

## A BEHAVIORAL APPROACH TO THE CONCEPTUALIZATION AND TREATMENT OF ANXIETY DISORDERS

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### Overview of Diagnostic Criteria for Anxiety Disorders

- Obsessive Compulsive Disorder
  - Obsessions
    - Recurrent and persistent thoughts, impulses or images that cause marked anxiety or distress
  - Compulsions
    - Repetitive behaviors that the person feels driven to perform that are aimed at preventing or reducing distress
- Specific Phobia
  - Marked and persistent fear that is persistent or unreasonable cued by the presence of or anticipation of specific object or situation
- Generalized Anxiety Disorder
  - Excessive anxiety and worry that the person finds difficult to control

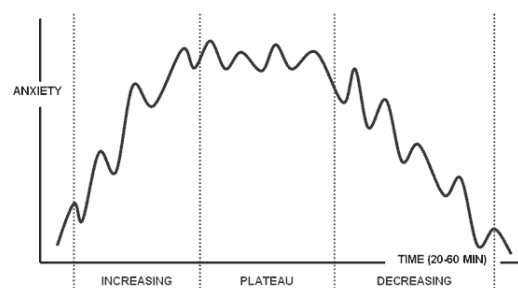
### Overview of Diagnostic Criteria for Anxiety Disorders

- Separation Anxiety
  - Excessive anxiety about separation from home and/or about the separation from those to whom the individual is attached
- Selective Mutism
  - Consistent failure to speak in social situations
- Social Anxiety Disorder
  - Marked and persistent fear of one or more social or performance situations
- Panic Disorder
  - Recurrent unexpected Panic Attacks

### Commonalities of Diagnostic Criteria

- Feared stimulus of some type
- Some behavior designed to mitigate the anxiety

### Cycle of Anxiety

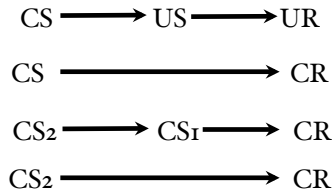


[http://www.cognitive-behaviour-therapy.co.za/disorders\\_anxiety.htm](http://www.cognitive-behaviour-therapy.co.za/disorders_anxiety.htm)

### Respondent Conditioning

- \* Some of the seminal work in classical conditioning was done on fear conditioning
- \* An unconditioned stimulus (US) elicits a response without specific training
- \* Through association with the conditioned stimulus (CS), the CS begins to elicit the same response

### Association in Respondent Conditioning



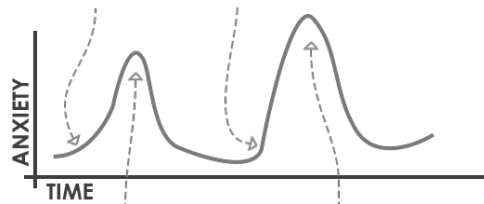
### Role in the Development of Anxiety Disorders

- Can be how the initial fear develops OR how other stimuli in the environment become associated with fear
- Types of US's that could be related to the development of an anxiety disorder
  - Loud noises
  - Painful stimuli
  - Things that move quickly
  - Foods that cause gagging or vomiting
  - Other sensory sensitivities

### Operant Conditioning

- \* When an individual experiences anxiety he/she often engages in a escape or avoidance behavior
- \* Escape/avoidance behavior are maintained by negative reinforcement
- \* When escape/avoidance behaviors are not available, anxiety will increase and generally so do inappropriate behaviors

(A person is confronted with an anxiety-producing situation which leads to an uncomfortable sense of worry and agitation.)



(The anxiety-producing situation is avoided, and the person receives a feeling of relief. However, next time the anxiety will be worse.)

<http://www.therapistaid.com/therapy-guide/cbt-for-anxiety>

### Role in Development of Anxiety Disorders

- Individual feels anxiety
- Engages in behavior
- Behavior coincidentally occurs at the point in the anxiety cycle where it would decrease and/or mitigates anxiety by removing the individual from the anxiety provoking situation
- Behavior is reinforced by the decrease in anxiety

### Two Factor Theory (Mowrer, 1947)

- Combines principles of respondent and operant conditioning
  - Develop as a result of pairing between neutral and feared stimulus
  - Maintained by operant conditioning
- Specific Phobia
- Panic Disorder
- Obsessive Compulsive Disorder
- Generalized Anxiety Disorder
- Separation Anxiety
- Selective Mutism
- Social Anxiety Disorder

## Treatment

- \* Treatment options are all based on extinction
- \* Operant conditioning - prevent behaviors from allowing the individuals to escape/avoid anxiety provoking situation
- \* Classical conditioning - repeated exposure to the CS without association with the US will lead to extinction of the CR

## Two Methods

- \* Flooding
  - \* Prolonged exposure the anxiety provoking stimulus until the individual is no longer experience signs of anxiety
- \* Systematic Desensitization
  - \* Gradual exposure to a hierarchy of anxiety provoking situations

## Flooding

- \* Pros
  - \* Exposure protocol is generally completed in relatively few sessions
- \* Cons
  - \* Often will experience high levels of negative behaviors

## Overview of Theory as Related to Treatment

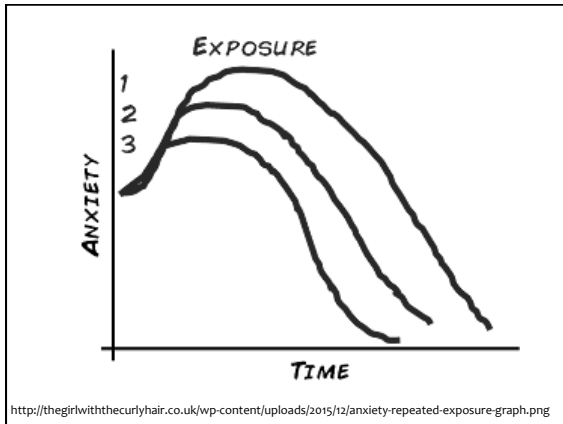
- Based both on extinction from a respondent conditioning standpoint
- As well as extinction from an operant conditioning standpoint
- Staying in the situation for the entire anxiety cycle

## Systematic Desensitization

- \* Pros
  - \* Generally see fewer (but not zero rates) of negative behaviors
- \* Cons
  - \* Exposure protocol can take a lengthy period of time to complete

## Overview of Theory as Related to Treatment

- Based both on extinction from a respondent conditioning standpoint
- As well as extinction from an operant conditioning standpoint
- Staying in the situation for a portion of the cycle
  - Over time you decrease the anxiety to that specific level of stimulus as well as the decrease the overall peak of the anxiety cycle



#### Considerations for Individuals with Developmental Disabilities

- \* Often can not verbally explain procedures of benefits of them to the individual
- \* Individuals are often more difficult to motivate to participate in the exposure protocols

#### More Examples of Treatment

- Self-care routines
- Medical care
- General rigidity tolerance
- Impulsivity
- Sensory Sensitivities

#### General Treatment Principles

- Exposure and extinction
- Dense schedule of reinforcement for tolerance