

Multidimensional Treatment of Anxiety Disorders: Ministering to Body, Soul and Spirit

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1

Learning Objectives

1. Learn the prevalence of anxiety disorders
2. Identify the key diagnostic attributes of each anxiety disorder
3. Understand the root causes: physiological, psychological, relational, and spiritual of anxiety disorders
4. Understand the latest evidence concerning the neurochemistry of anxiety disorders
5. Develop an interdisciplinary, integrated treatment approach for anxiety disorders, addressing physiological, psychological, and spiritual factors

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Anxiety Disorders: How Great is The Problem?

- Anxiety problems universally acknowledged to be among the most common problems seen in any typical counseling office, Biblical or secular
- Rates of anxiety disorders in the general population are significant, 16.4 % of US adults in any given year (Regier, NIMH, 1998)
- Rates of anxiety disorders in the Christian community are similar to general community (Koenig, 1993)

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Anxiety Disorders in the US Community: 1-Year Prevalence, Rates per 100 Adults, Age 18-54 (Regier, NIMH, 1998)

	ECA Prevalence	NCS Prevalence	Best Estimate
Simple Phobia	8.3	8.6	8.3
Social Phobia	2.0	7.4	2.0
Agoraphobia	4.9	3.7	4.9
GAD	(1.5)	3.4	3.4
Panic Disorder	1.6	2.2	1.6
OCD	2.4	(0.9)	2.4
PTSD	(1.9)	3.6	3.6
Any Anxiety Dis	13.1	18.7	16.4

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Psych Disorders in the US Community: 1-Year Prevalence, Rates per 100 Adults, Age 18-54 (Regier, NIMH, 1998)

	ECA Prevalence	NCS Prevalence	Best Estimate
Any Anxiety Dis	13.1	18.7	16.4
Major Depress	6.5	10.1	6.5
Any Mood Dis	7.1	11.1	7.1
Schizophrenia	1.3		1.3
Any Disorder	19.5	23.4	21.0

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Psych Disorders in Duke ECA: Prevalence, Rates per 100 Adults, Age 18-97 (Koenig, NIMH, 1993)

Dx	None	Other	Catholic	Mainline	Conser- vative	Pente- costal
Anx Dis 6 month	18.2	9.7	3.3	5.5	9.8	14.3
Anx Dis lifetime	24.1	16.3	7.4	12.5	15.7	24.0
Alc Abu 6 month	3.3	1.0	4.3	2.0	3.2	5.2
Alc Abu lifetime	10.8	7.8	17.7	8.6	8.8	17.4
Depress 6 month	1.7	3.1	1.1	1.2	1.7	5.4

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Anxiety Disorders: The Problem Has Generated a Response

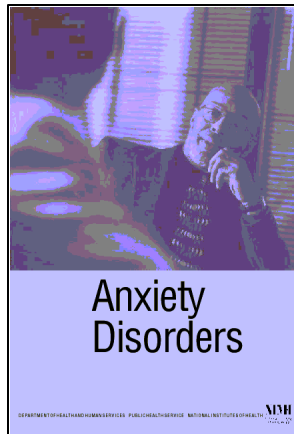
- US governmental agencies
 - NIMH (National Institute of Mental Health)
 - Surgeon General (US Public Health Serv)
- Self-help literature
 - *Don't Panic* (Wilson, 1996)
 - *The Anxiety Cure* (DuPont et al., 1998)
 - *Master Your Panic* (Beckfield, 1998)
 - *Overcoming Panic Disorder* (Weinstock & Gilman, 1998)

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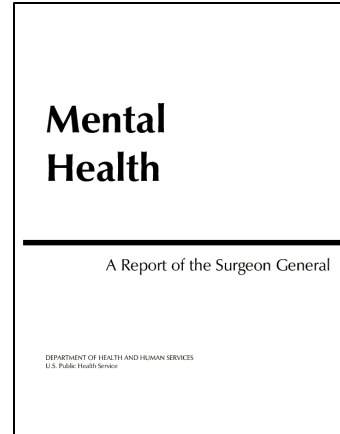
US Govt Response: Reports from NIMH, 1995 & Surgeon General, 1999



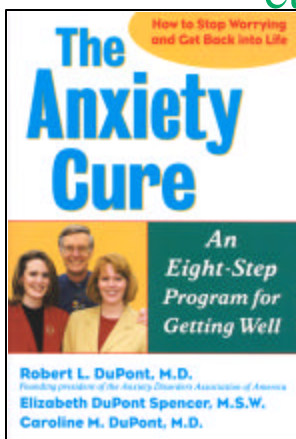
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The Anxiety Cure: An Eight-Step Program for Getting Well (DuPont et al., 1998)



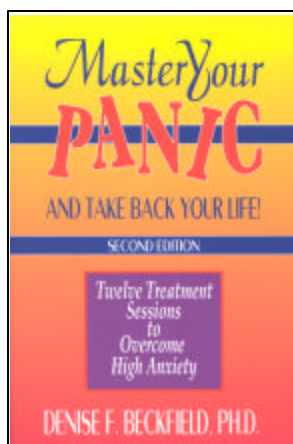
- “A cure is regaining control over your life, ...” (p 62)
- “reassurance ... is a trap.” (p 102)_

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Master Your Panic (Beckfield, 1998)



