

Treating Anxiety and Depression: Differences, Similarities, and What to Do First

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Treating Anxiety and Depression: Differences, Similarities, and What to Do First Psychotherapy

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Prevalence

◎ Generalized Anxiety Disorder (GAD)

- 5.1% lifetime (Kessler et al, 1996) possibly higher
- Most common anxiety disorder in primary care (Ballenger et al, 2001)

◎ Major Depressive Disorder (MDD)

- 16.2% lifetime (Kessler et al, 2008)

◎ Co-morbid GAD and MDD

- 62% of those with GAD have had an episode of MDD (Wittchen et al, 1994)
- 59% of those with GAD had MDD in past year (Wittchen et al, 2000)
- Predicts poor outcome (Van Balkom et al, 2008)

Worry and Rumination

- ⦿ Worry--excessive and pathological--is not restricted to anxiety disorders
 - Worry higher in GAD group, including co morbid GAD/MDD than MDD group
 - However, MDD group had higher PSWQ scores than other anxiety disorder group (Chelminski & Zimmerman, 2003)
- ⦿ Rumination is a cognitive, verbal activity associated with MDD (Nolen-Hoeksema, 1998)
- ⦿ Separate and distinct cognitive processes but both related to depression and anxiety (Fresco et al, 2002)

Theoretical Models of GAD

- ◎ Avoidance Model of GAD (Borkovec et al, 1994)
- ◎ Intolerance of Uncertainty Model (Dugas et al, 1995)
- ◎ Metacognitive Therapy Model (Wells, 1995)
- ◎ Emotion Dysregulation Model (Mennin et al, 2004)
- ◎ Acceptance-based Model of GAD (Roemer & Orsillo, 2002)

Theoretical Models of MDD

- ① **Cognitive Model** (Beck et al, 1979)
- ① **Behavioral Activation** (Martel, Addis & Jacobson, 2001)
- ① **Interpersonal** (Klerman et al, 1984)

Avoidance Model

- ⦿ Worry is a verbal linguistic and thought-based activity which inhibits mental images, somatic and emotional activation.
- ⦿ Inhibition of somatic and emotional experiences leads to poor emotional processing of fear and avoidance.
- ⦿ Emotional processing and exposure are necessary for habituation and extinction.

Avoidance Model

- ⦿ Worry is a poor attempt to problem-solve and deal with a perceived threat while avoiding the aversive somatic and emotional experiences that occur when confronting the feared stimulus.
- ⦿ Worry becomes negatively reinforced as less distressing thoughts replace catastrophic mental images reducing somatic and emotional experiences. Worry is maintained by positive beliefs about worrying.

Treatment Methods Developed Based on Avoidance Model

- Self-monitoring of situations, thoughts, feelings, physiological reactions and behaviors
- Progressive muscle relaxation and diaphragmatic breathing
- Self-control desensitization such as imaginal rehearsal to develop effective coping responses
- Specific worry time (leads to gradual stimulus control)
- Monitoring of outcome of worrying (feared situation, feared outcome, actual outcome)
- Present moment focus
- Expectancy-free living (realistic expectations)

Treatment Methods Developed Based on Avoidance Model

◎ Integrative Therapy (Newman et al 2008)

- Interpersonal problems involved in much of the worry content and not addressed in previous CBT protocols.
- Added component to specifically address interpersonal problems and emotional avoidance.

◎ Study results

- Effect size 2.80 for CBT; CBT+I/EP 3.15
- 67% of the CBT+SL vs. 83% of the CBT+I/EP responders post-tx

Intolerance of Uncertainty Model

- ◎ Uncertain or ambiguous situations are very stressful or uncomfortable for those individuals with GAD which leads to chronic worry.
- ◎ Beliefs about worry include idea that worry will prevent some dreaded outcome or prepare the individual in some way for the dreaded outcome.
- ◎ This model also suggests that individuals have a “negative problem orientation” and engage in cognitive avoidance both of which maintain the worry.

Intolerance of Uncertainty Model

⦿ Negative problem orientation

- Lack of confidence in problem solving ability
- Problems are perceived as threats
- Low frustration tolerance when dealing with problems
- Pessimistic about outcome

⦿ Cognitive avoidance

- Thought replacement
- Thought distraction
- Thought suppression

Treatment methods developed based on IU Model

- ◎ Self monitoring
- ◎ Psychoeducation
 - Problem orientation
- ◎ Evaluating worry beliefs
 - Cognitions about core fears that underlie worries
 - Restructure and exposure
- ◎ Improving problem orientation
 - Cognitive restructuring
- ◎ Study results
 - 77% no longer met criteria for GAD after 6 months and 12 months (Ladouceur et al, 2000)

Metacognitive Therapy Model

Two types of worry

◎ Type 1

- Positive beliefs about worry
 - Worry helps to cope with, prevent or prepare for dreaded events

