

REHABILITATIVE PROPOSAL: COGNITIVE BEHAVIORAL THERAPY FOR TREATING GENERAL ANXIETY DISORDER.

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LAY SUMMARY

General anxiety disorder is one of the most common mental health disorders, and under half of these sufferers seek treatment instead they live with the problem which can significantly impact their mental wellbeing (Mental Health Foundation, 2023).

This proposal will utilise the Kesler-10 and the General Anxiety Disorder Scales as they are the two most validated screening tools for anxiety disorders, and they will be carried out before and after treatment and this can also highlight whether post scores differ from pre assessment as this can showcase whether treatment has been effective or not (Mhugal et al, 2020).

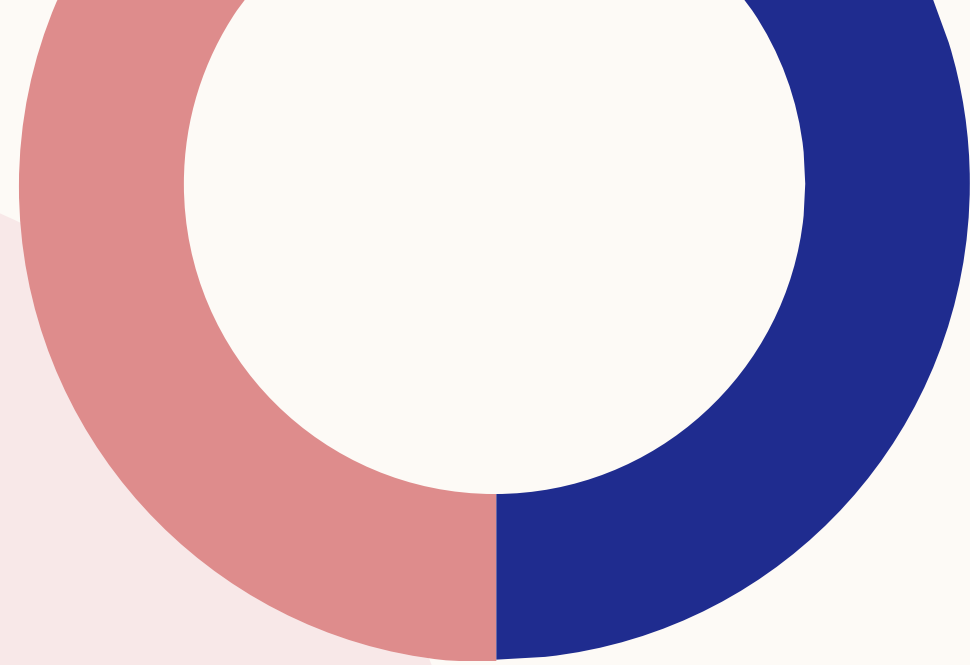
The National Health Service recommends therapy to treat those who suffer with this illness and much of the studies in the literature support that CBT is the most successful for the treatment and intervention of general anxiety disorders and due to its supporting literature, it will be better suited for this intervention (NHS, 2023).

BACKGROUND

- In 2017 approximately 264 million people experienced an anxiety disorder (Baxter, 2013). Statistics have found that approximately 48.2 % of people with generalised anxiety disorder seek treatment (Mental Health Foundation, 2023). Currently, the incidences of anxiety disorder in low to middle-income countries are high, with approximately 83% suffering from some form of anxiety. There is no robust healthcare system specifically for mental health disorders, and there are limited mental health professionals and general practitioners who specifically deal with mental health illness particularly those who are responsible for assessing and diagnosing mental issues and prescribing pharmaceutical treatment. (Mughal, 2020).
- General Anxiety disorder is a long-term condition that significantly impacts individuals. The symptoms set out in the DSMIV include severe feelings of anxiousness and worrying about particular events or activities that are difficult to control. For diagnosis, these feelings of worry or panic must last over six months, most days, in order to be classified as GAD. GAD can cause restlessness, muscle tension, fatigue, irritability, concentration issues and sleep problems. It is important record the time individual has experienced distress, impairment, and note any history of anxiety and mood disorders and categorise them into low or high-intensity symptoms. Those with low intensity can receive low-intensity psychological intervention if they display distress, present with an anxiety or mood disorder and want to receive treatment. For high-intensity symptoms, psychological intervention and pharmaceutical treatment can be offered, the individual must display functional impairment and a history of previous interventions that have been unsuccessful and also a history of anxiety or mood disorders, and in some cases, they may be referred to a specialist in CBT for GAD (Nice guidelines, 2023).
- The National Health Service (NHS) advises psychological treatment to improve the lives of those who suffer from GAD individuals can either be referred for cognitive therapy with relaxation techniques training, or they can participate in a guided self-help course which also uses the same principles used in CBT as it also helps modify thinking processes and responses to certain situations (NHS, 2023).

