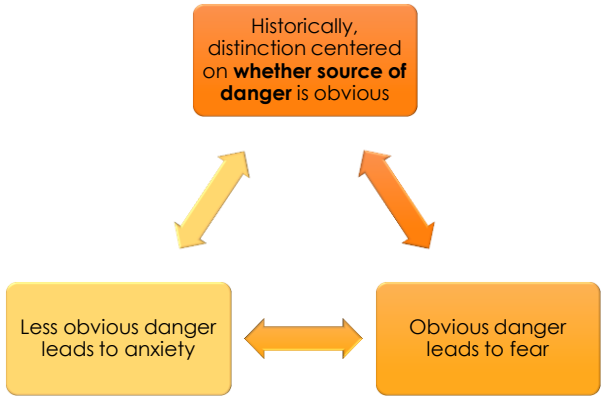
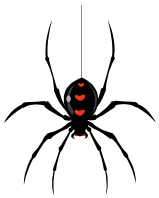
ANXIETY DISORDERS

ANXIETY

- A certain level of anxiety is normal and adaptive
  - Can keep us safe and motivate us to peak physical and intellectual performance
  - Normal levels of worry lead to planning and preparation for future events
- Maladaptive levels
  - Too high – fear in the absence of danger, avoidance of relatively innocuous situations and objects – we will not engage in experiences we need to survive (learning, social, etc)
  - Too low – not motivated to complete what we need to complete

FEAR AND ANXIETY RESPONSE PATTERNS





SPECIFIC PHOBIAS

Lifetime prevalence 12%

More common in women than men

SPECIFIC PHOBIAS

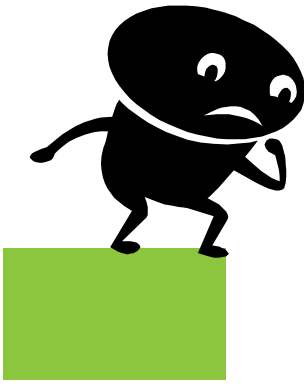
- Intense and persistent fear seen as unwarranted or unreasonable
- Focused on a specific thing or situation

PHOBIA KEY CRITERIA

- Marked fear about a specific situation or thing
- Almost always provokes immediate fear or anxiety
- Client avoids it or endures it with much anxiety
- The fear or anxiety is unreasonable
- Duration 6 or more months
- Specify type

SUBTYPES OF PHOBIAS

- Animal
- Natural Environment
- Blood Injection Injury
- Situational
- Other



SOCIAL PHOBIAS

Lifetime prevalence about 12%

KEY CRITERIA

- Disabling fear of one or more social situation (in children must occur in peer setting not just with adults).
- Concerns about scrutiny and/or potential negative evaluation of others and this will lead to humiliation, embarrassment, or rejection
- Social situations almost always provoke fear (in children the fear may involve crying, tantrums, freezing, clinging, shrinking, or failing to speak in social situations.
- Social situation are avoided or endured with intense anxiety or fear.
- Typically 6 or more months.
- Specifier: Performance only

CASE VIDEO

PUBLIC SPEAKING VS DEATH

"According to most studies, people's number one fear is public speaking. Number two is death. Death is number two. Does that sound right? This means to the average person, if you go to a funeral, you're better off in the casket than doing the eulogy."