◎ Type 2

- Negative beliefs about worry
 - Worry about worry
 - Worry is uncontrollable and/or dangerous

Metacognitive Therapy Model

- ⦿ Ineffective strategies associated with Type 2 worries
 - Checking behaviors
 - Thought suppression
 - Distraction
 - Avoidance
 - Reassurance seeking
- ⦿ These strategies do not allow disconfirmation of beliefs, lead to increase of anxiety symptoms and serve to maintain worry

Treatment Methods Developed Based on Metacognitive Model

- ◎ Case formulation
 - Explore triggers for worry
 - Reactions to worry
 - Attempts to control/suppress worry
- ◎ Socialization:
 - Psychoeducation
 - Goal of altering beliefs about worry rather than decreasing worry itself
- ◎ Cognitive restructuring of negative & positive beliefs about worry
 - uncontrollability, danger and benefits
- ◎ Study results
 - 75% demonstrated symptom recovery at 12 months (Wells & King, 2006)

Emotion Dysregulation Model

Those with GAD

- Experience their emotions more intensely and/or more easily and quickly
- Poor understanding of their emotions
- Negative attitudes about emotions
- Maladaptive emotion regulation and management strategies

Treatment Methods Developed Based on Emotion Dysregulation Model

Goal of improving emotion regulation leads to improvement in GAD symptoms

- Relaxation exercises
- Belief reframing
- Emotion education
- Emotion skills training
- Experiential exposure exercises

Study results

Ongoing but preliminary have demonstrated reduction in worry and GAD symptoms (Mennin et al)

Acceptance-based Model of GAD

Based on Hayes' model of experiential avoidance and Borkovec's avoidance model

- ⦿ Internal experiences
- ⦿ Problematic relationship with internal experiences
- ⦿ Experiential avoidance
- ⦿ Behavioral restriction

Worry

- Means to behaviorally and cognitively avoid internal experiences
- Avoidance reduces distress (short-term) but reinforces behavioral restriction (long-term)

Treatment Methods Developed Based on Acceptance Model

◎ Psychoeducation about acceptance-based model

- worry → avoidance → reduced valued action
- Function of emotions
- Promotion of valued actions

◎ Mindfulness and acceptance exercises

- Present moment awareness

◎ Behavior change and valued actions

◎ Study results

- 75% responders
- 62.5% met end-state high functioning post-treatment (Roemer & Orsillo, 2007)

Cognitive Model

Cognitive Triad

- ⦿ Defective, inadequate, diseased or deprived (worthless)
- ⦿ Tendency to interpret experiences in a negative way
- ⦿ Pessimistic future (hopelessness)

Treatment Method Developed Based on Cognitive Model

- Use of rating scales, monitoring of mood, recording of thoughts
- Cognitive restructuring of dysfunctional thoughts
- Progressive muscle relaxation exercise
- Role playing
- Assertiveness training

Behavioral Activation (BA)

Based on early work by Lewinsohn

Depressed individuals decreased access to pleasant events

Method

- Monitoring daily pleasant/unpleasant events and mood
- Activity scheduling
- Social skills development
- Time management

Interpersonal Psychotherapy (IPT)

Based on Sullivan's interpersonal theory

- ⦿ Interpersonal relationships play an important role in onset and maintenance of MDD
- ⦿ Focus on interpersonal functioning
 - unresolved grief
 - interpersonal disputes
 - role transitions
 - social isolation or withdrawal

Effectiveness of CT, BA, IPT

NIMH Treatment of Depression Collaboration Research Program

- Compared IPT, CBT and imipramine
- Completers: (based on BDI) 65% were responders to CBT, 70% to IPT, 69% to imipramine and 51% to placebo
- Intent to treat: (based on BDI) 49% responders to CBT, 56% to IPT, 53% to imipramine and 40% to placebo
- When divided into severity of depression: imipramine was most effective treatment for severe MDD then IPT, in less severe MDD all groups about the same

CT and BA effective in relapse prevention compared to medication discontinuation (Dobson et al, 2008)

BA more effective than CT in severe MDD (Coffman et al, 2007)

Differences in Models

- ① Emotional Dysregulation & Acceptance Models
 - Focus on emotional experience and exposure
- ① CBT & Intolerance Model
 - Focus on cognitions (worries)
- ① BA
 - Focus on behavior not on cognitive restructuring
- ① IPT
 - Focus on relationships via behavior
 - no emphasis on cognitive restructuring

Similarities of Models

- Psychoeducation
- Homework
- Cognitive restructuring
- Progressive Muscle Relaxation Exercises
- Exposure

What to Do First

Severe MDD/GAD

- ⦿BA
- ⦿Medication

Moderate to mild MDD/GAD

- ⦿No evidence for order of intervention
- ⦿Psychoeducation

Depending on what client describes as the main problem (i.e., anxiety or depression) focus interventions on that particular aspect of the comorbid condition