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Two-year follow-up of self-examination therapy for generalized anxiety disorder

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Abstract

This study examined the stability of treatment gains after receiving self-examination therapy (SET) [Bowman, D. (1995). *Innovations in clinical practice: a source book*. Professional Resource Press.] for generalized anxiety disorder. A 2-year follow-up of 16 participants from Bowman, Scogin, Floyd, Patton, and Gist [J. Counsel. Psychol. 44 (1997) 267] was conducted by comparing pre- and post-treatment measures with follow-up measures from the Hamilton Anxiety Rating Scale–Revised (HARS–R), the State-Trait Anxiety Inventory (STAI), and the SET quiz. Results indicated treatment gains from baseline to the 2-year follow-up period were maintained on all measures, and there was not a significant decline from post-treatment to follow-up on the HARS–R and STAI. These results suggest that SET for treatment of generalized anxiety disorder (GAD) may be effective in both the immediate and long-term reduction of GAD symptoms.

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1. Introduction

Generalized anxiety disorder (GAD) is one of the anxiety disorders most commonly represented in the population during any given year (Kessler et al., 1994; Weissman, 1990). Despite the prevalence of the disorder, GAD is one of the least researched anxiety disorders (Butler & Booth, 1991; Dugas, 2000). The dearth of research activity focusing on the disorder and its treatment may be linked to the tendency of individuals with GAD to attempt to cope with it on their own and to engage in self-treatment, instead of seeking treatment from mental health professionals (Barlow, 1985; Edelman, 1992; Rapee, 1991). The self-administered treatments most often chosen by individuals with GAD include self-help audiotapes and books (Rapee, 1991).

Increasing attention has been afforded self-treatment for various psychological disorders (e.g., Curry, McBride, Grothaus, Louie, & Wagner, 1995; Gould, Clum, & Shapiro, 1993; Marrs, 1995). Given these facts, Bowman, Scogin, Floyd, Patton, and Gist (1997) examined the efficacy of a self-administered treatment for GAD. Self-examination therapy (SET; Bowman, 1995) asks the reader to follow a four-step process toward alleviating anxiety, depression, and in this case, the chronic worry of GAD. The four steps involve (1) determining what really matters, (2) thinking less negatively about things that do not matter, (3) investing energy in things that are important, and (4) accepting and letting go of situations that cannot be changed. Each day, participants create a Relevance Sheet, which includes space to record what matters to them as well as space to record issues that are bothering them. When expressing what really matters, participants are encouraged to think seriously and quietly of issues that reflect their most important values. Once participants have recorded what matters and anything that is bothering them for the day, they are guided through a problem-solving process. For example, if what is troublesome to them is unrelated to what matters, readers are instructed to refuse to worry about it and “go on with life.” If the troublesome issue does relate to what matters, they are (1) guided through a brainstorming session, (2) instructed to rank possible solutions, and (3) encouraged to pursue solutions, starting with the perceived best solution, until the problem is solved or solutions are exhausted. If the problem cannot be solved, participants are guided through a three-step acceptance process that entails intellectually acknowledging the reality of the situation, feeling emotions that accompany the intellectual acceptance, and behaviorally accepting the situation.

In the 1997 study, 38 participants were recruited from the community who met the DSM-III-R (APA, 1987) criteria for GAD. (Although DSM-IV was published in 1994, data collection for this study began in late 1993 and it was decided to continue utilizing the DSM-III-R diagnostic criteria rather than change in the middle of the project.) This diagnosis was established through the Anxiety Disorders Interview Schedule-Revised (ADIS-R; DiNardo & Barlow, 1988). Eligibility requirements were (a) being diagnosed as having GAD, (b) not being in psychotherapy at the time of the study, (c) not receiving pharmacotherapy unless stabilized on medication taken for at least 2 months, (d) not evidencing or

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