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## Cognitive Behavior Therapy Targeting Intolerance of Uncertainty: Application to a Clinical Case of Generalized Anxiety Disorder

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*The present paper deals with the application of a cognitive-behavioral protocol targeting intolerance of uncertainty (CBT-IU) to a hypothetical clinical case of GAD. The rationale for the CBT-IU protocol is presented, as well as a description of its divergence from standard cognitive-behavioral interventions. The treatment components of (1) worry awareness training, (2) uncertainty recognition and exposure, (3) reevaluation of positive beliefs about the function of worry, (4) problem reorientation and training, (5) cognitive exposure, and (6) relapse prevention are described, with an emphasis on their application to the case conceptualization of "William" (Robichaud, this issue). Issues pertaining to the assessment of GAD and future research directions are also discussed.*

GENERALIZED anxiety disorder (GAD) has consistently been viewed as one of the more challenging anxiety disorders, as it can be markedly difficult to appropriately assess and treat. Research on diagnostic reliability suggests that GAD is often misdiagnosed, and treatment efficacy for the disorder is moderate at best, with only approximately 50% of patients identified as having positive outcomes (Borkovec & Costello, 1993; Borkovec, Newman, Pincus, & Lytle, 2002). Reasons accounting for this include the shifting diagnostic criteria for GAD across successive editions of the *DSM*, and the vague nature of its primary symptom (i.e., excessive and uncontrollable worry), which lacks a circumscribed trigger for anxiety. Moreover, it appears that despite the challenges in our understanding of GAD, it has received comparatively little scientific attention in contrast to other anxiety disorders, particularly with respect to process research that might better elucidate the disorder's underpinnings and thereby maximize treatment effectiveness (Dugas, Anderson, et al., 2010). In the past few decades, however, a number of research teams have begun to develop treatment protocols for GAD that are derived from empirically driven theoretical formulations of the disorder. This positive shift in the study of GAD can be

expected to ultimately increase the effectiveness of psychological treatments for those suffering from the disorder.

The present article deals with the exposition of one such protocol, a cognitive-behavioral treatment for GAD for which the central target is the construct of intolerance of uncertainty (IU), as well as its application to the clinical case of "William" (Robichaud, 2013—this issue). Although there are currently several evidence-based treatments for GAD, including metacognitive therapy, emotion regulation therapy, and acceptance-based behavioral therapy (see this issue for illustrations of each), the present paper will focus only on CBT-IU and associated measures and interventions as it applies to a clinical case of GAD.

### Cognitive-Behavior Therapy Targeting IU (CBT-IU): Theory and Research

#### CBT-IU Rationale

The CBT-IU protocol for the treatment of GAD addresses four components: (a) intolerance of uncertainty, (b) positive beliefs about the function of worry, (c) negative problem orientation, and (d) cognitive avoidance. It is based upon a cognitive theory of the disorder that gives primacy to the role of intolerance of uncertainty in the development and maintenance of excessive worry. Specifically, it is posited that individuals with GAD hold negative beliefs about uncertainty and its implications on their lives, wherein uncertain events are viewed as negative, stressful and upsetting, and that they interfere with one's ability to function. As such, the overarching theme of threat among individuals with GAD is the general state of uncertainty, and the correspondent worry in GAD is a mental attempt to

<sup>1</sup> Video patients/clients are portrayed by actors.

plan and prepare for any eventuality as a means of reducing uncertainty. However, since daily life is inherently uncertain, individuals with GAD are constantly engaged in worry. Furthermore, the content of worry can be expected to change from day to day according to the particular uncertain situations that an individual experiences, thereby accounting for the dynamic nature of worry content.

Within the CBT-IU model, fear of uncertainty is postulated to not only lead to excessive worry and anxiety about daily life events, but also to a number of dysfunctional coping behaviors. Specifically, individuals with GAD engage in safety-seeking behaviors designed to either reduce uncertainty or avoid it altogether. Examples include reassurance-seeking, double-checking, or excessive information-seeking, as well as procrastination and avoidance of novel situations. Through negative reinforcement, these behaviors maintain the belief that uncertainty is an undesirable state that should be minimized as much as possible in order to function optimally in daily life.

