



Anxiety Disorders Worksheet:

Anxiety Disorders	Answer	Matching Options
Agoraphobia		A. Features recurrent, unexpected attacks—sudden surges of overwhelming fear and discomfort peaking within minutes. Symptoms during an attack can include heart palpitations, sweating, trembling, shortness of breath, and a fear of losing control or impending doom.
Generalized Anxiety Disorder (GAD)		B. Excessive fear or anxiety about being away from home or from those to whom the individual is attached. This disorder is not only prevalent in children but can also be diagnosed in adults, featuring worry about harm coming to attachment figures or events that could lead to separation.
Panic Disorder		C. A complex anxiety disorder characterized by an individual's inability to speak in specific social situations, such as at school or with peers, despite being able to speak comfortably in other settings, like at home with close family members.
Selective Mutism		D. A condition marked by an intense fear of being in places where escape might be difficult or where help may not be available, particularly if a panic attack occurs. Individuals often avoid crowded areas, bridges, public transport, and enclosed spaces.
Separation Anxiety Disorder		E. A strong fear of being judged by others or embarrassed in social situations. This includes performance situations like speaking in public, as well as everyday interactions, which can significantly impair daily functioning and social life.
Specific Phobias		F. Intense, irrational fears of objects or situations, such as heights (acrophobia), spiders (arachnophobia), or flying (aviophobia). The fear goes beyond what's appropriate and can cause people to avoid ordinary situations.
Social Anxiety Disorder (Social Phobia)		G. Characterized by persistent, excessive worry about various aspects of daily life, such as work, health, or finances, beyond what might be considered reasonable. This worry is hard to control and is often accompanied by physical symptoms like restlessness, fatigue, and muscle tension.

Case Study Exercises

Case Study 1

Emily, a 34-year-old accountant, finds herself increasingly unable to leave her house unless accompanied by her partner. She fears that if she were alone, she might have a panic attack and be unable to get help. Recently, she turned down a promotion because it would require her to travel across the city in public transportation. She feels trapped at home and avoids making plans that involve going to busy stores, social gatherings, or open spaces. Her condition has started affecting her professional life and relationships as she continually worries about finding herself in situations from which escape might be difficult.

This is an example of which anxiety disorder: _____

What is your treatment plan: _____

Case Study 2

John, a 42-year-old software developer, is often consumed by worries that he finds difficult to control. He spends hours each day fretting over things like job security, health, and minor concerns like household chores. Even when things are going well, he anticipates disaster. His wife notices that his anxiety is also manifesting physically—he complains of muscle tension and has trouble falling asleep. John's chronic worry has made it hard for him to concentrate at work and is starting to isolate himself from social activities.

This is an example of which anxiety disorder: _____

What is your treatment plan: _____

Case Study 3

Lara, a 29-year-old teacher, recently experienced a sudden onslaught of intense fear while shopping. She described feeling her heart racing, dizziness, and a terrifying sense that she might die. These episodes have recurred several times in the past month, seemingly out of nowhere. She now finds herself on edge, anticipating when the next attack might strike, which causes her to avoid certain places and activities she used to enjoy. Her fear of these unpredictable episodes has started to restrict her life significantly.

This is an example of which anxiety disorder: _____

What is your treatment plan: _____

Case Study 4

Mia, an 8-year-old girl, has not spoken at school for the past three months, despite being talkative and engaging at home. Her teachers report that she nods or shakes her head when asked a question, but she will not speak out loud in class or interact verbally with her peers. This behavior persists despite no evidence of speech issues at home. Her silence at school is impacting her academic performance and her ability to make friends, causing concern among her teachers and family.

This is an example of which anxiety disorder: _____

What is your treatment plan: _____

Case Study 5

Tom, a 27-year-old graphic designer, lives in constant fear of being away from his girlfriend. He experiences extreme anxiety if he must spend a few hours alone without contact with her. He worries incessantly about the possibility of her getting into an accident or suffering some harm when they are not together. His condition leads him to repeatedly check on her throughout the day, which is starting to strain their relationship. Tom's fear of separation is so profound that it interferes with his ability to engage in everyday activities independently.

This is an example of which anxiety disorder: _____

What is your treatment plan: _____

Case Study 6

Sarah, a 30-year-old librarian, has a severe fear of flying. She recognizes that her fear is irrational, but the thought of getting on a plane triggers panic, including palpitations and a feeling of dread. Due to this fear, she has missed important family events and job opportunities. She actively avoids vacations or conferences that involve flying, opting instead for destinations she can reach by car or train, despite the inconvenience.

