Anxiety

- Future-oriented mood state characterized by marked negative affect
- Somatic symptoms of tension & arousal
- Apprehension about future danger or misfortune
- May occur in the absence of realistic danger
Fear

- Present-oriented mood state, marked negative affect
- Immediate **fight or flight** response to danger or threat
- Strong **avoidance/escapist** tendencies
- Involves abrupt activation of the sympathetic nervous system
Panic

- Panic
  - Sudden & unexpected fight/flight response
  - Absence of obvious danger or threat

- Anxiety, Fear & Panic are Normal Emotional States
Components of Anxiety Response Systems

- **Physical**
  - Fight/flight response

- **Cognitive**
  - Attentional shift & hypervigilance, nervousness, difficulty concentrating

- **Behavioral** – aggression and/or avoidance
Common Fears

- **Birth - 1 Year**: loud noises, loss of support, strangers.
- **1-2 Years**: Separation from parent, injury, toilet, strangers, loud noises, animals.
- **3-5 Years**: Animals, the dark, separation from parent, masks, “bad” people.
- **6 - 12 Years**: Bodily injury, supernatural events (ghosts, witches), sleeping alone, social embarrassment, fear of failure.
- **13-18 Years**: Personal appearance, safety, school, animals, social embarrassment.

(Adapted from Mash, & Wolfe, 2002, p 166)
From Normal to Disordered Anxiety & Fear

Characteristics of Anxiety Disorders

- Psychological disorders – Pervasive & persistent symptoms - anxiety & fear
- Involve excessive avoidance and escapist tendencies
- Symptoms and avoidance causes clinically significant distress and impairment
- Internalizing symptoms/imposed on self
Diagnoses under Anxiety Disorder

- Agoraphobia
- Panic Disorder
- Generalized Anxiety Disorder
- Specific Phobia
- Social Phobia
- Obsessive-Compulsive Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- [Separation Anxiety Disorder – children]
The Phenomenology of Panic Attacks

What Is a Panic Attack?
- Abrupt experience of intense fear or discomfort
- Accompanied by several physical symptoms (e.g., breathlessness, chest pain)

DSM-IV Subtypes of Panic Attacks
- **Situationally bound** (cued) panic – Expected and bound to some situations
- **Unexpected** (uncued) panic – Unexpected “out of the blue” without warning
- **Situationally predisposed** panic – May or may not occur in some situations

Panic Is Analogous to Fear as an Alarm Response
DECIDING WHEN TO PANIC

Cutoff

No panic

Panic

No danger

Evidence of Danger

Probability
CRITERIA FOR PANIC ATTACK

Discrete period of intense fear or discomfort with 4 or more of the symptoms below; symptoms develop abruptly & peak within 10 min. & diminish within 30 minutes.

- Palpitations, pounding heart, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- Feeling of choking
- Chest pain or discomfort
- Chills or hot flushes
- Nausea or abdominal distress
- Feeling dizzy, unsteady, lightheaded or faint
- Derealization or depersonalization
- Fear of losing control or going crazy
- Fear of dying
- Paresthesias

(Based on DSM-IV-TR, 2000 by APA)
Panic Disorder with and without Agoraphobia

Overview and Defining Features

- Experience of recurrent unexpected panic attack
- Develop anxiety, worry, or fear about having another attack or its implications
- Agoraphobia – Fear and avoidance of situations/events escape is difficult associated with panic
- Symptoms and concern about another attack persists for 1 month or more

Facts and Statistics

- 3.5% general population meet diagnostic criteria
- Two thirds with panic disorder are female
- Onset is often acute, between 25 and 29 years
Situations Avoided by People with Agoraphobia

- Shopping malls
- Cars (driver or passenger)
- Buses
- Trains
- Subways
- Wide Streets
- Tunnels
- Restaurants
- Theaters
- Being far from home
- Staying at home alone
- Waiting in line
- Supermarkets
- Stores
- Crowds
- Planes
- Elevators
- Escalators

Source: Barlow & Durand, 2002, p. 124
Panic Disorder: Associated Features

- Nocturnal panic attacks – 60% experience panic

- Catastrophic misinterpretation of symptoms, loss of important interpersonal relationships may precipitate
Panic Disorder: Treatment

Medication Treatment of Panic Disorder

- Antidepressants
  - SSRIs (e.g., Prozac and Paxil); benzodiazepine (alprazolam /Xanax)
  - Relapse rates are high following medication discontinuation

Psychological and Combined Treatments of Panic Disorder

- Cognitive-behavior therapies are highly effective
- Combined treatments do well in the short term
- Best long-term outcome is with cognitive-behavior therapy alone
Generalized Anxiety Disorder: The “Basic” Anxiety Disorder