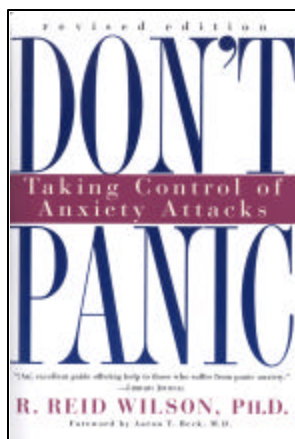
- “I’m getting more self-reliant every day.” (p 127)

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Don't Panic (Wilson, 1996)



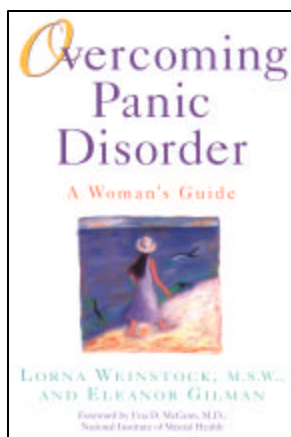
- Chapter 16: Taking a New Stance:
 - “I can handle this.”
 - “I have freedom of choice.”
 - “I can be in control.”
 - “I can feel safe.”
 - “I can trust my body.” (p 230)

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Overcoming Panic Disorder (Weinstock & Gilman, 1998)



- Relaxation: “yoga is an excellent relaxation technique ... repeat your mantra every time you exhale.”(p 136)
- Spirituality: “faith is the antidote of fear;” ... “a concept of God is not necessary ... as long as you are aware that something guides your life.” (pp 220 – 221)

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How Should We in the Christian Community Respond to the Problem of Anxiety?

How Should We Understand and Minister to Those with Anxiety Disorders?

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This Presentation Has Diverse Audience: Diversity of Beliefs, Backgrounds, Approaches within Christian Faith

- Biological psychiatry
- Christian counseling
- Biblical counseling
- Inner healing ministries
- Deliverance ministries
- Pastoral care
- And others

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The Presenter's Background and Approach

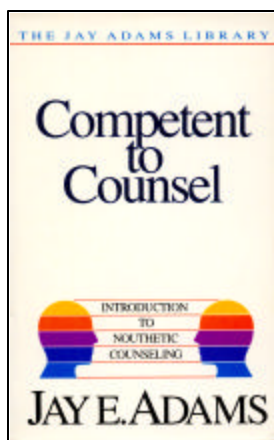
- Professional training:
 - BA, Cornell University, 1974
 - MD, University of Vermont, 1981
 - Psychiatry, University of North Carolina, 1982-1986
 - Board Certification, American Board of Psychiatry & Neurology, 1987
- Knowledge of God, relationship with God:
 - Began 1989, dramatic change in every are of life in including practice of psychiatry
 - Started over, from the ground up testing everything against the Scriptures, including beliefs about psychopathology, counseling, and healing

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15

Early Reading: *Competent to Counsel* (Adams, 1970)



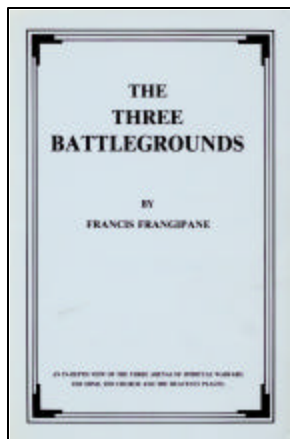
- “All concepts, terms and methods used in counseling need to be re-examined biblically.” (p xviii)
- “malfunctions affecting the brain ...caused by ... gene inheritance, glandular or chemical disorders, validly may be termed mental illness. But ... a vast number of ... other ... problems ... [show] no evidence of ... disease or illness at all.” (p 28)

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Early Reading: *Three Battlegrounds* (Frangipane, 1989)



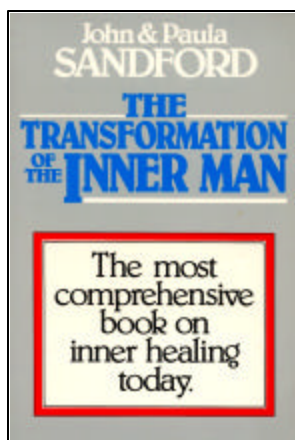
- Spiritual warfare
- Battleground of the mind
- Satan
- Strategies of the enemy
 - Deception
 - Accusation
 - Dividing
 - Presenting false substitutes
- Strongholds
 - Descriptions
 - Sources
- Achieving victory

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Early Reading: *Transformation of the Inner Man* (Sandford, 1982)



- “Psychologists would mend our self-images so that we could have confidence in our selves. Christ would slay our fleshly self-confidence so that our only self-image becomes, ‘I can do all things through Him who strengthens me’ (Phil 4:13). ... A self-image is something we build ... but a Christian’s identity is a gift, something God builds in us.” (p 11)

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Biblical Teachings on the Sufficiency of Scripture

- ... from childhood you have known the sacred writings which are able to give you the wisdom that leads to salvation through faith which is in Christ Jesus. All Scripture is inspired by God and profitable for teaching, for reproof, for correction, for training in righteousness; so that the man of God may be adequate, equipped for every good work. (2 Tim 3:15-17; NASU)
- ... seeing that His divine power has granted to us everything pertaining to life and godliness, through the true knowledge of Him who called us by His own glory and excellence. (2 Peter 1:3 NASU)

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Biblical Warnings Against Following False Teachings

- For the time will come when they will not endure sound doctrine; but wanting to have their ears tickled, they will accumulate for themselves teachers in accordance to their own desires, and will turn away their ears from the truth and will turn aside to myths. (2 Tim 4:3-4; NASU)
- ... there will also be false teachers among you, who will secretly introduce destructive heresies, even denying the Master who bought them, bringing swift destruction upon themselves. Many will follow their sensuality, and because of them the way of the truth will be maligned; and in their greed they will exploit you with false words (2 Peter 2:1-3; NASU)

