

Post-Dramatic Stress Disorder

- Vulnerabilities
 - Environmental and social factors – stressor severity (high the stressor, high the vulnerability), less social support (during the time of the stress and after, leads to more vulnerability), duration, and proximity.
 - Psychological factors – any preexisting anxiety, depression or distress, how does this person cope with stress?, (do they avoid stressors instead of confronting their anxieties?), dissociation (when a person is removed from their emotions or environment).
- There are greater vulnerabilities across genders and cultures
 - Women have greater vulnerability – stigmas, victim blaming for rape cases, less stigma against a man in war, all impact the social support available.
 - Cultural response to stressors
- Biological factors
 - Sympathetic and parasympathetic system – the part of our central nervous system that reacts to stress, the flight or fight response. We experience increased heart rate, sweating, etc. The body gets ready to engage with the threat or flee from the threat. Once the threat subsides, the parasympathetic nervous system comes in and helps you come down from the response. If there is an imbalance between these systems, this can increase vulnerability. If the parasympathetic system doesn't respond, the person remains in an elevated state much longer than they should be. This also increases vulnerability.
 - Genetics – identical twins are more likely to develop PTSD together than fraternal twins.
- Treatments
 - Cognitive behavioral therapy – systematic desensitization, challenge irrational thoughts. Desensitization makes you less sensitive to that idea or thought.
 - Stress management – reduce stress, minimize intrusive thoughts.
 - Biological therapies – antianxiety and antidepressant drugs.
- Post dramatic stress disorder video on man who came back to US after Vietnam – a fear of a bomb, gunfire, etc. always going off in real life. Feels agitated, angry, etc. for no reason. Felt the need to protect random civilians in the mall. Always is concerned about being ambushed.

Panic Disorder

- Panic attacks are short recurrent intense periods with symptoms of fear and anxiety. Not necessarily abnormal on their own. Becomes a panic disorder when the panic attacks happen regularly and they usually aren't provoked for any reason. People experience fear about having a panic attack and change their behavior as a result.
- Agoraphobia - 1/3 -1/2 of panic disorders. A fear of having a panic attack in public or embarrassing themselves if others see their symptoms or their efforts to escape their symptoms.
- Theories of panic disorder
 - Genetics – twin studies, where identical twins co exhibit a disorder to fraternal twins or regular sibling. Also look at parent child relations.
 - Neurobiological contributors – dysregulated limbic system – the part of the brain that is responsible for when you experience fear and anxiety.
 - Cognitions – interpretation of bodily sensations, interoception – your interpretation of your breathing, heart beat, blood pressure, etc. If you have a dysregulated interoception your body may not accurately show what is happening. When you have these symptoms, you might interpret changes in your body as negative instead of neutral. Interoceptive conditioning is minor changes in your body cues by classical conditioning.
- Biological treatments
 - Tricyclic antidepressants
 - Serotonin reuptake inhibitors – the happy, good mood neurotransmitter.
 - Benzodiazepines
- Cognitive behavioral therapy
 - Relaxation and breathing exercises
 - Identify the catastrophizing cognitions they have about changes in bodily sensations.
 - Practice relaxation and breathing while experiencing panic symptoms.
 - Challenge catastrophizing thoughts.
 - Systematic desensitization.
- Case Study: Annie with Agoraphobia
 - The experience of panic – shakey symptoms, terror
 - Coping techniques – tells people she is having a panic attack to know she isn't alone, Breathe normally.

Phobias

- Specific phobia: fear of specific situations. Can be about animals, natural environments, situational (bridges, tunnels, flying), blood-injection-injury type.

- Social phobia – fear of social encounters.
- To be a phobia, it must disrupt your life in some serious way.
- Theories of phobias
 - Psychodynamic approach – phobias are a displacement of issues onto another source.
 - Biological
 - Behavioral – negative reinforcement (the idea that when you engage in a behavior, and make something bad go away, it increase the likelihood that you will continue that behavior, results in conditioned avoidant response, reinforces you to not face the phobia and then you never have to experience the anxiety), prepared classical conditioning (if we think about specific phobias, the things we tend to be afraid of are things that at some point in our evolutionary history posed a threat).
 - Cognitive
- Treatments of Phobias
 - Psychodynamic – resolve the underlying conflict.
 - Biological
 - Behavioral - desensitization, modeling where the patient models the therapist (learning or unlearning the fear by watching the therapist).
 - Cognitive/Cognitive-Behavioral – help the client identify and challenge their negative thoughts.