

Obsessive Compulsive Disorder (OCD)

OCD is characterized by repetitive, intrusive, and unwanted concerns (obsessions) that can come in the form of thoughts, images, urges or not-just-right feelings. Obsessions cause significant distress and disruptions in daily functioning. In response to the obsessions, the individual feels the need to engage in repetitive behaviors (compulsions) that serve to neutralize and temporarily alleviate the distress associated with their obsessions. This response inadvertently reinforces the intensity of and belief in the obsessions. OCD comes in many different forms.

Common obsessions include:

- contamination (e.g., dirt/germs, illnesses)
- harm to self or loved ones
- symmetry, order and exactness
- unwanted religious or sexual thoughts
- not-just-right feeling

Common compulsions include:

- hand washing or excessive cleaning
- excessive checking
- counting
- arranging or ordering
- ritualized prayer
- mentally reviewing situations
- repeating (e.g., erasing, re-reading)

Panic Disorder

Panic Disorder involves recurrent and at least partially uncued panic attacks accompanied by a persistent concern over having another attack and the consequences of such an attack. A panic attack is defined as the emergence of four or more physiological sensations (e.g., heart palpitations, dizziness, light-headedness, shortness of breath) coming to a surge within 10 minutes. These sensations occur amidst terror and severe fearfulness.

Agoraphobia

Agoraphobia is the avoidance of places or situations from which escape might be difficult or embarrassing, or in which help may not be available in the event of having a panic attack or panic-like symptoms. The “fear of fear” experienced with Panic Disorder often leads to Agoraphobia where the individual avoids situations due to the fear of triggering a panic attack. Common situations that are avoided as a result of these concerns include highways, travel, crowds, and physical exercise.

Health Anxiety

Health anxiety is characterized by an excessive fear of illness and/or death. These individuals often engage in excessive health-related behaviors such as scanning their body for symptoms, seeking repeated reassurance from loved ones and medical professionals, and Internet research. These efforts rarely lead to more than temporary relief. Individuals suffering from health anxiety may also avoid health information and health professionals in an effort to prevent thinking about illness and the feared outcome of a medical diagnosis. Individuals with health anxiety also may feel more susceptible to disease and experience intolerance of uncertainty regarding physical symptoms, illness and associated feared consequences.

Specific Phobias

Phobias involve excessive and persistent fear of specific objects or situations, which is recognized as exceeding any actual danger. The fear causes significant distress and/or disruption in functioning. Common types include:

- Animal Type (e.g., dogs, cats, spiders, insects, rats, birds, and snakes)
- Natural Environment Type (e.g., heights, storms, and water)
- Blood-Injection-Injury Type (e.g., seeing blood, receiving a blood test or injection, watching medical procedures)
- Situational Type (e.g., driving, flying, elevators, and enclosed places)
- Other Type (e.g., choking or vomiting, loud noises, or fears of costumed characters)

Generalized Anxiety Disorder (GAD)

GAD involves persistent and excessive worry across a variety of routine domains. While the content of the worries is normative, the worries are difficult for the individual to control, have been present for at least six months and cause interference in functioning. The individual also experiences significant distress and physiological sensations (e.g., stomach distress, muscle tension, fatigue, sleep difficulties, irritability) in response to excessive worries.

Post-traumatic Stress Disorder (PTSD)

PTSD is an anxiety disorder that can develop following a traumatic event. The traumatic event is experienced with a sense of intense fear, horror, or helplessness. In children, the reaction often involves disorganized or agitated behavior.

Symptoms of PTSD include:

- Re-experiencing the trauma (i.e., flashbacks, nightmares, intense recollections)
- Hyperarousal (i.e., feeling jumpy or easily startled, difficulty sleeping and restlessness, irritability, difficulty concentrating, and hypervigilance or feeling on guard)
- Avoidance (i.e., avoiding places, people, events, or objects that remind a person of his or her trauma, emotional numbness, loss of interest in previously-enjoyed activities, difficulty remembering important aspects of the trauma, feeling cut-off from people)

While many people can experience a few of the symptoms described above following a trauma, the development of PTSD occurs when a combination of these symptoms lasts more than one month and causes significant life interference. For some individuals, symptoms may develop months or years following the trauma.

Social Anxiety Disorder

Social Anxiety Disorder is characterized by excessive anxiety about being judged or rejected by others, or a fear of behaving in a way that might cause embarrassment. Social phobia may be specific to certain types of social or performance situations (e.g., public speaking) or more general, often leading to avoidance behavior and impaired functioning. Physical sensations that accompany anxiety (e.g., shaking, stomach distress, concentration challenges) can increase fear and embarrassment in social situations. Most adults and children with social anxiety find it difficult to initiate conversations, share opinions, speak in groups, make eye contact, and pursue friendships and romantic relationships.

Body-Focused Repetitive Behaviors

Body-focused repetitive behavior (BFRB) is a general term for a group of related disorders that includes hair pulling, skin picking, and nail biting. These behaviors are not habits or tics; rather, they are complex disorders that cause people to repeatedly touch their hair and body in ways that result in physical damage. Individuals often describe significant shame and embarrassment and attempt to hide the results with make-up, clothing, wigs or other means.

Selective Mutism

Selective Mutism is characterized by an inability to speak in one or more social settings (e.g., at school, in public places, with adults) despite being able to speak comfortably in other settings (e.g., at home with family). The individual with SM typically refrains from social participation at

school and other settings due to a pronounced anxiety. Most affected children and adolescents function typically in other ways and learn age appropriate skills; however, some may have co-occurring anxiety disorders, impaired social skills, and communication disorders in addition to and/or resulting from SM.

Insomnia

Insomnia commonly co-occurs with anxiety and depression. Sleep disruptions include difficulty falling sleep, waking during the night, and/or waking very early. CBT is considered a first line treatment for insomnia and involves assessment of sleep behaviors, modifying sleep habits, and addressing thought patterns that contribute to the insomnia.

Major Depressive Disorder (MDD)

Individuals with MDD experience either persistent depressed mood for at least two weeks and/or a loss of interest in activities. Typical symptoms of MDD include fatigue, concentration difficulties, feelings of hopelessness, thoughts of death or dying, and changes in appetite and sleep patterns. It is not uncommon for individuals suffering from anxiety disorders to develop secondary depression given the negative effects of anxiety on the individual's quality of life.