

CHAPTER 6: ANXIETY AND STRESSOR-RELATED PROBLEMS CLINICAL ISSUES

- Dysfunctional beliefs about the threats posed by a phobic stimulus or situation are a central feature of specific phobias. These beliefs will probably need to be challenged and changed to ensure successful treatment.
- High levels of disgust sensitivity are a feature of a number of phobias. Successful treatment may rely not only on reducing fear in these cases, but also reducing levels of disgust sensitivity.
- Fear of social situations is so pervasive that it has been more generally labelled as “social anxiety disorder”.
- Cognitive Behaviour Therapy and pharmacological treatments can often be used together with complementary benefits. In the case of social phobia, drug therapy offers an immediate benefit and CBT helps to maintain therapeutic gains over time.
- Panic disorder appears to manifest itself in different symptoms across different cultures. What implications might this have for the diagnosis and assessment of panic disorder?
- Is it necessary to target safety behaviours in treatment for panic disorder in order for therapy to be successful?
- Information processing biases appear to have a causal effect on the experience of anxiety. If so, are attention bias modification training procedures likely to be a long-term solution for anxiety problems?
- OCD sufferers often feel unable to expose themselves to their fear triggers and prevent themselves acting out their rituals. How might these problems be overcome when considering treatment for OCD?
- Neurosurgery is often a treatment of last resort for psychological disorders. Is there any justification for performing cingulotomy to treat OCD?
- ‘Severe stress’ has been included in DSM-IV-TR as a possible causal factor in PTSD. Does this make the symptoms of PTSD easier to fake in those who might benefit financially from a diagnosis?
- The immediate and rapid debriefing of trauma victims does not seem to reduce the subsequent incidence of PTSD. Should any form of intervention or support be offered to victims immediately following large scale disasters?
- It is claimed that Eye Movement Desensitisation and Reprocessing (EMDR) is not a treatment for PTSD that offers anything new beyond existing therapies even though it appears to have some therapeutic benefits). If so, should it still be used to treat PTSD sufferers?
- Is Acute Stress Disorder an actual psychological disorder or a normal short-term psychological and physical reaction to severe trauma?