Principles

A. Faith Unties the Fear Knots of the Unknown
   1. Don’t judge the character of God based on your ability to see what He is doing.

   2. Biblical faith provides the courage to confront our fears.

   3. Fear will silence your faith or faith will silence your fear.

   4. Biblical faith and personal courage are the hands that untie the fear knots of your heart.
      • Faith in God’s power
      • Faith in God’s purpose
      • Faith in God’s power
      • Faith in God’s presence
      • Faith in God’s provision

B. Hope Unties the Fear Knots of the Unexpected
   1. Faith is what you believe; hope is how you behave.

   2. Hope is a God-designed antidote to a fear-induced hopelessness.

   3. God uses the unexpected events in our lives as an opportunity to experience the fullness and presence of his power in faith-generating opportunities.

   4. Faith provides the courage to confront our fears; hope provides the confidence to contain our fears.

   5. Hope is faith in the future tense.
C. Love Unties the Fear Knots of the Unbearable

1. Love is the antidote for manipulating fear.

2. Love provides the commitment to conquer our fears.
MSA 102:

Managing Stress and Anxiety: Overcoming Fear, Phobias and Panic Disorder

Archibald Hart, Ph.D.
Abstract
Stress and anxiety are the most common emotional problems in America today. This lesson will discuss how often these two conditions affect a person’s life and health, both spiritually and physically. It will also provide counselors with steps to managing stress and reducing anxiety so that they will be able to better help those they are called to help. This lesson will prepare Christian caregivers to better acknowledge the stressors in their own and their clients’ lives and equip them to manage stress more effectively. Dr. Hart will discuss the importance of reducing adrenaline and getting adequate sleep to combat stress.

Learning Objectives
1. Participants will understand the “stress crisis” in modern day culture and be able to identify the presence of positive and/or negative stress in clients.

2. Participants will be able to articulate how adrenaline affects physical and mental health through the stress-anxiety-depression connection.

3. Participants will develop a plan for monitoring and controlling stress in their own lives and in the lives of their clients.
I. Understanding Stress and Anxiety

A. Our Stress Crisis

1. Our culture now lives outside the boundary of God’s created design. (2 Cor. 4:10-12)

2. “It is exceedingly clear that the chronic stress of twenty-first century living is not a mere inconvenience, but a major problem that needs to be recognized and treated seriously. Unless we learn to slow down and change our hectic lifestyles, we will continue to suffer from cardiovascular disease, immune deficiencies, depression and a host of other illnesses. Further, we will pass these traits and poor coping skills to our children who could experience even greater suffering.”—Jessie Shaw, Newsweek

B. Basic Causes of Modern Day Stress

1. Accelerated pace of life (the body was designed for “camel travel”!)

2. Intensified level of arousal (the digital world)

3. Increased rate of change (faster than ever)

4. More complex social settings and interactions (internet complicates it more)

5. Inadequate time for recovery (we now sleep less than ever before)

C. The Stress Picture Today

1. Increase in pain (reduced endorphins)

2. Increased panic anxiety (reduced natural tranquilizers)

3. Increased cardiovascular disease
4. Reduced immune system

5. Increased fatigue and major depression (reduced adrenaline resources)

6. Severe psychological disruption of life

D. The Essence of the Stress Response

1. Stress is “the nonspecific response of the body to ANY demand.” It is the over-arousal of the adrenal system—prolonged excess of the stress hormones adrenaline and cortisol.

2. The “Fight, Flight, or Fright” response causes increased wear and tear on the body—especially if it is prolonged.

3. In effect, stress is “accelerated dying.”

   - “So then, death is at work in us...” — 2 Corinthians 4:12

![Diagram of the stress response]

- Glucocorticoids: Fights inflammation, increases blood sugar, increases muscle tension
- Catecholamines: Activates heart muscles, raises blood pressure, increases heart rate
E. Is Any Stress “Normal”?

1. Eustress: Stress that is deemed healthful or giving one the feeling of fulfillment.

2. All prolonged stress ultimately becomes damaging.

3. It is called “Eustress” only if it is short-lived.

4. Even “normal” stress (things we enjoy) can be damaging.

II. Understanding Stress and Distress

A. The Escalation Process

1. Stressors give rise to stress (increased productivity, energy, etc.).

2. Prolonged stress gives rise to distress (anxiety, high blood pressure, increased cholesterol). The result is reversible damage.
3. Prolonged distress gives rise to stress disease (enlarged adrenals, neuronal damage, and hippocampus atrophy). The result is irreversible damage.

B. Factors Determining Stress Level
1. Predictable versus unpredictable

2. Controllable versus uncontrollable

3. Controllable stress: usually provokes the circulatory adrenal system (e.g., there is mobilization for action)

4. Uncontrollable stress: produces an increase in brain neuronal (noradrenergic) systems and circulating stress hormones

III. The Impact of Stress
A. The Effects of Elevated Adrenaline
1. The “Fight or Flight” response, which was extremely important to survival in ancient times, becomes a liability.

