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Generalized Anxiety Disorder

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Description of Generalized Anxiety Disorder (GAD)

De nition

- GAD is one of 11 major diagnosable anxiety disorders included in the *DSM-IV-TR* categorically-based system of classifying mental disorders (APA, 2000).
- "GAD is categorized by at least 6 months of persistent and excessive anxiety and worry" (APA, 2000; p. 429)
- The prominent features of GAD are: "excessive worry or undue anxiety about multiple life events or situations at a level that causes clinically signi cant distress or interferes with social or occupational functioning or other important life roles; [having] dif culty controlling the worry; and [experiencing] several characteristic symptoms such as restlessness, fatigue, dif culty thinking or concentrating, irritability, muscle tension, and sleep dif culty" (ACA, 2009; p.26).

Resources:

American Psychiatric Association (2000). *Diagnostic and Statistical Manual, Fourth Edition, Text Revision (DSM-IV-TR)*. Washington, DC: Author.

Anxiety and Depression Association of America (ADAA):
http://www.adaa.org/understanding-anxiety/generalized-anxiety-disorder-gad

National Institute of Mental Health (NIMH):
http://www.nimh.nih.gov/health/topics/generalized-anxiety-disorder-gad/index.shtml

Prevalence

- The DSM-IV-TR (APA, 2000) suggests prevalence rates ranging from 3% to 5% in community samples.
- More recent American epidemiological data suggest a lifetime prevalence rate of 4% (Grant, et al., 2005), and suggest an estimated 7 million adults experience GAD during a given calendar year (Kessler, et al., 2005).

IDENTIFICATION/ASSESSMENT STRATEGIES

Structured and Semi-Structured Interviews

Structured and semi-structured clinical interviews can be employed to conduct behaviorally oriented assessments of client GAD presentations. Behavioral assessments are used to ascertain a "topography of the presenting problem complex", including elements such as symptoms, frequency, and intensity, in order to infer a problem syndrome like GAD (Deffenbacher, 1992; p. 632). Clinical interviews with the purpose of establishing GAD as the primary diagnosis can be highly structured or semi-structured (Rygh & Sanderson, 2004a). Such interviews should be conducted when they fall within the counseling professional's practice competencies.

A widely recommended evidence-based, empirically validated, and reliable clinical interview protocol is the Anxiety Disorder Interview Schedule Adult Version (ADIV-IV; Brown, DiNardo, & Barlow, 2004). The ADIV-IV provides in-depth evaluation of anxiety, mood, and substance-related disorders – and

is especially useful for differentiating GAD from other diagnosable anxiety disorders. Another long-standing, evidence-based, empirically validated, and reliable clinical interview protocol for use with GAD and other anxiety disorders is the Structured Clinical Interview for *DSM-IV* Axis I Disorders, Clinical Version (SCID-CV; First, et al., 1997). The SCID is a broader evaluation tool that more comprehensively assesses all adult disorders, including the anxiety disorders. For semi-structured interviews, Rygh & Sanderson (2004a, 2004b) developed a two-step loose interview protocol that can be incorporated into a typical diagnostic intake interview. Their approach is based on a series of interview questions that form two decision trees used to, rst, rule out competing differential diagnoses, and then, second, assess for speci c GAD diagnostic criteria.

Resources:

Rygh, J. L., & Sanderson, W. C. (2004). *Treating Generalized Anxiety Disorder: Evidence-based strategies, tools, and techniques.* The Guildford Press.