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20

Additional Guidance From the Scriptures

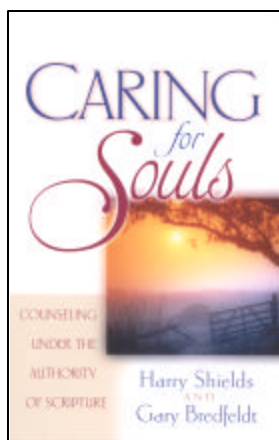
- The brethren immediately sent Paul and Silas away by night to Berea, and when they arrived, they went into the synagogue of the Jews. Now these were more noble-minded than those in Thessalonica, for they received the word with great eagerness, examining the Scriptures daily to see whether these things were so. (Acts 17:10-11 NASU)
- But solid food is for the mature, who because of practice have their senses trained to discern good and evil. (Heb 5:14 NASU)
- Let not many of you become teachers, my brethren, knowing that as such we will incur a stricter judgment. (James 3:1 NASU)

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21

Caring for Souls (Shields & Bredfeldt, 2001): Evaluating Truth Claims



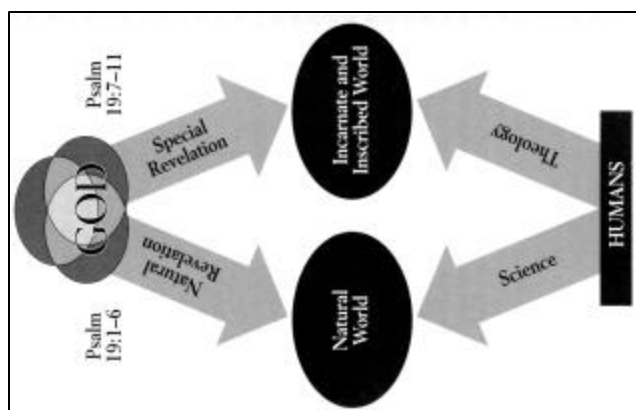
1. Directly supported by Scripture?
2. Theologically consistent with Scripture?
3. Addressed by Scripture?
If not apply principles:
 - "Profitable benefit" (I Cor 6:12; 10:23)
 - "Weaker brother" (Rom 14:13-21; I Cor 8:13)
4. Explicitly denied by Scripture?
5. Doubtfully consistent with Scripture?

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Human Inquiry into God's Revelation (Shields & Bredfeldt, 2001)



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Psychology & Psychiatry: Christian Perspective

- Claim to be, literally: “word/truth concerning the soul” & “healing for the soul”
- Claim to provide “truth” and “healing” through scientific study
- Actually provide a mixture of:
 - Personal bias & presupposition
 - Subjective perceptions & viewpoints
 - Beliefs & philosophies, often built around “cult figures”
 - Natural reasoning
 - Scientific “truth”

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Definitions I: Anxiety, Fear, Worry & Care (Noah Webster, 1828)

- Anxiety: Concern respecting some event, future or uncertain, which disturbs the mind & keeps it in a painful state of uneasiness
- Fear: Painful emotion or passion excited by an expectation of evil, apprehension of impending danger
- Worry: Tease, trouble or harass with care & anxiety
- Care: Concern, anxiety, with some degree of mental pain, apprehending evil

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Definitions II: Panic, Phobia, OC, Traumatic Stress (Noah Webster, 1828)

- Panic: Sudden fright without real cause, inspired by trifling cause or misapprehension of danger
- Phobia: [not found, but *phobos* in NT]
- Obsession: Besieging, first attack of Satan prior to possession
- Compulsion: Urging or driving by force
- Traumatic: Pertaining to a wound
- Stress: Force, urgency, pressure, importance

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Word Study I: Fear in OT

- **yare'** (yaw-ray'): to fear; morally, to revere; cause to frighten
- **yir'ah** (yir-aw'); fear; morally, reverence
- Used in OT 424 times
- Primary uses:
 - Fear of God
 - The Lord saying: "Fear not"
- He said, "I heard the sound of You in the garden, and I was afraid because I was naked; so I hid myself." (Gen 3:10; NASU)

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Word Study II: Anxiety and Worry in OT

- **pa`am** (paw-am'); to tap, i.e. beat regularly; hence (generally) to impel or agitate
- The king said to them, "I had a dream and my spirit is anxious to understand the dream." (Dan 2:3; NASU)
- **sar`aph** (sar-af'); cogitation; anxious thoughts
- When my anxious thoughts multiply within me, your consolations delight my soul. (Ps 94:19; NASU)
- Search me, O God, and know my heart; try me and know my anxious thoughts; (Ps 139:23 NASU)

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Word Study III: Fear in NT

- ***phobos*** (fob'-os); alarm or fright; fear
- For you have not received a spirit of slavery leading to fear again, but you have received a spirit of adoption as sons by which we cry out, "Abba! Father!" (Rom 8:15; NASU)
- There is no fear in love; but perfect love casts out fear, because fear involves punishment, and the one who fears is not perfected in love. (1 John 4:18; NASU)

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Word Study IV: Anxiety and Worry in NT

- ***merimnao*** (mer-im-nah'-o); to be anxious about; worried
- But the Lord answered and said to her, "Martha, Martha, you are worried and bothered about so many things; (Luke 10:41; NASU)
- Be anxious for nothing, but in everything by prayer and supplication with thanksgiving let your requests be made known to God. (Phil 4:6; NASU)

