
Role of Psychology Treatment in "Anxiety Disorder"

Dr. Mahesh Kumar Gajurel

Lecturer, Balkumari College, Chitwan

mkgajurel@gmail.com

ABSTRACT

In order to manage the emotional and psychological problems in special population such as mental retardation, HIV positive cases and so on. A comprehensive management of this type of cases includes psychotherapy. Here it is necessary to know about this concept and its beauty in various disorders. It is a psychological method which is called psychotherapy (Talking Cure). Psychotherapy is a systematic attempt to manage the mental and emotional disorders with the help of psychological means a variant of this approach came in 1960s. Which was called cognitive behavior therapy. Recent days this approach has been brought revolution in management of psychological, behavioral and emotional problems. This paper will enhance our knowledge regarding status of psychological method in various disorders and mental illnesses.

Keywords: psychological method and emotional problem.

Introduction:

Existing data base indicates that in some cases with psychological problems, Cognitive Behavior Therapy (CBT) has found to be first line management modality. But in many other conditions this approach is not considered beneficial but still there is some impact of this sort of therapy in various illnesses. Here we will discuss the positive outcome of therapy in special populations. One by one we will know about the status of impact of this type of treatment modality.

Elderly Population

The study of human beings has always fascinated human beings. From the very first day, some domains of psychology draw more attention than the others. No, doubt, 'Anxiety' is one them. Different views have been established to explain it and by time different approaches have come to find out the way to come out of it. By passing the road of conflict between id-ego-superego, early 20th century started to perceive it in some different way, initially focusing on mere mechanical learning and later on emphasizing on some deeper process. Like, therefore Cognitive Behavior Therapy emerged.

Epidemiological evidence indicates that anxiety disorders are more common than either depression or severe cognitive impairment in geriatric population (Regier, et. al. 1988). Still, very little psychotherapy intervention research has been conducted on this population with anxiety disorders (Wetherell, et. al. 1998). There is some concern that CBT does not benefit elderly anxiety patients as much as it does younger patients (Gorenstein & Papp, 2007). The efficacy of CBT was compare with an enhanced version CBT (CCBT) in late life GAD, in which ECBT was more effective than standard CBT (Mohlman, et.al. 2003). This finding provides evidence that content and procedural modification may be necessary to maximize effectiveness of CBT with older people presented with mild cognitive impairment. Further, misuse of prescription and medication (specially benzodiazepine for anxiety and insomnia) is a common problem in older patients. CBT is found to be effective in helping old people successfully discontinue or reduce inappropriate use of drugs (Morin, et. al. 1995).

Children:

Anxiety disorders are the most common psychiatric disorder of childhood (Bernstein and Borchardt, 1991) with prevalence estimate ranges from 5-18% (Labellarte, et.al. 1999). Despite being less likely to present to services than other conditions, such as behavior problems, anxiety is a serious condition that can negative consequences in a number of domains, such as academic and interpersonal functioning (Pine, 1997). Moreover, anxiety during childhood and adolescence is often unremitting into adulthood (Last et. al., 1987), and is associated with other serious conditions, such as depression (Kovacs et. al., 1989) and substance misuse (Kushner et. al., 1990). In light of these concerns, recent years have been seen an increase in research into the treatment of anxiety disorders

in children and adolescents. The first reported trial (Kendall, 1994) took its lead from the adult literature, and treated 9- to 13 year anxious children using CBT. The results were encouraging, and since that date a number of studies have been published (Cartwright-Hatton et al., 2004), most of them report CBT of great effectiveness with various group of anxiety disorders in children (Freeman et al., 2007).

Though little has been known about the co-morbidity of anxiety disorders and treatment with Asperger's syndrome, some social impairment features of this is similar to features of social anxiety disorder. A single subject report used to treat social anxiety disorder with co-morbidity Asperger's syndrome with 14 weeks course of CBT, found to be successful in reducing symptoms of anxiety and depression (Cardaciotto & Herbert, 2004).

Persons with Mental Retardation:

It is uncertain, what is the prevalence rate of anxiety disorders in mentally retarded population (Reiss, 1994). One of the reasons can be diagnosticians have tendency to mistake such maladaptive behavior of MR as psychosis or affective disorders rather than stimulated as physical discharge of anxiety. Investigations indicate retarded individuals respond to stress with higher level of anxiety (Szymanski & King, 1999). Like normal individual to treat phobic disorder behavior approaches are found to be more applicable to & effective than traditional psychotherapy with MR individuals (Davis & Rogers, 1985). The concrete presentation of anxiety provoking stimulus in vivo would be necessary in mentally retarded individuals with limited imaginable skills (Gardner & Cole, 1984).