2. Many times, we experience an adrenaline rush when it is not helpful. For example, in traffic we can experience “road rage,” but the elaborate changes our bodies make are pointless. In this case, surging adrenaline only harms us.

3. Worse, every heartbeat at elevated blood pressure takes its toll on the arteries. Excess fat and glucose don’t get metabolized right away so it contributes to plaque that forms inside blood vessels, leading to heart disease or strokes.
Managing Fear, Stress, and Anxiety 2.0

4. Cholesterol goes up, and eventually clogs heart arteries.

5. Blood clotting increases, resulting in greater risk of heart attack.

6. Hands and feet get colder because of vasopressin release.

7. Even good stress is dangerous when not relieved.

B. The Effects of Elevated Adrenaline and Cortisol
   1. Depleted endorphins → pain syndromes
   2. Depleted benzos → anxiety syndromes
   3. Depleted serotonin → depression spectrum
   4. Depleted immune system → illnesses
   5. Depleted adrenaline → fatigue syndromes
   6. Dopamine flooding → anhedonias, addictions
   7. Cholesterol based damage → heart disease
   8. Autonomic hyper-arousal → high blood pressure

IV. The Stress-Anxiety-Depression Connection
   A. The Impact of Chronic Cortisol Secretion
      1. Chronic cortisol secretion (stress hormone) targets several systems in the brain:
2. Neurotransmitters blocked (including serotonin and norepinephrine), resulting in slow depletion of receptors in synapses.

3. GABA receptors in chloride ion channel blocked, shutting down the tranquility system. This results in panic, anxiety, etc.

B. Panic Anxiety

1. Panic Anxiety is the number one mental health problem for women in the United States.²

2. Initial treatment for Panic Anxiety often includes the medication Xanax, but stress management is also essential.

V. Stress Management Techniques

A. Enhancing the Brain’s Natural Tranquilizers

1. Physicians, counselors, and pastors often neglect these techniques, but cost is zero, but the effectiveness is high!

2. Relaxation training

3. Stress management

4. Improved quality and duration of sleep

5. Physical exercise

6. Digital discipline
Managing Fear, Stress, and Anxiety 2.0

B. Effective Stress Monitoring
   1. Stress produces peripheral vaso-constriction due to adrenaline release. As a result, body temperature changes. There are multiple ways to monitor stress based on temperature.

   2. Learn to read your body—recognize cold hands.

C. Adrenaline Management
   1. Be strategic in your adrenaline use.

   2. Choose your battles and emergencies carefully where you will need your adrenaline.

   3. Plan for periods of high demand and prepare your body accordingly.

   4. Plan times of recovery for your adrenaline system following periods of high demand.

D. Examine Your Sleep Life
   1. Sleep is God’s antidote for stress!

   2. 2 Corinthians 4:16

---

MSA 103:

Anxiety: Caring Well

Shannon Wolf, Ph.D.
Managing Fear, Stress, and Anxiety 2.0

Abstract

Anxiety is a normal response to threats and dangers from the environment. Occasionally, anxiety reactions occur when there is no danger or threat. These reactions cause people to suffer and impairs daily functioning. Should anxiety become excessive for an extended period of time, an anxiety disorder may result. Currently, anxiety disorders are one of the most common mental health concerns people face. This presentation will look at the features of anxiety disorders and distinctly Christian techniques that aid in the treatment of this group of disorders.

Learning Objectives

1. Participants will define anxiety disorders and discuss common difficulties in diagnosing them.
2. Participants will list distinctly Christian techniques that are used in treating anxiety disorders.
3. Participants will gain understanding in how Christian techniques are used in treating anxiety disorders.
I. Understanding Anxiety

A. What is Anxiety?

1. Anxiety can be normal in stressful situations such as taking a licensing exam or learning to drive. Anxiety becomes a problem when feelings become so excessive, all-consuming, and interfere with daily living.

2. People fall in different points on the anxiety continuum.

<table>
<thead>
<tr>
<th>Mild</th>
<th>Moderate</th>
<th>Disorder</th>
</tr>
</thead>
</table>

B. Features of Anxiety

1. Anxiety disorders include a number of disorders that share features of excessive fear and anxiousness as well as related behavioral disturbances.

2. Fear is the emotional response to real or perceived imminent threat.

3. Anxiety is anticipation of future threat.

4. Fear and anxiety frequently overlap, but they also differ, with fear more often associated with surges of autonomic arousal that may lead to the fight, flight, freeze, or submit responses, that are common when one is in immediate danger.

5. Anxiety is more often associated with muscle tension and hyper-vigilance in preparation for future danger and cautious or avoidant behaviors. Sometimes the level of fear or anxiety is reduced by pervasive avoidance behaviors.

