Anxiety Disorders in Emerging Adults:

Conceptualization and Cognitive-Behavioral Approaches

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Anxiety Disorders: Epidemiology

- Most prevalent psychiatric disorders (28.8%) in 2005
- Among emerging adults (ages 18-25 years), the prevalence is ~11-26%
- Many anxiety disorders develop in childhood and persist if not treated
- More common in females than in males (approximately 2:1 ratio)

Emerging Adults

- Ages 18-25
- To treat anxiety disorders in this age group, we must appreciate:
  - Unique challenges
    - Occupational
    - Social
    - Financial
    - Developmental
  - The reciprocal relationship between anxiety and developmental achievement

Anxiety is a symptom!

- Fear: emotional response to real or perceived imminent threat
  - Surges of autonomic arousal necessary for fight or flight, thoughts of immediate danger, and escape behaviors
- Anxiety: anticipation of future threat
  - Muscle tension, vigilance in preparation for danger, cautious or avoidant behaviors

Anxiety is a **normal response** to danger

Anxiety disorders are characterized by **excessive** or **persistent** anxiety

Anxiety Disorders: Core Features

- **Excessive fear and anxiety** with **related behavioral disturbances**
  - determination of "excessive" is **made by the clinician, taking cultural contextual factors into account**
- Anxiety disorders differ from developmentally normative fear or anxiety by being **excessive or persisting beyond developmentally appropriate periods**.
- Anxiety disorders differ from transient fear or anxiety by being **persistent.**
- Anxiety disorders differ from one another in the triggers that induce fear/anxiety and the associated cognitive ideation.

DSM5

Anxiety Disorders: Core Diagnostic Criteria

- Anxiety is **out of proportion** to the actual danger and to the sociocultural context

- Anxiety is **persistent** (typically 6 months or more)

- Anxiety causes **clinically significant distress or impairment** in social, occupational, or other important areas of functioning

- NOT better explained by symptoms of another mental disorder

- NOT attributable to the a substance or medical condition

DSM5

Normal v. Abnormal Anxiety

A 17-year-old female high school student, currently in her senior year, describes worry about school performance. Her goal is to maintain a 4.0 GPA; she explains that any slack in her strict study schedule could jeopardize this goal. She worries that she will not do well on her exams and the possible repercussions, including not getting accepted to college. These concerns are not bothersome, but rather motivate her to schedule her time wisely and prepare extensively for her exams. She feels generally well: she sleeps well, has ample energy, engages in self-care, and denies physical complaints. She maintains an active social life and has a 4.0 GPA.

Normal v. Abnormal Anxiety

She beings college in the fall and gets good grades on her assignments. Nevertheless, her worries begin to mount, and she fears that her school performance is not "good enough." Over the course of her freshman year, she becomes preoccupied with worries, which also include the quality of her homework, how she compares to other students, and being able to maintain a 4.0 so she can get a summer internship. These worries cause her to sleep poorly and feel irritable with friends and family. She develops muscle tightness in her shoulders and back and constantly feels "stressed out." She has difficulty concentrating during the day. She cannot fall asleep at night, and frequently sleeps through her morning classes.

Anxiety Disorders

- **Generalized anxiety disorder**
  Excessive, difficult to control worry associated with physical symptoms

- **Panic disorder**
  Recurrent unexpected panic attacks followed by worry about future panic attacks –or- maladaptive behavioral changes related to the attacks

- **Specific phobia**
  Fear or anxiety about a specific object or situation, such that it is avoided or only endured with intense distress.

- **Social phobia**
  Fear or anxiety about social situations in which the individual is exposed to possible scrutiny.

DSM5

Case Conceptualization

Identification of Triggers

Identification of the "ABCs"

- **A**larms: Physical sensations and emotions
- **B**eliefs: Thoughts
- **C**oping: Behaviors in response to anxiety

Exploration of complicating factors

- Patient-related (e.g., personality features, psychiatric or medical co-morbidity, substance use)
- External (e.g., family involvement, upbringing, contextual stressors)

Adapted from Bystritsky, 2017

Cognitive Behavioral Therapy Model

Bystritsky et al., *Pharmacy and Therapeutics* 2013
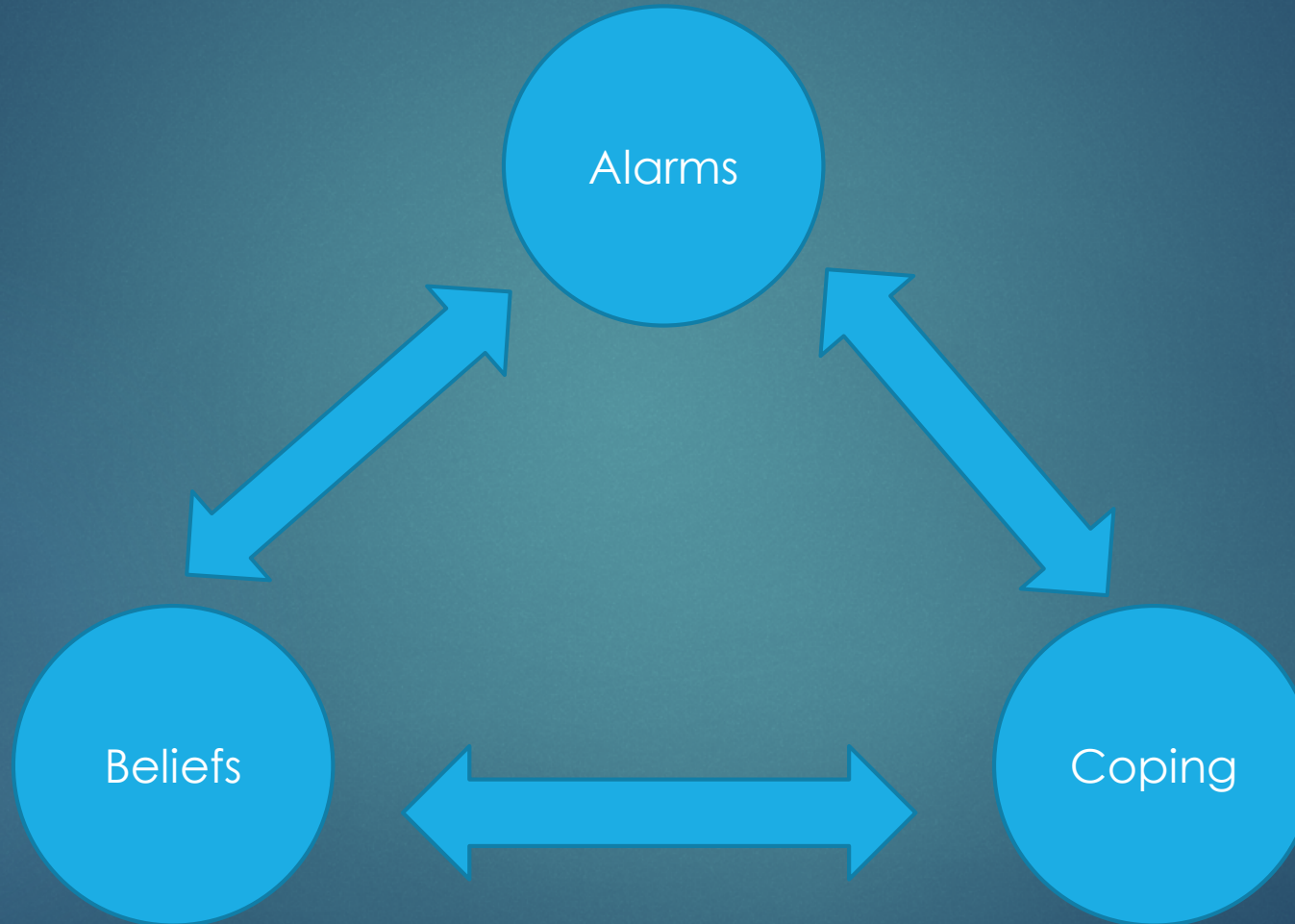
A-B-Cs of Anxiety: Alarms

