Anxiety Overview:  
A Cognitive Behavioral Approach

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Anxiety Disorders are:

• Highly prevalent (most common class of mental disorder)  
• Real & potentially disabling  
• Found in all groups of people  
• Under-recognized & under-treated  
• Variable in presentation  
• Treatable

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The Costs of Anxiety Disorders

• Symptom distress and disability  
• Medical and psychological complications  
• Impact on family / Alienation  
• 1/3 of indirect costs of mental illness due to anxiety

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What is Anxiety?

- Normal, natural, built in through evolutionary processes
- Response to the perception of future threat or danger
- We need this to prepare for future potential difficulties
- Some anxiety is actually good for performance (Yerkes-Dobson)

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What is Panic?

- Normal, natural, built in through evolution
- Response to the perception of immediate threat or danger
- We need this to protect ourselves from danger

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Panic Continued

• Panic is our “Fight – or – Flight” response
• Natural selection selected out those that did not have this response system
• It is an alarm reaction
• Good in short bursts, problem if returns when there is no external cue for danger

Anxiety Disorders

• Our Fight – or – Flight system gets activated when it does not need to
• The fear is perceived but, by most standards, is far less than it is judged to be
• Everyday occurrences become overwhelming
• Behaviors interfere with daily functioning

Cognitive Behavior Therapy for Anxiety Disorders

• Correct misinformation and faulty threat appraisals
• Teach adaptive (nonavoidant) coping skills
• Contain maladaptive (avoidant) coping
• Facilitate exposure and readjustment to feared situations
• Teach relapse prevention
Advantages of CBT

- Favorable long-term outcome
- Inexpensive in the long run
- Minimal side effects
- Nondrug approach

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PET Scans

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PET Scans

Pre and post CBT and ERP for an OCD patient.

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Disadvantages of CBT

- Inaccessible in many areas
- Takes effort and time commitment
- Some patients prefer medications
- More expensive than medication in the short run

Four Basic Fears

Threats to the integrity of:

* Physical Status
* Mental Status
* Social Status
* Spiritual Status

Avoidant Coping

- Based on misappraisal of threat
- Intention is to avoid fear stimulus or the danger it signals
- Precludes adequate exposure to fear stimulus
- Does not allow a disconfirmation of the threat misappraisal
Avoidance Continued

- People go for short term relief, at a long term cost
- Therapeutic anxiety prevention relies on short term discomfort with a person waiting that pain out until it goes away on its own
- They realize that there are not long term negative effects of suffering through the exposure

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Common Distortions

- Severity
  - It will be the worst thing in the world and I will die
- Probability
  - It will definitely happen, no question
- Efficacy
  - I will not be able to handle it

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Cognitive Behavioral Model for the Treatment of Anxiety Disorders: Maintenance

Fear Stimulus
- Misinterpretation of Threat
  - Anxiety
  - Avoidant Coping
  - Absence of Corrective Experience

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Separation Anxiety

- Leaving parent
- Some thing horrible will happen and I will never see them again
- Increased anxiety
- Fights going to school, plays sick
- Does not experience handling being separated; maintains faulty beliefs

Separation Anxiety Disorder

- Developmentally inappropriate and excessive anxiety concerning separation from home or those to whom the individual is attached, evidenced by three or more of the following:
  - Recurrent distress when separation from home or attachment figures occurs or is anticipated

Separation Anxiety Continued…

- Persistent worry about losing or harm befalling major attachment figures
- Worry that a feared event will lead to extended separation (as in being kidnapped)
- Refusal to go to school or elsewhere due to fear of separation
- Refusal to be alone or without major attachment figures
Separation Anxiety Continued…

- Fear of going to sleep without being near attachment figures or to sleep away from home
- Nightmares with themes of separation
- Complaints of physical symptoms when separation occurs or is anticipated

• Lasts at least 4 weeks
• Onset before age 18
• Clinically significant impairment

Kearney Model

• 4 Areas
  - Negative Reinforcement
    • Avoidance of Aversive Stimuli
    • Avoidance of Social Evaluation
  - Positive Reinforcement
    • Seeking Attention
    • Seeking Tangible Rewards

Treatment Ideas

• Home is an Economy
• Negative Reinforcement Concerns:
  – Exposure and Response Prevention Therapy
  – Cognitive Behavioral Therapy
• Positive Reinforcement Concerns:
  – Family Contracting
  – Peer Refusal Skills
  – Reward / Consequence Programs

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The Anxiety Disorders

- Panic Disorder, with/without Agoraphobia
- Obsessive-Compulsive disorder
- Social Phobia
- Specific Phobia
- Post-Traumatic Stress Disorder
- Acute Stress Disorder
- Generalized Anxiety Disorder

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General Notes

- To be diagnosed with an Anxiety Disorder, there must be significant interference in a person’s social, occupational, or other type of functioning
- I will list some tips about seeking professional help after each diagnosis
- For Diagnosis, we use the “Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text- Revised (DSM-IV-TR)”

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DSM-IV-TR Criteria for Panic Attack

A discrete period of intense fear or discomfort, in which four (or more) of the following symptoms developed and reached a peak within 10 minutes...