LITERATURE

- In the USA and the UK, cognitive behavioural therapy (CBT) has progressively gained popularity as a successful standard treatment for anxiety and depressive disorders (Blease, 2015).
- Cognitive behavioural therapy (CBT) helps address particular behaviours so they can be modified. These cognitive processes involve thoughts, feelings, and behaviours (Beal, 2019) in Aslan (2020).
- In older adults, CBT is preferable to no treatment for General anxiety disorder GAD. However, more research is needed to determine whether CBT is better than other widely used treatments in demonstrating long-term durability. Notwithstanding, further investigations are needed to understand better the connection between depression after CBT and treatment results for GAD (Hall et al, 2016).
- Mughal et al (2020) carried out a systematic review of 58 articles which investigated the validated tools for screening anxiety disorders. These results were compared to the results of screening with diagnostic classifications. From each study, they collated assessed screening tools, cut-off disorders, region, country.
- They concluded that the Kesler-10 and the General Anxiety Disorder Scales were the two most validated screening tools for anxiety disorders. However, they raised that some of these validations were derived from inadequately designed studies. Therefore, they recommend further evaluation in more adequately designed studies that can improve in detection and management of these illnesses.



Visla et al (2023) found that two types of adaptive expectations ; “self-efficacy (SE) and outcome measures (OM)” are essential factors in whether psychotherapy is successful. A number of researchers found that improved treatment outcomes for “eating disorders, depression, and anxiety are strongly predicted by SE” (Clarke et al., 2014; Keshen et al., 2017; Pinto et al., 2008). Constantino et al's (2018) meta-analysis found that patient who stipulated treatment OE (Outcome Expectations) pre or throughout the beginning of therapy were linked to better post-treatment outcomes across a range of therapies (Constantino et al., 2018 in Visla (2023)). However, several researchers found that although initial OE and SE levels have been extensively studied, there is little information on how OE varies during the course of treatment. (Brown et al., 2014; Meyerhoff & Rohan, 2016; Newman & Fisher, 2010; Thiruchselvam et al., 2019; Vîslă et al., 2019 Vîslă & Constantino, 2021). In addition, few researchers have looked at how a patient's SE changes while receiving therapy. (Brown et al., 2014; Keshen et al., 2017). This suggests that assessing these during intervention will help researchers see which elements within CBT change the individuals' perspective (Visla, 2023)

CRITICISMS OF CBT

- It focuses solely on the client rather than external factors such as social and political aspects for example, cultural expectations and poverty (Sharf, 2012).
- The client is required to give full engagement in order for the therapy to be effective and they must believe and address that there is an issue that can be resolved for treatment to work (Teater, 2013).
- It concentrates on the present problem rather than the underlying causes (Teater, 2010)
- It's a costly treatment, as a cohort of 1000 persons highlighted that mobile CBT saved approximately \$2.23 billion and \$4.54 billion as opposed to traditional CBT and no CBT (Kumar, 2018)

Proposed Methodology

The Kessler- 10 anxiety scale to determine the severity of anxiety will help to determine whether someone may need a moderate or an extensive treatment plan. It helps to decide whether the individual can take part in self-help training courses or whether the individual will need therapy carried out by a specialist, and whether pharmaceutical treatment is necessary (Mughal et al (2020))

CBT is a well-known therapy used in treating individuals suffering from an anxiety disorder; therefore, CBT would be essential in improving and managing anxiety. Implementing CBT involves these three steps: The phrase "assessment, intervention, and evaluation" (Teater, 2010). It is the A-B-C model that is most commonly employed during CBT it asks the patient to consider "the triggering event, their belief system or attitude in regard to the incident and how that is exhibited in their behavioural or emotional reaction (Teater, 2013).