Physical sensations and **emotions** associated with anxiety

- Panic symptoms (palpitations, sweating, trembling, shortness of breath, choking sensation, chest pain, nausea, dizziness, temperature changes, paresthesia)

- Muscle tension

- Dry mouth

- GI upset

Bystritsky et al., *Pharmacy and Therapeutics* 2013

A-B-Cs of Anxiety: Beliefs

Anxious **thoughts** and **worries**

▶ Fear of "going crazy" or dying

▶ Worry about negative outcomes (death, harm, negative appraisal)

▶ Anticipation

Bystritsky et al., *Pharmacy and Therapeutics* 2013

A-B-Cs of Anxiety: Coping

Behaviors in response to anxious thoughts and feelings

▶ Avoidance

▶ Escape

▶ Hypervigilance

▶ Over-preparing

▶ Repetitive behaviors

▶ Compulsions

▶ Safety behaviors

▶ Seeking reassurance

▶ Mental actions

Bystritsky et al., *Pharmacy and Therapeutics* 2013

Case Study: Social Phobia

Sara is a 19-year-old high-school senior brought in by her mother to help with her long-standing shyness. Sara describes herself as **constantly tense**, describing **"really bad" anxiety** for several years characterized by episodes of **dizziness and crying**. She is generally **unable to speak** in any situation outside of her home or school classes. She **refuses to leave her house** alone for fear of being forced to interact with someone. She is especially anxious around her peers but is also "too nervous" to speak to adult neighbors she had known for years. She feels it impossible to walk into a restaurant and order from "a stranger at the counter" for **fear of being humiliated**. Patient has always been "shy" and had been teased at school since she started kindergarten. Now a senior in high school, her guidance counselor contacted her parents with the concern that her anxiety and **social isolation** were keeping her from making the sort of grades and doing the sort of extracurricular activities that were necessary to get into college. Patient is **unsure whether she even wants to apply to college** due to her **fears of being rejected** in the new environment.

Adapted from DSM5: Clinical Cases

Case Study: Social Phobia

Alarms	**B**eliefs	**C**oping
Anxiety	"I will be humiliated"	Will not leave house (avoidance)
Crying		Will not order at restaurant. [Has mother order for her]
Dizziness		Social isolation, not talking to others (avoidance)
Tension		Does not participate in extracurricular activities (avoidance)
		Not applying to college (avoidance)

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Unique challenges of emerging adulthood

1. Home Life
2. School Performance
3. School Attendance
4. Romantic Relationships
5. Peer Pressure

6. Teacher Interactions
7. Future Uncertainty
8. School/Leisure Conflict
9. Financial Pressure
10. Emerging Adult Responsibility

Case Study: Social Phobia

Using gentle encouragement and empathic listening, Sara is asked to describe situations that trigger her anxiety:

Interviewer: I understand that your guidance counselor is worried. Can you tell me how school is going?

Sara: "School is the worst. My guidance counselor is getting on my case about college applications. I don't even want to go to college, and I now just try to avoid her, so I don't have to talk about it anymore. I have started taking the long way to my physics class, so I don't have to pass her office" [**School performance, teacher interactions**]

"I probably can't even get into college. I got a 'C' in English. My final presentation sucked. I got all nervous in front of everyone. I stumbled over my words and cut it short, because I wanted it to be over." [**Future uncertainty, school performance**]

"I just can't wait for school to be over in general. I don't even want to go to school, because it's so uncomfortable. Every morning when I wake up, I dread going." [**School attendance**]

Case Study: Social Phobia

Interviewer: Sounds like you feel safe at home.

Sara: "Yes, I feel much more relaxed at home. But still, my parents always nag me to make friends and join a sports team. They are disappointed that I am such a loser. Not like the other kids at school." [**Home life, peer pressure**]

Interviewer: What are the other kids like?

