Treatment of Anxiety as a Co-occurring Disorder

- John J. Arnold, Ph.D., Sanctuary at Lake Chelan Community Hospital
- Presented at the 2016 Washington Behavioral Healthcare Conference

Learning Objectives

- Learn about the prevalence of anxiety/anxiety disorders among those with substance use problems and consequences of these on outcome.
- Describe the general principles and challenges of addressing and treating anxiety disorders.
- Identify and employ specific interventions for treating anxiety and anxiety disorders in the context of substance use treatment.

The Nature of Anxiety

- Anxiety and fear are ubiquitous human experiences
- They represent a defensive response system shared across species
- They respond to potential or imminent threat
- Sources of threat are everywhere in our daily lives
- Anxiety disorders and addiction to substances co-occur a great deal
Results of the National Epidemiological Survey on Alcohol & Related Conditions

- This was a large population survey conducted in 2001 & 2002 that assessed the prevalence of substance use problems, mood and anxiety disorders.
- They differentiated for the first time, the prevalence of substance induced vs independent anxiety and mood disorders.

12 Month Prevalence of Anxiety Disorders Among Those with Substance Dependence

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any anxiety disorder</td>
<td>24.5%</td>
</tr>
<tr>
<td>Social phobia</td>
<td>6.8%</td>
</tr>
<tr>
<td>Generalized anxiety disorder</td>
<td>6.7%</td>
</tr>
<tr>
<td>Panic disorder w/agor</td>
<td>4.8%</td>
</tr>
<tr>
<td>Specific phobia</td>
<td>14.1%</td>
</tr>
</tbody>
</table>

Month Prevalence of Those with Any Anxiety Disorder who also have Substance Dependence

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any anxiety disorder</td>
<td>9.0%</td>
</tr>
<tr>
<td>Panic disorder w/agor</td>
<td>14.8%</td>
</tr>
<tr>
<td>Social phobia</td>
<td>10.1%</td>
</tr>
<tr>
<td>Specific phobia</td>
<td>8.0%</td>
</tr>
<tr>
<td>Gen anxiety disorder</td>
<td>13.3%</td>
</tr>
</tbody>
</table>
12 Month Prevalence of Independent Anxiety Disorders among those who had Alcohol Use Disorder and sought TX

- Any anxiety disorder 33.4%
- Panic disorder w/agor 4.1%
- Social phobia 18.5%
- Specific phobia 17.2%
- Gen anxiety disorder 12.4%

12 Month Prevalence of Independent Anxiety Disorders among those who had Drug Use Disorders and sought Tx

- Any anxiety disorder 42.6%
- Panic disorder w/agor 5.9%
- Social phobia 12.9%
- Specific phobia 22.52%
- Gen anxiety disorder 22.1%

Summary of the NESARC Study

- Anxiety and substance use disorder are highly comorbid
- This is especially the case for those seeking substance use treatment
- Of those seeking treatment for substance use problems, as many as 1/3 to 2/5’s of them may have an anxiety disorder as well
Which come first - Anxiety or Substance Use?

- Those with anxiety disorders have 4 times the risk of developing a substance use problem than people without an anxiety disorder.
- Those with substance use problems have a 3 to 5 time greater risk of developing an anxiety disorder than those without substance use disorders.

Anxiety and Relapse to Substance Use

- According to a meta-analysis by Hobbs, Kushner, Lee, Reardon & Maurer (2011), those with anxiety or depression have double the risk of relapse to alcohol use than alcohol dependent individuals without anxiety or depression.
- They concluded that treatment of anxiety disorders leads to better outcomes for those with alcohol dependence.

Anxiety – What is it?

- Anxiety is a general concept that commonly refers to the emotional, cognitive and physiological responses to sources of threat.
- The defensive response system is designed to protect us from harm and, therefore, anxiety functions to save our lives.
- Anxiety functions as an alarm system that directs attention, evaluates threats and prepares us to act.
Anxiety and Fear are Distinguishable

- Anxiety and fear reflect different aspects of the natural defensive response system.
- They differ in what threats they respond to
- They appear to be mediated by different neurocircuitry.

