



Nature of Anxiety and Fear

- Anxiety and Fear: moods (normal!), symptoms, and syndromes

A cartoon illustration of a person on a surfboard. The person has a wide-eyed, fearful expression, with sweat drops on their forehead and their hands raised in a panic. The surfboard is tilted upwards, and there are splashes of water around it, suggesting the person is being thrown or is struggling in the water.

Nature of Anxiety and Fear

- Fear
 - Fight or flight
 - Sympathetic activation
 - Avoidance & escape
 - Present-oriented

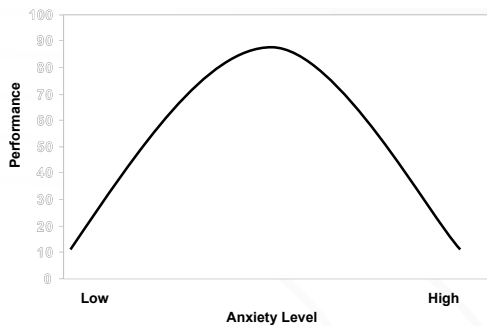
A reproduction of the painting "The Scream" by Edvard Munch. It shows a figure in the foreground, looking out over a dark, turbulent sea under a dark, stormy sky. The overall mood is one of intense emotional distress and fear.

Nature of Anxiety and Fear

- Anxiety
 - Tension
 - Unpredictable
 - Uncontrollable
 - Future-oriented



Anxiety and Performance: The Yerkes-Dodson Inverted “U”

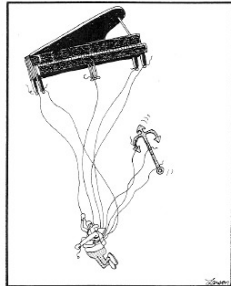


Characteristics of Anxiety Disorders

- Pervasive and persistent anxiety and fear
- Excessive avoidance and escapist tendencies
- Causes clinically significant distress and impairment

What is a Panic Attack?

- Abrupt experience of intense fear or discomfort
- Several physical symptoms (e.g., breathlessness, chest pain)
- Analogous to fear as an alarm response



Murray didn't feel the first pangs of real panic until he pulled the emergency cord.

DSM-IV Subtypes of Panic Attacks

- Situationally bound (cued)– Expected and bound to specific situations
- Unexpected (uncued)– “out of the blue”
- Situationally predisposed– May or may not occur in specific situations

Biological Contributions to Anxiety and Panic

- Diathesis-Stress
 - Inherited vulnerabilities for anxiety and panic
 - Stress and life circumstances determine type



Biological Contributions to Anxiety and Panic

- GABA circuits
- Corticotropin releasing factor (CRF) and HPA axis
- Limbic (amygdala) and the septal-hippocampal systems

Biological Contributions to Anxiety and Panic

- Fight/flight (FF) system
 - Serotonin?
 - Brainstem - amygdala - hypothal.
- Behavioral inhibition system (BIS)
 - Brainstem - amygdala - septal-hippocampal system

Psychological Contributions to Anxiety and Fear

- Began with Freud
 - Reactivation of an infantile fear situation



Psychological Contributions to Anxiety and Fear

- Behavioral Views
 - Classical and operant conditioning and modeling
- Psychological Views
 - Early experiences with uncontrollability and unpredictability

Psychological Contributions to Anxiety and Fear

- Social Contributions
 - Stressful life events trigger biological/psychological vulnerabilities
 - Familial and interpersonal

An Integrated Model

- Biological vulnerability
- Psychological vulnerabilities
 - Negative Schemas
- Experiences

Common Processes: The Problem of Comorbidity

- 55% have concurrent dx
- Major depression most common
- Common factors across anxiety and mood disorders

The Anxiety Disorders

- Generalized Anxiety Disorder
- Panic Disorder with and without Agoraphobia
- Specific Phobias
- Social Phobia
- Posttraumatic Stress Disorder
- Obsessive-Compulsive Disorder

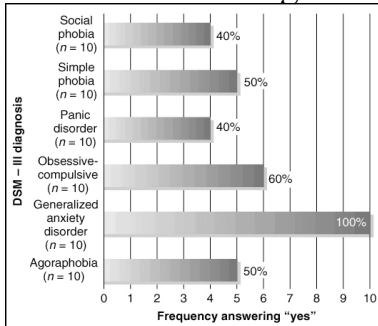
Generalized Anxiety Disorder: The “Basic” Anxiety Disorder

- Defining Features
 - Excessive uncontrollable anxious apprehension and worry about life events
 - Strong, persistent anxiety
 - Lasts \geq 6 months
 - Somatic symptoms differ from panic (muscle tension, fatigue, irritability...)



"It's the mallman, doc. He scares me."

“Do you worry excessively about minor things?”

