

# CBT for Adults with Generalized Anxiety Disorder

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## Outline for Workshop

- ▶ Introduction: One Research Programme, Two Treatment Protocols
- ▶ Diagnosis and Assessment
- ▶ Treatment Strategy Options
  - Behavioural Experiments for Intolerance of Uncertainty
  - Problem-Solving Training
  - Written Imaginal Exposure
  - Motivational Interviewing
- ▶ Concluding Comments

# Introduction: One Research Programme, Two Treatment Protocols

## Early Work at Laval University

- ▶ Our group aimed to identify the key psychological construct involved in GAD
  - How are clients with GAD different from other clients?
- ▶ Clinical hunch: They are more intolerant of uncertainty
  - “I know there is only a 1 in 5 million chance, but it could happen”
  - “I prefer bad news to no news”
  - “I hate surprises, even good ones”

## Early Work at Laval University

- ▶ We developed the Intolerance of Uncertainty Scale (IUS; Freeston et al., 1994)
  - ▶ Overall, the findings of almost 30 years of research show that:
    - IU is highly related to worry and GAD
    - The relationship between IU and worry is not accounted for by trait anxiety, depression, perfectionism, need for control, etc.
    - The experimental manipulation of IU leads to changes in worry
    - Naturalistic fluctuations in IU predict subsequent changes in worry
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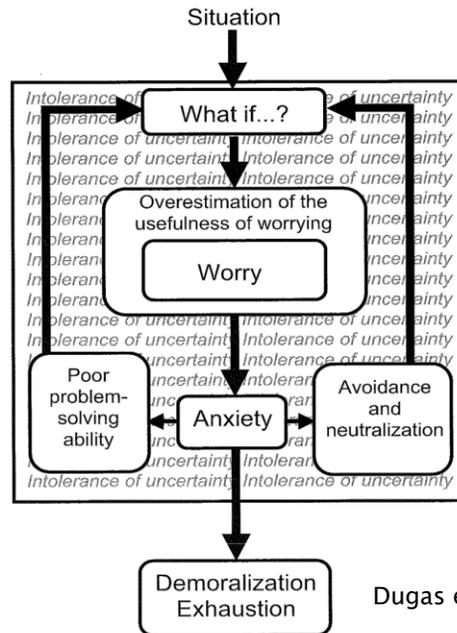
## Early Work at Laval University

- ▶ Our aim was to develop a comprehensive treatment
  - ▶ Thus, we also studied and developed measures for:
    - Overestimation of the usefulness of worrying
    - Poor problem-solving ability
    - Cognitive avoidance and neutralization
  - ▶ Research shows that all constructs are related to worry and GAD
    - However, intolerance of uncertainty remains, by far, the best predictor of worry and GAD
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## Initial Model of GAD

- IU is the background of the model (i.e. higher-order construct)
- Positive beliefs about worry, poor problem-solving ability, and avoidance and neutralization are in part the result of IU
- Worry leads to anxiety, which in turn leads to demoralization and exhaustion



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## Initial Treatment of GAD

- ▶ We developed a multicomponent treatment that targets the model constructs (CBT-IU)
  - Psychoeducation and worry awareness training
  - Reevaluation of the usefulness of worrying
  - Exposure to uncertainty
  - Problem-solving training
  - Imaginal exposure
  - Relapse prevention

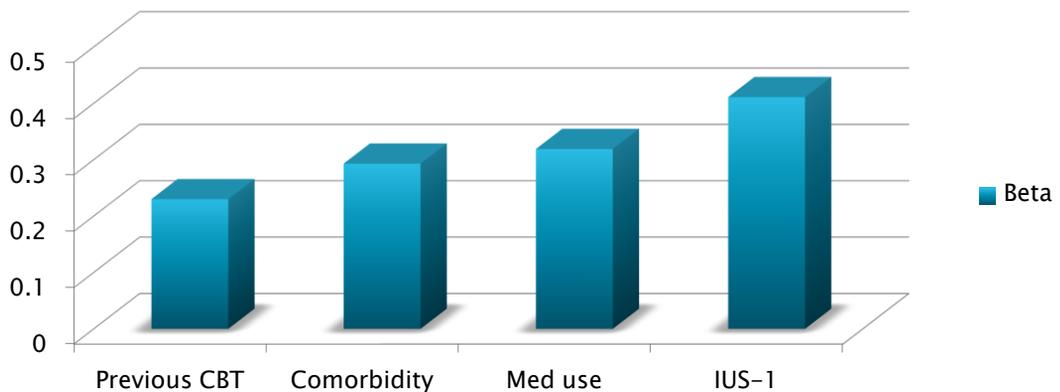
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## Treatment Efficacy (CBT-IU)