Anxiety Disorder Interview Schedule Adult Version (ADIV-IV) Website: http://www.us.oup.com/us/corporate/aboutoupusa/?view=usa

Structured Clinical Interview for *DSM-IV* Axis I Disorders (SCID) Website: http://www.scid4.org/index.html

Client Self-Report Measures

Three longstanding, widely utilized, empirically validated and reliable evidence-based client self-report instruments with good psychometric properties can be used for relatively quick and ef cient initial screening or assessment of GAD and associated anxiety and worry: The Beck Anxiety Inventory (BAI; Beck et al., 1988; Beck & Steer, 1990) is a short self-report measure of the primary psychological and somatic symptoms of general anxiety, and is helpful since "general anxious arousal is an essential feature of GAD" (Rygh & Sanderson, 2004a; p. 36). The Penn State Worry Questionnaire (PSWQ; Meyer, et al., 1990) is a brief measure of worry and is helpful for distinguishing clients with GAD from clients with other anxiety disorders. The Generalized Anxiety Disorder Questionnaire – IV (GADQ-IV; Newman, et al., 2002) is another self-report measure and is helpful because it is designed around GAD diagnostic criteria.

In addition, designed speci cally for use with children, the Screen for Child Anxiety Related Emotional Disorders (SCARED; Berhamer, et al., 1999) is an empirically validated and reliable evidence-based clien self-report instrument demonstrating good psychometric properties across various cultures (Essau, et al.,

cognitive-behavioral therapies (CBT) (including various techniques which fall under the CBT umbrella) with GAD. “CBT … is the only form of psychological treatment for GAD that has been repeatedly subjected to rigorous, well-controlled treatment outcome research (Rygh & Sanderson, 2004; p. 8). Still, it should be noted that even for evidence-based treatments, there are differences in symptom improvement outcomes among different clinicians (Baldwin, et al., 2007; Lutz, et al., 2007) and with GAD, the counselor’s CBT competence was found to be a limiting factor in client outcomes (Westra, et al.,

Reprint: Newman, M. G., & Borkovec, T. D. (1995). Cognitive-behavioral treatment of generalized anxiety disorder. The Clinical Psychologist, 48(4), 5-7: http://www.apa.org/divisions/div12/rev_est/cbt_gad.html

Psychiatry Online: CBT for GAD with Integrations from Interpersonal and Experiential Therapies: http://focus.psychiatryonline.org/article.aspx?articleid=49792

Supplemental and Integrative Approaches

Although CBT for GAD has been shown to be ef cacious and has been reported to produce signi cant improvement, CBT is not bene cial for all clients and does not always facilitate the client's return to high endstate functioning (Newman, et al., 2008; Waters & Creaske, 2005). In response, integrative psychotherapeutic approaches sometimes are used and some have been subject of clinical research (Heimberg, Turk, & Mennin, 2004; Roemer, Orsillo, & Salters-Pedneault, 2008).

Integrating Mindfulness-based or Self-awareness-based Approaches. Some authors and researchers recommend integrating mindfulness-based or self-awareness-based approaches into GAD counseling. For example, Connolly Gibbons, et al. (2008) conducted a large client database analysis and con(e c)4.p

Common medication approaches to the treatment of GAD include the following: Buspirone is a medication of choice for GAD. Unlike other benzodiazepines, Buspirone is slow-acting, requiring 2 – 6 weeks to produce symptom change; therefore, clients may tend to discontinue use prematurely and so the counselor can assist successful Buspirone treatment by educating and supporting the client in their adherence to the regimen. Also, although Buspirone reduced GAD symptoms, it does not usually decrease panic attacks if they are present. Clients much take this medication on an ongoing basis, not just when anxiety symptoms worsen. If anxiety symptoms are severe, other Benzodiazepines (such as Ativan, Valium, Xanax) commonly are used to provide immediate anxiety symptom relief; however, Benzodiazepines may produce problems with tolerance and dependence when used long-term, and they are inadvisable when the client has a history of alcohol or other substance abuse. SSRIs or venlafaxine also sometimes are prescribed for GAD when Buspirone does not produce intended outcomes (Dziegielewski, 2006; Preston & Preston, 2004; Rygh & Sanderson, 2004).

Resources:

Dziegielewski, S. F. (2006). *Psychopharmacology handbook for the non-medically trained.* NY: Norton.

Preston, J., & Preston, J. (2004). *Clinical psychopharmacology made ridiculously simple: Edition 5.* Miami, FL: Medmaster.

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