MULTIDISCIPLINARY TREATMENT OF ANXIETY DISORDERS

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THE CENTER FOR TREATMENT OF ANXIETY AND MOOD DISORDERS
THE CHILDREN’S CENTER FOR PSYCHIATRY, PSYCHOLOGY AND RELATED SERVICES
HISTORICAL PERSPECTIVE

Pre World War II

Subordinate Role to Psychiatry

Psychological Testing in Psychiatric Hospital and Clinic

During War Physicians mainly treated injury leaving emotional care to Psychologists
1950s and 1960s

- Behaviorism.....(Watson, Skinner)
- Cognitive Revelation...(Bandura) S-R Causation...Internal Cognitions, Affects, Biology, Behaviors and Environmental Pressures
- Psychoanalysis
- Humanism....(Rogers, Maslow, Erikson, Jung, Klein)....The “Third Force”
Professional History

• 1971-1975  Hofstra University Ph.D.  Cognitive Behavioral Orientation  (Know all theories, love a few and wed none)

• 1977-1983  Adelphi University’s Gordon Derner Institute for Psychoanalysis and Psychotherapy

• 1975  Woodward Mental Health Center. Director of Clinical Services.  (Borderline Personality Adolescents)

• 1983  American Board of Professional Psychology Diplomate in Clinical Psychology

• 1984  Private Practice (Florida) Addictions……Anxiety Disorders

• 1988-2015  The Center for Treatment of Anxiety Disorders

• 2015-Present  The Center for Anxiety and Mood Disorders

• 2017-Present  The Children’s Center for Psychiatry, Psychology and Related Services
Collaborative Care Model

- Shift from limitations of solo practitioner and merge psychology with psychiatry
- Importance of understanding and applying bio-psycho-social model
- Fit the treatment to the patient’s diagnosis instead of the patient to the treatment
- Eliminate turf issues and improve patient care and outcomes
- Better able to treat patients who do not improve with standard treatment protocols
Importance of Specialization

• Generalist knows too little about everything

• Develop a niche and become an expert (treat, write, teach, supervise, consult)

• Continue to apply improved methods to the disorder instead of fitting patients to the method

• Refer patients to other experts

• When possible be part of a multidisciplinary team
The Center for Treatment of Anxiety and Mood Disorders

• Multidisciplinary staff with specialization in the understanding and treatment of anxiety and mood disorders

• Psychology and Psychiatry (Integrated Diagnostic Assessment)

• Special niche areas within the broader entities include Panic Disorder, Social Anxiety, OCD, Generalized Anxiety, Phobias, Trauma, Spectrum, Eating Disorders, Reproductive Problems, Bipolar Disorder and Depression, and Stress

• Treatment Methods include Cognitive Behavior Therapy, Psychodynamic Therapy, Psychopharmacology, Virtual Reality Therapy, Group Therapy, Mindfulness Training, EMDR, Cognitive Processing Therapy, Dialectical Behavior Therapy and Couples Therapy
The Children’s Center for Psychiatry, Psychology and Related Services

- Developed to provide a full service center offering a variety of clinical, therapeutic, educational and supportive services to children, adolescents, young adults and their families.

- The multidisciplinary team includes Psychiatry, Clinical Psychology, School Psychology, Behavior Specialists, Speech and Language Therapy, Occupational Therapy, and special tutoring.

- Assessment, treatment planning and treatment services are implemented with an ongoing team conferencing model.
General Systems Theory

- Etiology determines treatment
- Gathering data on complex patients
- Biological, psychological and social axes
- Template for treatment tracking
Health Anxiety

- Obsessive and irrational worry about having or developing a serious medical condition

- Misinterpretation of minor or normal body sensations as serious illness despite reassurance from medical professionals

- Unreasonable health related behaviors such as repeated screening of body for disease, checking symptoms online, avoiding doctor appointments, preoccupation for at least six months

- Worry and distress becomes disabling in dealing with work and relationships

- Treatment of choice is cognitive-behavior therapy with focus on distortion of probability, catastrophic thinking, obsessive-compulsive behavior, and acceptance of mortality. In addition, stress reduction techniques including cardiovascular exercise and Mindfulness Meditation are part of treatment. Medication for obsessive thinking may be included

- Case Illustrations
Homosexual Obsessive-Compulsive Disorder (HOCD)

• Currently suffering from OCD…at least 10% are HOCD

• Recurring unwanted or intrusive thoughts about one’s sexuality

• Constantly reassuring oneself of being straight

• Avoiding people of same gender due to anxiety or unwanted fears about being gay

• Worrying about the possibility of sending out signals that will cause others to think you are gay

• Homosexual thoughts are repulsive instead of arousing

• Feel no attraction to the same sex

• Repeating actions to relieve anxiety about looking gay
Effects of HOCD

- May quit jobs and make dramatic life changes including ending relationships
- Sometimes out themselves and engage in homosexual relationships and continue to doubt their sexuality
- Engage in rituals to relieve anxiety and prove that they are straight
- Check for arousal when with same sex
- Washing rituals and avoidance of being alone with gay people
- Ongoing mental dialogue about doubts related to being gay
• As with other Obsessive Compulsive Disorders Cognitive-Behavior Therapy is the treatment of choice

• Exposure and Response Prevention techniques

• Psycho-educational techniques related to intrusive thinking

• Cognitive restructuring related to perfectionistic thinking which is foundation for OCD

• Irrational belief system related to being a “bad person”

• Mindfulness Meditation to reduce responsively to thoughts

• SSRI Antidepressants

• Case Illustrations
Virtual Reality Treatment of Anxiety Disorders

• Mechanism the same as traditional exposure therapy

• Activate underlying fear structure through confrontation with feared stimuli in controlled setting

• Repeated exposure leads to stimuli becoming less anxiety provoking

• In VRET individual faces triggers in a safe environment and therapist controls intensity and duration of stimuli based on clinical appraisal

• Over the last twenty years effectiveness of VRET has been well established in the treatment of anxiety disorders

• In our experience, VRET reduces compliance problems and intensifies exposure and frequency of exposure.

• Case Illustrations
Intensive Treatment

- Comprehensive Psychiatric and Psychological Assessment
- Treatment plan developed by team
- Patient seen daily by designated clinicians for individual and group therapy which target relevant goals
- Treatment may include Psychopharmacology, Cognitive-Behavior Therapy, Dialectical Behavior Therapy, Mindfulness Meditation, Brief Psychotherapy and Psycho-Educational Counseling
- Case Illustration