

Research finds cognitive-behavioral therapy effective in combatting anxiety disorders

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This is Peter Norton, associate professor in clinical psychology and director of the Anxiety Disorder Clinic at the University of Houston. Credit: Thomas Campbell

Whether it is a phobia like a fear of flying, public speaking or spiders, or a diagnosis such as obsessive compulsive disorder, new research finds patients suffering from anxiety disorders showed the most improvement when treated with cognitive-behavioral therapy (CBT) in conjunction with a "transdiagnostic" approach - a model that allows therapists to apply one set of principles across anxiety disorders.

The combination was more effective than CBT combined with other types of anxiety disorder treatments, like relaxation training according to Peter Norton, associate professor in clinical psychology and director of the Anxiety Disorder Clinic at the University of Houston (UH).

Norton concludes that therapists treating people

with [anxiety disorders](#) may effectively use a treatment that applies one set of principals across all types of anxiety disorders. The findings are the result of a decade of research, four separate clinical trials and the completion of a five-year grant funded by the National Institute of Mental Health.

Norton defines anxiety disorders as when anxiety and fear are so overwhelming that it can start to negatively impact a person's day-to-day life. He notes anxiety disorders include: panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), social anxiety disorder, specific phobias and generalized anxiety disorder. Often anxiety disorders occur with a secondary illness, such as depression, substance or alcohol abuse. Norton says there are targeted treatments for each diagnosis, but there has been little recognition that the treatments don't differ much, and they only differ in very specific ways.

"The Diagnostic and Statistical Manual of Mental Disorders (DSM) has been an important breakthrough in understanding mental health, but people are dissatisfied with its fine level of differentiation," said Norton. "Panic disorders are considered something different from [social phobia](#), which is considered something different from PTSD. The hope was that by getting refined in the diagnosis we could target interventions for each of these diagnoses, but in reality that just hasn't played out."

As a graduate student in Nebraska, Norton couldn't get enough people together on the same night to run a group treatment for social phobia, and that marked the beginning 10 years of work on the transdiagnostic treatment approach.

"What I realized is that I could open a group to people with anxiety disorders in general and develop a treatment program regardless of the artificial distinctions between social phobia and panic disorder, or [obsessive-compulsive disorder](#),

and focus on the core underlying things that are going wrong," said Norton.

Norton finds [cognitive-behavioral therapy](#) (CBT), a type of treatment with a specific time frame and goals, helps patients understand the thoughts and feelings that influence behaviors to be the most effective treatment. The twist for him was using [CBT](#) in conjunction with the transdiagnostic approach. The patients receiving the transdiagnostic treatment showed considerable improvement, especially with treating comorbid diagnoses, a disease or condition that co-exists with a primary disease and can stand on its own as a specific disease, like depression.

"What I have learned from my past research is that if you treat your principal diagnosis, such as [social phobia](#) and you hate public speaking, you are going to show improvement on some of your secondary diagnosis. Your mood is going to get a little better, your [fear](#) of heights might dissipate. So there is some effect there, but what we find is when we approach things with a transdiagnostic approach, we see a much bigger impact on comorbid diagnoses," said Norton. "In my research study, over two-thirds of comorbid diagnoses went away, versus what we typically we find when I'm treating a specific diagnosis such as a [panic disorder](#), where only about 40 percent of people will show that sort of remission in their secondary diagnosis. The transdiagnostic treatment approach is more efficient in treating the whole person rather than just treating the [diagnosis](#), then treating the next diagnoses."

Norton notes the larger contributions of the studies are to guide further development and interventions for how clinical psychologists, therapists and social workers treat people with anxiety disorders. The data collected will be useful for people out on the front lines to effectively and efficiently treat people to reduce anxiety disorders.

Provided by University of Houston

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