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Word Study IV (cont): Anxiety and Worry in NT

- "For this reason I say to you, do not be worried about your life, as to what you will eat or what you will drink; nor for your body, as to what you will put on. Is not life more than food, and the body more than clothing? ... And who of you by being worried can add a single hour to his life? ... You of little faith! "Do not worry then, saying, "What will we eat?' or "What will we drink?' or "What will we wear for clothing?' For the Gentiles eagerly seek all these things; for your heavenly Father knows that you need all these things. But seek first His kingdom and His righteousness, and all these things will be added to you. So do not worry about tomorrow; for tomorrow will care for itself. Each day has enough trouble of its own. (Matt 6:25-34 NASU)

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31

Proposed Christian Approach to Anxiety: Three “Types” of Anxiety

Type I. Universal anxiety, faced by all, product of the fall of man

Type II. Proneness to more intense, pervasive anxiety in some individuals; some have “heart” vulnerabilities and are more prone to anxiety; root causes of vulnerabilities can be identified and specifically dealt with

Type III. Anxiety problems which have neurobiological root causes; which can respond to medication

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Anxiety Problems: Examples of Root Issues

1. **Spiritual**
 - Relationship w/ God: God ordained, our actions or attitudes
 - Demonic attack, oppression
 - Generational curses
2. **Situational (social/relational)**
3. **Psychological**
 - Character/developmental issues
 - Ways, habits, self-control issues
 - Attitudes & beliefs
 - Decisions, addictions, wrong attachments
 - Unresolved hurts/traumas/bitterness
4. **Physiological**
 - Psychiatric
 - Other medical

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Proposed Christian Approach to Anxiety: Response to Each Type

	Spiritual	Heart Vulnerability	Biological
Type I Universal	Basic Biblical principles		
Type II “Heart”	Basic Biblical principles	Biblically address root issues	
Type III Neuro-biological	Basic Biblical principles	[Biblically address root issues]	Medication

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Anxiety Disorders: Psychiatric Diagnosis

- Disorders are syndromes: Diagnosis based on presence of defined group of signs and symptoms
- No definitive psychological or lab tests or scans
- Distinguished from normal by:
 - Quality, persistence, and severity of symptoms
 - Degree of impairment caused by symptoms
 - Out of proportion or illogical to provoking situation
- Except for PTSD, no assumption about root cause
- Assigning diagnosis is a naming process; God gave man authority for this (Gen 2:19-20)

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Christian Concerns About Psychiatric Diagnosis

- Christian Concerns:
 - Attempting to define as medical problem something that is actually a spiritual or moral problem
 - Any sinful condition can be redefined as medical problem, whether it really is or not
- Result:
 - Excuses, shifts responsibility, removes accountability
 - People to look in wrong place for answers to problems
- Presence of psychiatric disorder does not remove moral responsibility; despite individual differences each of us is still accountable to same standards

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Anxiety: DSM-IV & ICD-10

Class		ICD-10	Diagnosis	DSM-IV
F40	Phobias	F40.00	Agoraphobia w/o panic	300.22
		F40.01	Panic w/ agoraphobia	300.21
		F40.1	Social phobias	300.23
		F40.2	Specific phobias	300.29
F41	Other Anxiety	F41.0	Panic disorder	300.01
		F41.1	GAD	300.02
		F41.9	Anxiety disorder NOS	300.00
F42	Obsessive Compuls	F42.8	OCD	300.3
F43	Stress response	F43.0	Acute stress disorder	308.3
		F43.1	PTSD	309.81
		F43.2	Adjustment disorders	309.xx

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Generalized Anxiety Disorder (DSM-IV 300.02; ICD-10 F41.1)

- A. Excessive anxiety & worry, most days, >6mo
- B. Difficult to control
- C. At least 3 sx:
 - (1) Restlessness or feeling on edge, fatigue, impaired concentration, irritability, muscle tension, sleep disturbance
- D. Focus of anxiety not confined to specific disorder
- E. Significant distress or functional impairment
- F. Not due to other psychiatric disorder (APA, 1994, 2000)

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Panic Disorder (DSM-IV 300.01; ICD-10 F41.0)

- A. (1) Recurrent unexpected panic attacks, w/ abrupt onset of at least 4 sx:
- Tachycardia or palpitations, sweating, trembling, smothering, choking, chest pain, GI distress, faintness, paresthesias, chills
- Derealization or depersonalization, fear of losing control or going crazy, fear of dying
(2) Fear of recurrence or behavior change, > 1 mo
- Persistent concern about additional attacks, or worry about losing control or implications of attacks, or significant behavior change
- B. Absence of agoraphobia [or presence in 300.21, F40.01]
- C. Not due to other medical condition
- D. Not due to other psychiatric disorder (APA, 1994, 2000)

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Agoraphobia [w/o Panic] (DSM-IV 300.22; ICD-10 F40.00)

- A. Agoraphobia:
(1) Anxiety in situation where escape difficult or embarrassing or help not available in event of crisis
(2) Situations avoided or endured with marked distress
(3) Not due to other psychiatric disorder
- B. Panic disorder absent [or present in F40.01, 300.21]
- C. Not due to substance abuse or medical condition
- D. If other medical condition present, fear in excess of what is typically seen in medical condition (APA, 1994, 2000)

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Social Phobia (DSM-IV 300.23; ICD-10 F40.1)

