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ANXIETY DISORDERS AND PHOBIAS: ASSESSMENT AND TREATMENT

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Areas to be covered

ASSESSMENT

- aetiological model
  - distal factors
  - proximal precipitating factors
  - maintaining factors
- general approach to assessment
- specific assessments
- monitoring and evaluation of intervention

TREATMENT

- behavioural and cognitive-behavioural approaches are established as empirically supported
- survey range of methods employed
- focus on selected methods
- examine clinical applications

Aetiology of anxiety problems

- Learning model
- Conditioning processes
  - specific stimuli or events associated with fear responses
- Temperamental differences in fearfulness
  - appearance prior to opportunities for learning
  - evidence of stability during early childhood
- Evolutionary preparedness
  - differential conditionability of phobic objects
  - variability in desensitization effects
- Cognitive processing, schemata and meta-cognitions
  - hyper-vigilance to fear-arousing cues
  - over-estimation of negative events
  - mis-interpretation of bodily sensations

Maintenance of anxiety reactions

- Mowrer's two-factor theory:
  - aversive responses to feared stimuli
  - negative reinforcement through avoidance and anxiety reduction
- Clark's model of panic
  - selective attention
  - avoidance of feared situations
  - safety behaviours
- Cognitive model:
  - core beliefs
  - meta-cognitions

DSM-IV categories of anxiety disorders

- Specific phobias
- Agoraphobia
- Panic disorder
- Generalized anxiety disorder
- Social phobia
- Obsessive-compulsive disorder
- Post-Traumatic Stress Disorder

Co-morbidity and DSM-IV categories

Between anxiety and other disorder categories

- 60% of individuals with one DSM-IV diagnosis also meet criteria for another
- 83% of those with Generalised Anxiety disorder met criteria for at least one other disorder
- Rates of co-morbidity between anxiety disorders and other disorders vary between 46% and 93%

Between different anxiety disorders

- High rates of co-morbidity are observed between different DSM-IV anxiety disorders
- Strong links have been found between diagnosis of anxiety disorders and hypochondriasis, somatization and other problems such as substance abuse
- Reasons for co-morbidity are difficult to interpret, especially with regard to whether they are clinical or artifactual

General assessment scheme

- Clinical interview
- Behavioural assessment, e.g.
  - Self-report / self-monitoring
  - Diaries, self-ratings
  - Subjective units of distress / fear thermometer
- Structured psychometric assessment, e.g.
  - Beck Anxiety Inventory, State-Trait Anxiety Inventory, Hospital Anxiety & Depression Scale, Fear Survey Schedule
- Physiological indicators (less frequently used)
  - Heart rate, Respiratory rate, EMG, GSR
- Medical background information

Summary of assessment for panic disorder

(following Lindsay, 1994, and Wells, 1997)

- Diary: daily record of occurrence (or not) of panics, severity and duration, circumstances
- For detailed description: Panic Attack Questionnaire
- To assess factors influencing panics:
  - Anxiety Sensitivity Index; Panic Cognitions Questionnaire
- For evaluation of pre-post treatment changes:
  - Panic Symptoms Questionnaire
- Provocation test to reproduce symptoms pre-post treatment
- Daily Record of Dysfunctional Thoughts

Summary of assessment for agoraphobia

(following Lindsay, 1994, and Wells, 1997)

- Diary of daily occurrence (or not) of panics; frequency, duration and severity data; circumstances and consequences
- Diary of other activities, e.g social interaction
- Compile hierarchy of fear-provoking situations
- Assessment of fear and avoidance pre-post treatment:
  - Agoraphobia Scale
- Assessment of influences pre-post treatment:
  - Anxiety Sensitivity Index; Agoraphobia Cognitions Questionnaire; Fear Questionnaire
- Behavioural assessment
  - therapeutic tasks; avoidance and safety behaviours
- Record of state anxiety
  - (idiographic self-rating scale or use of STAI items)

Summary of assessment for social phobia

(following Lindsay, 1994, and Wells, 1997)

