

Shrink Rap Radio #81 March 17, 2007. Understanding the Anxiety Disorders

Dr. David Van Nuys, aka “Dr. Dave” interviews Dr. Wayne Eastlack (transcribed from www.ShrinkRapRadio.com by Jo Kelly)

Excerpt: *“Stress hormone is cortisol; in fact that’s what we’re measuring a lot today, is cortisol. Where GABA gamma-amino butyric acid would be the happy hormone – that stimulates dopamine, so it’s called the happy hormone – where cortisol is the stress hormone. We really need cortisol to help us respond appropriately to a stressor or to a perceived emergency. But then we need enough cortisol to help bring us back down again. So cortisol is a very critical part of our life; in fact some of the research in reference to cortisol, we’re understanding that cortisol plays a significant part in post trauma stress in actually helping to develop some of the receptor sites in neurotransmitters; and it actually helps to establish some of that stress response, the emotional response to stress.”*

Introduction: That was the voice of my guest, Dr. Wayne Eastlack.

Wayne Eastlack, Ph.D. is Clinical Director of Providence Place Outpatient Counseling and Treatment Service in High Point, North Carolina. Dr. Eastlack also serves as a professor of Abnormal Psychology at Liberty University Graduate School. For nearly 30 years, he has directed a family practice specializing in the treatment of anxiety disorders and depression in adults, adolescents and children. Dr. Eastlack has also served as a Pastoral Counselor. Dr. Eastlack was awarded two commendations of Meritorious Service to his Country by the Department of the Navy and the USMC for his military service during the Vietnam War and his work as a prison therapist. This background provided him with firsthand insight and expertise into post-traumatic stress assessment and treatment design. Dr. Eastlack has been a popular speaker for conferences, seminars and keynote presentations for many years. He is recognized for his warm, engaging and entertaining lectures that provide a wealth of practical information and clinical insights for all mental health professionals.

Dr. Dave: Dr. Wayne Eastlack, welcome to Shrink Rap Radio.

Eastlack: Dave, happy to be with you; it’s been a pleasure.

Dr. Dave: That’s great. Well I was reading some background on you, and I am intrigued by some of what I have read about your background. For

example I see you have two commendations by the Navy and the Marine Corps for service during the Vietnam War. What was that for?

Eastlack: This was work that I have done both for the department of Navy and the Marine Corps. I was in the Marine Corp during the Vietnam War; and one of the commendations that I had received had been in reference to prisoner transport. Some lead positions I had taken in reference to prison transport, to keep everyone safe in reference to prison transport. And the other one was as a psychologist within a military prison I had developed a quick analysis system for classifying prisoners, because a lot of them had post-trauma stress disorder. So for each of those I had received a commendation, and with that became a rank promotion for each one too, so I ended up making rank quite quickly (laughing).

Dr. Dave: Oh, very good.

Eastlack: So nothing spectacular, just some work that I had done for both the Navy and the Marine Corps.

Dr. Dave: Yes, well sounds very fascinating, so you were a psychologist already back then; and you were actually developing post-traumatic approaches for Vietnamese – North Vietnamese prisoners?

Eastlack: No, actually they were for American prisoners that had suffered post-trauma stress disorder, and had developed a program for classification because we had to do some pretty quick work at that point; because the Vietnam War was not a very popular war, if you remember back in those days.

Dr. Dave: Oh I remember very clearly.

Eastlack: Yes, and the Marine Corps prison system used to be what's called Red Line which was a very harsh prison system, and so I helped in the redevelopment of the prison system, and developed some analysis techniques that are actually still used today. And I developed that and got a commendation from Department of Navy for that.

Teaching how to do prison escort work, especially transporting them across the country; basically what to look for and how to do it in a safe manner. So I got another commendation for that from the Marine Corps.