Sara: "No one likes me. Some of the girls used to be really mean to me, but ever since they all got boyfriends, they just don't notice me. I don't think I'll ever have a boyfriend. There are a couple of cute boys in my class, but they don't even know I'm alive." [**Peer pressure, romantic relationships, future uncertainty**]

Case Study: Social Phobia

Triggers	**A**larms	**B**eliefs	**C**oping
Interacting with strangers	Anxiety	"I will be humiliated"	Will not leave house
Interacting with peers	Crying	"I can't get into college"	Will not order at restaurant
Ordering at a restaurant	Dizziness	"No one likes me"	Social isolation, not talking to others
Extracurricular activities	Tension	"I'm a loser"	Does not participate in extracurricular activities
College applications	Dread	"I'll never have a boyfriend"	Not applying to college
Class presentation			Avoids school guidance counselor
Seeing guidance counselor			Cut presentation short
Parents' nagging			

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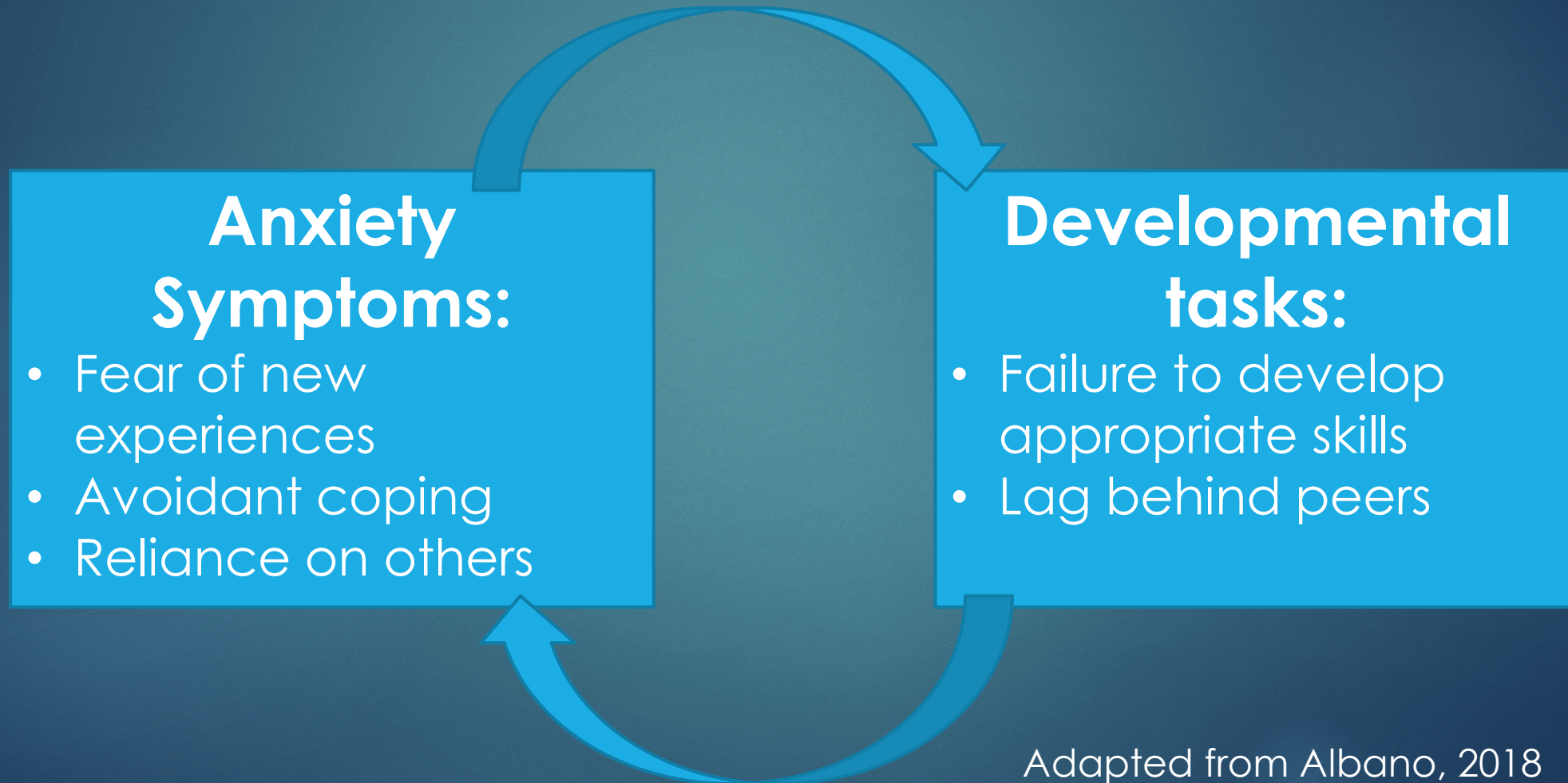- **C**oping: Behaviors in response to anxiety

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Adapted from Bystritsky, 2017

Developmental tasks of emerging adulthood

- Independence
- Identity
- Responsibility
- Socialization

Adapted from Albano, 2018

Bi-directional relationship between anxiety and developmental tasks

Anxiety Symptoms:
- Fear of new experiences
- Avoidant coping
- Reliance on others

Developmental tasks:
- Failure to develop appropriate skills
- Lag behind peers

Adapted from Albano, 2018

Parental over-involvement can maintain anxiety

- Anticipatory anxiety
- Focus on social threats
- Anticipation of negative appraisal
- Limit development and maintain anxiety

Heimberg, 1998

Case Study: Social Phobia

We ask Sara and her mother about Sara's development as an emerging adult:

Interviewer: Sara, your mom mentioned that you are uncomfortable ordering food in a restaurant. How do handle situations where you have to talk to new people?

Mom: She doesn't! I end up talking for her. I even order for her at restaurants.

Interviewer (Nods and gently redirects to Sara): Sara, can you tell us more about that?

We learn that Sara relies on her mother for communicating with all strangers [**independence**]. When she interacts with her peers, she blushes, feels flustered, stutters, and has difficulty making eye contact. She often abruptly leaves or stops talking [**socialization**]. Because Sara is so unwilling to discuss college applications, her mother has been researching different universities and discussing applications with the school guidance counselor [**responsibility**].