- Diary to record daily occurrence (or not) of anxiety; circumstances and consequences; patterns of social interaction
- Dysfunctional Thoughts Record and Social Interaction Self-Statement Test
- Structured assessments:
  - Fear of Negative Evaluation Scale
  - Social Avoidance and Distress Scale
  - Social Cognitions Questionnaire
  - Social Interaction Anxiety Scale
  - Social Phobia Scale

Behaviour therapies for anxiety problems

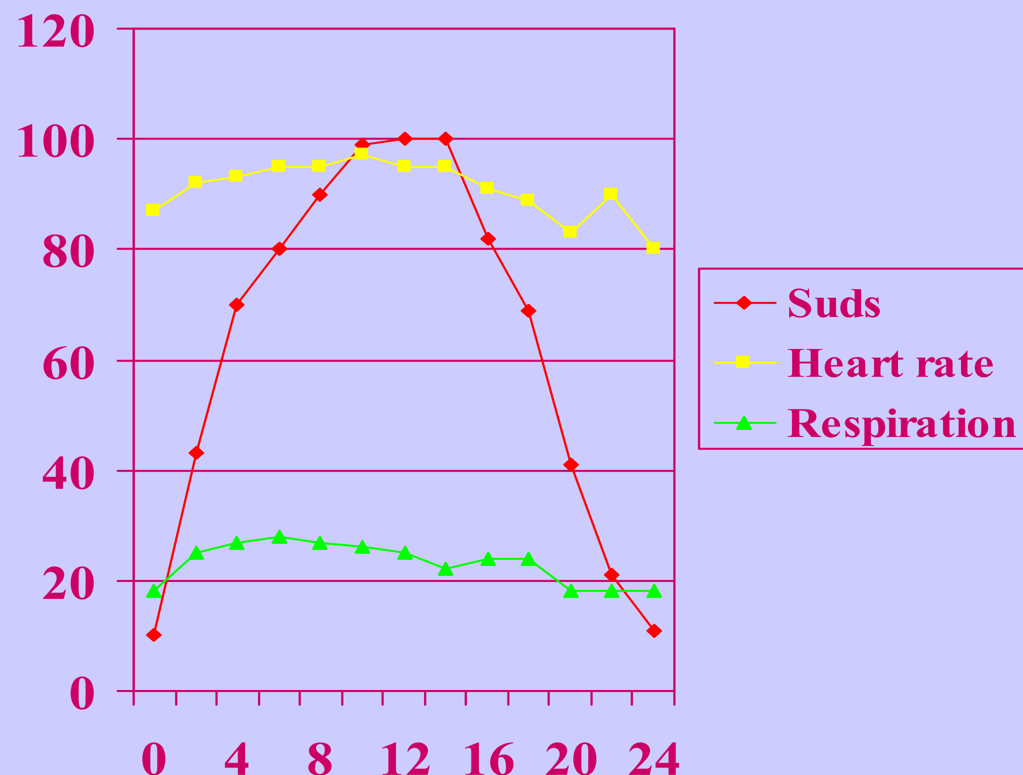
- Flooding
- Relaxation training
- Systematic desensitization
- Graded exposure
- Stress inoculation
- Assertiveness training
- Anxiety Management Training (AMT)

Changes in distress during exposure sessions

The graph shows typical changes in subjective and physiological indicators over a 24-minute period. Modified from S. D. Lande (1982) *Beh.Res.Therapy*, 20, 81-88; cited in Lindsay (1994).

The vertical axis shows anxiety indicators; the horizontal axis time in minutes.

Suds = Subjective Units of Distress



Procedures to promote the efficacy of exposure

(adapted from Lindsay, 1994)

- Long sessions (30+ minutes)
- Frequent sessions (2+ per week)
- Thorough engagement
- Ensure some arousal but avoid high arousal during exposure
- Homework between sessions
- Prevention of avoidance, reassurance
- Booster sessions after completion of treatment
- Monitor reduction of fear in:
  - subjective report
  - behavioural avoidance
  - physiological arousal

Generic cognitive theory of anxiety disorder

(following Wells, 1997)