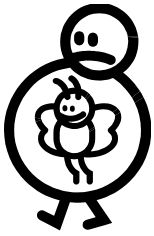
Jerry Seinfeld

PANIC DISORDER

Prevalence 4.7 % of adult population have a panic disorder in their lifetime

KEY CRITERIA

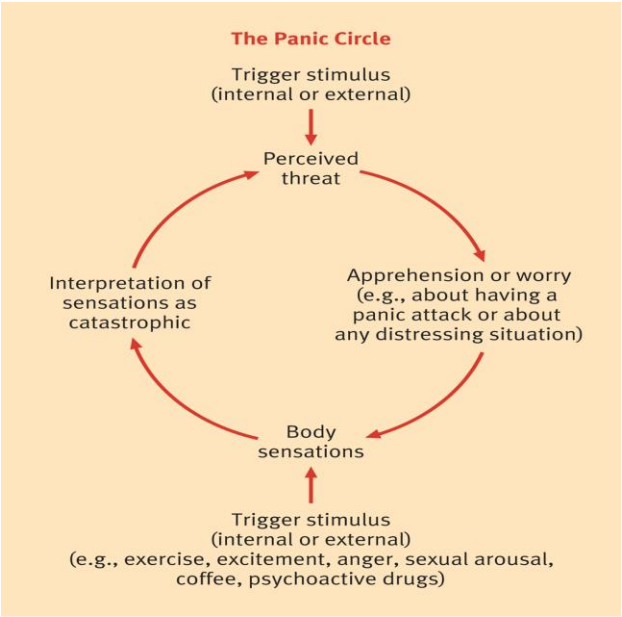
- Recurrent, unexpected panic attacks
  - Panic attack includes four or more of the following symptoms: heart palpitations, sweating, trembling or shaking, sensations of shortness of breath, feeling of choking, chest pain or discomfort, nausea or abdominal distress, feeling dizzy, chills or heat sensations, numbness or tingling, derealization, fear of losing control, or fear of dying
  - Of note: panic attacks are not a codable disorder, it is a basis for panic disorder and can be added as a specifier to other diagnoses
- 1 month or more of worry about additional attacks and/or maladaptive change in behavior (i.e. avoidance)



THE FEAR AND ANXIETY RESPONSE PATTERNS

Fear or panic → Activation of "fight-or-flight" response

FIGURE 6.2: THE PANIC CIRCLE



AGORAPHOBIA

1.7 % of adults and adolescents a year will qualify for a diagnosis of agoraphobia

KEY CRITERIA

- Marked fear or anxiety about two or more: using public transportation, being in open spaces, being in enclosed spaces, standing in a line or being in a crowd, and/ or being outside of the home
- Avoids situations because of thought of escape might be difficult or help might not be available in the event of panic like symptoms
- Feat, anxiety, or avoidance persistent, usually lasting 6 or more months

GENERALIZED ANXIETY DISORDER

Each year 3.5% of the population experience GAD
Lifetime prevalence is 5.7%
Twice as common in women than men

KEY CRITERIA

- Excessive worry occurring more days than not for at least 6 months
- Difficult to control worry
- At least three symptoms (one in children) with at least some having been present more days than not for at least 6 months: restlessness, easily fatigued, difficulty concentrating, irritability, muscle tension, sleep disturbance.

CASE VIDEO

ANXIETY DISORDERS OF CHILDHOOD AND ADOLESCENCE

SEPARATION ANXIETY DISORDER

- Key criteria
  - Developmentally inappropriate and excessive fears about separation from an attachment figure.
  - Needs three of the following: Excessive distress when anticipating separation from home or attachment figure, persistent worries about losing attachment figure, fear of an unfortunate event separated the client from the attachment figure, persistent reluctance to leave home, excessive fear of being alone or without attachment figure, repeated nightmares about separation, and/or repeated somatic complaints when anticipating or separated.
  - Duration – 4 + weeks in children & adolescents, 6+ months in adults
- This is most commonly diagnosed in childhood, but can occur in adulthood.
- More common in females, but males referred more often for treatment.
- Can lead to serious functional concerns in school – truancy involved in many extreme cases

SELECTIVE MUTISM

- Typically begins in preschool years (ages 2-4)
- When they do speak they tend to use normal articulation, sentence structure and vocabulary.
- Key criteria
  - Despite speaking normally at other times, the client will not speak in certain situations where there is an expectation to speak (i.e. on playground or classroom).
  - Exclude the first month of school – typical anxiety period
  - Duration 1+ months
  - Need to rule out a language barriers (not familiar with language in situation, stuttering, expressive language concerns, autism, etc).