Overview and Defining Features

- Excessive uncontrollable anxious apprehension and worry about life events
- Coupled with strong, persistent anxiety
- Somatic symptoms differ from panic (e.g., muscle tension, fatigue, irritability)
- Persists for 6 months or more

Facts and Statistics

- 4% of the general population meet criteria
- Females 2:1 over males
- Onset often insidious, beginning early adulthood
- Tendency to be anxious runs in families
Figure 5.3
Clients’ answers to interviewer’s question, “Do you worry excessively about minor things?”
GAD: Associated Features & Treatment

- **Associated Features**
  - Persons with GAD are “autonomic restrictors”
  - Fail to process emotional component of thoughts and images

- **Treatment of GAD: Generally Weak**
  - Benzodiazepines – Often prescribed
  - Psychological interventions – Cognitive-Behavioral Therapy
Specific Phobias: An Overview

Overview and Defining Features

- Extreme and irrational fear of a specific object or situation
- Markedly interferes with one's ability to function
- Recognize fears are unreasonable; go to great lengths to avoid phobic objects

Facts and Statistics

- 7-11% general population meet diagnostic criteria for specific phobia
- Females are again over-represented
- Phobias run a chronic course, with onset beginning between 15 and 20 years of age
Specific Phobias: Associated Features and Treatment

- Associated Features and Subtypes of Specific Phobia
  - **Blood-injury-injection phobia** – Vasovagal response to blood, injury, or injection
  - **Situational phobia** – Public transportation or enclosed places (e.g., planes)
  - **Natural environment phobia** – Events occurring in nature (e.g., heights, storms)
  - **Animal phobia** – Animals and insects
  - **Other phobias** – Do not fit into the other categories (e.g., fear of choking, vomiting)
Specific Phobias: Associated Features & Treatment (cont.)

- **Causes of Phobias**
  - Biological and evolutionary vulnerability, direct conditioning, observational learning, information transmission

- **Psychological Treatments of Specific Phobias**
  - Cognitive-behavior therapies are highly effective
  - Structured and consistent graduated exposure-based exercises
Social Phobia: An Overview

Overview and Defining Features
- Extreme and irrational fear/shyness in social and performance situations
- Markedly interferes with one's ability to function
- Often avoid social situations or endure them with great distress
- Generalized subtype across social situations

Facts and Statistics
- 13% of the general population meet criteria
- Females are slightly more represented than males
- Onset is usually during adolescence with a peak age of onset at about 15 years
Social Phobia: Associated Features and Treatment

- **Causes of Phobias**
  - Biological and evolutionary vulnerability
  - Direct conditioning, observational learning, information transmission

- **Medication Treatment of Social Phobia**
  - Tricyclic antidepressants and monoamine oxidase (MAO) inhibitors reduce social anxiety
  - SSRI Paxil is FDA approved for treatment of social anxiety disorder
  - Relapse rates are high following medication discontinuation
Social Phobia: Associated Features & Treatment (cont.)

- Psychological Treatment of Social Phobia
  - Cognitive-behavioral treatment – Exposure, rehearsal, role-play in a group setting
  - Cognitive-behavior therapies are highly effective
Posttraumatic Stress Disorder (PTSD): An Overview

- **Overview and Defining Features**
  - Requires exposure to an event resulting in extreme fear, helplessness, or horror
  - Person continues to re-experience the event (e.g., memories, nightmares, flashbacks)
  - **Avoidance** of cues that remind person of event
    - Emotional **numbing** and interpersonal problems are common
  - Increased **Arousal**
  - Markedly interferes with one's ability to function
  - PTSD diagnosis cannot be made earlier than 1 month post-trauma
Posttraumatic Stress Disorder (PTSD): An Overview (cont.)

- Facts and Statistics
  - About 7.8% of the general population meet criteria for PTSD
    - Other prevalence rates
  - Combat and sexual assault are the most common traumas
PTSD: Causes and Associated Features

Subtypes and Associated Features of PTSD

- Acute PTSD – Diagnosed 1-3 months post trauma
- Chronic PTSD – Diagnosed >3 months post trauma
- Delayed onset PTSD – Onset of symptoms 6 months or more post trauma
- Acute stress disorder – Diagnosis of PTSD immediately post-trauma

Causes of PTSD

- Intensity of trauma & one’s reaction to it (i.e., true alarm)
- Uncontrollability and unpredictability
- Extent of social support, or lack thereof post-trauma
- Direct conditioning and observational learning
PTSD: Treatment

- Psychological Treatment of PTSD
  - Cognitive-behavioral treatment involves graduated or abrupt imaginal exposure
  - Increase positive coping skills and social support
  - Cognitive-behavior therapies are highly effective
Obsessive-Compulsive Disorder (OCD): An Overview

