

ANXIETY

A. definition - **Anxiety** is defined as

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1. For a person to be diagnosed as having anxiety, the anxiety must be out of proportion to the perceived threat
 2. The anxiety is recognized by the individual seeking treatment to be excessive or unreasonable
 3. Simple Phobias are the most common type, but Agoraphobia is the most common among those presenting for treatment

B. Three components of anxiety

1. _____ component
 - a. increased heart rate, queasiness/ upset stomach (due to stopping of digestion), rapid breathing
2. _____ Component
 - a. thoughts are described as "fast", "irrational"
3. _____ component
 - a. see a lot of avoidance behavior
e.g.: people avoid studying because of anxiety other things people do include self-medicating with alcohol and drugs

C. Anxiety is an evolutionary useful feeling - part of the flight or fight response

1. useful to have a response of energizing to get out of a situation
2. sometimes this gets in our way - not so adaptive

D. **Escape or Avoidance learning**

1. _____
 - a. classical conditioning of the stimuli with anxiety occurs
 - b. operant learning - avoidance learning -- anxiety goes away
 - c. this is negative reinforcement - remove a stimulus and behavior is increased

E. Types of Anxiety disorders

- a. Panic Disorder with Agoraphobia
- b. Panic Disorder without Agoraphobia
- c. Agoraphobia without hx of Panic
- d. Social Phobia
- e. Simple or Specific Phobia

- f. Obsessive Compulsive Disorder
- g. Post Traumatic Stress Disorder
- h. Generalized Anxiety Disorder

1. _____ – profound episodes of terror
 - a. last from a few minutes to an hour (or more)
 - b. symptoms: can't breathe, smothering, heart palpitations, trembling, shaking, dizziness (feeling faint), heart racing, feel loss of control, feel like you're going to die; may feel like a heart attack
 - c. _____
 - d. must have had 4 attacks in a 4 week period OR have one or more followed by at least one month of persistent fear of having another attack
 - e. relatively common in college students
 - f. onset is typically in mid 20s to early 30s
 - g. two types of panic disorder
 - (1) _____ - afraid to go out of the house
 - specifically, **agoraphobia** is the fear of being in public places from which escape might be difficult or help not available in case of incapacitation
 - person may have had panic attacks and may be restricting where they will go: there is a gradual closing in - only leave the house with "safe person" or never leave at all
 - twice as common in females
 - (2) _____ - equally common in males and females
 - h. you must rule-out certain physiological abnormalities which symptomalogically look a lot like panic disorder
 - (1) R/O - hyperthyroidism - may mimic panic attacks feeling
 - (2) R/O - mitral valve prolapse - heart valve problem due to congenital abnormality - leads to panic symptoms in some people
 - (3) R/O - _____ - you must rule out a _____ cause

2. Agoraphobia without history of panic disorder

- a. usually person has had *limited symptom panic attacks*
- b. not enough to be diagnosed as having panic disorder

3. Phobias

- a. fears related to specific kind of situations or objects
- b. generally this fear is considered irrational by self and others
- c. the fear is way out of perspective, or proportion, to the real danger
- d. phobias tend to be more common in females
- e. _____ - refers to persistent fear of one or two objects

- common simple phobias - animals (snakes, dogs, spiders), heights (acrophobia), blood, closed spaces (claustrophobia)
- f. **social phobia** - fear related to being in social situations where you might be evaluated by others -- public speaking falls here
- develops in late childhood or early adolescence
 - more prevalent in males than females
- g. there is a definite behavioral component of avoidance - avoid feared stimulus avoidance, then, is reinforced
- h. the diagnosis can only be given if the avoidant behavior interferes with the person's normal routine, usual activities, or relationships with others, or if there is marked distress about having the fear
- i. **Explanation of phobias**
1. not good at finding biological explanation
 2. popular explanations include psychoanalytical and behavioral
 - a. _____ - phobias are some kind of displaced anxiety
 - some id impulse is so threatening that the ego displaces anxiety onto something else --
 - displacement is a defense mechanism
 - b. _____ theories -
 - (1) _____
 - Classically condition to feared stimulus, then
 - avoidance is negatively reinforced
 - (2) _____ - most important factor in the treatment of phobias
 - (3) _____ - develop hierarchy around the feared situation
 - (a) rank stages from lowest levels of anxiety to highest
 - (b) teach relaxation techniques
 - (c) have the client relax while they imagine the frightening situations
 - (d) gradually desensitize to feared stimulus
 - (e) this is imaginary
 - (4) flooding - real life -- put person into situation and don't let them escape
 - person is flooded with anxiety, gradually extinguish the fear
 - (5) both flooding and systematic desensitization have been shown to be effective
 - the key point in exposure is that you don't let the client escape during their anxiety or they will be negatively reinforced