CHANGES FROM DSM-IV-TR TO DSM 5

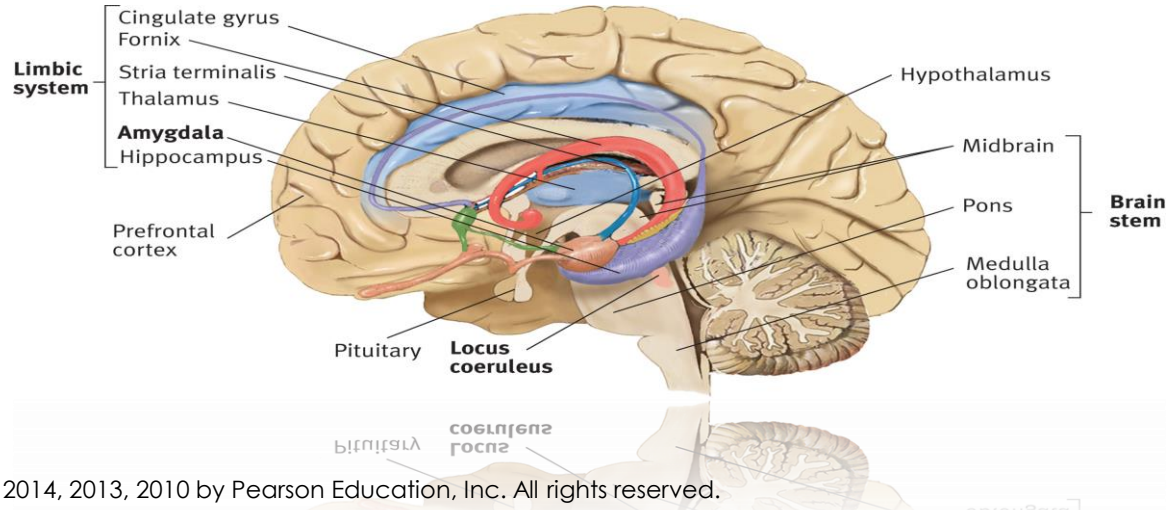
- No longer has PTSD or OCD under anxiety
- Phobias (agoraphobia, specific, and social): Removed criteria that folks over 18 recognize that their anxiety is excessive or unreasonable, instead out of proportion for actual situation. 6+ months extended to all ages.
- Panic attack: Labels for different types of panic attacks changed from situationally bound or predisposed and unexpected to expected and unexpected. Can now be used as a specifier in all DSM 5 disorders.
- Panic disorder and agoraphobia: Untied in the DSM 5, now coded with two diagnoses and now need two or more agoraphobia situations.
- Social anxiety disorder: Generalized specifier removed, performance only added
- Separation anxiety disorder: Removed from "disorders usually diagnosed in childhood" and placed in anxiety disorders. Wording has been changed to accommodate diagnosis in adulthood. Onset no longer required before 18.
- Selective mutism: Removed from "disorders usually diagnosed in childhood" and placed in anxiety disorders.

ETIOLOGY

ETIOLOGY OF ANXIETY DISORDERS

- Common genetic vulnerability – neuroticism
  - polygenic
- Classical conditioning is common.
- People who perceive a lack of control over their environment and their emotions are more vulnerable.
- GABA, norepinephrine, and serotonin are all neurotransmitters commonly involved with anxiety disorders.
- Brain area most associated with anxiety disorders is the limbic system

FIGURE 6.1: A BIOLOGICAL THEORY OF PANIC, ANXIETY, AND AGORAPHOBIA



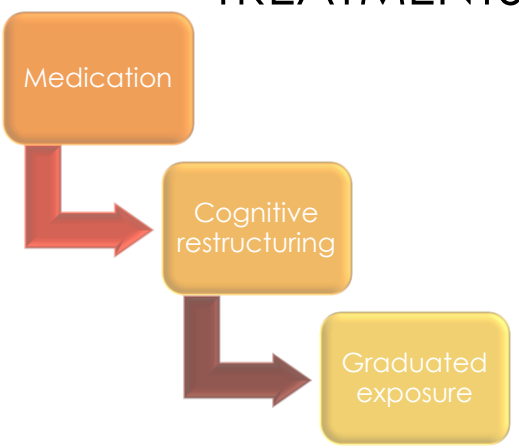
ANXIOUS PARENTS CREATE ANXIOUS KIDS

- When anxious, parents are more withdrawn (avoidance), engage in less productive behaviors, and agree less with kids
- When child became anxious, anxious parents became over controlling and attempted to squelch the anxiety, rather than help a child with a new task or help them learn how to manage their anxiety
- Tend to demonstrate poor models of coping with anxiety
- May share adult worries more because they worry more – seeps into child's life