- ▶ Remission rates (6 RCTs):
  - Post-treatment: 65% to 80%; Follow-up: 71% to 90%
- ▶ Effect sizes (intent-to-treat, latest trial):
  - Severity of GAD: 1.94
  - Worry: 1.66
  - Anxiety: 1.23
  - Depression: 0.88
  - Intolerance of uncertainty: 0.88 (similar to metacognitive therapy; MCT)

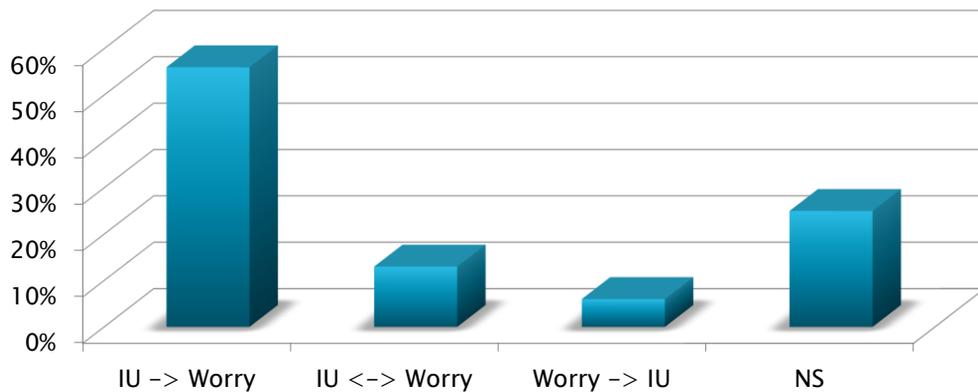
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## Treatment Moderators (CBT-IU)



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## Precedence of Change (CBT-IU)



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## Clinical Significance (CBT-IU)

	IU Non-clinical	IU Clinical
Worry Non-clinical	59%	24%
Worry Clinical	0%	17%

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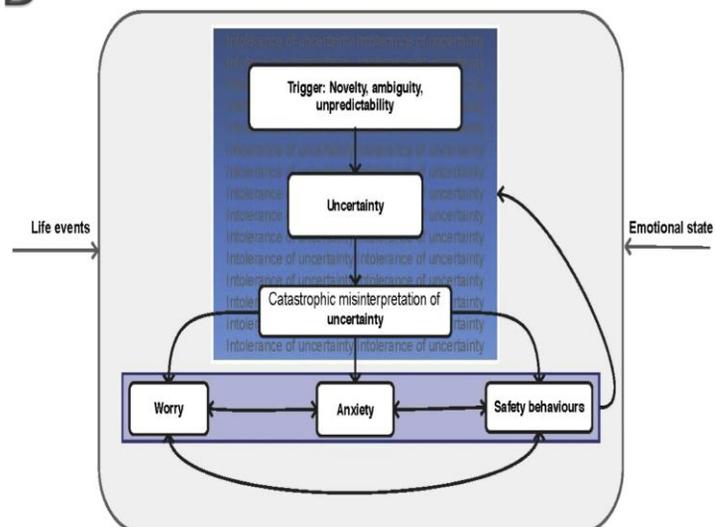
## Summary of Results (CBT-IU)

- ▶ Of all variables, IU shows the least change during treatment
  - Amount of change in IU is similar in CBT-IU and MCT
- ▶ High levels of IU-1 (uncertainty paralysis) predict an inferior response to treatment
  - Treatment moderation
- ▶ Changes in IU typically precede and predict changes in worry during treatment
  - Treatment mediation
- ▶ Therefore, IU is not optimally addressed in CBT-IU

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## New Model of GAD

- Uncertainty is a reaction to situations that are novel, unpredictable or ambiguous
- Negative beliefs about uncertainty play a central role in the model
- Safety behaviours are explicitly included in the model



Hebert &amp; Dugas, 2019

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## A Second Treatment Protocol for GAD

- ▶ We developed a new treatment for GAD that exclusively targets IU
    - Pivotal role of IU in the aetiology and treatment of GAD
  - ▶ We chose behavioural experiments to target IU because:
    - They have a high evidential value
    - There is evidence that they may be superior to exposure
    - They can be used to directly test beliefs about uncertainty
    - Their structure can facilitate inhibitory learning
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## Behavioural Experiments for IU (BehExp-IU)