Case Study: Social Phobia

Triggers	Alarms	Beliefs	Coping
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Ordering at a restaurant	Dizziness	"No one likes me"	Social isolation, not talking to others
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College applications	Dread	"I'll never have a boyfriend"	Not applying to college
Class presentation	Feeling flush		Avoids school guidance counselor
Seeing guidance counselor	Flustered		Cut presentations short
Parents' nagging			Mother's assistance (communicating, researching colleges)

CBT for Anxiety: interventions

Alarms:
- Mindfulness
- Breathing exercises
- Progressive muscle relaxation
- Biofeedback

Beliefs:
- Identifying cognitive distortions
- Cognitive restructuring
- **Develop self-efficacy**
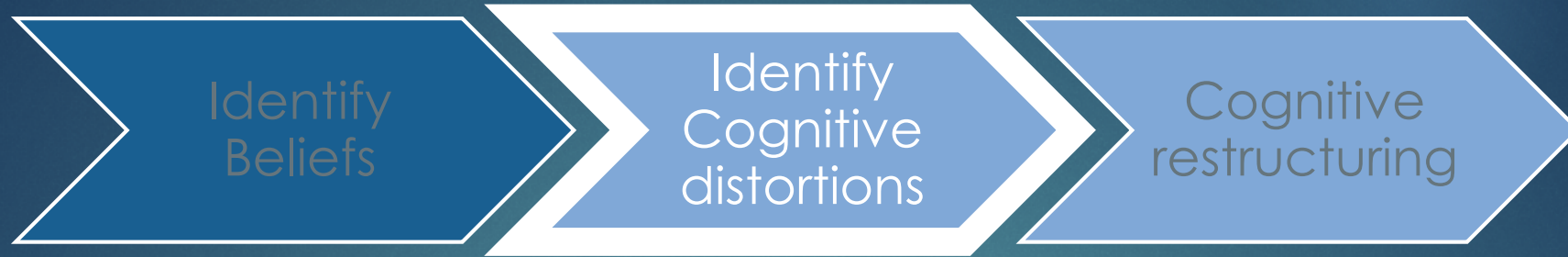- **Problem solving**

Coping:
- Identify overt and covert pathological coping
- Generate hierarchy of triggers
- Exposure and response prevention (ERP)
- Reduce/eliminate substance use
- **Promote independence**
- **Developmental tasks**

Tools for Beliefs:
Cognitive Restructuring

Identify Beliefs → Identify Cognitive distortions → Cognitive restructuring

Triggers	Alarms	Beliefs	Coping
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Identify Beliefs → Identify Cognitive distortions → Cognitive restructuring

Exaggerated or irrational thoughts that result in an inaccurate perception of reality

- All-or-nothing thinking
- Mental filter
- Jumping to conclusions
- Catastrophizing
- Emotional reasoning
- Should statements
- Personalization

Beck, 1972

Identify Beliefs → Identify Cognitive distortions → Cognitive restructuring

Problematic thought	Evidence for	Evidence against	Reasoned Conclusion
"I can't get into college"	• 'C' in English • GPA in the bottom 50th percentile • No extracurriculars	• There are many types of colleges • Grades and GPA are within range for some schools • Others with my stats have been accepted	I will probably be accepted to a college