Anxiety – Associated Features

- “...anxiety seems best characterized as a future-oriented emotion characterized by perceptions of uncontrollability and unpredictability over potentially aversive events and a rapid shift in attention to the focus of the potentially dangerous events or one’s own affective response to those events.” (Barlow, 2002, pg 104)

- Response to potential threat.
- Potential threat triggers vigilance and readiness to respond.
- Attention is directed to the potential threat and the threat evaluated.
- Given that the threat is not yet potentiated, it is a future focused emotional reaction.
- For this reason, Barlow (2002) prefers the term ‘anxious apprehension’ to anxiety.
Fear – Associated Features

- “Fear is a primitive alarm in response to present danger, characterized by strong arousal and action tendencies.” (Barlow, 2002, pg 104)
- A reaction to imminent threat
- Commonly associated with autonomic arousal and manifested as a fight or flight response though freezing is also common.

When do anxiety/fear rise to the level of a disorder?

- When avoidance and reactivity to threat interfere with important aspects of living and limit behavioral choice and flexibility.
- DSM-5 “A mental disorder is a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation or behavior... Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities.”

Foa’s Emotional Processing Model

- Proposed to model a range of anxiety disorders
- Fear structure is a memory program composed of stimulus representations, response representations, and meaning representations.
- For example, the fear structure for a dog phobia involves representations of dogs and associated features, a readiness to run from or avoid dogs, and meanings which link the two (e.g. All dogs will hurt me.)
- Disordered fear structures are maintained by cognitive and behavioral avoidance and cognitive biases.
- Safe stimuli become associated with threat meanings.
- Successful treatment involves fully activating the fear structure and providing corrective information.
Common Co-occurring Anxiety Disorders

- Panic Disorder
- Specific Phobia
- Social Anxiety
- Generalized Anxiety Disorder
- PTSD*
- Obsessive Compulsive Disorder*

* Included in separate sections in DSM-5

An Anxiety Spectrum?

- Peter Lang – From a transdiagnostic perspective, he suggests that anxiety disorders correspond to a spectrum represented by different degrees of autonomic reactivity and comorbidity.
- Specific phobias and social anxiety reflect higher degrees of autonomic reactivity and intense fear.
- Panic disorder and generalized anxiety disorder reflect autonomic hyporeactivity and a component of “anxious misery” as well as a greater likelihood of comorbidity.
- Anxiety disorders appear to manifest different degrees of fear and anxiety.

Etiology of Anxiety Disorders (Barlow, 2002)

| Biological vulnerabilities – e.g. heredity |
| Generalized psychological vulnerabilities |
| Specific psychological vulnerabilities |
| Stress |
| False alarms (panic) |
| Panic disorder, social phobia, OCD |
Learning Factors Contributing to the Development of Anxiety

- Intense anxiety/fear reactions to threat become associated with cues that, themselves, signal perceived threat.
- Actions that allow one to avoid perceived threats and associated anxiety/fear reactions as signaled by such cues become strongly negatively reinforced.
- Use of alcohol/drugs often function as negative reinforcers and strong expectations of their effectiveness follows.

What maintains Anxiety Disorders?

- To varying degrees, anxiety disorders are maintained by the following:
  - Avoidance of threat – behaviorally and cognitively
  - Characteristic threat related thinking
  - Physiological sequelae of threat
  - Anxiety sensitivity
  - Information processing biases
  - Worry

Anxiety and Substance Use Disorders

- Anxiety and Substance Use Disorders are independent but interacting disorders.
- A goal of treatment is to address anxiety while protecting sobriety. Sobriety must be kept as a focus of attention in therapy.
Substance Use Disorders – What are they?

- Substance dependence is manifested in the compulsive seeking and use of substances despite consequences of use and reflects brain changes including those of reward pathways and frontal lobe functioning.
- With addiction to substances, the capacity to make choices that take into account long term consequences and rewards is diminished. This has been referred to as “time blindness”.
- There are various neurobiological models that account for this including that of incentive sensitization theory by Robinson and Berridge and a dual process model by Becera and colleagues.

Interaction of Anxiety and Substance Use Disorders: Reciprocal Effects

Anxiety Disorder
Substance use Disorder

General Considerations for Treatment

- Sobriety is essential to successfully treat anxiety disorders
- Treatment of anxiety and co-occurring substance use is an active process
- Certain medications are often beneficial
- Anxiety disorders can respond well to treatment
- Therapist stance should communicate a sense of confidence that the client can come to tolerate and manage anxiety rather than be reassuring
Assessing for Problems with Anxiety

- Are you often nervous, tense or uptight?
- Do you find that you worry a lot?
- Are there situations that you avoid because of fear or anxiety?
- How comfortable do you feel in groups of people or public situations?
- Do you ever have panic attacks?
- Are you bothered by what you think?