- ▶ The new treatment (BehExp-IU) is highly focused in two ways:
    - A single construct is targeted, namely IU
    - A single treatment strategy is used, namely behavioural experiments
  - ▶ BehExp-IU has several potential advantages in terms of:
    - Efficacy and clinical usefulness
    - Dissemination and supervision
    - Theoretical compatibility with cognitive theory
    - Duration and costs
- 

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## Treatment Efficacy (BehExp-IU)

- ▶ Remission:
  - Post-treatment: 6 of 7; Follow-up: 5 of 7
- ▶ Effect sizes:
  - Severity of GAD: 2.06
  - Worry: 1.13
  - Anxiety: 1.64
  - Depression: 2.08
  - Intolerance of uncertainty: 1.72

Hebert & Dugas, 2019

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## Workshop Considerations

- ▶ CBT-IU has been validated in 6 RCTs and is recognized within IAPT
- ▶ There exists a published therapist manual (Robichaud, Koerner, & Dugas, 2019) and client workbook (Robichaud & Dugas, 2015) for CBT-IU
- ▶ Studies of BehExp-IU are promising but they are just beginning
- ▶ BehExp-IU has several potential advantages in terms of efficacy, dissemination, theory, and costs
- ▶ Behavioural experiments for IU will be prioritized in the workshop, but all treatment strategies will be covered (much uncertainty in this decision!)

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# Diagnosis and Assessment

## Diagnostic Criteria

- ▶ Excessive worry and anxiety occurring more days than not for at least 6 months
- ▶ The person finds it difficult to control the worry
- ▶ The worry and anxiety are associated with 3 of the following 6 symptoms:
  - Restlessness, irritability, being easily fatigued, muscle tension, difficulty concentrating, sleep disturbance

## How Can Worry Be Defined?

- ▶ Worry is a fundamental human experience; everyone worries from time to time
- ▶ Worry is a cognitive phenomenon; it is essentially a stream of negative thoughts
- ▶ Worry concerns negative future events that may or may not occur
- ▶ Worry is accompanied by negative feelings such as anxiety and sadness

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## Worry Themes

- ▶ The majority of GAD clients worry about “everything”
- ▶ The most common themes are family, relationships, work/school, health, and finances
- ▶ Worry about minor matters appears to be relatively specific to GAD
- ▶ Worry themes must be independent of other emotional disorders
- ▶ The content of worry in GAD shows moderate stability over time
  - 65% stability over 12 months

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## Excessive Worry

- ▶ Excessive worry is disproportionate to the client's life circumstances
  - The client may not think so...
- ▶ “Does your spouse believe that you worry too much?”
- ▶ “Would your closest friend worry as much as you if they were in the same situation?”
- ▶ “When all is going well, do you worry that things will change?”

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## Uncontrollable Worry

- ▶ “Do your worries appear for no apparent reason or out of the blue?”
- ▶ “Do you begin to worry as soon as you are not busy?”
- ▶ “Once you start to worry, do you have trouble shifting your thinking?”
- ▶ “Do you use strategies such as going for a walk or calling a friend to stop worrying?”

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## Distress and Interference

- ▶ GAD clients tend to “live in the future”
- ▶ They often experience a lack of pleasure in their daily living
- ▶ Distress and interference may be present in many domains:
  - Daily tasks
  - Social activities
  - Holidays
  - Work/school
  - Hobbies
  - Future plans

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## Assessment

- ▶ Worry and Anxiety Questionnaire (WAQ; Dugas et al., 2001)
  - 11 items measuring diagnostic criteria for GAD
  - Available at: <https://uqo.ca/waq>
- ▶ Penn State Worry Questionnaire (PSWQ; Meyer et al., 1990)
  - 16 items measuring the general tendency to worry
  - Available at: <https://www.midss.org/sites/default/files/pswq.pdf>

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## Assessment

- ▶ Intolerance of Uncertainty Scale (IUS; Buhr & Dugas, 2002)
    - 27 items measuring negative beliefs about uncertainty
    - Available at: <https://uqo.ca/sites/default/files/fichiers-uqo/anxiete/ius.pdf>
  - ▶ Negative Problem Orientation Questionnaire (NPOQ; Robichaud & Dugas, 2005)
    - 12 items measuring beliefs about problems and one's problem-solving ability
    - Available at: <https://uqo.ca/npoq>
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## Assessment