Individuals with GAD have also been found to report positive beliefs about the function of worry, viewing worry as a process that can, for example, assist one in solving problems or reflect positively on someone as a caring or conscientious person. These positive beliefs are expected to not only maintain worry through its perceived use as a viable strategy in uncertain situations, but also produce ambivalence about the prospect of reducing one's worry.

Negative problem orientation (NPO), that is, the tendency to hold negative beliefs about problems and one's own ability to solve them, is also posited to maintain worry. Individuals with GAD tend to doubt their problem-solving competence, and view problems as threatening and unlikely to be effectively resolved. Given that holding a negative perception about one's ability is unlikely to lead to problem solving irrespective of actual ability, individuals with GAD are more likely to avoid solving problems, ask others to solve them, or worry about their problems rather than addressing them. As a consequence, daily life problems become a frequent worry topic, and if left unsolved, can become more complex or engender new difficulties, such that new worries can develop.

Finally, individuals with GAD are also viewed as engaging in a number of explicit and implicit cognitive avoidance strategies designed to reduce anxious arousal. With respect to implicit cognitive avoidance, the mental process of worry tends to be verbal-linguistic rather than visual, in that worry is mentally expressed in words rather than images. This internal monologue inhibits the somatic activation that is typically achieved by mentally picturing feared events, thereby negatively reinforcing worry through the avoidance of feared imagery and physiological arousal (see Borkovec, Alcaine, & Behar, 2004, for review). Explicit cognitive avoidance strategies include distraction, thought suppression, and thought replacement (Sexton & Dugas, 2009).

These strategies typically have only limited success at best, and as with implicit avoidance, maintain worry in the long term through avoidance of somatic arousal. Moreover, strategies such as thought suppression tend to engender a rebound effect that paradoxically increases the frequency of suppressed thoughts (Wegner & Zanakos, 1994).

### Research Findings

Intolerance of uncertainty has been found to share a strong and specific relationship to GAD worry, above and beyond its relationship to cognitive symptoms in other anxiety and mood disorders (e.g., Buhr & Dugas, 2006; Dugas, Gosselin, & Ladouceur, 2001). Although several studies have identified a significant relationship between IU and other anxiety disorder symptoms such as OCD and social anxiety disorder (Boelen & Reijntjes, 2009; Tolin, Abramowitz, Brigidi, & Foa, 2003), the weight of the evidence suggests nonetheless that IU shares a prominent and specific relationship to GAD. It is postulated that although uncertainty is likely aversive to all individuals with problematic anxiety to some extent, it is the *general state* of uncertainty that is threatening to those with GAD, as opposed to more circumscribed uncertainty fears in other anxiety disorders (e.g., intolerance of uncertain social situations in social anxiety disorder). The three remaining process variables within the CBT-IU model have also been consistently linked to GAD symptoms; however, their relationship does not appear to be specific to GAD (see Dugas & Robichaud, 2007, for review).

With respect to the efficacy of the CBT-IU protocol, a number of controlled clinical trials have been conducted. The treatment has been compared to wait-list control in both individual and group formats, and significant reductions in symptom measures were observed at both posttreatment and follow-up. In individual format, 77% of GAD participants ( $N=26$ ) no longer met diagnostic criteria at posttreatment, with 65% meeting high treatment responder status (20% change on at least two thirds of outcome measures) and 62% achieving high end-state functioning (within nonclinical range on at least two thirds of outcome measures). At 1-year follow-up, these gains were largely maintained, with 77% of participants continuing to be in diagnostic remission, and 62% and 58% being high treatment responders and achieving high end-state functioning, respectively (Ladouceur et al., 2000). In group treatment, 60% of GAD participants ( $N=52$ ) no longer met diagnostic criteria at posttreatment, 65% met high treatment responder status, and 60% met high end-state functioning (Dugas et al., 2003). Treatment gains were not only maintained but improved at follow-up, with diagnostic remission rates of 83% at 1-year and 95% at 2-year follow-up, and 72% of participants meeting both treatment responder status and high end-state functioning at 2-year follow-up. Subject attrition was considerable in this

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