Common Screening Instruments

- Symptom Checklist -90 Revised (SCL-90-R)
- Beck Anxiety Inventory (BAI)
- Yale-Brown Obsessive Compulsive Scale (Y-BOCS)
- Liebowitz Social Anxiety Scale (LSAS)
- Posttraumatic Checklist (PCL)

Evidence Based Treatment Approaches

- Cognitive behavioral approaches
- Acceptance and Commitment Therapy
- Mindfulness Approaches
Factors which may Undermine Readiness to Address Anxiety

- Avoidance and safety behaviors become a source of comfort & reassurance especially when substances are involved
- Worry is often viewed positively
- The idea of engaging with anxiety and approaching feared situations, objects, thoughts and images may not be acceptable
- Treatment of anxiety might destabilize recovery from substance use problems

Use of Treatment Manuals/Workbooks

- The Treatments that Work series by Oxford University Press
- The Clinical Psychology Series by the Guilford Press
- Guides and video series by the American Psychological Association

Common Features Across Treatment Approaches

- Education about the nature of anxiety
- Relaxation/awareness training
- Gaining perspective
- Facing/approaching feared circumstances
- Increase self efficacy/confidence
Education about Anxiety/Fear

- Anxiety and fear are normal reactions and not inherently a problem
- When our reaction to anxiety/fear leads us to avoid people, places, objects, situations, memories or images, however, because one erroneously comes to view them as more of a danger or threat than they are, this becomes a problem
- As people avoid things because of anxiety/fear, their "world" becomes smaller
- How we think about anxiety/fear plays a big role in how we react to it
- One can think of panic attacks as "false alarms"

Gaining perspective: Developing a Metacognitive/Defused Stance

- Helping clients ask the question, "Is what I fear/avoid truly dangerous?"
- Monitoring anxiety related thinking
- Cognitive restructuring
- Defusion techniques
- Mindfulness techniques

Watching for Anxiety Related Thinking

- Over estimation of cost (catastrophizing) e.g. "This will be terrible."
- Probability overestimation e.g. "I'm sure that will happen to me."
Cognitive Reappraisal

- "What's the worst thing that could happen? Could you survive it?"
- "How likely an outcome do you think that really is?"

Other Cognitive Processes that Maintain Anxiety/Panic

- Anxiety Sensitivity – "Fear of fear"
- Intolerance of Uncertainty
- Attentional biases

Teaching Relaxation/Mindfulness Skills

- Helping clients learn to calm/well themselves using various relaxation skills can be beneficial – they can help people develop a sense of efficacy in effecting their physiological reactions to events
- A potential danger, however, is that relaxation strategies might be used in the service of avoidance of anxiety and may reinforce behavioral avoidance
- The practice of mindfulness differs from relaxation strategies in that the goal of mindfulness is simply attending to present experience rather than relaxation per se
Exposure

- Imaginal
- In Vivo
- Interoceptive

Goal of Exposure Procedures

- To help people face previously avoided and feared objects, situations, images, memories, internal sensations and better tolerate the experience
- Anxiety and fear reduction typically occurs while pursuing the goal above
- The intent is to provide corrective information for establishing an alternative to the current fear structure

General Exposure Protocol

- Functional Assessment
- Provide a rationale
- Develop an exposure hierarchy
- Identify safety behaviors and develop a plan for response prevention
- Implement exposure
Response Prevention: Blocking Safety Behaviors
- Carrying a cell phone
- Carrying empty medication bottles
- Holding on to a good luck charm
- Having reading material/prayer books on hand
- Compulsive checking
- Refusal to go certain places
- Distraction/thought suppression

Generalized Anxiety Disorder
- Comprehensive program by Borkovec and colleagues
- Scheduling worry as response prevention
- “Worry free zone” – place, activity or time in which worries are put off
- Worry outcome monitoring – keeping a worry diary and tracking outcomes
- Imaginal exposure to potentially distressing images

Obsessive Compulsive Disorder
- Exposure to distressing thoughts and associated anxiety
- Preventing responses that would neutralize such thoughts
Social Anxiety Disorder

- Comprehensive Cognitive Behavioral Treatment for Social Phobia developed by Foa and colleagues
- In Vivo exposure
- Imaginal exposure
- Social skills training
- Assertiveness training

Commonalities Across Treatment Approaches

- There is a general focus on tolerating/facing anxiety rather than simply reducing it
- All approaches seem to be converging on use of mindfulness/awareness strategies – anxiety/fear seen as experiences to be observed and accepted
- There is less emphasis on cognitive content per se and more on cognitive process (i.e. seeing thoughts as objects of the mind)
- All approaches aim to decrease avoidance and increase cognitive, emotional and behavioral flexibility