Anxiety Disorders: A Tri-Annual Report

A NOTE FROM THE EDITOR

In this Fall edition of our ANXSIG newsletter, we highlight the important problem of the high prevalence of anxiety disorders on college campuses. Although most of us are well aware that anxiety is a problem that affects all ages, our student members, Theresa Souza, Nishani Samaraweera, and Lauren Frye examine the issues faced by college students, especially those pertaining to military veterans who are returning to school or just beginning their pursuit of higher education.

We hope you enjoy this issue.

Richard Seim
and the newsletter team

FEATURED ARTICLE

Anxiety and PTSD in the 2009-2010 College Population

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Anxiety is the most frequently reported symptom among college students seeking psychological services (Osberg, 2004). Between 1988 and 2001 the number of students presenting with anxiety doubled (Benton, Robertson, Tseng, Newton, & Benton, 2003), and, due to the high number of U.S. soldiers returning from Iraq and Afghanistan this year, these numbers are anticipated to increase even more. Nearly half a million veterans are anticipated to begin or continue college classes during the Fall 2009 semester – many of whom will struggle with symptoms of anxiety. This paper will describe...
the prevalence and etiology of a variety of anxiety disorders within the college population, as well as the status of empirically-supported treatments available to students for these problems.

**THE PREVALENCE OF ANXIETY ON CAMPUS**

Data indicate that, in the past year, 49.1% of students reported experiencing overwhelming anxiety, 9.3% experienced “tremendous stress,” and 10.4% were diagnosed or treated for an anxiety condition (American College Health Association - National College Health Assessment [ACHA-NCHA], 2008). 5.1% of students sought treatment for panic attacks, 2.1% for OCD, and 1.1% for a specific phobia. Furthermore, on a nationwide day of psychological assessment, from among the 3,100 students who were screened, 1,200 were referred for treatment (Gallagher, 2008).

Two of the most prevalent anxiety-related issues affecting college students are social anxiety and test anxiety. Students suffering from social anxiety are primed for a host of problems including cognitive disturbances, poor social performance, decreased satisfaction with interpersonal relationships, depressed thinking about one’s life and achievement, and a heightened risk for the development of comorbid major depressive disorder. Additionally, individuals who are socially anxious are more likely to use alcohol as a coping measure. This combined with the availability of alcohol on college campuses predisposes them to the development of alcohol use disorders (Sailer & Hazlett-Stevens, 2009).

Test anxiety is also a common problem on college campuses. Studies indicate that 20% of students consistently suffer from decreased academic performance and increased physiological distress as a result of severe levels of test anxiety. Once academic performance is affected, students are susceptible to a negative, downward spiral of anxiety, depression, and decreased feelings of self-efficacy (Bin Kassim, Hanafi, & Hancock, 2008). In some instances, untreated anxiety disorders can lead to academic attrition (Breslau, Lane, Sampson, & Kessler, 2008).

**Etiological Factors**

Many factors may influence the development of anxiety in college students. Some of these may be linked to leaving home, adjusting to a new place, or meeting new people (Osberg, 2004). Others may be related to facing the difficulties of long distance relationships, loneliness, and the management of financial, social and academic responsibilities (Osberg, 2004), or issues related to one’s sexual or social identity (Sisk, 2006). Additionally, the personal histories of college students may place them at risk for developing anxiety disorders. A study of undergraduate students from colleges in the Southwestern and Midwestern USA reported approximately 55.8% to 84.5% of them having experienced adverse life
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Approximately 9% of college students meet full criteria for PTSD and another 11% report subclinical symptoms. One such event is sexual assault. Sexual assault is the most common violent crime in United States universities where the incidence of rape is estimated to be 35 per 1000 female students per year (U.S. Department of Justice: Office of Justice Programs, National Institute of Justice, 2005).

PTSD IN COLLEGE STUDENTS

In addition to problems related to social anxiety and anxiety regarding academic performance, college students often struggle with symptoms of post-traumatic stress. Approximately 9% of college students meet full criteria for PTSD and another 11% report subclinical symptoms (Smyth et al. 2008). The symptoms of re-experiencing, avoidance and numbing, and hyperarousal that characterize PTSD can predispose students to additional psychological problems common to college campuses. For example, the comorbidity of PTSD and depression in the general population is estimated to be between 15% and 53% (Holtzheimer, Russo, Zatzick, Bundy, & Roy-Byrne, 2005), and a similar overlap is expected in the college population. Additionally, it is common for individuals with PTSD to self-medicate with alcohol and other substances (Brown, Stout, & Mueller, 1999). College students are the highest-risk group for problematic alcohol consumption (Wechsler & Nelson, 2006), and, when students suffering from symptoms of PTSD engage in this maladaptive coping strategy, the likelihood of academic and social problems increase exponentially (Brown et al. 1999).