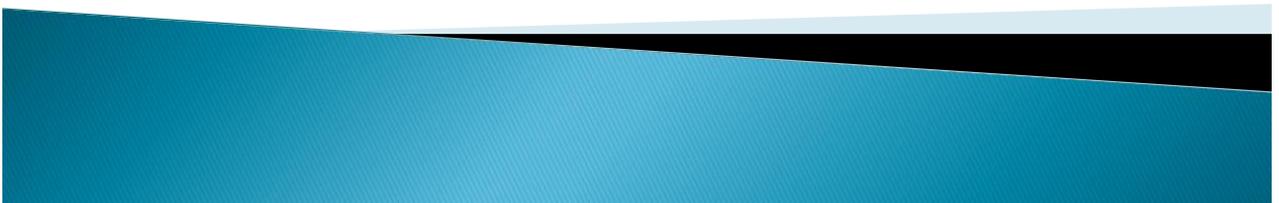
- ▶ Cognitive Avoidance Questionnaire (CAQ; Sexton & Dugas, 2008)
    - 25 items measuring cognitive avoidance strategies
    - Available at: <https://uqo.ca/caq>
  - ▶ Why Worry, 2<sup>nd</sup> edition (WW; Hebert et al., 2014)
    - 25 items measuring positive beliefs about worrying
    - Available at: <https://uqo.ca/ww-ii>
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# Treatment Strategy Options



# Behavioural Experiments for Intolerance of Uncertainty



# What is Intolerance of Uncertainty?

- ▶ Intolerance of uncertainty (IU) has been defined in many ways
- ▶ Our current definition:
  - “IU is a negative emotional, cognitive, and behavioural disposition towards uncertainty that is the result of holding catastrophic beliefs about uncertainty and its implications”
- ▶ Why is it important to define IU in terms of beliefs?
  - To increase compatibility with general and specific cognitive models of anxiety
  - To more accurately reflect what is assessed by measures of IU
  - To maximize the clinical usefulness of the definition

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# Rejected Proposals for DSM-5

- ▶ New name: Generalized Worry Disorder
- ▶ Minimal duration: 3 months
- ▶ Associated symptoms: Restlessness, muscle tension
- ▶ Behavioural symptoms:
  - Avoidance, over-preparation, procrastination, reassurance seeking
- ▶ Behavioural symptoms can be understood as “certainty-seeking safety behaviours”

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## Cognitive Interventions for Anxiety

- ▶ One of the goals of cognitive interventions for anxiety is to help clients re-evaluate the probability of specific feared outcomes
- ▶ A client with a fear of flying will overestimate the probability of their plane crashing (“1 in 100”)
  - In reality, the probability of a plane crash is no more than 1 in 5,000,000
  - However... the probability is never “0”

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## GAD and Uncertainty

- ▶ Clinical observations
  - “I know there is only a 1 in 5 million chance, but it could happen”
  - “I prefer bad news to no news”
  - “I hate surprises, even good ones”
- ▶ Examples of beliefs about uncertainty in clients with GAD
  - “I can’t function when I am uncertain”
  - “Uncertainty spoils everything”
  - “I must do everything I can to avoid uncertainty”

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# Anxiety and Avoidance

- ▶ Avoidance always plays a role in anxiety
- ▶ Specific Phobia (dogs)
  - Avoidance of places where there might be a dog
- ▶ Social Anxiety Disorder
  - Avoidance of situations where one could be judged
- ▶ Agoraphobia
  - Avoidance of places where it might be hard to get help

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# Avoidance and GAD

- ▶ **Q:** What is the client with GAD trying to avoid?
- ▶ **A:** UNCERTAINTY!
  - Relationships (with partner, family and friends)
  - Personal health, health of loved ones
  - Physical threats (sickness and accidents)
  - Work, school
  - Finances

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## Uncertainty as the Theme of Threat

- ▶ If uncertainty itself is viewed as aversive, then all situations that are novel, unpredictable or ambiguous will be seen as threatening
  - ▶ Daily life situations:
    - Are inherently uncertain (accounting for frequent daily worry)
    - Vary in their uncertainty (accounting for dynamic worry content)
  - ▶ Worry as a mental attempt to plan and prepare for any eventuality
  - ▶ Uncertainty as the theme of threat provides a cohesive explanation to varied, frequent, and dynamic worry presentation
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## Living with Uncertainty