- A. Marked & persistent fear of social or performance situations w/ scrutiny
- B. Exposure produces anxiety or panic
- C. Fear excessive or unreasonable
- D. Feared situation avoided
- E. Significant interference or marked distress
- F. Duration > 6 mo in adults
- G. Not due to other psychiatric disorder
- H. Not fear of exhibiting sx of disease (APA, 1994, 2000)

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Specific Phobia (DSM-IV 300.29; ICD-10 F40.2)

- A. Marked & persistent fear of social or performance situations w/ scrutiny
- B. Exposure produces anxiety or panic
- C. Fear excessive or unreasonable
- D. Feared situation avoided
- E. Significant interference or marked distress
- F. Duration > 6 mo in adults
- G. Not due to other psychiatric disorder (APA, 1994, 2000)

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Obsessive Compulsive Disorder (DSM-IV 300.3; ICD-10 F42.8)

- A. Presence of obsessions:
 - Recurrent & persistent thoughts, experienced as intrusive & inappropriate; with attempts to ignore or suppress; recognized as products of own mindand/or compulsions:
 - Repetitive behaviors that person feels driven to perform in response to obsession or rigid rule; behaviors not connected to problem they are designed to neutralize or are excessive
- B. Sx excessive or unreasonable
- C. Sx not specific to other psych disorder
- D. Not due to substance abuse or other medical condition
(APA, 1994, 2000)

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Post-Traumatic Stress Disorder (DSM-IV 309.81; ICD-10 F43.1)

- A. Person exposed to traumatic event:
 - Experienced or witnessed serious threat of serious injury or death
 - Reaction of fear/helplessness/horror
- B. Persistent re-experiencing of trauma:
 - Intrusive memories, dreams, reliving, reacting to cues
- C. Persistent avoidance & numbing:
 - Avoiding reminders, feelings of detachment
- D. Persistent symptoms of increased arousal:
 - Insomnia, anger, hypervigilance, exaggerated startle
- E. Duration > 1 mo
- F. Causing significant distress or functional impairment
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Acute Stress Disorder (DSM-IV 308.3; ICD-10 F43.0)

- A. Person exposed to traumatic event:
 - Experienced or witnessed serious threat of serious injury or death
 - Reaction of fear/helplessness/horror
- B. Dissociative sx: e.g. numbing, detachment, amnesia
- C. Persistent re-experiencing of trauma
- D. Marked avoidance of reminders of trauma
- E. Marked sx of increased arousal
- F. Causing significant distress or functional impairment
- G. Duration 2 d to 4 wk, within 4 wk of trauma
- H. Not due to drugs, medication, or medical condition (APA, 1994, 2000)

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45

Neurobiology of Fear

- Fear response, or “fight or flight” reaction (WB Cannon, 1914), characteristic emergency reaction to threat of impending danger
- Capacity for fear response is universal and protective
- Neurocircuitry: amygdala, hippocampus, anterior cingulate cortex
- Neurochemistry:
 - Noradrenergic system (adrenal medulla)
 - HPA (adrenal cortex)
- “Conditioned fear” response seen in panic & PTSD (Kent, 2000)

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Fear Neuro-circuitry (Kent, 2000)

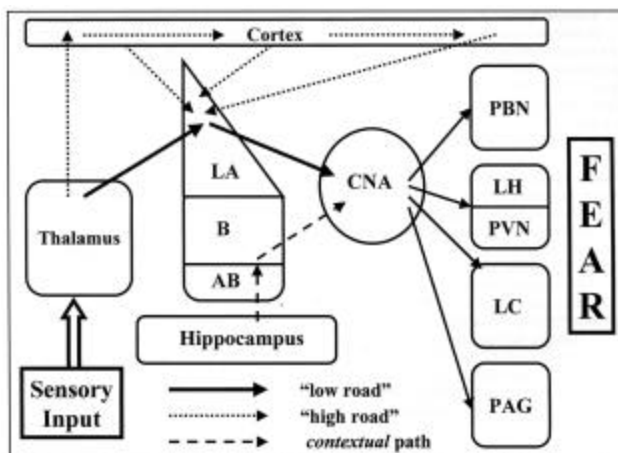


Figure: Fear neurocircuitry with relevance to models of panic disorder and posttraumatic stress disorder. The "low road" comprises sensory information relayed from the thalamus directly to the lateral nucleus (LA) of the amygdala. The "high road" comprises sensory information that is first relayed from the thalamus to the cortex, and, after cortical processing, is then relayed to the LA. The contextual pathway comprises sensory information that has been processed through the cortex and then the hippocampus, before intra-amygdala processing involving the basal (B) and accessory basal (AB) nuclei of the amygdala. The central nucleus of the amygdala (CNA) is the main output station for these paths. The CNA is connected with areas that control fear responses, such as the parabrachial nucleus (PBN), the lateral hypothalamus (LH), the paraventricular nucleus (PVN) of the hypothalamus, the locus caeruleus (LC), and the periaqueductal gray (PAG).