Woodruff-Borden (2002) Journal of Clinical Child & Adolescent Psychology

TREATMENTS

TREATMENTS



COGNITIVE BEHAVIORAL THERAPY

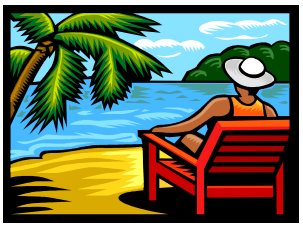
- Psychoeducation
- Recognizing physical cues (tension, upset stomach, etc.), emotional cues (irritable, ambiguous feelings, etc).
- Identify automatic thoughts – "thinking traps" (generate evidence for and against)
- Problem solve, coping thoughts, relaxation techniques, behavioral experiments
- Systematic Desensitization and Flooding

THINKING TRAPS

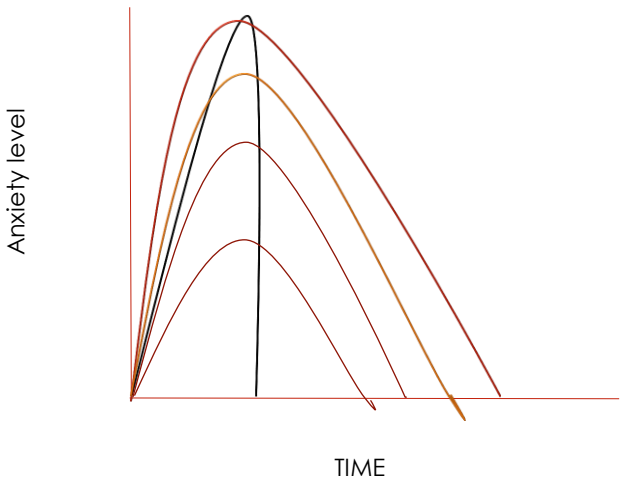
- **Highlighting the bad** – Focusing on what could happen that is unwanted and not considering all the possible good things.
- **Assuming what others think** – This could also be considered the mind reader. In this case, jumping to conclusions that what others are thinking about you is negative.
- **Pessimism** – Forecasting disaster. Looking at things through foggy or dark glasses.
- **Replication** – Assuming that once something happened one way, it will always happen the same way.
- **Catastrophizing** – Always thinking the worst is going to happen. The feeling that problems are bigger than can be managed.
- **Negative Self-labeling** – The moment you label yourself in negative terms your mind starts to adjust your self-image.
- **Avoidance** – I will be fine as long as I avoid those things I find uncomfortable.
- **First instinct is always right** – This is when we base our choices on the first interpretation of an event, before we have had a chance to get all the facts.
- **The shoulds** - holding on to beliefs in an absolute, inflexible way increases our likelihood of feeling very bad. This is particularly the case when we can't meet our own expectations.
- **Comparing self to other –** It is common for people to compare themselves to others. However a trap we can get into is when we focus only on those who are more fortunate or if we compare only in areas we tend to struggle. This reinforces a negative perspective.
- **Perfectionism –** Setting expectations that are too high, usually too high for anyone to achieve. This can block us from starting and completing tasks, because of fear of judgement. It is also associated with the erroneous belief that we are not good enough unless we do EVERYTHING perfectly.

RELAXATION

- Diaphragmatic, rhythmic, or square breathing
- Progressive muscle relaxation
- Visualization and meditation



THEORY OF EXPOSURE TREATMENT



GROUP ACTIVITY

- Creating a hierarchy for exposure.
- Dog phobia, social phobia, separation anxiety, vomiting phobia, and agoraphobia.
- Consider ways in which you might "expose" a person with these disorders to their feared stimulus.
- Think of imaginal and in vivo possibilities.
- Be creative.
- Think in subtleties
- Rank the items from least difficult to most – in your groups opinion

SOCIOCULTURAL CAUSAL FACTORS FOR ALL ANXIETY DISORDERS

CULTURAL DIFFERENCES IN SOURCES OF WORRY

ANXIETY CASE STUDY