- ▶ **Q:** What is best way to develop more helpful beliefs about uncertainty?
  - ▶ **A:** By changing behaviour!
  - ▶ By decreasing or changing their certainty-seeking safety behaviours, clients with GAD can develop:
    1. New beliefs about uncertainty-inducing situations
    2. New beliefs about their ability to deal with feelings of uncertainty
- 

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## Behavioural Experiments

- ▶ Behavioural experiments may be the best way to develop new learning that is hardwired to emotion (“felt sense” learning)
  - New learning or new non–threat associations
- ▶ They are more efficacious than verbal methods
  - “I don’t know what I really think”
  - “I know, but I don’t really believe it”
  - “I believe it, but I still feel anxious”

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## Inhibitory Learning Theory

- ▶ Expectancy violation
  - The greater the difference between the expected outcome and the actual outcome, the more new learning will take place
  - A general learning principle that can be applied to outcomes that are better or worse than expected
- ▶ Removal of safety signals
  - Safety signals = Certainty–seeking safety behaviours
- ▶ Multiple contexts
  - Unexpected outcomes tend to be considered “exceptions to the rule”

Craske et al., 2014

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# Behavioural Experiments: Procedure

- ▶ Planning
  - Identify target situation and belief(s)
  - Generate experiment and note contextual and emotional predictions
- ▶ Experimentation
- ▶ Observation
  - Note contextual and emotional outcomes
- ▶ Debriefing
  - Discuss difference between predictions and outcomes

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## Behavioural Experiments Form (1)

Behavioural Experiment Form	
<b>Name:</b> <u>Identify the situation:</u> (avoidance or safety behaviour)	<b>Date:</b>
<b><u>Describe the experiment:</u></b> (When, where, what, how?)	
<b><u>Contextual prediction:</u></b> (What will happen? What will I do?)	<b>Belief %:</b>
<b><u>Emotional prediction:</u></b> (How will I feel?)	<b>Belief %:</b>

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## Behavioural Experiments Form (2)

**Contextual outcome of experiment:** (What happened? What did I think and do? What did others do?)

**Emotional outcome of experiment:** (How did I feel? What was my anxiety level [0 to 10]?)

**Compared to my contextual prediction the contextual outcome was...**

-2	-1	0	1	2
Much worse	Somewhat worse	Identical	Somewhat better	Much better

**Compared to my emotional prediction the emotional outcome was...**

-2	-1	0	1	2
Much worse	Somewhat worse	Identical	Somewhat better	Much better

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## Behavioural Experiments: Remember...

- ▶ Aim for specific experiments
  - Items from the IUS can serve as a starting point
- ▶ Model an open and curious attitude
  - “That’s an interesting idea; how could we test that out?”
- ▶ Plan the experiments *with* the client
- ▶ Try to hit the “zone” (moderate difficulty)
- ▶ Warn the client to expect discomfort during experience
  - “Feeling uncomfortable means that you are on the right track”

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## Example 1: Reassurance Seeking

- ▶ Situation
    - Frequent demands for reassurance from spouse (“You seem quiet today; did I do something wrong?”)
  - ▶ Belief
    - “I can’t go a single day without being reassured”
  - ▶ Experiment
    - Gradually delay reassurance seeking
  - ▶ Observations
    - Take note of actions, thoughts, emotions and spouse’s reactions
- 

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## Example 2: Difficulty Delegating

- ▶ Situation
    - No delegation of responsibilities to children
  - ▶ Belief
    - “I must do everything myself; if not, nothing will get done!”
  - ▶ Experiment
    - Ask children to take-on specific responsibilities for one month
  - ▶ Observations
    - Take note of actions, thoughts, emotions and children’s reactions
- 

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## Example 3: Frequent Medical Consultations

- ▶ Situation
  - Minor pain = Immediately go to walk-in clinic
- ▶ Belief
  - “When I feel pain, it could be something serious; I need to check it out right away”
- ▶ Experiment
  - Wait two days before going to the clinic
- ▶ Observation
  - Take note of actions, thoughts, emotions, and decision to consult

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## Ideal/Imperfect Outcome 1

Experiment	Contextual Prediction	Contextual Outcome	Coping
Leaving cell phone in another room for a few hours.	I will miss an important phone call or text. The person will be upset with me.	Missed a text from a friend asking to change plans for the evening.	Phoned her and made the changes. She did not even mention the text.