PTSD IN MILITARY VETERANS

Current estimates indicate that between 10% and 20% of military veterans returning from Iraq and Afghanistan are experiencing symptoms of PTSD (Grieger et al. 2006; Jakupcak et al. 2007). This is an increase from the percentage of U.S. veterans diagnosed with PTSD from previous wars (Cozza et al. 2004). While this increase may, in some part, be due to the greater attention given to diagnosis and treatment, this finding may also be due to the increase in the percentage of soldiers returning to combat zones and completing multiple tours of duty in recent years (Cozza et al. 2004).

Though PTSD may result from any traumatic event, the type of conflict faced by soldiers may moderate the development of PTSD symptoms. Both low intensity combat, defined by chronic fear of death or personal injury, and high intensity combat, which can involve guerilla warfare, bombings, remotely detonated explosives, and mortar attacks, can often lead to anxiety disorders, adjustment disorders, mood disorders and substance abuse (Cozza et al. 2004). However, returning soldiers may have also been involved in friendly fire, warfare leading to the unnecessary death of innocent civilians or comrades due to the
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need for split-second decisions regarding the safety of one’s self or one’s unit. These situations tend to cause the greatest level of psychological distress, and they are the most likely to cause post-traumatic cognitive and emotional symptoms (Cozza et al. 2004).

Issues among Student Veterans

Military veterans who are seeking higher education have reported problems ranging from navigating college bureaucracy, dealing with crowds that trigger alarm instincts honed by war, and facing difficulties interacting with students and faculty who do not understand their battlefield experiences (Veterans Today, July 6, 2009). However, the most frequent PTSD symptoms among Iraq and Afghanistan war veterans are associated with anger, hostility, and aggression (Jakupcak et al., 2007). As a result, social and interpersonal communication, relationships between veterans and other students, faculty and staff, family members, and friends can be negatively impacted. These impairments may lead to further hindrances in the attainment of educational and career goals (Jakupcak et al., 2007).

To help their students deal with these concerns, many universities pride themselves in assisting military veterans’ transition to life as college students by offering special benefits and support programs (Stringer, 2007). Financial assistance, military student support organizations, credit-for-service programs, and spousal support resources are examples of recent steps taken to assist with some of the educational needs of student veterans (Roland, 2009).

ACCESSING TREATMENT ON CAMPUS

A 2008 survey of college counseling centers found that the average counselor to student ratio was 1 to 1,906, underscoring the limited human resources of such services (Gallagher, 2008). University counseling centers have historically been designed as places to help students with adjustment difficulties such as homesickness, time management, relationship issues, and managing peer pressure. However, the demands placed upon them today far exceed this conceptualization. The high prevalence of anxiety and the increase of student veterans among colleges and universities nationwide add to the urgent need for more effective mental health services on college campuses. Unfortunately, many college counseling centers are not prepared to meet this demand. Although veteran services can be sought at VA medical centers, such resources may not be geographically located for students’ ease of access to needed care. In addition, military students may not have the financial resources needed to connect with competent clinicians outside of the university community.

Moreover, there is also an issue regarding the quality of treatment available to students seeking treatment for PTSD. The guidelines regarding PTSD treatment...
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from the American International Society for Traumatic Stress Studies (ISTSS) indicate that exposure-based treatments are the most effective (Foa, Keane, Friedman, & Cohen, 2008). Unfortunately, the findings also indicate that exposure therapy is not widely used to treat trauma. A survey of doctoral-level psychologists in three states revealed that 92.5% had never used imaginal exposure when treating PTSD (Becker, Zayfert, & Anderson, 2004). Therefore, more education and training in the use of exposure-based interventions is greatly needed so that both civilian and veteran students can receive effective treatments for their anxiety related symptoms.

CONCLUSION

In summary, the number of college students experiencing symptoms of anxiety and related disorders has been rising steadily over the past twenty years, and university counseling centers have reported dramatic changes in the number of students presenting for treatment, the types of problems reported, as well as the capacity to adequately treat the influx of students seeking help. With the number of students who are suffering from PTSD on the rise, measures need to be taken to ensure that empirically-supported treatments are being properly disseminated and implemented at college mental health centers.

