

ANXIETY DISORDERS AND PHOBIAS ASSESSMENT AND TREATMENT

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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 artificial

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

Behaviour therapies for anxiety problems

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