Persons suffering from Psychotic Disorders:

Anxiety disorders in schizophrenic are found to as high as 43-45%, where symptom of anxiety is found to be greater among women, first episode patient and those with predominately positive symptoms (Emsley, et. al. 1999). In the sample meeting the criteria of ICD-10 schizophrenia, CBT is found to improve anxiety symptoms (Naeem, et. al., 2006).

Medically Ill Patients:

Most common psychological disorders co-morbid with medical problems are adjustment disorder, anxiety disorder and affective disorder. Patient with fatigue, shortness of breath and headache are usually not detected as psychological problem. If someone believes that these symptoms might be related to a viral illness, then they will have different behavioral response than someone who believes them to have an anxiety disorder (Lacroix, et al., 1991). There is no reason to expect CBT to be any less effective treating psychological morbidity when it coexists with a medical problem. CBT have been shown to improve anxiety symptoms experienced by the cancer patients. (Moorey, et. al., 1998), as well as functional gastrointestinal disorder as irritable bowel syndrome (Greene & Blachard, 1994). Cognitive Behavioral and hypnotherapeutic techniques are integrated to provide and effective cognitive-behavioral hypnotherapy (CBH) treatment for IBS-induced agoraphobia (Golden, 2007).

HIV/AIDS

Psychiatric co-morbidity is common in HIV/AIDS patients. In one South African study the following anxiety disorder are found to be prevalent: panic disorder, agoraphobia, specific phobia, obsessive-compulsive disorder, generalized anxiety disorder, post traumatic stress disorder (Vander et. al., 1998). Poor adherence to antiretroviral medication in HIV/AIDS patients is aggravated by psychiatric problem including depression and PTSD. Exposure based CBT is found to be instrumental in helping the patient to overcome both to tolerate HIV medication (Chernoff, 2007).

Conclusion:

After discussing all the important facts regarding the management of various disorders in detail, where the psychological method is considered as an important and pertinent method which is very necessary to incorporating CBT in management of special population.

References:

- Bernstein, G.A., Borchardt, C.M. (1991). Anxiety disorders of childhood and adolescence: A critical review . *Journal of the American Academy of Child and adolescent psychiatry*, 30(4), 519-532.
- Cardaciotto, L., Herbert, J.E., (2004) Cognitive behavior therapy for social anxiety disorders in the context of

- Aserger's syndrome: *a single subject report. Cognitive and behavioural practice. 11(1), 75-81.*
- Cartwright-Hatton, S., Roberts, C., Chistabesan, P., et., al, (2004) Systematic review of the efficacy of cognitive-behavior therapies for childhood and adolescent anxiety disorders. *British Journal of Clinical Psychology. 43, 426-436.*
- Chernoff, R.A. (2007) Treating an HIV/AIDS patient's PTSD and medication nonadherence with cognitive-behavior therapy: a principal- based approach. *Cognitive and Behavioral Practice, 14(1), 107-117.*
- Corral, M., Kostaras, S., Kuan, A.J. (2005) Non pharmacological treatments during pregnancy and postpartum period. *British Medical Journal 47(3), 143-145.*
- Davis, R.R., Roger, E.S. (1985) Social Skills training with persons who are mentally retarded *Mental retardation, 23, 186-196.*
- Emsley, R.A., Oosthuizen, P.P. and Joubert, A.F., et.al., (1999). Depression and anxiety symptoms in patient with schizophrenia and schizophreniform disorders. *Journal of Chincinal psychiatry, 60(11), 747-751.*
- Freeman, J.B., Choate-Summers, M.L. Moore, P.S. et al., (2007) Cognitive behavioral treatment for young children with obsessive-compulsive disorder. *Journal of Biological psychiatry 61,337-343.*
- Gardner, W.I. Cole, C.L. (1984) Use of behavior therapy with the mentally retarded in community setting. In *Handbook of Mental Illness in the Mentally Retarded (eds. F.J. Menolascino & J.A. Stark pp. 97-154. New York: Springer.*
- Golden, W.L. (2007) Cognitive-behavioral hypnotherapy in the treatment of irritable-bowl syndrome-induced agoraphobia. *The International Journal of Clinical and Experimental Hypnosis. 55(2) 131-146.*
- Gorenstein, E.E. Papp, L.A. (2007) Cognitive- behavioral therapy of anxiety in the elderly. *Current Psychiatry Reports, 9(1), 20-25.*
- Kendall, P.C. (1994) treating anxiety disorders in youth: results of a randomized clinical trial. *Jounal of consulting and Clinical Psychology, 62(1), 100-110*
- Kovacs, M. Gatsonis, C., Paulauskas, S., Richards, C.(1989) Depressive disorders in childhood: A longitudinal study of comorbidity with and risk for anxiety disorders. *Archieves of General Psychiatry, 46, 776-782.*
- Kushner, M., Sher, K. Beitman, B. (1990). The Relation between alcohol problems and anxiety disorders. *American Journal of psychiatry, 147(6),685-695.*