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## Ideal/Imperfect Outcome 2

Experiment	Contextual Prediction	Contextual Outcome	Coping
Letting son pack his own hockey bag before practice.	He will forget something. His practice will be ruined and his coach will penalize him.	Son forgot his gloves.	He spoke to the coach, who lent him another pair during practice.

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## Ideal/Imperfect Outcome 3

Experiment	Contextual Prediction	Contextual Outcome	Coping
Installing new printer without asking friend for help.	I won't know how to install it and I won't be able to get it done.	Did have difficulty installing it.	Read through operations manual and called helpline. Printer works (took 30 minutes total).

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## Debriefing Behavioural Experiments

- ▶ Each experiment is viewed as a small piece of evidence
- ▶ Sessions can be devoted to reviewing the experiments, and drawing tentative conclusions
- ▶ New learning occurs when there is a preponderance of evidence in favour of an alternative hypothesis
- ▶ Depth and breadth of experiments increase over time
  - Clients are encouraged to develop their own experiments

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## Principles To Keep in Mind

- ▶ Proceed gradually
- ▶ Expect discomfort during the experiment
- ▶ Vary the context of experiments
- ▶ Limit the delay between experiments
- ▶ Take note of predictions and observations
- ▶ Remember that motivation follows action
- ▶ Make it a point to emphasize the client's courage

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# Challenges with IU Experiments

## Significant negative outcome

- ▶ At first, ensure that initial experiments have minimal stakes (negative outcomes are minimal)
- ▶ Review and discuss the negative outcome
- ▶ Placing it within the context of all experiments
- ▶ “Inviting uncertainty into your life increases the chances that things can go awry; is it worth it?”

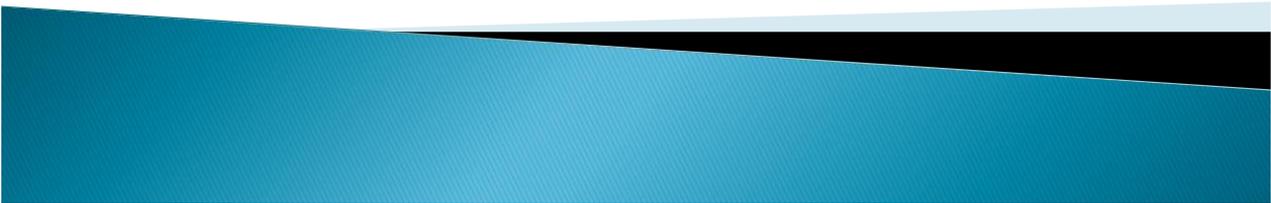
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# Embracing Uncertainty

- ▶ Immediate goal of experiments is to initially learn to ‘tolerate’ uncertainty by determining whether uncertainty-inducing situations are as negative as expected
- ▶ Discussion over time about benefits of uncertainty:
  - Spontaneity
  - Confidence (able to manage adversity better than expected)
  - “Switching the lens” from minimizing harm to maximizing pleasure

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# Problem-Solving Training



## Ineffective Problem Solving

- ▶ Clinical observations
    - “I can’t believe what happened; it’s not fair.”
    - “Why is it that others never seem to have problems like I do?”
  - ▶ Conceptualization
    - Clients with GAD do not necessarily lack problem-solving skills, but they tend to have a negative problem orientation
- 

# Ineffective Problem Solving

- ▶ Clients with GAD have difficulty solving everyday problems
- ▶ If day-to-day problems are not solved, then worry will persist
- ▶ Clients with GAD have similar problem-solving skills but they appear to have a more negative orientation than clients with other anxiety disorders
- ▶ Clients with GAD are better at solving the problems of others than they are at solving their own problems

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# Problem-Solving Training

## Problem Orientation

- ▶ Problem recognition
  - Use emotions as cues to recognize problems
- ▶ Problem perception
  - Probe significant others about their problems
- ▶ Problem appraisal
  - Place the problem on a threat-challenge continuum

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# Problem-Solving Training

## Problem-Solving Skills

- ▶ Problem definition and goal formulation
    - Problem should be defined clearly and concisely
    - Goal should be realistic and attainable
  - ▶ Generation of alternative solutions (brainstorming)
    - Quantity principle
    - Deferment-of-judgment principle
    - Variety principle
- 

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# Problem-Solving Training

## Problem-Solving Skills

- ▶ Decision making
    - Evaluate short and long-term implications
    - Evaluate personal and interpersonal effects
  - ▶ Solution implementation and verification
    - Was the solution properly implemented?
    - If not, skills training may be required
    - Use emotions as measure of success
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# Written Imaginal Exposure

