

Anxiety

Generalized Anxiety Disorder

Generalized anxiety disorder is present when a person feels some anxiety or worry almost constantly. The worries may concern health, disasters, or even daily responsibilities. Yet even when the person recognizes that the worrying is excessive, it is hard to control.

Research also suggests that while genes may make someone more vulnerable to developing this disorder, the environment could be the trigger that sets it off. Stressful experiences can intensify generalized anxiety disorder.

Test Anxiety

This symptom constellation is a type of performance-based anxiety and describes the nervousness felt by students who are afraid of scoring a grade below their expectations or failing an exam. Students suffering from test anxiety may fear time pressure, embarrassment by a teacher, anger or disappointment from parents, loss of self-esteem, or loss of control. The anxious feeling is often accompanied by negative thoughts that create a pattern of self-defeating behavior and decreased performance in each testing situation.

Heightened arousal with some anxiety usually facilitates attention and focus and can lead to an optimal performance on an exam; however, too much anxiety or arousal can weaken performance. Symptoms commonly reported by students suffering from test anxiety include sweating, dizziness, headaches, nausea, racing heartbeats, and fidgeting.

The term "test anxiety" refers specifically to students, but many workers have other similar performance-based worries in their careers. The fear of failing a job-related task and receiving a poor performance evaluation can produce the same test anxiety symptoms. Athletes and others in competitive occupations are very familiar with performance-based scrutiny and the accompanying anxiety.

Dr. Cadow conducted test anxiety workshops at the University of Southern California (USC) for graduate and undergraduate students for many years. Currently, she uses cognitive behavioral therapy (CBT) to treat this problem in her office with students of all ages. Printed resources and individualized treatment plans are provided. She was featured in a Teen magazine article on the SAT and test anxiety.

Panic Attacks

Panic attacks are very sudden, frightening, discrete periods of intense anxiety which can come without warning and without an obvious triggering event or danger. They may last from seconds to a half hour. A person experiencing a panic attack may feel as if he or she is about to die or pass out or have a heart attack and may call emergency services.

A panic attack is a variant of the “fight or flight” response, when the body prepares for real or imagined danger. Common panic attack symptoms include pounding heart, sweating, trembling or shaking, shortness of breath, chest pain, abdominal distress, lightheadedness, fear of losing control, numbness, and chills or hot flashes.

Dr. Cadow uses a combination of CBT and other behavioral techniques, including relaxation therapy, in order to design an individualized treatment plan for each panic attack sufferer.

Phobias

A phobia is an irrational or very powerful fear; some of the most common phobias are fear of public speaking and fear of flying. Dr. Cadow uses behavioral and psychodynamic techniques to manage these fears so that her patients can go about living their lives more effectively. Each treatment is individually tailored to the patient, who, in the process of therapy, supplies Dr. Cadow with specific examples of fearful situations and a hierarchy of fear levels to be utilized in a process known as “systematic desensitization” or “exposure”.

Some examples of phobias successfully treated by Dr. Cadow include fear of dogs, cats, and needles, as well as extreme discomfort in social situations. She began her work with phobias as a graduate student working with an inpatient who required frequent blood tests and was afraid of needles. Using behavioral methods, she was able to help this patient obtain the necessary blood tests after 4 sessions of treatment.

Post-Traumatic Stress Disorder (PTSD)

As its name suggests, PTSD is the psychological fallout from experiencing a life-threatening event such as violence, war, an accident, or emotional and physical abuse. Individuals with PTSD are likely to react to any experience that reminds them of the trauma (e.g., firecrackers sounding like gunshots). They are likely to suffer from nightmares about the trauma, feel at times like they are reliving the traumatic events all over again, and stay away from places or

events that are reminiscent of the trauma (e.g., not driving a car after an accident); they may also be unable to remember details of the event. Other common symptoms of PTSD include sweating, heart racing, feeling “jumpy”, startling easily, angry outbursts, irritability, emotional numbness, guilt (e.g., survivors’ guilt), depression, loss of interest in activities, inability to have loving feelings, and a sense of a foreshortened future.

Dr. Cadow was a consultant to the Brentwood Veterans Administration Medical Center Vietnam-related post-traumatic stress reaction research project, assessing veterans with PTSD over a two year period. She has evaluated and treated bank robbery victims, victims of violent crimes, and victims of traffic and other accidents.

Obsessive-Compulsive Disorder (OCD)

People with OCD have persistent, unwelcome thoughts or images, called obsessions, that intrude when they are trying to go about their daily life. Some common obsessions include frequent thoughts of violence and harming loved ones, shouting obscenities out loud, or thoughts that are opposed to religious beliefs. Other intrusive thoughts concern order and symmetry (e.g., objects having to face the “right” way) as well as overly scrupulous ideas of cleanliness.

The rituals people develop to control the anxiety these thoughts produce are called compulsions, the repetitive behaviors that they feel compelled to perform. Often, the rituals are tailored to a specific obsession (e.g., going back to the supposed scene of an accident when one is obsessed with the idea that he or she has hit someone with his or her car or washing hands repeatedly when one obsesses about germs). They may also create general rules or rituals such as counting, checking or touching things, sometimes in a specific order or number of times, in an attempt to control their anxiety. Unfortunately, the rituals can end up controlling them, interfering with normal work or social functioning and enjoyment of life.

Healthy people also have rituals, such as checking to see if the door is locked before leaving the house, but the behavior causes no distress and does not interfere with their daily lives. Most children and some adults with OCD do not realize that their actions are unusual. However, a large subset of adults often feel too embarrassed or shameful to disclose their symptoms to others and even go to great lengths to hide their disorder.

Treatment

In her practice over the years, Dr. Cadow has treated the full spectrum of anxiety disorders. CBT, the most effective form of therapy for anxiety, has been referenced frequently in the preceding segments. CBT targets well-established patterns of negative thoughts and behaviors. The objective of CBT is to change patterns of thinking (the “cognitive” part) that thwart people’s efforts to overcome their fears and anxiety (e.g., “I cannot handle all these people—I will say something stupid?” at a social event). These thoughts lead to self-defeating actions (the “behavioral” part), that prevent people from achieving their goals (e.g., leaving a party where they hoped to make new friends). CBT offers alternative ideas and actions, often exposing the person to their fear with support and a game plan.

Although Dr. Cadow’s primary treatment focus is CBT, she often incorporates other tools targeting anxiety reduction such as hypnosis, relaxation techniques, role-playing, exercise, stress management, meditation, systematic desensitization or exposure, and time management. Psychodynamic tools can often help foster an understanding of the anxiety and provide additional interventions. Referrals to a psychiatrist are available for medication evaluations.