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Neurobiology of Panic Disorder

- Resting state:
 - Abnormal limbic system (hippocampal & parahippocampal regions)
 - Decreased postsynaptic alpha2 receptor sensitivity
 - Altered serotonin transmission
- Provoked state:
 - Decrease frontal cortical activity
 - Increased limbic & paralimbic activation
- Uncoupling of noradrenergic (adrenal medulla) and HPA (adrenal cortex) function (Kent, 2000)

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Panic Disorder: PET Scan Study of Brain Metabolism at Rest

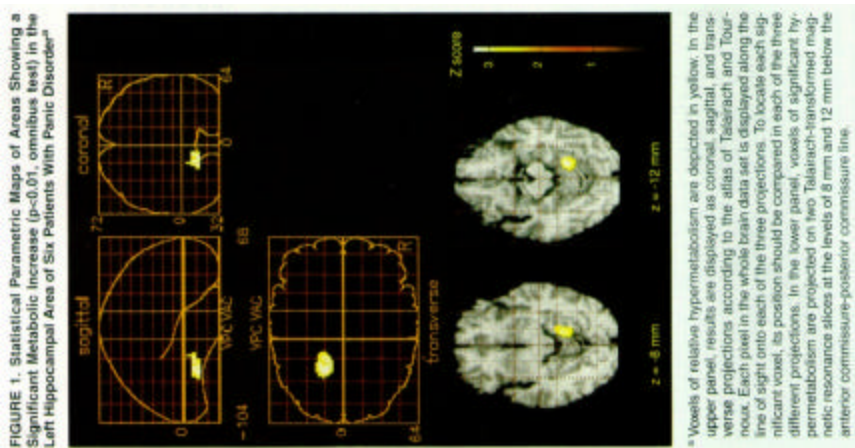
- 6 female patients, DSM-III-R diagnosed Panic Disorder, medication free, at rest, compared with 6 healthy female control volunteers
- PET scan measured brain activity via glucose metabolism
- Significantly increased in left hippocampus and hippocampal area ($p < .001$)
- Significantly decreased in right inferior parietal & superior temporal regions ($p < .001$) (Bisaga, et al., 1998)

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49

Panic Disorder: PET Study, Figure 1



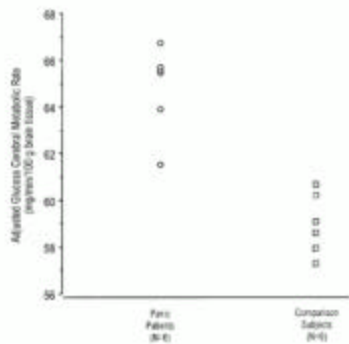
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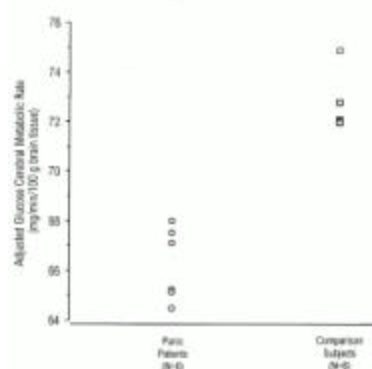
Panic Disorder: PET Study, Figures 2 & 4

FIGURE 2. Scatterplots of Adjusted Cerebral Glucose Metabolic Rates in the Left Hippocampal Area of Six Patients With Panic Disorder and Six Normal Comparison Subjects^a



^a Z=3.15, p<0.001. See table 2 for Talairach coordinates.

FIGURE 4. Scatterplots of Adjusted Cerebral Glucose Metabolic Rates in the Right Inferior Parietal Area of Six Patients With Panic Disorder and Six Normal Comparison Subjects^a



^a Z=3.64, p<0.001. See table 2 for Talairach coordinates.

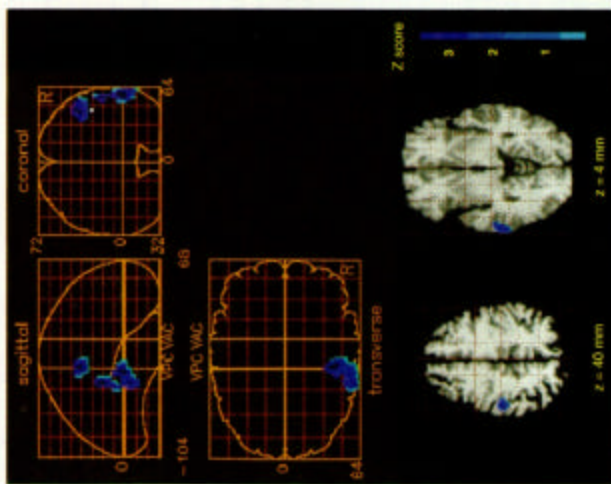
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51

Panic Disorder: PET Study, Figure 3

FIGURE 3. Statistical Parametric Maps of Areas Showing Significant Metabolic Decreases (p<0.01, omnibus test) in the Right Parietal and Temporal Areas of Six Patients With Panic Disorder^a



^a Voxels of relative hypometabolism are depicted in blue. In the upper panel, results are displayed as coronal, sagittal, and transverse projections according to the atlas of Talairach and Tournoux. In the lower panel, voxels of significant hypometabolism are projected on two Talairach-transformed magnetic resonance slices at the levels of 4 mm and 40 mm above the anterior commissure-posterior commissure line.

