

## The Anxiety Issue

FEBRUARY 2015

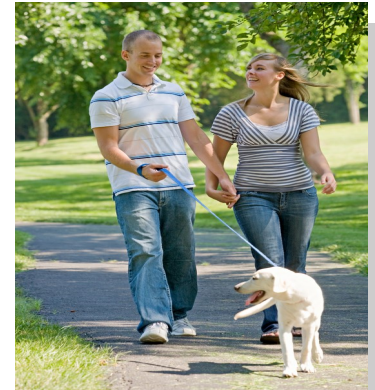
### When the World Becomes Nerve-Wracking: Tips for Addressing Anxiety

Dr. Gregory Chasson

“Can you get rid of anxiety?” This is a common wish for many people, because many emotions, like anxiety, can be very uncomfortable. Indeed, in the case of anxiety disorders, the emotion can be so intense that it can truly disrupt life or be extremely upsetting. Based on current science and practice, there is no way to eliminate anxiety completely. In actuality, this is a good thing. Removing anxiety from life altogether would not be safe, because this emotion aids survival and fosters motivation. All emotions, like anxiety, serve an important function—communication. Think of emotions as memos that help people understand the world around them. In the case of anxiety, the memo might state something like, “There is a threat on the horizon, and you should watch out and plan for it.” In this sense, anxiety is an important ingredient for motivation. As an example, if a teenage boy starts to feel anxiety about an upcoming midterm examination, his body has communicated an important message to him, “There is a threat of you failing this test, and you should watch out and plan to study.” Based on this important message, the boy may be more motivated to prepare for the exam.

Notwithstanding the importance of anxiety, there is no doubt that many individuals experience it in ways that are excessive or irrational. For example, what if the boy with the midterm exam were told in advance that the test was just for practice and would not impact his final course grade? And what if that boy were so anxious that he nonetheless studied every minute of the day for several days in a row and completely avoided sleeping, eating and drinking, communicating

with others, and taking care of basic hygiene? What if this studying regimen were to land him in the hospital because of dehydration and delirium? Yes, the anxiety motivated him to study, but the behavioral reaction seemed so excessive and irrational that it the boy would probably be diagnosed with an anxiety disorder.



While eliminating anxiety altogether is not necessarily possible or even ideal, three tips can help individuals address anxiety more effectively.

#### **Tip 1—Be careful not to promote anxious reactions.**

Often anxiety disorders develop or get worse because of the sufferer’s reactions to anxiety instead of the emotion itself. That is, anxiety typically triggers the sufferer to use some sort of excessive or inappropriate behavior to decrease the anxiety (e.g., escape, avoidance, ritual, compulsion), and this behavior often becomes the most impairing feature of the anxiety disorder. For example, for a 12-year-old girl who is anxious about getting abducted by a stranger, her father might agree to stay by her side whenever they leave the house. This process is called family accommodation, which refers to a family member helping a loved one complete these types of problematic avoidance or compulsive behaviors to decrease anxiety. When watching a loved one struggle with anxiety, it feels natural to provide family accommodation.

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Family members can help a loved one by inspiring her to sit with the anxiety so that she can learn that the emotion is not lethal.

**Tip 2—Model effective coping behaviors.**

For family members of a loved one with an anxiety disorder, it can be helpful to model effective coping behaviors. By the same logic, seeing others adopt excessive or inappropriate behavior to decrease anxiety (e.g., escape, avoidance, ritual, compulsion), may encourage a loved one with an anxiety disorder to rationalize and justify use of similar problematic strategies.

**Tip 3—Seek professional help.**

For individuals with highly impairing or distressing anxiety, do not hesitate to seek assistance from mental health professionals. Cognitive-behavioral therapy is the most evidence-based psychological treatment for anxiety disorders, and this is often considered the first-line treatment. Handled by a psychiatrist or similar professional, medication can also be useful for treating

anxiety disorders. For more information on treatment for anxiety, as well as to find local treatment providers, check out the International OCD Foundation ([iocdf.org](http://iocdf.org)), the Anxiety Disorders Association of America ([adaa.org](http://adaa.org)), and the Association for Behavioral and Cognitive Therapies ([abct.org](http://abct.org)).