REFERENCES


FEATUED ARTICLE CONT’D


Theresa Souza, Nishani Samaraweera, and Lauren Frye are graduate students in the clinical psychology program at Western Michigan University. Theresa is completing her doctoral dissertation on an examination of two treatments for PTSD and co-morbid substance abuse. Nishani is completing her dissertation on the use of backward masking procedures in the alleviation of anxiety. And Lauren is conducting her master’s thesis on the effectiveness of a mindfulness-based exposure treatment for PTSD.
UPCOMING EVENTS

Nov 2 – Deadline for poster submissions to the ADAA conference

Nov 3 – Deadline for all submissions to the meeting of the Midwestern Psychological Association (MPA)

Nov 5-7 – International Society for Traumatic Stress Studies (ISTSS) annual meeting; Atlanta, Georgia

Nov 14-21 – Mental Health Wellness Week, dedicated to promoting awareness of mental health issues and empirically-supported treatments, go to mhww.org for more information

Nov 19-22 – Association for Behavioral & Cognitive Therapies (ABCT) convention; New York, New York

Nov 20 – Meeting of the Anxiety Special Interest Group (ANXSIG); held at the ABCT convention

Dec 1 – Deadline for submissions for the American Psychological Association (APA) convention

Dec 2 – One-day conference: “Improving the Diagnosis and Treatment of Generalized Anxiety Disorder”; Baltimore, Maryland, go to www.adaa.org for more information

Dec 4 – Deadline for open paper and poster submissions for the World Congress for Behavioral & Cognitive Therapies (WCBCT) convention

Jan 31 – Deadline for all submissions to the Association for Psychological Science (APS) convention

Feb 15 – Early Bird registration for the WCBCT convention closes

Mar 4-7 – Anxiety Disorders Association of America (ADAA) conference; Baltimore, Maryland

ANNOUNCEMENTS

Membership Renewal
Now is the time to renew your membership fees for the Anxiety Disorders SIG. Annual Dues are $15 for professionals and $7.50 for students. If you would like to take advantage of our two-year membership discount, you can pay your dues for this year and next year at a discounted price: $28 for professional members (US & Canadian Funds) and $13 for student members (US & Canadian Funds).

To Renew Online:
1. Please paste the following information in an e-mail to anxsig@smu.edu: Your Full Name, Mailing Address, Email Address, Student/Professional Status, and Method of Payment
2. Then, make an online payment with Paypal www.paypal.com

Enter your PayPal e-mail address and password. Click on “Send Money.” The e-mail address to enter when making dues payment with PayPal is: anxsig@smu.edu.

To Renew by Mail:
1. Mail a Personal Check to our Treasurer:
   Anxiety SIG, c/o Shannon Kehle, Ph.D.
   Center for Chronic Disease Outcomes Research
   Minneapolis VA Medical Center
   One Veterans Drive Minneapolis, MN 55417.

Featured Websites
We are currently updating our list of anxiety-related websites featured at anxsig.org. To have your site featured on our Links page, please email Shawn White at shawnw@smu.edu. Be sure to include the name of the clinic, laboratory, or organization, the state or province where the organization is located, and a brief description of your organization (<250 words).

Future Events
If you have an upcoming event that would be of interest to the ANXSIG community, please email Richard Seim at richard.w.seim@wmich.edu, and include the event, the date of the event, and a brief description of the activities.
MISSION STATEMENT

The Anxiety Disorders Special Interest Group (ANXSIG) is an organization of clinicians, researchers, educators, students, and laypersons. The purpose of the ANXSIG is to provide a professional forum for the exchange of information and ideas on the conceptualization, assessment, and treatment of anxiety and anxiety-related disorders. Members of the ANXSIG share a common interest in behavioral and cognitive behavioral therapies and in the study of variables and processes that contribute to the etiology, maintenance, and modification of anxiety. Members also share an interest in promoting and disseminating state-of-the-art, basic and applied knowledge about anxiety disorders to other scientists, practitioners, and the general public.

Our annual meeting is just right around the corner! Look for our Pre-Conference Newsletter in the next few weeks, featuring an itinerary of events for our meeting as well as a list of other ABCT symposia which will be of interest to clinicians and researchers.