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52

Neurobiology of PTSD

- Neurocircuitry
 - Amygdala: hyperresponsive to threat-related stimuli
 - Hippocampus: function reduced (responsible for context recognition)
 - Anterior cingulate cortex: function reduced (responsible for habituation in safe situations)
- Neurochemistry
 - Altered HPA system response: Acutely elevated cortisol, which is then blunted, despite persistently elevated CRF, sensitized cortisol receptors
 - Exaggerated catecholamine function (Kent, 2000)

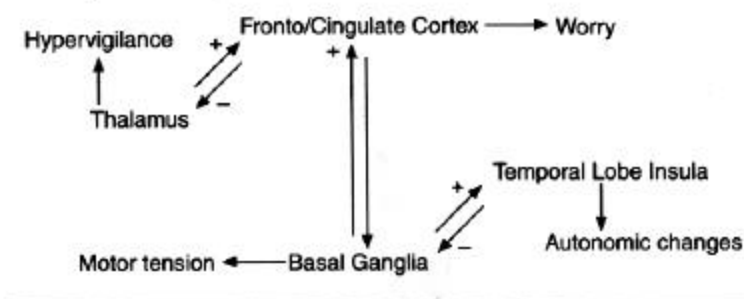
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53

Neurobiology of GAD (Nutt, 2001)

Figure 1. Brain Circuits and Symptoms in Generalized Anxiety Disorder (GAD)



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Neurobiology of Social Phobia

- Coupland (2001) reviewed available literature, research sparse and preliminary, found few studies that showed conclusive differences
- Tillfors (2001) performed PET symptom provocation study of 18 adults w/ social phobia vs normal controls, during public speaking; findings:
 - Subjective anxiety increased
 - Anxiety correlated with increased activity in amygdaloid complex

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PET Study of Social Phobia



- 18 pts w/ social phobia vs 6 normal controls
- PET provocation study: public vs private speaking
- Increased regional cerebral blood flow in amygdaloid complex (Tillfors, 2001)

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Neurobiology of OCD

- Neutral state studies: hyperactivity (hyperfunction) in orbitofrontal cortex, caudate, and anterior cingulate, vs. normals
- Provocation study: eg. Dirty glove triggering obsessive thoughts, produced activation in bilateral orbitofrontal cortex, right caudate nucleus, anterior cingulate cortex vs. normals (also not seen in phobic patients)
- After successful treatment, hyperactivity in the caudate improves
- Relationship seen between OCD and tic disorders & other movement disorders (Rauch, 1996)

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Healing for GAD: Use of Medication

- Four classes of meds with documented benefit:
 - SSRI antidepressants
 - Buspirone (BuSpar)
 - Benzodiazepines
 - Hydroxyzine
- Antidepressants now preferred because of likelihood of comorbid conditions that respond to them
- Buspirone not helpful for depression
- Benzodiazepines still widely used but only indicated for acute anxiety, long term use controversial

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Healing for Panic Disorder: Use of Medication

- SSRI antidepressants are treatment of choice: response requires higher doses and longer duration of treatment than for depression; they reduce frequency and severity of panic attacks
- Use of benzodiazepines is controversial: helpful acutely, but psychological dependence can develop
- Beta-blockers address physiological “fight-or-flight” by blocking effect of circulating epinephrine

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Healing for Social Phobia: Use of Medication

- Treatment of choice: SSRI antidepressants
 - Paroxetine (Paxil): best studied, efficacy validated in controlled studies, typical dose 40 mg daily
 - Fluvoxamine (Luvox): only other SSRI w/proven benefit in controlled study, typical dose 200 mg daily
 - Partial responders to SSRI's may benefit from addition of buspirone, clonazepam, gabapentin, bupropion, beta-blockers
- Other options:
 - MAO Inhibitors: effective but rarely used because of side effects and drug interactions
 - Gabapentin (Neurontin)
 - Clonazepam (Klonopin)
 - Other antidepressants: Venlafaxine (Effexor), Nefazadone (Serzone)

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Healing for OCD: Use of Medication

- SSRI antidepressants are treatment of choice
 - Response slow (12 wks) and requiring higher dosages (eg. paroxetine (Paxil) 40-60 mg/d vs 20 mg for depression)
 - Response rate relatively low (40-60%)
- Clomipramine (Anafranil) also shows efficacy in controlled trials
- Augmentation strategies include atypical antipsychotics, eg. olanzapine (Zyprexa) or risperidone (Risperdal). Relationship with tic disorders and similar response to these meds

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Healing for PTSD: Use of Medication

- Does not accomplish healing, but assists or is a component of healing process
- Intended to address underlying physiological abnormalities and specific symptoms
- Specific medication types for specific problems:
 - To increase serotonin effect: antidepressants (SSRIs)
 - To decrease adrenergic: beta-blockers (propranolol/Inderal), alpha-2 agonists (clonidine/Catapres)
 - To decrease CRF effect: benzodiazepines (alprazolam/Xanax)
 - To stabilize mood: anticonvulsants (valproate/Depakote, gabapentin/Neurontin), lithium

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62

Proposed Christian Approach to Anxiety: Three “Types” of Anxiety

Type I. Universal anxiety, faced by all, product of the fall of man

Type II. Proneness to more intense, pervasive anxiety in some individuals; some have “heart” vulnerabilities and are more prone to anxiety; root causes of vulnerabilities can be identified and specifically dealt with

Type III. Anxiety problems which have neurobiological root causes; which can respond to medication

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63

Proposed Christian Approach to Anxiety: Response to Each Type

	Spiritual	Heart Vulnerability	Biological
Type I Universal	Basic Biblical principles		
Type II “Heart”	Basic Biblical principles	Biblically address root issues	
Type III Neuro-biological	Basic Biblical principles	[Biblically address root issues]	Medication

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Scriptural Principles Apply to All

- Many with heart vulnerabilities and biological abnormalities believe or act as though the scriptural principles don't apply to them
- In fact, they apply especially in these situations, but seem less effective or harder to do, must be done more diligently (metaphor: diet and exercise for person dealing with diabetes)
- Application of these principles benefits from counseling relationship which provides:
 - support
 - specific plan
 - process
 - accountability

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Cognitive Behavioral Therapy (CBT) for Anxiety Disorders