**About the author**

*Gregory S. Chasson, Ph.D. is a Harvard-trained licensed psychologist in Maryland and Assistant Professor in the Department of Psychology at Towson University, where he directs the Site for OCD & Autism Research ([www.soartu.org](http://www.soartu.org)). He also owns and directs CBT Solutions of Baltimore ([www.CBTBaltimore.com](http://www.CBTBaltimore.com)), a group practice in the Baltimore area that specializes in cognitive-behavioral therapy for obsessive-compulsive and related conditions, such as obsessive-compulsive disorder, hoarding disorder, body dysmorphic disorder, Tourette's Syndrome and tic disorders, and anxiety disorders.*

## What are anxiety disorders?

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Anxiety disorders are a group of mental illnesses that cause people to feel excessively frightened, distressed, or uneasy during situations in which most other people would not experience these same feelings. When they are not treated, anxiety disorders can be severely impairing and can negatively affect a person's personal relationships or ability to work or study and can make even regular and daily activities such as shopping, cooking or going outside incredibly difficult.

Anxiety disorders are the most common mental illnesses in America: they affect around 20 percent of the population at any given time. Fortunately there are many good treatments for anxiety disorders. Unfortunately, some people do not seek treatment for their illness because they do not realize how severe their symptoms

are or are too ashamed to seek help.

## What are the most common anxiety disorders?

**Panic Disorder** – Characterized by “panic attacks,” panic disorder results in sudden feelings of terror that can strike repeatedly and sometimes without warning. Physical symptoms of a panic attack include chest pain, heart palpitations, upset stomach, feelings of being disconnected, and fear of dying.

**Obsessive-compulsive Disorder (OCD)** – OCD is characterized by repetitive, intrusive, irrational and unwanted thoughts (obsessions)

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and/or rituals that seem impossible to control (compulsions). Some people with OCD have specific compulsions (e.g., counting, arranging, cleaning) that they “must perform” multiple times each day in order to momentarily release their anxiety that something bad might happen to themselves or to someone they love.

**Posttraumatic Stress Disorder (PTSD)** – When people experience or witness a traumatic event such as abuse, a natural disaster, or extreme violence, it is normal to be distressed and to feel “on edge” for some time after this experience. Some people who experience traumatic events have severe symptoms such as nightmares, flashbacks, being very easily startled or scared, or feeling numb/angry/irritable, that last for weeks or even months after the event and are so severe that they make it difficult for a person to work, have loving relationships, or “return to normal.”



**Phobias** – A phobia is a disabling and irrational fear of something that really poses little or no actual danger for most people. This fear can be very disabling when it leads to avoidance of objects or situations that may cause extreme feelings of terror, dread and panic.

**Generalized Anxiety Disorder (GAD)** – A severe, chronic, exaggerated worrying about everyday events is the most common symptom in people with GAD. This is a worrying that lasts for at least six months, makes it difficult to concentrate and to carry out routine activities, and happens for many hours each day in some people.

**Social Anxiety Disorder** – An intense fear of social situations that leads to difficulties with personal relationships and at the workplace or in school is most common in people with social anxiety disorder. Individuals with social anxiety disorder often have an irrational fear of being humiliated in public for “saying something stupid,” or “not knowing what to say.”

People with anxiety disorders are more likely to use or abuse alcohol and other drugs including benzodiazepines, opiates (e.g., pain-killers, heroin) or cigarettes. This is known as self-medication. Some people use drugs and alcohol to try and reduce their anxiety. This is very dangerous because even though some drugs make people feel less anxious when they are high, anxiety becomes even worse when the drugs wear off.

### Are there any known causes of anxiety disorders?

Although studies suggest that people are more likely to have an anxiety disorder if their parents have anxiety disorders, it has not been shown whether biology or environment plays the greater role in the development of these disorders. Some anxiety disorders have a very clear genetic link (e.g., OCD) that is being studied by scientists to help discover new treatments to target specific parts of the brain. Some anxiety disorders can also be caused by medical illnesses. Other anxiety disorders can be caused by brain injury.

### What treatments are available for anxiety disorders?

Effective treatments for anxiety disorders include medications and psychotherapy. Psychotherapy techniques such as cognitive behavioral therapies are most useful in the treatment of anxiety disorders and are referred to as “first-line treatments.”

In most cases, a combination of psychotherapy and medications is most beneficial for people with severe anxiety disorders. Some commonly used medications for anxiety disorders are antidepressant medications called selective serotonin reuptake inhibitors (SSRIs).

The importance of having a good diet and getting enough sleep are known to decrease symptoms in people with anxiety disorders. Regular exercise has also been scientifically proven to be effective.

## Digging Out Hoarding From Under the Clutter of Mental Health Priorities

By Dr. Gregory Chasson

Hoarding Disorder, which is characterized by difficulties with discarding possessions regardless of their actual value, is extremely dangerous. It customarily leads to substantial clutter, which puts sufferers, loved ones (including children and pets), neighbors, and emergency personnel at substantial risk of injury and death from fires and falls, as well as illness from disease and infestation. Hoarding and clutter are responsible for 24% of fire-related deaths<sup>1</sup>. Fires are 16 times more expensive to handle by the fire department—and overall property damage is 8 times more costly—when hoarding is involved<sup>1</sup>.