Dr. Dave: Well this raises a whole issue that I wasn't planning to go into but it's too juicy for me to pass up. That is Abu Ghraib; and also the whole

debate that's raging within the American Psychological Association about the appropriate role of psychologists in relation to military prisons, interrogation, etc. I wonder if you have any comments or perspective on any of that.

Eastlack: Well I probably don't have anything real current, because it's been about 35 years since I've been part of the prison system in the military setting. As far as the psychologists' role is concerned within this context, what specifically are you asking with that?

Dr. Dave: Oh, well maybe you haven't followed that debate then.

Eastlack: Probably not Dave.

Dr. Dave: Well we don't need to go there, but just to bring you up to speed real quick: the APA developed different ethical standards than the American Psychiatric Association did. The American Psychiatric Association's standards are more strict, and basically say: hands off, no involvement whatsoever. Whereas the APA kind of left the door open, saying: as long as psychologists are not directly involved in interrogation they can be consultants. The pro argument is they can help soften what might otherwise be a more brutal system; the con argument is psychologists should not have anything to do with anything that does not involve treatment and healing. So there is quite a conflict raging about that; but that's not really what we were going to talk about today anyway.

You've been doing a lot of work in the area of anxiety disorders and I know you have been doing workshops around the country on anxiety disorders and we'll talk more on those toward the end of the show. How did you get into that particular specialty?

Eastlack: Well that was an area of specialty that I had gotten into back when I was doing my doctoral work, then that became part of my research project in my doctoral work; and that's really what got me started. So I developed quite a strong association with the National Institute of Mental Health in reference to the ideology of anxiety disorders, and some of the treatment designs, and where we are going to go with this since anxiety disorders was on a tremendous increase and has just been increasing from year to year really.

So it has just grown into kind of a big thing with me. I'm on the road: I'm in a treatment program here at my office every other week, and then I'm on

the road every other week teaching some of the research, some of the diagnostic criteria, some of the treatment ideas today.

Dr. Dave: Now did I understand you to say that anxiety disorders are on the increase?

Eastlack: Yes.

Dr. Dave: And do you think that is because of changing diagnostic criteria or because the underlying disorder is actually on the increase?

Eastlack: Well, you know it may be a combination of both. I think there are more people feeling safe about reporting for treatment; I think the diagnostic criteria is becoming more clear cut; I think the treatment options are a little bit better. Yet at the same time we are living in a pretty stressed world and we are even seeing anxiety disorders younger and younger all the time. Most of the time when I am doing seminars and workshops one of the major issues is the fact that we are seeing more and more children with anxiety disorders.

Dr. Dave: When you say children, going down to what age are we talking about?

Eastlack: Oh my goodness it can go down to age 5 and 6; in that area there. I have just read a recent report from Harvard University, a research study where they were saying it may be possible that a child could be born with an anxiety disorder in reference to the serum cortisol levels. That is what they were looking at, serum cortisol levels in the child. And they saw that may even give them a greater propensity in their life toward anxiety stress disorders, and maybe even post-trauma stress, making them more vulnerable to it.

Dr. Dave: That's interesting; it makes sense that there may be a biological, physiological predisposition. I've been studying a little bit about positive psychology and they talk about a set point in terms of our happiness level, and I suppose our anxiety level would be inversely related.

Eastlack: Well I think part of the interest today is in the context of research and neurobiology, and we are just better equipped to study the brain and its effects of stress today. And we see a dopamine factor there within the primitive part of the brain, and the amygdala, and the hippocampus, and its effects right down to the cellular level of the body and how chronic stress just creeps up on us.

And it's just more intense today, it's like people are handling more things. My goodness if you even watch the TV screen and try to watch the news; very often it's in quadrants with more than one person on the screen at the same time, and then you've got bands going across the top and down the side giving you the weather. And it's like we're having to engage so much more and then the whole technology of computers has gotten us engaged even that much more.