- c. _____
- (1) People have used antidepressant medications for the treatment of agoraphobia
 - (2) imipramine - helpful especially if the agoraphobia includes panic attacks
 - (3) may decrease the probability of having panic attacks
 - (4) allow the person to go outside
 - (5) however, the evidence for the longevity of the treatment - the staying power of this treatment - is not strong

4. _____ (OCD) characterized by
- a. _____ which are persistent thoughts, impulses, or ideas; person recognizes this in her or his mind, but they can't control the thoughts
 - e.g., images of unacceptable sexual behaviors, thoughts of dying, belief that they are somehow contaminated
 - b. _____ are behaviors that are repetitive and intentional or rituals that are performed in response to the obsession in order to relieve the anxiety
 - e.g., checking behaviors, hand washing (give example of door closing and breathing) there is a magical quality to controlling the obsessive thoughts
- (1) for DSM: "compulsive gambling", "compulsive eating" are not compulsions, these are "pleasurable" to people while engaging in them

c. Theories of OCD

- (1) Behavioral theory - Two factor learning theory -- classically conditioned - maintained by avoidance behavior
- (2) Biological explanation -- involves the neurotransmitter serotonin - postulated that there is too much serotonin -- this has led to the use of antidepressants for the treatment of OCD

d. most common treatment: *in vivo treatment*, real life _____

- (1) must prevent the avoidance behavior or you will only increase the cycle
- (2) Psychoanalysts criticize this treatment on the grounds that if you treat the *symptom*, and not the underlying cause - another symptom will pop up
- (3) There is NO evidence for symptom substitution
- (4) this behaviorally based treatment of exposure with response prevention is successful and other symptoms do not "pop up"

5. _____ (PTSD)

- a. group of symptoms for about one month after the event that is considered outside the range of normal human experience -- extremely traumatic
 - e.g., wars, earthquakes/natural disasters, concentration camps
- b. question is: what is normal experience?
 - (1) spouse abuse? not statistically rare - not "outside the range", but you do see PTSD symptoms in some people like this
 - (2) rape and sexual abuse - may lead to PTSD like symptoms

- (3) DSM's definition is constantly evolving

c. Symptoms

- (1) _____, such as

- (a) dreaming, nightmares, flashbacks, constant memories
- (b) stimuli or situations will bring memories back

- (2) _____

- (a) may avoid situations that bring up feelings
- (b) may not be able to avoid some of these situations, in this case they learn how not to feel anything anymore - they go numb - this is an adaptive response
- (c) can cut self off from feeling or off from thoughts -- may have "amnesia" of event
- (d) engage in physical or emotional avoidance

- (3) _____

- (a) sleep problems, irritable,
- (b) hypervigilance - incredibly sensitive to things going on around them, can be viewed as an adaptive response,
- (c) exaggerated startle response
- (d) difficulty concentrating

- d. symptoms may begin right after trauma for some people, and for others it may take longer

- delayed onset - after six months

- e. often see problems with drug or alcohol abuse -- self medication

f. Stage theory of PTSD

- (1) 1st stage - shock stage - dazed, disoriented
- (2) 2nd stage - suggestible stage - passive, suggest what people should do, direct the person -- own coping hasn't yet kicked in
- (3) 3rd stage - recovery stage - experience anxiety or go back to normal functioning --either person goes back or you see signs of PTSD
 - Viet Nam vets - best predictor of PTSD is _____

- g. other names of PTSD used in war settings include shell shocked & battle fatigue

6. _____ (GAD)

- a. Characterized by chronic, unrealistic and excessive anxiety about 2 or more areas of functioning -- key is chronic, excessive, & 2 or more areas

- b. see in these people - motor tension, hyperactive nervous system (seating, dry mouth), concentration problems, hypervigilance, sleeping problems

- c. GAD is the _____
- d. to be diagnosed with GAD it must interfere with normal functioning
- e. also see drug and alcohol abuse to control the anxiety