Anxiety and Trauma Disorders Cluster

This cluster includes some of the most common and pervasive disorders (the anxiety disorders) along with disorders which arise as a result of accident, injury, trauma and abuse. A significant challenge of these disorders is the difficulty of accurately assessing the severity of each individual presentation. Assessment is complicated by the fact that the manner in which these illnesses present varies, largely in response to the subjective experience of the individual. Two family members may be raised in essentially the same environment or may experience the same traumatic event yet each may present with a different degree of disability and illness.

It is important to bear in mind that persons with a disorder in this cluster often suffer from cooccurring disorders, not only within this cluster but also in others. For example, it is not uncommon to see persons with generalized anxiety and panic disorders. Similarly, anxiety disorders frequently co-occur with depression.

Further, many of the medications used to treat these illnesses are "controlled substances," which have the potential for abuse and dependence. Although evidence and thinking are evolving, many thought leaders and clinicians assert that only the most severe cases of anxiety (and trauma-related anxiety) should be treated with medication.

Like any mental disorder, a thorough assessment and initial treatment with psychotherapy is indicated for the vast majority of people presenting with these symptoms. Only after initial interventions are undertaken (and response(s) assessed) should pharmacotherapy be considered. Even in the most severe cases, the best evidence supports the use of medications and psychotherapeutic interventions. Bear in mind that medications should be used only in combination with psychotherapy or supportive care (i.e., support groups or other forms of community/family support). Finally, these disorders may even require significant life changes (e.g. moving, changing jobs or relationships, changing careers) in order to resolve.

Journaling has been used to communicate for thousands of years. History offers evidence of the extreme flexibility of the journal, showing both the public and the private relationship between the journal and its writer, demonstrating its use for sharing information with others as well as serving as a very private document for personal purposes only.

Journaling is an effective teaching, learning, and therapeutic tool. The evolution of the personal journal has shifted from shift an emphasis on the environmental effects on the writer to an emphasis on the self in relation to people, events, and ideas. The modern personal journal has been widely used over the past century in psychotherapy. During the 1960s and 1970s therapists used journaling more extensively to help individual's identify their own resources and to apply these resources to achieve a sense of wholeness. Although many therapists still advocate use of formal journal writing, new approaches utilize writing tasks with a more specific focus. With the advent of cognitive behavioral therapies and increased emphasis on

evidence-based approaches to treatment, therapists today often assign written "homework" to help individuals apply skills learned in the therapy room to their lives.

Several objectives and strategies outlined in this cluster refer to utilization of written assignments and the use of journaling. These were intentionally written with some degree of flexibility to adapt the objective and/or strategy for use with a specific client and his/her own circumstances and ability level. Obviously, written between-session assignments require a certain level of writing skill and proficiency. The therapist may wish to utilize standard assignments, e.g. thought records, panic attack record forms, etc. instead of, or in addition to, more traditional journal writing. Because the word 'homework' may have negative associations, the therapist may use a term like 'practice exercise' instead. To improve follow-through on assignments make the tasks very specific, provide written instructions, be consistent and praise the effort made on each practice exercise.