Craske and Barlow, 2006

Identify Beliefs → Identify Cognitive distortions → Cognitive restructuring

What is the chance that you will be humiliated if you order in a restaurant?
Are there other possibilities?
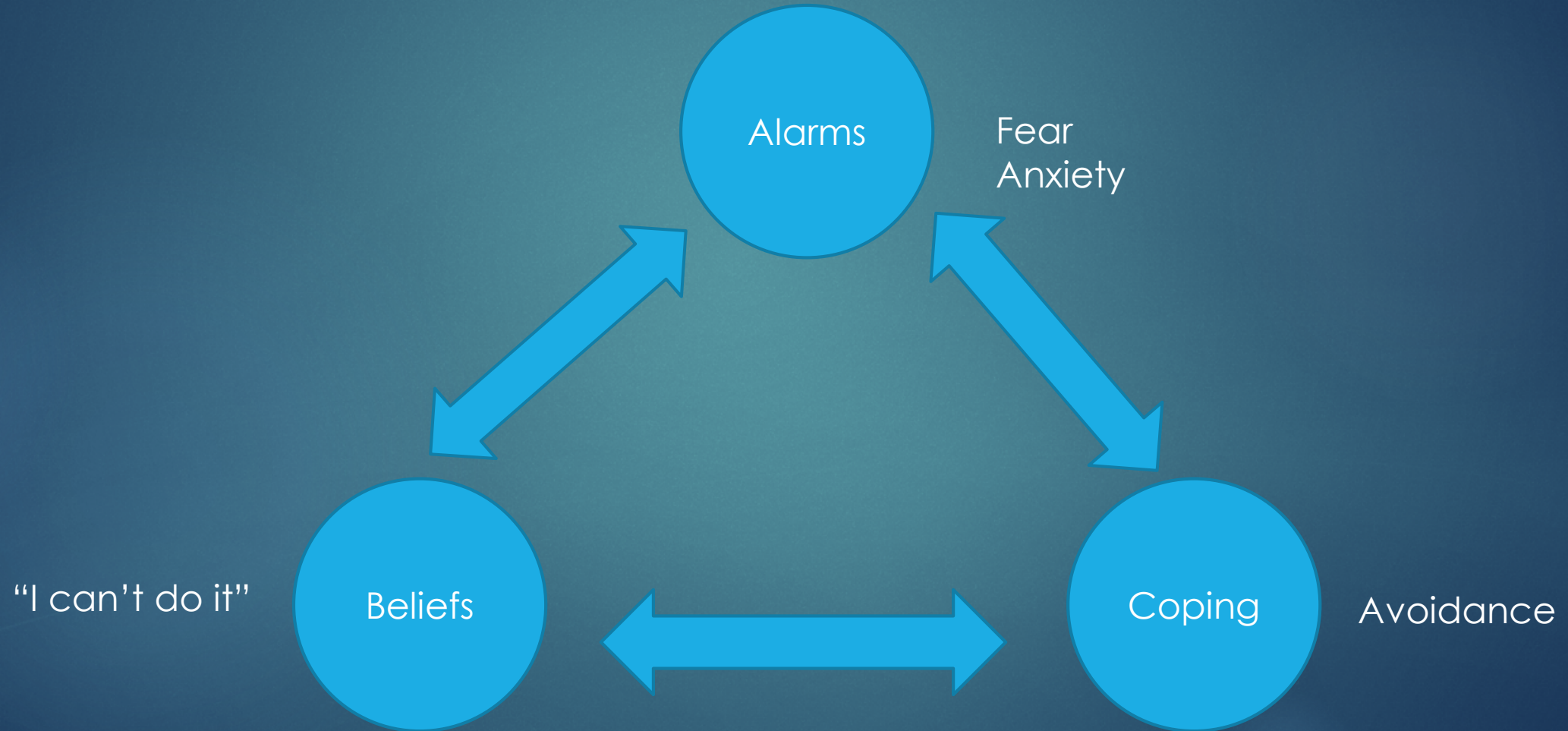
Humiliation (10%)
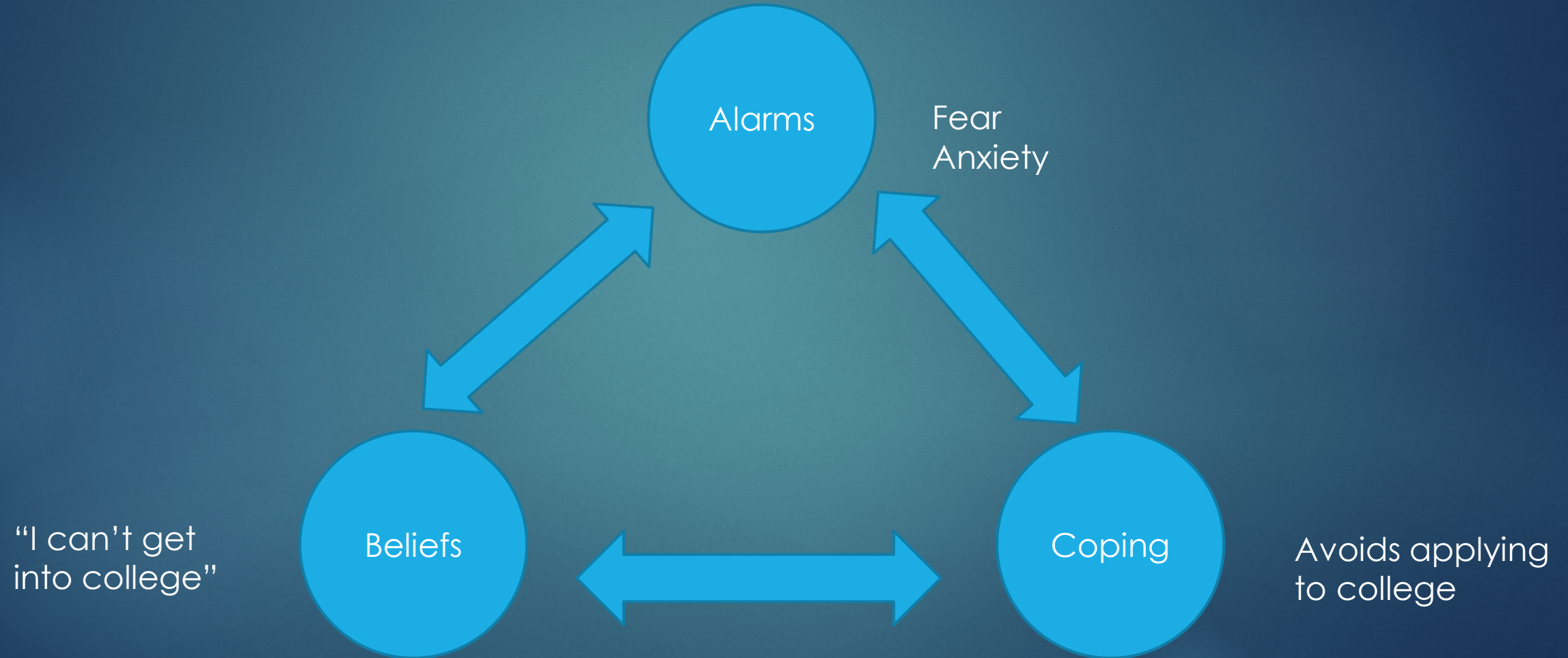
Craske and Barlow, 2006

Tools for Beliefs:
Self-Efficacy

What is self-efficacy?

- The belief in one's ability to accomplish something
- Self-efficacy reduces avoidant coping
- Derived from:
  - Performance accomplishments
  - Vicarious experience
  - Verbal persuasion
  - Physiological states

Bandura, *Psychological Review 1977*

Low self-efficacy perpetuates avoidance

Low self-efficacy perpetuates avoidance

Alarms

Beliefs

Coping

Fear Anxiety

"I can't get into college"

Avoids applying to college

Techniques to improve self-efficacy

- Use peer models
- Emphasize **choice** and **interests**
- Teach specific strategies
- Positive feedback
    - Effort and strategy use
    - Recent successes

Margolis and McCabe, *Intervention in School and Clinic* 2006

Case Study: Social Phobia

As part of her therapy, Sara joins a group of other emerging adults with social anxiety disorder. In the group, she and her peers learn social skills and practice facing their social fears together [**Teach specific strategies**].

One week, the group leader invited Maddie, a graduate of the program, who shared her experience with social anxiety. Maddie described her initial struggles meeting new friends in college. She also discussed how the specific techniques she learned helped her improve her skills. Maddie was happy to report that she had made a small group of close girlfriends in college [**Peer model**].