- Three components:
 - Relaxation training: Progressive muscle relaxation, controlled breathing, meditation
 - Cognitive restructuring: Focused on perceptual and cognitive errors that overstate vulnerability, risk, consequences
 - Exposure: Situational and interoceptive, to desensitize pt to feared circumstance
- At best, CBT is restatement and practical application of Biblical instruction, but runs risk of perverting process that God ordained

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CBT for Panic (Levitt, 2001)

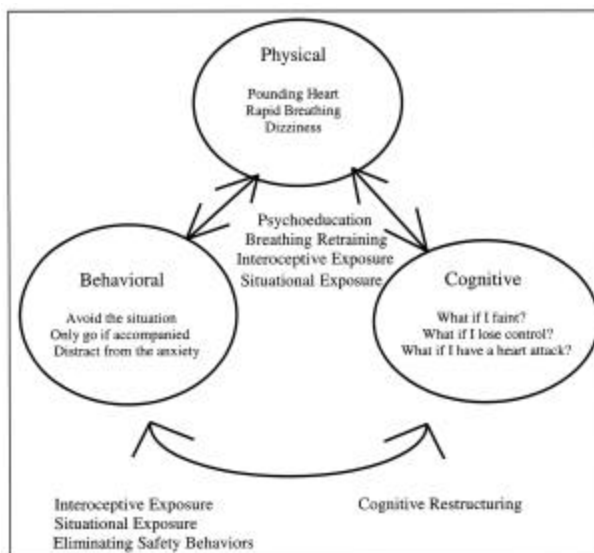


Figure. The three main components of panic that are emphasized in panic control treatment.

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67

Components of Fear/Anxiety Response

1. Perceived lack of safety or threat of danger
2. Perceived vulnerability
3. Uncertainty; expectation of probable negative outcome
4. Triggering a state of physiological arousal (conditioned fear)
5. Cognitive responses: Hypervigilance
6. Emotional responses: Fear/anger
7. Behavioral responses: Avoidant, guarding, compulsive (characteristic, stereotypic for individual)

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Biblical Context: What We Must Do Before Tackling Anxiety

1. Humble ourselves/submit/yield to the Lord (Ps 119:145-147; James 4:6-10)
2. Draw near, seek intimacy with God (Ps 119:10; Heb 10:19-23; James 4:6-10)
3. Minister to the Lord with praise, worship, thanksgiving (Ps 100:4-5; Ps 119:62, 164)
4. Meditate on the Word (Ps 119:11, 105, 148; Heb 4:12)
5. Speak truth/renew the mind (Ps 119:104; Rom 12:2; II Cor 10:5)
6. Receive the Lord's comfort & encouragement (Ps 119: 153-156; Matt 5:2-5; II Cor 1:2-7; Heb 4:11)
7. Battle against negative/oppressive/hostile "voices" (Ps 119:23, 61; Matt 4:1-11; II Cor 10:3-5; Eph 6:10-17; James:4-6-10)

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Before Tackling Anxiety: Psalms 119

1. I cried with all my heart; answer me, O LORD! I will observe Your statutes. I cried to You; save me and I shall keep Your testimonies. I rise before dawn and cry for help; I wait for Your words. (v145-147; NASU)
2. With all my heart I have sought You; do not let me wander from Your commandments. (v10; NASU)
3. At midnight I shall rise to give thanks to You because of Your righteous ordinances. (v62; NASU)
4. Your word is a lamp to my feet And a light to my path. (105; NASU)
5. From Your precepts I get understanding; Therefore I hate every false way. (v104; NASU)
6. Look upon my affliction and rescue me. For I do not forget Your law. Plead my cause and redeem me; Revive me according to Your word. Salvation is far from the wicked, For they do not seek Your statutes. Great are Your mercies, O LORD; Revive me according to Your ordinances. (v153-156; NASU)
7. Even though princes sit and talk against me Your servant meditates on Your statutes. (v23; NASU)

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70

Biblical Answer for Fear/Anxiety Response

Situation	Biblical Answer
1. Perceived danger	Heb 5:14; Phil 4:4
2. Perceived vulnerability	Prov 18:10; Phil 4:7
3. Negative outcome	Jer 29:18; Phil 4:6, 8
4. Physiological arousal	Phil 4:7
5. Anxious thoughts	Ps 139:23; Phil 4:8
6. Anxious emotions	Phil 4:7
7. Avoidant/nervous behav	Phil 4:9

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71

Biblical Answer for Fear/Anxiety Response: Philippians 4:4-9

- Rejoice in the Lord always; again I will say, rejoice! Let your gentle spirit be known to all men. The Lord is near. Be anxious for nothing, but in everything by prayer and supplication with thanksgiving let your requests be made known to God. And the peace of God, which surpasses all comprehension, will guard your hearts and your minds in Christ Jesus. Finally, brethren, whatever is true, whatever is honorable, whatever is right, whatever is pure, whatever is lovely, whatever is of good repute, if there is any excellence and if anything worthy of praise, dwell on these things. The things you have learned and received and heard and seen in me, practice these things, and the God of peace will be with you. (NASU)

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72

Practical Issues in Counseling Situations

- Must not expect everyone to respond in the same way to the same intervention
 - Tendency to do what we're best at/trained in/gifted for, giving every person the same thing, whether they need it or not
 - Expecting others to improve according to the same pattern I, or the last person I counseled, followed
- Must discern what each person needs and respond accordingly
- Must balance need to provide compassion and support with need to challenge people to change their ways