## Cognitive Avoidance

- ▶ Clinical observations
  - “When I worry, I try not to imagine exactly what would happen because that would be too scary.”
  - “I don’t like thinking about one particular worry for too long because I get too worked up.”
- ▶ Conceptualization
  - GAD clients avoid clear, concrete, vivid thoughts about feared events

## Cognitive Avoidance

- ▶ Worry in GAD is characterized by a predominance of verbal thought and a lack of mental images
  - ▶ Verbal thoughts lead to less physiological responding than do mental images
  - ▶ Physiological responding may be necessary for effective fear reduction
  - ▶ Cognitive and emotional avoidance may interfere with emotional processing and thus maintain threatening meanings in memory
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## Written Imaginal Exposure

- ▶ Begin with the “White Bear” exercise to show the paradoxical effect of thought suppression
  - ▶ There is nothing scarier than seeing just a “flash” of something threatening (think horror movie...)
  - ▶ Illustrate the principles of avoidance, neutralization, and exposure using a specific and “concrete” phobia
    - Clearly define neutralization
    - Emphasize client’s courage
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## Written Imaginal Exposure

- ▶ Use downward arrow strategy to help clients uncover core fears
- ▶ Clients put in writing their core fears
  - The scenario should facilitate the formation of a mental image of the feared situation
    - Writing session should last 20–30 minutes
    - First person, present tense, imagery laden
    - Detailed description of context, emotional reaction, and meaning
    - No neutralization

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## Written Imaginal Exposure

- ▶ First scenario should be written in therapist's office to allow revision
- ▶ Following written exposures can be done from home, as often as possible
  - Client should try to “go further” with each written exposure session
  - Exposure sessions continue until the scenario no longer elicits a fear response
- ▶ Remember
  - If clients can avoid doing exposure, they will...
  - Exposure requires that the therapist walk a fine line between being empathetic and “nudging” the client forward

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## Initial Exposure Scenario

I image that my child is involved in a car accident. I rush to the scene of the accident, and there are ambulances and bits of broken glass all over the highway. Then I see her; she is sitting in the grass beside the road, and she has blood on her. Her arm is all cut and swollen – it looks like it might be broken. The paramedics lift her onto a stretcher and put the stretcher into the back of the ambulance. I get into the back of the ambulance and sit beside the stretcher, and hold her hand in mine. She looks at me and smiles. I realize I'm crying uncontrollably. The paramedic puts an oxygen mask on her just to be safe; inside the ambulance little lights on machines are blinking, and there's that funny hospital smell. At the hospital they take her in to see the doctor and I have to wait outside. I feel very anxious, so I sit down and try to calm down. After a few minutes, the doctor comes out to see me. She smiles at me and says, "It looks like she'll be alright..."

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## Revised Exposure Scenario

My child is in a terrible car accident. I rush to the scene of the accident, and there are ambulances, sirens going off, mangled cars, and bits of broken glass all over the highway. Then I see her; her little body is sprawled face-down on the road, and she's covered in blood. Her face is all cut and swollen – it hardly looks like her. The paramedics lift her onto a stretcher – they have blood all over them too – and put the stretcher into the back of the ambulance. I get into the back of the ambulance and sit beside the stretcher, and hold her cold hand in mine. I realize I'm crying uncontrollably. The paramedic puts an oxygen mask on her; inside the ambulance little lights on machines are blinking, and there's that awful hospital smell. At the hospital they rush her into the emergency room and I have to wait outside. I feel like my legs are going to collapse and I'm shaking all over, so I sit down and try to control myself. After what seems like hours, the doctor comes out to see me. She clears her throat and says, "I'll get right to the point; her condition is critical..."