I think it's kind of a chronic stress that creeps up on us; we are designed to handle the bigger stressors that we can see coming at us; it's the chronic, low grade stress that creeps up on us like a cheap wine (laughing), that gets us eventually and affects our threshold and we're not aware of it, and then we are vulnerable to a panic attack or maybe an anxiety disorder.

Dr. Dave: Well you are totally right about the pace of life these days. I was reflecting just this morning: I'm supposedly retired, and I feel constantly behind. How can I guy who is retired be behind?

(laughter)

Eastlack: Yes you are supposed to be behind a little bit now, but we get anxious about it, saying: how far are we going to drop behind?

(laughter)

Dr. Dave: Right; so we should probably back up a bit here. I'll start off by having you define anxiety. I remember a definition from when I was in graduate school but that was a long time ago; it may have changed. How is anxiety understood today?

Eastlack: Well I'm not sure that it has changed tremendously, over thousands of years; because you can see it defined by many authors throughout the years. But it is still there, both the physiological, psychological and emotional response to stress; we've just heightened our awareness. There are even good stressors that just heighten us and we're designed for that really, we can handle that pretty well; we have quite a good system that works there.

I think it is the chronic, low grade stressors each day that our brain tends to normalise and therefore we become not as aware; and they just sort of collect, and collect and then we see start seeing some of the physiological factors, like difficulty sleeping, more headaches. And this is even before we

are aware that it might be stress. There could be sexual dysfunction that comes into it; cold hands and feet; maybe some heart palpitations – just in the physical element of it before we are aware of some of it. Maybe not sleeping so well; or worry is one of the big things in the context of for example generalized anxiety disorder, characterised by worry about everything – just worry.

Dr. Dave: Yes and the phenomenological, psychological experience of anxiety; isn't that closely related to fear? I remember it being defined as the feeling of being afraid but not knowing what you are afraid of.

Eastlack: Yes, exactly. You get into that fear component. We've got a primitive part of our brain that responds to fear; it's our preservation part of our brain: the limbic system. And within that is the amygdala and it responds to fear. Then we have our hippocampus right behind it that's trying to identify – well if you're feeling this fear, maybe we can identify something here – so it's grasping for anything, and it's just feeds itself. Then the prefrontal cortex that is supposed to rationalise this out, and sort it out, and say – wow if you are still feeling that strongly about it maybe you better go check it out. And this component just keeps travelling through us; it's a tough one.

Dr. Dave: For me the archetypal experience of anxiety in my own life, and I suspect I'm not alone in this, is I call it the 3 in the morning experience, or the Hour of the Wolf. Sometimes I will wake up in the middle of the night: and somehow all the defences, all my defence mechanisms that I have during the day that's able to sort things into perspective, those don't seem to be there; and it feels like I'm just naked and raw against fears and worries and so on. Is that a fairly universal experience, or do I need to check myself out?

Eastlack: Well it really is, and sometimes it's manifested at that time of the morning in depression, or feelings of loss. Because we are in those sleep cycles, and some of our mechanisms are pretty relaxed, some of our defence mechanisms. You've also got the stress hormone that is starting to increase again at about that time and peaks about 6 o'clock in the morning. So anytime between 3 and 6 in the morning, we can experience anxiety; and feel really quite vulnerable to it at that point; especially if we wake up and find ourselves quite vulnerable. That would be the emotional vulnerability that would be expressed as some anxiety. So that's not an uncommon phenomenon Dave.

Dr. Dave: Stress hormone; I've never heard that term before. What is the stress hormone?

Eastlack: Stress hormone is cortisol; in fact that's what we're measuring a lot today, is cortisol. Where GABA gamma-amino butyric acid would be the happy hormone – that stimulates dopamine, so it's called the happy hormone – where cortisol is the stress hormone. We really need cortisol to help us respond appropriately to a stressor or to a perceived emergency. But then we need enough cortisol to help bring us back down again. So cortisol is a very critical part of our life; in fact some of the research in reference to cortisol, we're understanding that cortisol plays a significant part in post-trauma stress in actually helping to develop some of the receptor sites in neurotransmitters; and it actually helps to establish some of that stress response, the emotional response to stress..