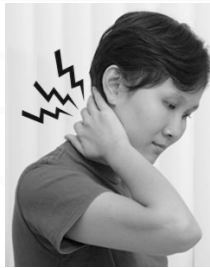


Generalized Anxiety Disorder:

- Statistics
 - 4% prevalence; One of the most common
 - Females : males approximately 2:1
 - Insidious onset in early adulthood
 - Tendencies run in families
 - Chronic

Generalized Anxiety Disorder

- “autonomic restrictors”
- Emotional avoidance
- Chronic worriers



Generalized Anxiety Disorder

- Treatment: Generally Weak
 - Benzodiazapines
 - Cognitive effects
 - Highly addictive
 - Psychological interventions – Cognitive-Behavioral Therapy

Panic Disorder With and Without Agoraphobia

- Overview and Defining Features
 - Experience of unexpected panic attack (i.e., a false alarm)
 - Develop anxiety, worry, or fear about having another attack or its implications that persist for 1 month or more

Panic Disorder With and Without Agoraphobia

- Overview and Defining Features
 - Agoraphobia – Fear or avoidance of situations/events associated with panic

Panic Disorder With and Without Agoraphobia

- Facts and Statistics
 - 3.5% of the general population meet diagnostic criteria for panic disorder
 - Two thirds with panic disorder are female
 - Onset is often acute, beginning between 25 and 29 years of age

Panic Disorder

- Associated Features
 - Nocturnal panic attacks – 60% experience panic during deep non-REM sleep
 - Interoceptive/exteroceptive avoidance, catastrophic misinterpretation of symptoms

Panic Disorder: Treatment

- Medication Treatment of Panic Disorder
 - Target serotonergic, noradrenergic, and benzodiazepine GABA systems
 - SSRIs (e.g., Prozac and Paxil) are currently the preferred drugs
 - Relapse rates are high following medication discontinuation

Panic Disorder: Treatment

- 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

Specific Phobias: An Overview

- Overview and Defining Features
 - Extreme irrational fear of a specific object or situation
 - Markedly interferes with one's ability to function
 - Persons will go to great lengths to avoid phobic objects, while recognizing that the fear and avoidance are unreasonable

Specific Phobias: An Overview

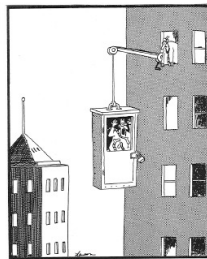
- Facts and Statistics
 - Females are again over-represented
 - About 11% of the general population meet diagnostic criteria for specific phobia
 - Phobias run a chronic course, with onset beginning between 15 and 20 years of age

Specific Phobias: Causes

- Biological and evolutionary vulnerability
- Direct conditioning
- Observational learning
- Information transmission

Specific Phobias: Treatment

- Psychological Treatments of Specific Phobias
 - Cognitive-behavior therapies are highly effective
 - Structured and consistent graduated exposure-based exercises (systematic desensitization)
 - Flooding



Professor Gollagher and his controversial technique of simultaneously confronting the fear of heights, snakes, and the dark.

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 reexperience the event (e.g., memories, nightmares, flashbacks)

Posttraumatic Stress Disorder (PTSD): An Overview

- Overview and Defining Features
 - Avoidance of cues that serve as reminders of the traumatic event
 - Emotional numbing and interpersonal problems are common
 - Markedly interferes with one's ability to function

Posttraumatic Stress Disorder (PTSD): An Overview

- Overview and Defining Features
 - PTSD diagnosis cannot be made earlier than 1 month post-trauma
- Statistics
 - Combat and sexual assault are the most common traumas
 - About 7.8% of the general population meet criteria for PTSD

Posttraumatic Stress Disorder (PTSD): Subtypes and Associated Features

- Acute PTSD - May be diagnosed 1-3 months post trauma
- Chronic PTSD - Diagnosed after 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

Posttraumatic Stress Disorder (PTSD): Causes

- Intensity of the trauma and one's reaction to it (i.e., true trauma)
- Uncontrollability and unpredictability
- Extent of social support, or lack thereof post-trauma
- Direct conditioning and observational learning

Posttraumatic Stress Disorder (PTSD): Treatment

- Psychological Treatment of PTSD
 - Cognitive-behavior therapies (CBT) are highly effective
 - CBT may include graduated or massed (e.g., flooding) imaginal exposure

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
 - Contamination
 - Aggression
 - Symmetry

Obsessive-Compulsive Disorder (OCD): An Overview

- Overview and Defining Features
 - Compulsions - Thoughts or actions to suppress the obsessions
 - Overt: cleaning and washing, checking rituals
 - Covert: sequencing, repetition

Obsessive-Compulsive Disorder (OCD): Obsessions

- Doubt 'Did I lock the door' (M, 28)
- Thought/Fear that he had cancer (M, 46)
- Thought/Image that he had knocked someone down in his car (M, 29)

Obsessive-Compulsive Disorder (OCD): Obsessions

- Impulse + thought to shout obscenities in church (F, 19)
- Image of corpse rotting away (F, 27)
- Impulse to drink from inkpot and to strangle son (M, 41)

**Obsessive-Compulsive Disorder:
Statistics and Features**

- About 2.6% lifetime prevalence
- Mostly female
- Onset in early adolescence or young adulthood
- OCD tends to be chronic

**Obsessive-Compulsive
Disorder (OCD): Treatment**

- Medication
 - Clomipramine and other SSRIs
 - Up to 60% of patients success
 - Relapse is common when discontinued
 - Psychosurgery (cingulotomy)

**Obsessive-Compulsive
Disorder (OCD): Treatment**

- Psychological Treatment
 - Cognitive-behavioral therapy (CBT) is most effective
 - CBT involves exposure and response prevention
 - Combining tx does not work as well as CBT alone

Summary of Anxiety-Related Disorders

- Anxiety disorders represent some of the most common forms of psychopathology

Summary of Anxiety-Related Disorders

- From a normal to a disordered experience of anxiety and fear
 - Fear and anxiety persist to bodily or environmental non-dangerous cues
 - Symptoms and avoidance cause distress and impairment
 - Consideration of biological, psychological, experiential, and social factors

Summary of Anxiety-Related Disorders

- Psychological treatments are generally superior in the long-term
 - Most treatments for different anxiety disorders involve exposure
 - Suggests that anxiety-related disorders share common processes