Beyond immediate safety concerns to the self and others, as well as direct property damage, hoarding has a tremendous negative impact on the economy. It is estimated that **hoarding costs the State of Maryland roughly \$45 million per year**<sup>2</sup>. Nearly 40% of individuals with hoarding tendencies live in poverty. According to research<sup>3</sup>, levels of work impairment—such as absenteeism and unemployment—for those with hoarding are on par with other disabling mental health conditions, including depression, substance abuse, bipolar disorder, and psychosis. Nearly a quarter of adults with hoarding do not pay their income taxes. Medical complications are common in hoarding (e.g., obesity, asthma, 11-fold increased risk for stroke), and the public is often left to pay the bill for costly medical care. Due to hoarding, taxpayer expenditures mount for a variety of reasons, such as eviction, inspection, clean-outs, interventions from child protective services and animal control, and legal hearings. Hoarding is not only a safety crisis, but also a substantial fiscal burden.

Unfortunately, hoarding is not rare<sup>4</sup>, as it is 3 times more prevalent than autism and half as prevalent as diabetes, which is considered the most widely epidemic illness of our time. It's estimated that **over 200,000 individuals with hoarding difficulties reside in Maryland**<sup>4</sup>. Yet, only a handful of licensed mental health professionals in the State provide services for this clinical population. In reality, only a small subset of practitioners actually provides evidence-based cognitive-behavior therapy for hoarding (CBT-H), which is currently the gold-standard treatment<sup>5</sup>. Interventions that make use of CBT-H techniques have been associated with statistically significant and clinically meaningful reductions in hoarding severity. In addition, there is growing evidence to support family-based CBT

interventions for hoarding, such as the program developed and being researched in Maryland at Towson University<sup>6</sup> (go to SOARTU.org for more). Unfortunately, such programs are not yet widely available to the public.

Needless to say, there is an overwhelming bottleneck for accessible services. Although some professionals and government officials have been trying to spread the word about the dangers associated with hoarding and the need for effective and accessible services, basic advocacy and grassroots efforts have generally been lacking. There is substantial need for expanding programs to train Maryland mental health workers to address this problem, as well as need for creating local centers and resources to help communities and Marylanders struggling with hoarding and clutter.

Comprehensive and accessible hoarding and clutter services would mitigate real safety and health concerns for countless individuals, including emergency personnel. Addressing hoarding could also facilitate economic stimulation. Bottom line, access to quality and affordable services for hoarding and clutter would be a tremendous boon for thousands of citizens in Maryland. To that end, it may be timely to excavate *hoarding* from under the clutter of myriad mental health priorities in Maryland.

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**SAVE THE DATE! NAMI Maryland Annual Meeting of Members  
Vote for Board and Bylaws  
Saturday, June 14, 2015 ♦ 1:00pm ♦ Columbia/Ellicott City  
Voting in person OR by proxy**

**The NAMI Maryland Board Development Committee is pleased to announce the call for nominees to serve on the NAMI Maryland Board of Directors as well as Committees of the Board for terms starting in July 2015.**

We continue to focus on improving the *geographic, cultural, and other diversity* of our board to ensure representation from across the spectrum of NAMI members. We must also strategically expand our access to a variety of audiences and networks, including *faith, business, criminal justice, foundations and various professional audiences*.

We are especially looking for applicants with experience and skills in the following areas:

- Legal
- Financial
- Marketing/Outreach/Social Media
- Healthcare Financing (private and public)
- Legislative and/or regulatory agency expertise
- Organizational development
- Fundraising

Serving on the Board of Directors and committees enables you to lend your skills, expertise, networks and leadership to ensure NAMI Maryland continues to expand its impact and effectively pursue its mission to improve the lives of individuals with mental illness, their families and the community.

If you are interested in serving or nominating a fellow NAMI member, please visit [http://www.namimd.org/about\\_nami\\_maryland/board\\_and\\_staffn\\_members](http://www.namimd.org/about_nami_maryland/board_and_staffn_members) for the application form and survey. Both are required to apply, or to nominate someone, for a committee and/or for the Board.