I was just reading an interesting article from Harvard University: that they found that if they can use a beta blocker in the treatment option – now beta blocker is basically a heart medication, it keeps your heart rate under about 120 beats a minute. They are saying if we can use a beta blocker, sometimes it will interfere with cortisol developing those emotional patterns within the neurons, the receptor sites at the neurons; so it may be very beneficial. And this is just recent, beta blockers have been around for a long time, and sometimes used in the stress response but we weren't exactly sure what they did; and now we see its effect on cortisol is very valuable in treating anxiety disorders today. Yes cortisol is quite significant; peaks in the morning at about 6 o'clock, so cortisol and 6 cups of coffee and you're out the door.

Dr. Dave: There we go.

Eastlack: Yes, there we go, even for semi-retired people Dave.

Dr. Dave: So what are the main types of anxiety disorders then? I know the DSM lists quite a few, can we run through them quickly?

Eastlack: Yes of course there's panic disorder with or without agoraphobia; there would be generalized anxiety disorder; post-trauma stress disorder; obsessive-compulsive disorder with all of its variations plus its spectrum disorders; your eating disorders come under anxiety disorders; areas like trichotillomania, the hair pulling disorder; pica, eating non nutritive substances. These all come under the anxiety disorders, and under different spectrum disorders within the anxiety disorders.

Dr. Dave: That's interesting, I haven't consulted the DSM in quite a while I'm happy to say. I didn't realise that obsessive-compulsive disorder fell under the anxiety disorders – is that recent, or has that been the case for a long time?

Eastlack: Well it wasn't as defined within the DSM-III but clearly the DSM-IV and the IV-R and the TR have all clearly classified it under the anxiety disorders; and then even the spectrum disorders that come under obsessive-compulsive disorders.

Dr. Dave: Now the term spectrum disorder; you say that comes under ?

Eastlack: Yes some of the spectrum disorders would be like some of the tic disorders: like chronic vocal tics, chronic motor tics, Tourette's, all come under the obsessive-compulsive spectrum disorders. Anorexia, bulimia, hypochondriasis.

Dr. Dave: When I think of Tourette's I think of something that is almost certainly rooted in the brain or the biochemistry. Is that true, and if so to what extent is that true of obsessive-compulsive disorder generally, which we used to think of as purely psychological?

Eastlack: Most of the research today is bearing out the fact there is a very strong genetic factor; and a very strong component in the area of the brain called the basal ganglia, that is not quite operating the way it needs to be operating. There are two filters in the basal ganglia: one called the choroid plexus and the other called the striatum. It seems that when those two filters are not working so well we get immediately the ruminative thoughts of the obsessive-compulsive, and the catastrophic thinking.

We see there is a very strong genetic component there. We can especially see it within the case of monozygotic twins even if they were separated at birth: if one has OCD there is a very high percentage that the other will have OCD also. So we do see a fairly reasonable genetic component; and some of the research I was looking at see it somewhere within the chromosome area of chromosome 22 to 24, in that area; so they are really identifying some of these things today.

Now with what's called the SPECT scan, the single photon electron computerised tomography; we can really see some of the activity of the brain with an obsessive-compulsive and within anxiety disorders that are clearly different from a brain that is not functioning in an anxious modality.

Dr. Dave: Wow that's really fascinating.

Eastlack: It really is. It has been a fascinating area of study for me; I'm just thrilled with it really. But you know, the more we know, the more we find out we don't know (laughing).

Dr. Dave: I assume there is some kind of interaction though between the sorts of factors you have just taken us through, and environment. Where does environment, learning, family history, does that all play into anxiety as well?

Eastlack: You know what; if there is a genetic propensity then all of these other factors can be an exacerbation of it. And I think that's what they are looking at today. Instead of a cause and effect, we are seeing perhaps a genetic or a chemistry weakness there; and then these other factors, the environmental factors all become exacerbation for it.