- Palpitations, Sweating, Trembling, Shortness of breath, Choking, Chest pain, Nausea, Dizziness, Derealization or depersonalization, Fears of losing control, Fears of dying, Numbness, Chills or hot flashes

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DSM-IV-TR criteria for Panic Disorder

• Recurrent unexpected Panic Attacks
• One of the attacks is followed by one month or more of one or more of the following:
  – Concern about having future attacks
  – Worry about the implications of an attack
  – Change in behaviors related to the attacks

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DSM-IV-TR criteria for Agoraphobia

• Literally “fear of the marketplace”
• A strategy for coping with panic attacks by avoiding situations in which escape might be difficult or help may not be available
• Often includes avoidance of:
  Malls, Bridges, Driving, Theaters, Being away from a safe place or a safe person,
  Big box stores, long trips

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Signs for getting some help

• Frequent visits to the ER or cardiologist
• Feeling the need to have a safe person around or to stay in a safe place
• Use of medications to get through situations
• Fears of bodily sensations or changes

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DSM-IV-TR Criteria for Obsessive Compulsive Disorder

• Either Obsessions or Compulsions or both

• Obsessions:
  – Recurrent thoughts, impulses, or images experienced as intrusive and that cause anxiety or distress

• Compulsions:
  – Repetitive behaviors or mental acts that a person feels compelled to perform in response to an obsession or according to rigid rules with the goal of neutralizing the obsession

Signs for getting some help

• Rituals are taking up more than an hour a day
• Other people are used for reassurance and completing rituals
• You would be embarrassed if others knew what you were doing
• It amazes you that others do things so quickly

DSM-IV-TR Criteria for Social Phobia

• Marked and persistent fear of one or more social or performance situations in which a person is exposed to unfamiliar people or to the possible scrutiny of others. They fear they will act in a way that is humiliating or embarrassing.

• Exposure to the feared situation provokes anxiety
Signs for getting some help

- It is hard to even write your name in front of others
- You cannot use a urinal or toilet if others are around
- Speeches make you change your major
- You are always worried about what everyone else will think about you

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DSM-IV-TR criteria for Specific Phobia

- Persistent excessive fear cued by the presence or anticipation of an object or event
- Exposure to the object or event brings about immediate significant anxiety or panic
- Recognition that the fear is excessive
- The feared object or event is avoided or endured with great difficulty

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Signs for getting some help

- Driving, which is more dangerous than flying, is preferred
- A picture of a snake sends you fleeing
- Blood or needles cause you to pass out
- All tall buildings are avoided, even if a relative lives in one

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DSM-IV-TR criteria for Post-Traumatic Stress Disorder and Acute Stress Disorder

- Person has been exposed to a traumatic event in which both were present:
  - Actual or threatened death or serious injury was witnessed or experienced
  - The response to that event was intense fear, helplessness, or horror

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PTSD and ASD continued

- Re-experiencing of the event
- Avoidance of stimuli that cue memories of the event
- High levels of anxiety and arousal
- PTSD if the symptoms last over one month
- ASD if the symptoms last under one month

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Signs for getting some help

- Events from years ago still haunt you
- Startle response is above what is helpful for most situations
- You take a very long way to get to places to avoid passing a place where you witnessed a traumatic event
- Constant nightmares
- Person becomes withdrawn

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DSM-IV-TR criteria for Generalized Anxiety Disorder

- Excessive anxiety and worry for more than 6 months about a number of events or activities
- It is difficult to control the worry
- 3 or more of the following are present
  - Restlessness, fatigue, mind going blank
  - Irritability, muscle tension, sleep difficulty

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Signs for getting some help

- Difficulties in making even small decisions
- Constantly worrying about minor events
- Restricting other’s behaviors so that you do not have to worry about them

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Cognitive Behavioral Model for the Treatment of Anxiety Disorders: Maintenance

Fear Stimulus
  - Misinterpretation of Threat
    - Anxiety
      - Avoidant Coping
        - Absence of Corrective Experience

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Correction of a Potential Anxiety Disorder

Fear Stimulus → Next Presentation of Fear Stimulus
Misappraisal of Threat → Corrective Experience → Accurate Threat Appraisal
Misappraisal of Anxiety → Adaptive Experience → Adaptive Appraisal
Adaptive Coping → Adjustment of Threat Appraisal → Adaptive Emotional Response
Adaptive Behavior

Contact

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