Pharmaceutical treatment may be needed therefore a referral to a clinician to prescribe appropriate medication maybe necessary, particularly if an anxiety disorder is linked to other illnesses such as depression and if there is a history of depression or other mental illnesses that severely impacts the individual's quality of life (NHS, 2023).

Outcome measures

Self-efficacy scale pre and post to see if the scores have improved may be used. Visla (2022) reported that psychological intervention effectiveness depends on self-efficacy scores before treatment, and those who initially believe that therapy will work for them are a significant predictor of whether treatment will be effective. Carrying out a self-efficacy scale pre and post-treatment will help us clarify whether self-efficacy scores before can predict the treatment effectiveness outcome and whether there has been any improvement throughout the course of intervention and to see if self-efficacy scores have increased since the initial assessment. This would also demonstrate the success of the intervention.

This treatment will utilise the general self-efficacy scale (GSE) by Schwarzer & Jerusalem (1995). It is a 10-item scale with a score ranging from 1-4; the higher the score, the stronger the beliefs.

General self-efficacy (GSE) can be used to describe a wider range of human behaviour and coping strategies..

Additionally, it can be useful in specific circumstances, such as when examining a patient's behaviour or general well-being after they've had to alter their lifestyle to new stresses relating to illness. (Bonetti et al., 2001), or when focusing on multiple behaviours at once (Luszczynska, et al, 2004) . Therefore, due to this case study of an individual who is suffering with general anxiety disorder this suggests multiple behaviours involved therefore the general self-efficacy scale would be a helpful method of measuring the GSE pre and post and assess how effective CBT has been.

GSE was associated with problem-focused, adaptive coping with stress across samples. Prior research on GSE has concentrated on its connections to “passive or emotion-focused coping”. People with both chronic and acute illnesses had negative correlations between GSE and emotion-attentive methods. (Endler et al, 2001).

Although Meta-analyses used in Luszczynska et al (2004) study demonstrates associations between GSE and other variables, they yielded similar findings in that higher GSE scores resulted in improved focus, adaptive coping and stress management regardless of country or sample. However, only samples across four countries were used in this data. Results may have been different if there were samples in other countries that were significantly different culturally, economically and socially. Nonetheless, it does demonstrate these results apply across separate countries.

Ethical Considerations

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Therapists and counsellors are obliged to uphold patients' autonomy and obtain their full and informed permission. The BACP stipulates, "Clients should be adequately informed about the nature of the services being offered. Practitioners should respect a patient's right to make their own decisions and acquire fully informed consent from their patients (Blease, 2015).

Despite the research of the scientific evidence that indicates CBT is a helpful treatments however, there are still issues with this therapy: as there is evidence that CBT does not always follow through with its key theoretical premises and it has been disregarded within the medical and psychological field due to practitioners not following their own, formally regulated informed consent requirements (Blease, 2015).

Practitioners raise the risk of questioning client agency and authority by implying that the client is thinking illogically and incorrect and this can have negative consequences on the relationship between client and counsellor the client may not trust the practitioner or withdraw from opening up leading to negative treatment outcomes (Ratnayake & Poppe , 2021).

Other researchers have also reported that this can create client distress and hostility. (Pederson, 2015 & Gilbert & Leahy, 2007).

Linehan (1993) recommends that practitioners must be sensitive with their use of words and aim to get the client to determine their own negative thoughts as 'stuck thoughts' and avoid labelling as distorted thoughts. Beck (2005)state that these are important factors to consider during intervention as client and practitioner relationship is dependent on treatment efficacy.



THANK YOU

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