Stress: we are finding with obsessive-compulsive, even if a person is physically sick he tends to become more symptomatic. When he feels overwhelmed, he goes from perhaps ego-syntonic right into ego-dystonic. So we see these components and the environmental contexts, the stressors and the like become exacerbation for it. And I think that is probably the direction most of the research is going in today.

Dr. Dave: OK; so in other words, if a person has a certain predisposition then they'll be triggered by factors that might not trigger another person.

Eastlack: That's exactly right.

Dr. Dave: So what does all of this mean for treatment then?

Eastlack: Well since we have been talking about obsessive-compulsive; of course any of these within the DSM-IV get either classified mild, moderate, or severe. When we are talking about moderate to severe, we are probably talking about medication as well as a treatment design – probably a cognitive behavioural treatment design – usually not one without the other.

The medications tend to soften the mechanism in the basal ganglia enough that treatment can become pretty effective at that point: some of the behavioural treatment programs or the cognitive treatment programs can become pretty effective.

Dr. Dave: What kind of medications are we talking about?

Eastlack: Right now we are talking mostly about the SSRIs or the SSNRIs. SSRIs being selective serotonin reuptake inhibitors, and the SSNRIs would also add more epinephrine in there. So treating the neurotransmitters seems to be the most effective thing in softening the activity of that basal ganglia region of the brain that seems to be so active in most of the anxiety disorders. And then you get into a treatment strategy that then works fairly well; with exposure, and response prevention, and cognitive ... very effective at that point.

Dr. Dave: OK we cut out for just a second there, could you repeat that last sentence?

Eastlack: Yes I hope that was your phone there Dave (laughing).

Dr. Dave: I don't know what happened but you just cut out there momentarily.

Eastlack: Yes, just looking at the treatment designs where we see that the medications help soften the basal ganglia part of the brain to where treatment can become a little bit more effective.

Especially if the person can feel like they have a handle on this thing; because I think one of the words that best manifest any of the anxiety disorders is the feeling of being out of control. So as therapists, if we can help give them a sense of control or helping them to redesign some of their thinking; and then their thoughts, feelings, and actions start working in a positive direction – and it takes time, it takes repeated exposure to do that. It seems like the brain starts to respond with it if we can soften it a little bit with some of the medications.

We have become a little bit disappointed in some of the medications over the years here.

Dr. Dave: Are there long term negative effects on the body? I wonder both about the drugs, and also about stress itself whether or not there are long term effects?

Eastlack: Oh I certainly think there are long term effects; and some of the studies especially in an area called the hippocampus, which is memory processing, short term memory, long term memory, learning processing. Just a small area of the brain, seahorse shaped, just behind the amygdala in the primitive part of the brain. But what we have seen is that under

prolonged stress the hippocampus begins to atrophy. And they think that maybe in some cases of prolonged post-trauma stress it might be a permanent atrophy. And then they are looking at is this a link then that could be attributed – this is a stress response, a chronic stress response, – now what is the ripple effect of that? They are looking at its effects on fibromyalgia, chronic fatigue syndrome, Alzheimer's, maybe even MS – as far as perhaps a precursor for some of these. So we see the long term effects of stress, and we are seeing it all the time now.

Dr. Dave: So are they in fact the effects of the stressor itself, or are they in some way the effect of our reaction to the stressor. In other words, what I tell myself generates an emotional reaction that leads to the atrophy of my amygdala?

Eastlack: Exactly; and it becomes our perception. Everybody is a different personality and there is going to be a different sense of perception, so what might affect one person isn't necessarily going to affect another. What we do see is the person who is just suffering a chronic, low grade stress. And that can just build gradually, almost to a point where we are just not aware of it; and we only may become aware of it as we see some of the physiological factors, or our inability to concentrate, or the fact we are feeling agitated a great deal of the time and we still haven't attached it.