**Nominations/applications are due to the Nominating Committee by April 15, 2015 at the latest.** Please note that applications will be reviewed on a rolling basis and according to our capacity, so we recommend that submissions be done as early as possible to assure adequate time. The Nominating Committee follows a variety of processes. Nominations *for board members* are vetted by the committee and then a proposed slate is presented to the board of directors for the election at the annual meeting. Nominations *for committee members* are vetted by the committee and the President appoints committee members based on interviews and consultation with NAMI Maryland staff and committee chairs. Board members serve three- year terms and committee members serve during the one-year term of the President, and can be re-appointed.



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Visit us online at [www.soartu.org](http://www.soartu.org)

This study has been reviewed by the Towson University Institutional Review Board for the Protection of Human Participants.

## Living with depression and anxiety

By Camille Duverger

I feel just like a rabbit sometimes, when my heart



starts to race inappropriately and my muscles contract like they're getting ready to bound me across the gap and into the density of the foliage on the other side. I can feel my breath beating

sharply through my nostrils, my eyes widen and water, the pressure in my chest tightening, knees buckling, stomach knotting, head dizzying. I clutch my sides in a desperate attempt to hold myself together, to keep my body from physically crumbling like loose clay, try to hold back the tears as my lips twitch and contort and my face flushes hot and red. The world around me seems to fall away, like watercolors dripping off a canvas, streaks of existence speeding past me. Sometimes the panic will take over and I'll find myself crumbling, falling into a shaking, sobbing mass on the ground.

Usually, I can save face and I do a pretty good job at functioning, I would say that I'm highly functioning. I hold multiple volunteer positions, I take care of two animals at home, I have a Bachelor's degree in psychology, I am the go-to for when my friends need somebody to talk to, I seem perfectly fine to most people. But on the inside, I walk a fine line. If I don't keep up on my daily mental exercises and my physical distractions, and I get out of the habit of actively changing my thoughts, I will find myself nearly swallowed by the time I realize what is happening. Slowly the intrusive thoughts that persuade me to feel worthless, that tell me how stupid and useless I am, that remind me that I am not as good a person as people think I am, that try aggressively to convince me to hurt myself physically or run off to the wilderness or take my life, slowly these thoughts return,

getting louder and more adamant until I find myself staring in the bathroom mirror, tears streaming down my expressionless face, thinking to myself, "I thought I was better." Recovery is a fine line when battling mental illness, the struggle is daily.

Often times, it doesn't really matter if anything happened or not to trigger it – I'll just suddenly notice a stream of tears rolling down my face as I work at my desk, or lay in my bed, or drive. I can work through those silent episodes just fine, wiping away stray tears as they fall or just letting them go as I do my business, "holding on in quiet desperation" as Pink Floyd would explain it. For a few months in 2014 I had experienced for the first time what people call remission, a current waning of my illness that I had broken into after years of on and off therapy, exercises in self-control, study and spiritual exploration. Upkeep is so important. When I don't keep up on it, I've learned that I will unknowingly walk back across the line, like when you forget the walk home because you've done it so many times. I don't even notice that it's coming until it's here, and here it is, swallowing me up. Like a snowflake in my hand, I watch the light melt into a puddle, into a tear that leaves a trail as it rolls out of my palm to splatter on the surface below.

However difficult the suffering is, though, however much it physically hurts, I am okay with the way that I am. I have learned in my experiences that this is where my intense compassion and empathy and helping nature come from, and that makes it totally worth it.

*Camille is now an intern at NAMI Maryland and is applying for graduate school to receive her MPS in Clinical Psychology.*

**Get involved with the 2015 NAMIWalks Maryland!  
MAY 16, 2015 in Baltimore!  
Honorary co-chairs Senator Ben Cardin and  
Myrna Edelman Cardin**

NAMIWalks has become the largest national mental health awareness event and one of the fastest growing programs of its kind. Across the country, NAMIWalks raises much needed money to fund state and local NAMI education and support programs, including Walks right here in Maryland. These walks will raise millions of dollars in 2015 for NAMI and the mental health education and support it provides to thousands of individuals and families across the country.

All the funds collected by Walkers will be used to fund NAMI's programs right here in Maryland. Proceeds from NAMIWalks help us offer essential, practical education and support at no cost to our local communities through programs like:

**Web and print resource materials  
NAMI Peer-to-Peer courses  
NAMI Family-to-Family education programs  
NAMI Support Groups**

**There is no registration fee! Get your coworkers, family, friends, and local businesses to sponsor you or join your team! Together we can stomp out the stigma of mental illness.**

**SIGN UP TO BE A TEAM CAPTAIN TODAY AT [WWW.NAMIWALKS.ORG/MARYLAND](http://WWW.NAMIWALKS.ORG/MARYLAND)**

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