Later, during an individual therapy session Sara expressed relief at hearing this success story, stating "if she can do it, I can do it!" She and her therapist started brainstorming activities, like video gaming, that could form a shared interest and foundation for making a new friend [**Emphasize choice and interest**].
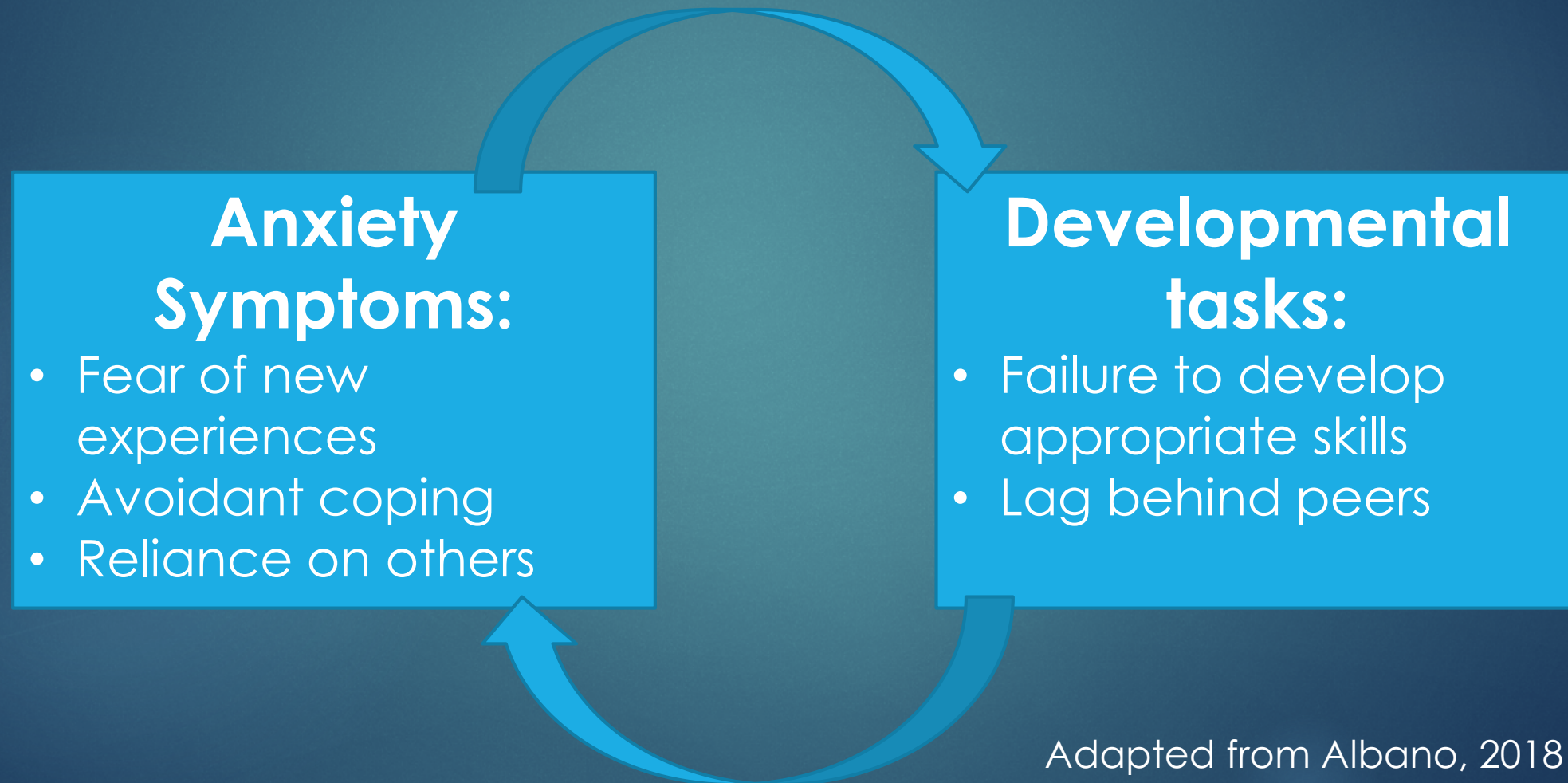
Dynamic model:
Targeting beliefs modifies behaviors