Dr. Dave: Yes, so how does a person, say who is listening to this program, differentiate between whether they are experiencing normal levels of anxiety or pathological levels?

Eastlack: A lot of times they are not aware of it, until they go to see their General Practitioner, or their primary physician; and the primary physician says: you know I think you're stressed and you maybe ought to go see a therapist. And a lot of times they are not aware of it until they have reached that point. Most of my referrals come from medical doctors; they see them first, and by then the medical doctor has probably put them on some kind of an anti-anxiety agent, then they send them to see the therapist.

Dr. Dave: OK. Let's talk a bit about panic reactions because that's something I think has a lot of the qualities of what you are talking about. You go ahead and describe it, tell us about the panic reaction, and what it is.

Eastlack: I see it as a person who has collected this chronic low grade stress to the point where little by little their threshold for stress diminishes, and in a sense they are walking on thin ice; and then almost anything can send them through. A lot of times a panic reaction can happen right out of

their sleep; because there is usually a sleep disorder that ends up developing with it too, where they are not getting very good sleep. Then they get spikes of REM sleep that might send them right into a panic attack, right out of their sleep. Or it might manifest itself in a specific phobia, all of a sudden they have a phobia, maybe an agoraphobia, or maybe they can't go across the bridge and they are saying, "what in the world is this – I can't go away from my home?"

I very often see business executives, type-A personalities that almost thrive on adrenalin; they love it and yet it catches up with them. They are probably already on a medication, and I'm going to treat them with how to relax; relaxation mechanisms to some degree, and then get into some cognitive restructuring not just to develop coping skills Dave, but perhaps developing some life management skills. Maybe coping skills aren't always the best idea here.

Dr. Dave: Yes, what do you mean by that? I saw on your flyer, reference to something you call Life Management Therapy. What does that refer to?

Eastlack: It's probably the difference between reactive and proactive. When people are stressed they tend to want to learn skills how to manage their stress, or how to cope with the stressors in their life. I think one of the best jobs we have as therapists is help them to develop a better life management so that they are not in this situation all the time where they are trying to cope; where they are always putting out emotional fires or worry fires. Maybe they have to shift their life around, or shift their thinking around a little bit to where they're managing their life instead of just coping with things.

It's kind of the difference to if you see a person drowning and you throw them a life preserver, in a sense that's a coping skill. You're in over your head; I'm going to throw you a life preserver so you can keep your head above water. And I'm not sure that is the best way to go through life, trying to keep your head above water. Maybe helping them learn how to not go into the deep water, or maybe teaching them how to swim, or maybe even build a boat; what I see are more life management skills.

Of course your third party payments are not real nuts about that idea because it takes longer; and it's work that you're doing with the client over a longer period of time in helping them rethink how to manage their life, how to prioritize their life, how to get things in management.

Dr. Dave: Yes. Now your lifestyle sounds like it could be very stressful; you're travelling all over the country every other week.

Eastlack: Well thanks a lot Dave (laughing). You're right; I've had to build into this thing myself. I am adjunct teacher at a university, I'm travelling every other week 75 cities a year, I see 25 to 30 clients on the week that I'm here in the office. But the way that I manage it is I make sure I am off on Friday, Saturday and Sunday. And all of a sudden that sounds pretty good.

Dr. Dave: Yes; so you are being mindful of bringing some balance into your own life.

Eastlack: That's exactly right, because I need it; because after I have finished a week of teaching – you know when you're doing a 6 hour seminar and then travelling to the next city and doing a seminar again, the next city and doing a seminar – you get pretty exhausted, you just get drained. You feel good; there are good stressors that still catch up to us it's called you-stress and I have got to keep the balance in my life. So I pretty much safeguard my decompression time very much. My wife and I have been married 33 years here, and we have had to work out the balance in our life; and I've got two kids, had to work out the balance there. A balance in our marriage, a balance in my relationship with my kids; and I think it's about keeping your life in balance, and it's what I call life management.