This is an example of which anxiety disorder: _____

What is your treatment plan: _____

Case Study 7

Kevin, a 25-year-old graduate student, dreads any form of public performance. He experiences intense anxiety about speaking in front of his classmates, fearing that he will embarrass himself or be harshly judged. His fear is so severe that he has avoided seminars and presentations,

potentially harming his academic progress. Social interactions also provoke significant anxiety, making him avoid most university social events and group projects.

This is an example of which anxiety disorder: _____

What is your treatment plan: _____

Answers

Matching
D
G
A
C
B
F
E

Case Study 1: Agoraphobia

Emily's fear of being in places where escape might be difficult or where help may not be available, and her avoidance of public transportation and crowded places, are characteristic symptoms of agoraphobia.

- **Pharmacological:** Selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine (Prozac) and sertraline (Zoloft) are often prescribed for their efficacy in reducing anxiety symptoms. Benzodiazepines are generally used only on a short-term basis for relieving anxiety that happens suddenly, also called acute anxiety. These medications can be habit forming and for the certification exam, always choose the safest answer.
- **Nonpharmacological:** Cognitive Behavioral Therapy (CBT) is highly effective, particularly exposure therapy, which involves gradual exposure to feared situations in a controlled and systematic way.

Case Study 2: Generalized Anxiety Disorder (GAD)

John's excessive and uncontrollable worry about various aspects of life, such as job security and health, along with physical symptoms like muscle tension and insomnia, are indicative of generalized anxiety disorder.

- **Pharmacological:** SSRIs like escitalopram (Lexapro) and paroxetine (Paxil, Pexeva) and selective serotonin/norepinephrine reuptake inhibitors (SNRIs) like duloxetine (Cymbalta) and venlafaxine (Effexor XR) are commonly used. Benzodiazepines may be used short-term for acute anxiety relief.
- **Nonpharmacological:** CBT to help modify the patient's thought patterns, along with mindfulness and relaxation techniques to manage stress.

Case Study 3: Panic Disorder

Lara's experiences of sudden, intense episodes of fear accompanied by physical symptoms like heart palpitations and dizziness, and her fear of these episodes recurring, point to panic disorder.

- **Pharmacological:** SSRIs and SNRIs are the first-line medications. In some cases, benzodiazepines may be prescribed for short-term relief of acute symptoms.
- **Nonpharmacological:** CBT, specifically panic-focused psychodynamic psychotherapy, and exposure therapy to reduce the fear of panic attacks.

Case Study 4: Selective Mutism

Mia's inability to speak in specific social settings, despite being able to speak normally in others like at home, is characteristic of selective mutism.

- **Pharmacological:** While less commonly used, SSRIs (especially fluoxetine [Prozac]) can be helpful in reducing anxiety that contributes to mutism.
- **Nonpharmacological:** Behavioral interventions including CBT, and techniques such as systematic desensitization and stimulus fading, often in conjunction with speech therapy.

Case Study 5: Separation Anxiety Disorder

Tom's excessive fear of being separated from his girlfriend, constant need for reassurance, and inability to be alone are typical of separation anxiety disorder.

- **Pharmacological:** SSRIs are sometimes used to help alleviate the symptoms of anxiety. Benzodiazepines are not recommended for routine use. Other treatment options include pregabalin (Lyrica), tricyclic antidepressants, buspirone (Buspar), moclobemide (Manerix), and others.
- **Nonpharmacological:** CBT focusing on separation issues, and family therapy to address the dynamics that may exacerbate the anxiety.

Case Study 6: Specific Phobias

Sarah's intense, irrational fear of flying, which significantly impacts her ability to travel, fits the profile of a specific phobia, in this case, aviophobia (fear of flying).

- **Pharmacological:** Typically, medication is not the first-line treatment; however, beta-blockers (propranolol [Inderal]) or sedatives might be used prior to exposure to the phobic stimulus (e.g., flying).
- **Nonpharmacological:** Exposure therapy is the most effective treatment, helping individuals gradually and repeatedly confront their fears until the fear response diminishes.

Case Study 7: Social Anxiety Disorder (Social Phobia)

Kevin's extreme fear of public speaking and being negatively judged by others in social or performance situations are hallmark symptoms of social anxiety disorder.

- **Pharmacological:** SSRIs and SNRIs are commonly prescribed. Beta-blockers may also be used to manage physical symptoms in specific social situations.
- **Nonpharmacological:** CBT, including exposure to feared social situations, social skills training, and cognitive restructuring to change negative thought patterns.