6. Panic attacks feature prominently within the anxiety disorders as a particular type of fear response.
C. Prevalence of Anxiety

1. Anxiety disorders are present in up to 13.3% of individuals in the U.S. and constitute the most prevalent subgroup of mental disorders.

2. Early onset – generally in adolescents or early twenties.

3. Anxiety tends to wax and wane over time.

4. Anxiety decreases the quality of life.

5. Often other diagnosis are present

D. Types of Anxiety Disorders

1. Specific Phobia

2. Social Anxiety Disorder

3. Panic Disorder

4. Agoraphobia

5. Generalized Anxiety Disorder

6. Anxiety Disorder due to a Medical Condition

7. Substance-Induced Anxiety Disorder

8. Anxiety Disorder Not Otherwise Specified
E. Difficulties in Diagnosing Anxiety

1. It is not unusual to find the coexistence of two or more diagnosable conditions in the same patient or at least symptomatic overlap. This is particularly true for symptom overlap between different anxiety disorders, depression.

2. In patients with some disorders - such as generalized anxiety disorder (GAD) and social anxiety disorder (SAD), - the presence of comorbidities seems to be the rule rather than the exception.

3. Transdiagnostic Approach to treatment (Barlow and Payne)

II. Treating Anxiety

A. Four Stages

1. Stage 1: Building the Relationship

2. Stage 2: Conduct a Thorough Assessment

3. Stage 3: Work Towards Change

4. Stage 4: Solidifying Changes

B. Building the Relationship and Setting Goals

1. Develop a strong therapeutic bond based on showing a Christ-like love and compassion for the client.

2. Represent Christ to the client.
Managing Fear, Stress, and Anxiety 2.0

3. Articulate goals:
   - Reduction of emotional pain
   - Understanding God’s love and grace
   - Growth in self-awareness, self-understanding, and self-compassion in Christ.

C. Wrapping up Therapy
   1. Space out sessions
   2. Identify support network
   3. Normalize returning to counseling

III. Techniques

A. Using Scripture to Assure of God’s Compassion
   1. Joshua (Zechariah 3)
   2. Elijah (1 Kings 17-19)
   3. Listen to the client’s response.

B. Psychoeducation
   1. Explain the difference between the mind and the brain
   2. Anxiety happens in the body as well as the brain
C. **Reframe Shame**
   1. Anxiety can be part of a person’s testimony
   
   2. Anxiety can be part of a person’s spiritual journey

D. **Explore Client History**
   1. Identify the meaning of the story.
   
   2. “We can’t change your past but we can change the meaning of your past.”

E. **Relaxation and Meditation**
   1. Introduce relaxation techniques
   
   2. “Meditation is to the mind what relaxation is for the body.” (Archibald Hart)

F. **Scripture**
   1. God’s blessings
   
   2. Prayer
   
   3. **Empty Chair**
      - 2 Chairs – Client talks to younger self
      - 3 Chairs – Client talks to younger self and invites Jesus into the conversation
G. Guided Imagery
   1. Walk clients through Psalm 23

   2. “The Lord is my shepherd, I lack nothing. He makes me lie down in green pastures, he leads me beside quiet waters, he refreshes my soul” (Ps 23: 1-2)

H. Meditative Prayer
   1. Sitting in silence before the Lord and enjoying his presence

   2. Praying the Scripture

   3. Listening for Him to speak

I. Write a Psalm of Lament
   1. Letter to the Lord

   2. Use as homework and process in session

   3. May take some time to complete

J. Cognitive Work
   1. Challenging – a technique designed to increase flexibility in forming assumptions.

   2. Flexibility – the practice of deliberately considering multiple interpretations or predictions about a situation. (Barlow)
IV. Case Study: Anna

A. Building the Relationship and Setting Goals

1. Presentation
   - Early 30s
   - Married with two children
   - Stay at home mom
   - Diagnosed with GAD and moderate depression

2. Build a strong therapeutic alliance.

3. Show a Christ-like love and concern while listening.

4. Reflection focused on showing compassion.

5. Articulate goal
   - Correct goal of eliminating all anxiety
   - Added goal of drawing closer to the Lord
   - Increasing self-awareness and appropriate self-compassion

B. Assessment

1. Anna referred to herself as a failing “perfectionist.”

2. Her anxiety centered on fear of her husband dying in a car accident; it was worse when weather conditions were wet or icy.

3. When assessing for trauma, Anna reported that when she was 8, the police came to their home in the middle of the night and took her parents away for 2 weeks.
C. **Working Towards Change**

1. Relaxation and meditation

2. Psychoeducation (Normalized her experiences)

3. Normalize – We can’t change what happened but we can change the meaning of what happened.

4. Provide hope – Zechariah (God’s mercy and grace is greater than her anxiety. He uses those who love Him, even when they fail.)

5. Helped give her a language to talk and think and pray about her emotions.

6. Cognitive flexibility

7. Cognitive challenging

D. **Solidifying Changes**

1. Ensure she has lasting coping skills.

2. Reassure her of God’s lasting presence.