Dr. Dave: What do you do in your down time; what do you do to de-stress? Are you a reader, a fisherman, do you have hobbies?

Eastlack: We have a small wakeboard boat and we live near a lake, and so sometimes my wife and I will go to Applebee's and get a takeout and go out in the middle of the lake and just anchor out there and fish. I don't put a hook on my fishing line because I really don't want to be bothered with a fish (laughter). But I like to go through the motions of it anyway. Heck if I want to be bothered with a fish on there and do all that; but the idea of fishing sounds pretty good. The name of my boat is Therapy, so my office manager can say, well he's in therapy today; and maybe I'm right out in the middle of the lake. My kids come around and say: dad let's go wakeboarding or something like that; and it becomes a great diversion. I finally have a grand baby and that has just changed my life Dave, my goodness a grand baby.

Dr. Dave: Yes I just got one myself, so I know what you're talking about.

Eastlack: You did? So it's a matter of stepping back and saying what's important; are there things that I can let go of? People tend to want me on boards, either school boards or church boards or whatever; and I did that route for quite a bit out of a sense of obligation, but I have backed out of a lot of that now. If I can do it, and if it keeps within the balance of my life I'll do it. Otherwise I've got to keep my priorities straight here, of just a balanced life.

Dr. Dave: If you hadn't become a psychotherapist, what might you have become instead?

Eastlack: Well I dabble in a variety of things. I've built a couple of houses myself, so I love the construction part, so I could be a general contractor. I flew a little bit every once in a while; I could have been a pilot because I love flying, just the freedom of being totally in control of your own aircraft, and you're up there doing Chandelles and Lazy 8s and just relaxing. I enjoy that too. I enjoy teaching. I enjoy sports; and my daughter is still in college and she loves me to come up to the university and go to ball games with her, so we keep that on. I'm not sure; I dabble in many things, a lot of hobbies: I have a little craft workshop at home and I love to get out there and try to create something. But that's just me, that's how I have to do it, that's how I decompress: diversity. My kids are kind of turning out the same way; my wife is pretty much the same way – we love to get out in the yard and do our own landscaping; and we have a pond nearby and sometimes we keep the pond pretty well stocked.

Dr. Dave: It sounds like you have a very full and balanced life. I wonder if you have any recommended reading for our listeners; do you ever recommend reading to your patients? What's at the top of your list?

Eastlack: Yes, depending on if I'm in marriage counselling, there would be books on communication: sometimes Gary Chapman's work in the area of *The Five Love Languages*, learning how to talk each other's language. Men and women seem to speak a little different language, like Mars and Venus. So I will often recommend books like that. In the areas of anxiety – it just absolutely depends on what we are talking about. If I'm working with obsessive-compulsive disorder, there is the obsessive-compulsive disorder workbook that my clients tend to really like to do, because they are obsessive-compulsive anyway, and it gives them something to work on and really get into. As far as references: we could go on and on with references, depending on the area of disorder that we are talking about.

Dr. Dave: Sure. Before we go I want to mention that you do have upcoming workshops here in California, in fact I'm planning to attend one in San Francisco in March 29th 2007. So if there are other professionals listening there is a website to refer to for workshops such as this www.crosscountryeducation.com

Eastlack: And we just talked about what a balanced life I have, right? (laughing) Actually I look forward to the run in California, I really do, I enjoy that. I do that about every 3 years and I just really enjoy that run there. I'll get into Reno, and probably get out to Las Vegas a little bit. And every once in a while, about once a year I do a cruise too, where I speak on a cruise in the morning, and help people with some relaxation skills on the cruise; and that's a tough job but someone has to do it (laughing).

Dr. Dave: Well – Dr. Wayne Eastlack I want to thank you so much for being my guest today on Shrink Rap Radio.

Eastlack: What a pleasure it was Dave; anytime. Let's do it again.