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## Challenges Prior to Exposure

- ▶ The client believes that exposure will not work because they know the situation is not really happening
- ▶ The client is uncomfortable with the idea of habituating to an ego-dystonic thought
- ▶ The client believes that thinking about something makes it more likely to happen
- ▶ The downward arrow technique leads to a scenario that is not realistic

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## Challenges During Exposure

- ▶ The client is not able to form a mental image of their core fear
- ▶ Exposure leads to feelings of sadness rather than anxiety
- ▶ Part of the scenario actually takes place during the exposure phase of treatment
- ▶ The client becomes “bored” with the exposure exercises
- ▶ The client attributes their progress to external factors rather than exposure

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# Motivational Interviewing

## Ambivalence About Change

- ▶ Ambivalence about change is the rule and not the exception
- ▶ Experiencing ambivalence is a normal part of the change process
  - But some clients remain stuck in ambivalence
  - “Ambivalence is a nice place to visit, but you wouldn’t want to live there”
- ▶ Ambivalence is often the result of one of two types of conflict:
  - Approach–approach conflict
  - Avoid–avoid conflict

## Ambivalence in GAD

- ▶ Ambivalence about change in GAD is most often the result of an approach–approach conflict
  - Approach 1: The client would like to experience less worry and anxiety
  - Approach 2: The client has strongly–held beliefs about the usefulness of worrying
- ▶ Often, clients with GAD would like to “test the waters” before really embracing treatment
  - This can create a new worry theme... about the dangerousness of worrying less!

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## Positive Beliefs About Worry

### Clinical observations

- ▶ “I’ve always worried about my child dying in a car accident and it has never happened; so I have to keep worrying.”
- ▶ “If I didn’t worry about my health, I might not notice the first signs of a serious disease.”
- ▶ “If I didn’t worry about my exams, I would not study and I would fail”
- ▶ “The fact that I worry about my children proves that I love them”

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## Positive Beliefs About Worry

- ▶ Clients with GAD believe that worrying is more useful than do people who worry less
  - ▶ In our research, five types of beliefs have been identified:
    - Worrying facilitates problem solving
    - Worrying helps to motivate
    - Worrying protects one from negative emotions
    - Worrying can prevent negative outcomes
    - Worry is a positive personality trait
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## Principles of Motivational Interviewing

- ▶ Express empathy
    - Reflect your understanding of the client's positive beliefs about worry
  - ▶ Roll with resistance
    - Remember that resistance is the result of ambivalence about change
  - ▶ Develop discrepancy
    - Between life values and constant worrying
  - ▶ Encourage change talk
- 

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## Exploring Ambivalence

- ▶ What are the advantages of specific worries?
- ▶ What are the disadvantages of specific worries?
  - Always start with the advantages of the problem
- ▶ How would worrying less be negative?
- ▶ How would worrying less be positive?
  - Always start with the disadvantages of change
- ▶ Role play can be very useful for exploring “both sides of the coin” in a non-threatening way

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## The decisional balance

- ▶ When it comes to constant worrying, how do the advantages compare to the disadvantages?
- ▶ In the end, the client simply needs to be ready to “test the waters” in therapy and see what happens
- ▶ For some clients, it can be useful to set a test period (trying out therapy for 4 weeks, then deciding if they would like to continue)
- ▶ We need to remember that worry can indeed at times be useful and that clients can move forward with therapy despite some level of ambivalence

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# Concluding Comments

## How to Think About the Treatment Options

- ▶ Overall, more complex treatments have not been shown to be superior to less complex treatments
  - Treatment decisions should be guided by the parsimonious application of the evidence base
- ▶ Main finding of 30 years of research:
  - All clients with GAD are intolerant of uncertainty
- ▶ Therefore, behavioural experiments for intolerance of uncertainty should be the first treatment option that is considered

## How to Think About the Treatment Options

- ▶ Behavioural experiments for intolerance of uncertainty may be sufficient for the effective treatment of GAD
  - This can be determined by clinical interview and by self-report questionnaires (WAQ, PSWQ, IUS)
- ▶ For clients needing additional treatment strategies, decisions can be guided by each client's particular needs
  - Client needs can be determined by worry content and by responses to other self-report questionnaires (NPOQ, CAQ, WW)

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## How to Think About the Treatment Options

- ▶ For clients who continue to worry about current problems and report difficulties with problem solving on the NPOQ:
  - Problem-solving training
- ▶ For clients who continue to worry about hypothetical situations and report avoidance of thoughts and emotions on the CAQ:
  - Written imaginal exposure
- ▶ For clients who continue to be ambivalent about change and report positive beliefs about worry on the WW:
  - Motivational interviewing, which should be viewed as a “dance” that continues throughout treatment

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## The Last Word

- ▶ Given the “fuzzy” nature of GAD and the plethora of models that have been proposed, the treatment of GAD can seem like a daunting exercise
  - ▶ However, the literature on GAD and the data produced by our group point to two overriding conclusions:
    1. Intolerance of uncertainty should be the main target of treatment
    2. Experiential learning techniques should be used to address intolerance of uncertainty
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