Alarms

Beliefs
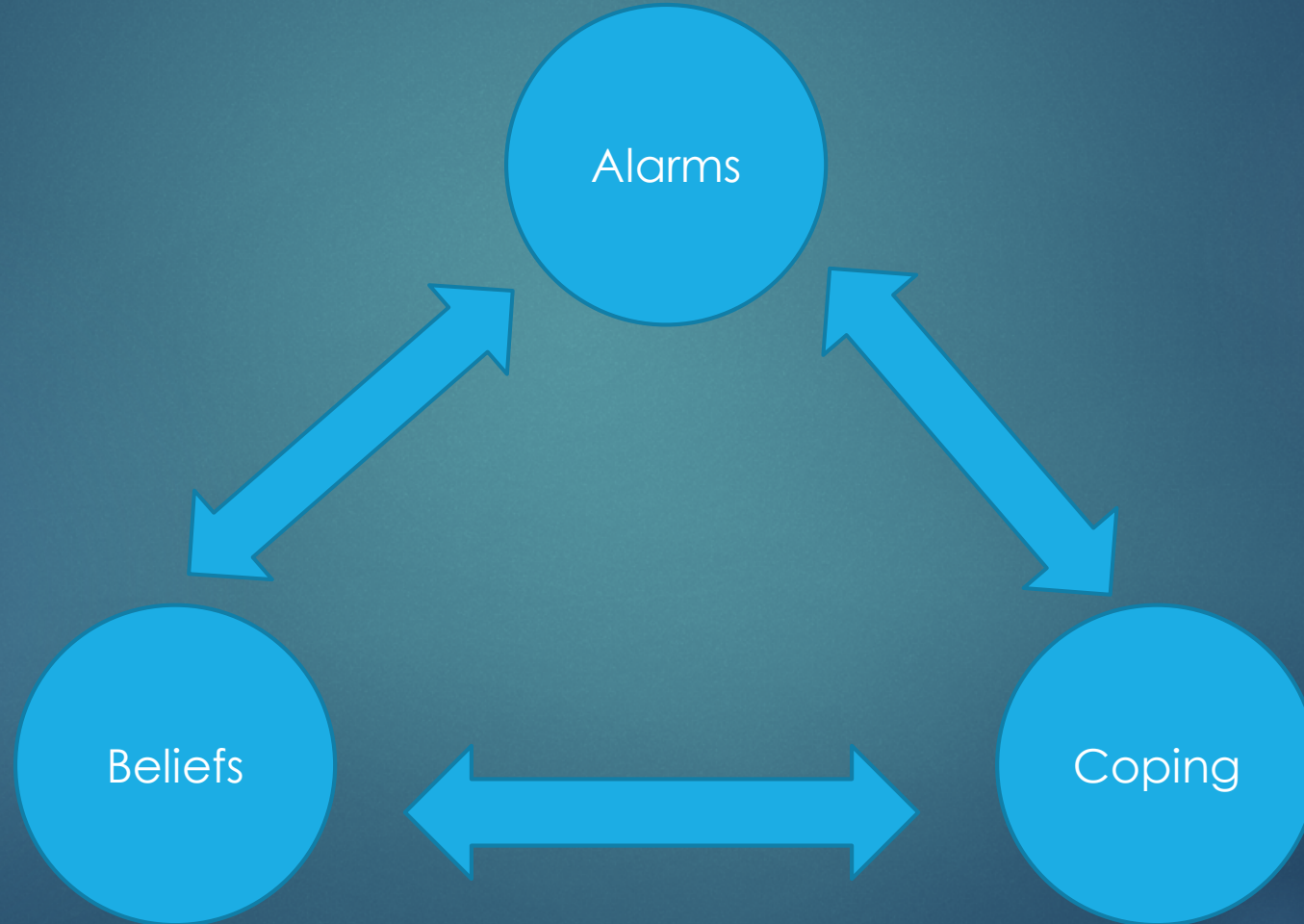
Coping

Tools for Coping:
Target anxious avoidance and developmental tasks **in parallel**

Bi-directional relationship between anxiety and developmental tasks

Anxiety Symptoms:
- Fear of new experiences
- Avoidant coping
- Reliance on others

Developmental tasks:
- Failure to develop appropriate skills
- Lag behind peers

Adapted from Albano, 2018

Tools for Coping:
Shift treatment responsibility to the **patient**

Shift treatment responsibility to patient and away from parent

▶ Adolescent is asked to:

  ▶ Set own appointments

  ▶ Attend appointments by him/herself

  ▶ Complete homework independently

  ▶ Contact therapist for any matters that arise outside of therapy hours (instead of parent calling)

Hoffman et al., *Current Psychiatry Reports* 2018

Tools for Coping:
Exposure and Response prevention

Generate Hierarchy → Exposure → Process

Triggers	Alarms	Beliefs	Coping
Interacting with strangers	Anxiety	"I will be humiliated"	Will not leave house
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Parents' nagging			Mother's assistance (communicating, researching colleges)

Generate Hierarchy

Exposure

Process

Situation	Fear (0-10)	Avoidance (0-10)
Go for a walk around the neighborhood	2	4
Order at a fast food restaurant	4	4
Make an appointment with guidance counselor	4	5
Sit with someone new at lunch	6	5
Volunteer to answer a question in class	7	9
Send food back at a sit-down restaurant	8	8
Attend school dance	10	10
Sign up to read a poem at the school's talent show	10	10

Generate Hierarchy → Exposure → Process

Situation	Fear (0-10)	Expected outcome	Actual fear (0-10)	Actual outcome	What did I learn?
Sit with someone new at lunch	6	She will laugh at me and leave			

Generate Hierarchy → **Exposure** → **Process**

- What was your actual level of distress?
- Did the feared outcome happen?
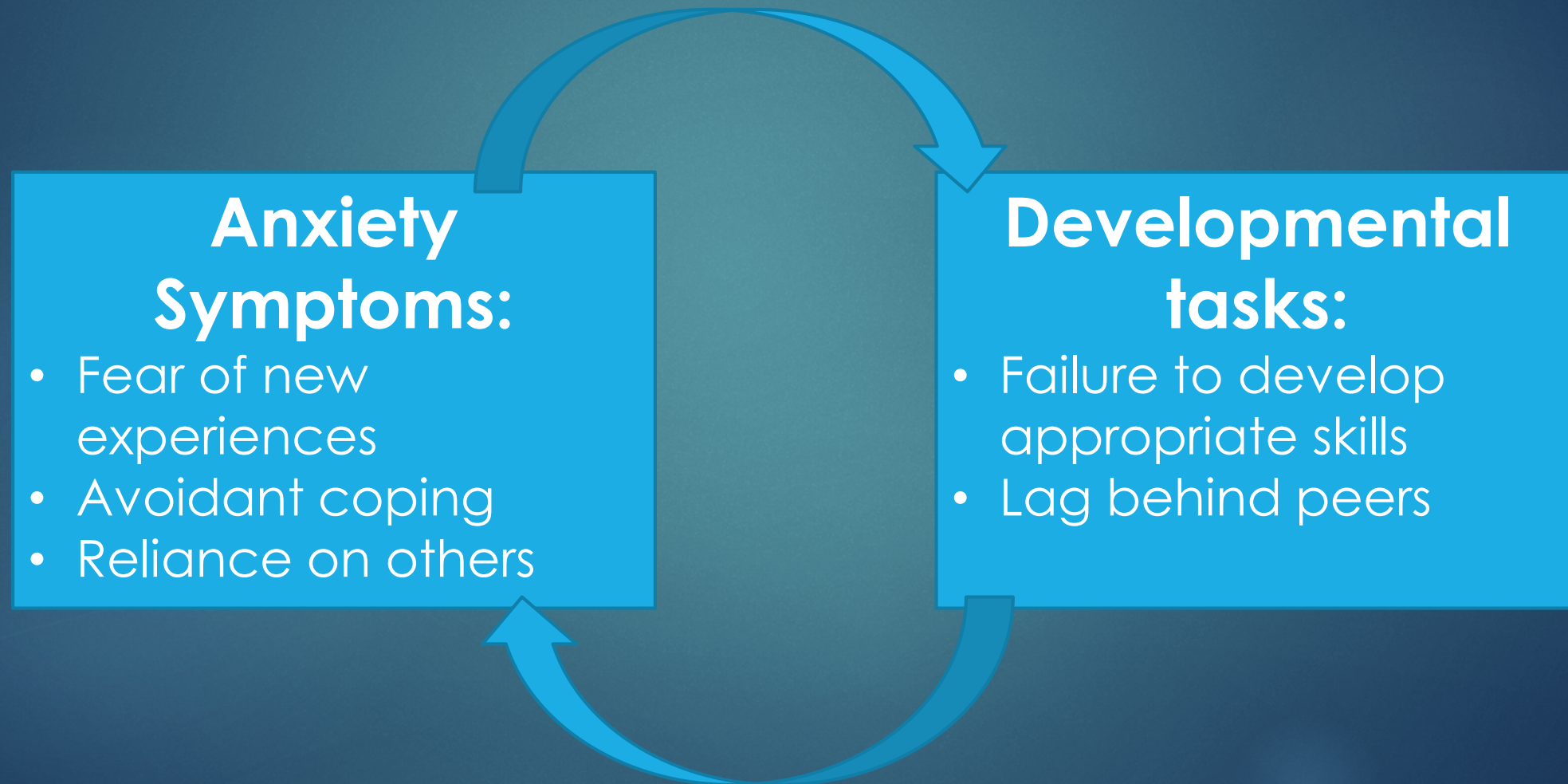- If so, were you able to tolerate it?
- What did you learn?