- Overview and Defining Features
  - Obsessions – Intrusive and nonsensical thoughts, images, or urges that one tries to resist or eliminate
  - Compulsions – Thoughts or actions to suppress the thoughts and provide relief
  - Most persons with OCD display multiple obsessions
  - Most persons with OCD present with cleaning and washing or checking rituals
OCD: Causes & Associated Features

Facts and Statistics
- 2.6% of general population meet criteria for OCD in their lifetime
- Most persons with OCD are female
- OCD tends to be chronic
- Onset is typically in early adolescence or young adulthood

Causes of OCD
- Parallel the other anxiety disorders
- Early life experiences and learning that some thoughts are dangerous/unacceptable
- Thought-action fusion – Tendency to view the thought as similar to the action
OCD - Obsessions

- **Obsessions**: Anxiety provoking thoughts; may come in “attacks” or “waves”; persist despite the individual recognizing that the thought is silly, however it is accompanied by feelings of considerable intensity.
  - obsessions produce substantial mental distress
  - Young children may be less aware of the senseless nature of obsessional thoughts & might seem unsure about whether the thoughts are unrealistic.
OCD: Compulsions

**Compulsions:** Purposeful behavior or thoughts that are performed in an attempt to relieve the anxiety associated with a specific obsession;

- typically performed in a ritualistic fashion
- can be behavioral [washing hands] or mental (intentional thoughts or cognitive rituals]
- compulsive thoughts are done actively with intent and purpose whereas obsessional thought just seems to happen.
### Related Obsessions-Compulsions

<table>
<thead>
<tr>
<th>OBSESSION</th>
<th>COMPULSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contamination/germs</td>
<td>Washing/cleaning</td>
</tr>
<tr>
<td>Concern re bodily harm</td>
<td>Checking</td>
</tr>
<tr>
<td>Fear of disease/illness</td>
<td>Seeking</td>
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<tr>
<td>Need for symmetry</td>
<td>Arranging</td>
</tr>
<tr>
<td>Need to know, remember</td>
<td>Questioning</td>
</tr>
<tr>
<td>Fear of embarrassing acts</td>
<td>Avoidance</td>
</tr>
<tr>
<td>Fear of losing things</td>
<td>Hoarding</td>
</tr>
</tbody>
</table>
Unrelated Obsessions - Compulsions

**OBSESSIONS**
- slowness, mental ruminations
- macabre or gory thoughts
- perverse sexual fantasies
- music, sounds or words

**COMPULSIONS**
- repetitive behaviors
- reading & rereading
- reading backward
- counting
- touching
Obsessive-Compulsive Disorder (OCD): Treatment

Medication Treatment of OCD
- Clomipramine and other SSRIs seem to benefit up to 60% of patients
- Psychosurgery (cingulotomy) is used in extreme cases
- Relapse is common with medication discontinuation

Psychological Treatment of OCD
- Cognitive-behavioral therapy most effective
  - involves exposure and response prevention
- Combining medication with CBT does not work as well as CBT alone
Summary of Anxiety-Related Disorders

Anxiety Disorders Are the Largest Domain of Psychopathology

- From a Normal to a Disordered Experience of Anxiety and Fear
  - Requires consideration of biological, psychological, experiential, and social factors
  - Fear and anxiety persist to bodily or environmental non-dangerous cues
  - Symptoms and avoidance cause significant distress and impair functioning

- Psychological Treatments Are Generally Superior in the Long-Term
Biological Contributions to Anxiety and Panic

**Diathesis-Stress**
- Inherit vulnerabilities for anxiety and panic, not anxiety disorders
- Stress and life circumstances activate the underlying vulnerability

**Biological Causes & Inherent Vulnerabilities**
- Anxiety and brain circuits – GABA, noradrenergic and serotonergic systems
- Corticotropin releasing factor (CRF) and the HYPAC axis
- Limbic (amygdala) and the septal-hippocampal systems
- Behavioral inhibition (BIS) and fight/flight (FF) systems
Psychological Contributions to Anxiety and Fear

- **Began with Freud**
  - Anxiety is a psychic reaction to danger
  - Anxiety involves reactivation of an infantile fear situation

- **Behavioral Views**
  - Anxiety and fear result from direct classical and operant conditioning and modeling

- **Psychological Views**
  - Early experiences with uncontrollability and unpredictability

- **Social Contributions**
  - Stressful life events as triggers of biological/psychological vulnerabilities
Toward an Integrated Model

- **Integrative View**
  - Biological vulnerability interacts with psychological, experiential, and social variables to produce an anxiety disorder
  - Consistent with diathesis-stress model

- **Common Processes: Comorbidity**
  - Comorbidity is common across the anxiety disorders
  - About 50% patients have 2 or more secondary diagnoses
  - Major depression most common secondary diagnosis
  - Comorbidity suggests
    - common factors across anxiety disorders
    - relation between anxiety and depression
References