Generate Hierarchy → Exposure → Process

Situation	Fear (0-10)	Expected outcome	Actual fear (0-10)	Actual outcome	What did I learn?
Sit with someone new at lunch	6	She will laugh at me and leave	4	Maddie said hello and we ate lunch together	• I wasn't humiliated • It was nice to eat lunch with someone • It was easier than I expected to make a friend

Bi-directional relationship between anxiety and developmental tasks

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Techniques for developmental achievement

Assertiveness and social skills training

Affect regulation

Relaxation

Self-soothing

Problem-solving skills

Negotiating with superiors

Adaptive life skills (scheduling, sending emails, making healthy food choices, and traveling independently)

Developmental Hierarchy

Uses an alarm clock to wake up on own at reasonable hour

Self-soothes independently

Manages appointments independently

Prepares simple meals and snacks

Does laundry independently

Manages own grooming and dressing

Stays within a budget

Initiates social activities

Travels within community independently

Manages medications independently

Resolves conflicts with peers independently

Visits a college without parents and stays overnight in the dorm

Case Study: Social Phobia

During the course of therapy, Sara begins to set a reminder on her smart phone in order to schedule and attend her therapy appointments [**Time management**]. She arranges transportation to her therapy appointments and to social activities assigned as homework (e.g., school dance) [**Travels independently**]. She starts to prepare her own breakfasts and lunches, and when the family gets take-out for dinner, it is Sara's responsibility to call in the order [**Meal preparation**].

Putting it all together

Identification of Triggers

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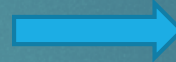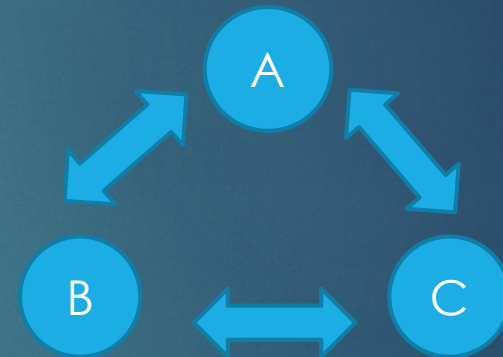
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A

B   C

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A

B   C

Anxiety Symptoms   **Development al tasks**
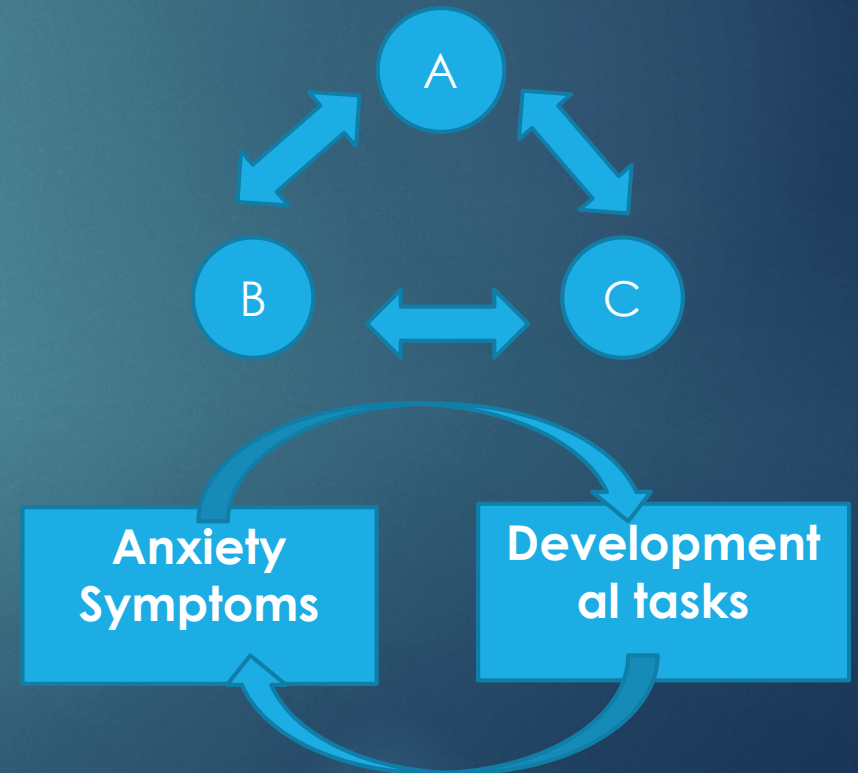
Case Study: Social Phobia

At the end of her 12-week course of CBT, Sara reported decreased levels of anxiety and more comfort in social situations.

She accomplished several of the items on her fear hierarchy, including making a new friend at school, meeting with her guidance counselor to discuss college options, and ordering food in a restaurant.

After meeting with her guidance counselor, she decided to enroll in community college. She was excited to learn that she could take classes in video game design and possibly transfer to a 4-year college.

Sara's mother attended her last therapy session and reported that Sara had more independence, especially with respect to personal responsibilities, like waking up for school and time management.

QUESTIONS?