

Acceptance and Commitment Therapy for Generalised Anxiety Disorder: Case Study

CBT AND THE NEW COGNITIVE THERAPIES - ECPS6007

2205141

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Abstract

J is a 45-year-old woman who, after the life event of her son leaving for university, has begun to experience symptoms of Generalised Anxiety Disorder (GAD). J worries that some form of harm will befall her son while away and, as a result, experiences typical GAD symptoms of stomach upset, tension, sleeplessness and distress (NHS, 2024). This case study suggests that J undergo Acceptance and Commitment therapy that will help her confront and accept the anxious feelings about events out of control by improving her psychological flexibility through developing the six core therapeutic processes of ACT: Acceptance, Cognitive Defusion, Presentness, Self as Context, Clarifying Values and Commitment to Action (Hayes et al., 2006). Through various techniques associated with these processes, J can develop the ability to accept her anxious feelings without them negatively affecting her thoughts and behaviour. Positives and critiques of this approach are also discussed.

Introduction

This case study report will follow the case of 45-year-old J, who is experiencing feelings of significant anxiety following the transition of her son leaving home for university. As a result of these worry patterns, J experiences tension, sleep loss, and stomach upsets that lead to exhaustion and fatigue, all of which are key symptoms of Generalised Anxiety Disorder (GAD) listed on the NHS website (National Health Service [NHS], 2024). Other sources further characterise GAD as persistent and uncontrollable worry accompanied by sleep disturbances, irritability, fatigue and restlessness (American Psychiatric Association [APA], 2013). For GAD, a GP may typically suggest a talking therapy (usually CBT), either one-on-one or part of a group, to help challenge and restructure maladaptive thinking patterns. Additionally, a GP may also prescribe antidepressant medication (SSRIs) in conjunction with therapy to help alleviate anxiety symptoms (NHS, 2024). In J's case, these standard strategies may not be entirely suitable for individuals who are experiencing emotionally weighted anxiety, such as concerns over the well-being of her son, as challenging and working to eliminate these anxious thoughts can often worsen their impact. Given the presenting issues and symptoms, this case review suggests that J would most benefit from Acceptance and Commitment Therapy (ACT). ACT is a new third-wave cognitive behavioural approach focusing on developing psychological resilience in the face of anxiety rather than attempting to eliminate the feelings by encouraging clients to embrace anxious thoughts and develop the ability to go about their day even when facing anxious thoughts (Harris, 2019; Twohig et al., 2023). Clients can then commit to new goals and values through mindfulness (Hayes et al., 2012).

General Discussion

Presenting Issues

J is a 45-year-old woman who has, within the previous year, begun experiencing severe symptoms of GAD. These symptoms began during the significant life change of her son leaving home for university, as she has not reported anxiety being an issue before this event. Presumably now living alone, J's anxiety is triggered by any news stories highlighting danger to young people, these negative thoughts catastrophise and escalate into distressing thoughts about her son's wellbeing, stressing about visiting arrangements, how she would cope should something happen to him and further intrusive and inescapable thoughts about his potential harm. Due to these feelings, J frequently experiences typical physiological GAD manifestations/symptoms including muscle tension and stomach issues leading to problems sleeping, which further results in fatigue, demoralisation and exhaustion (as well as the mental taxation of anxiety) (NHS, 2024). J notes that she is a naturally 'cautious' person in the same way that her own mother was and also understands that her worries over her son are irrational but struggles to use traditional strategies to overcome her anxious thoughts, as challenging them only makes the feelings worse, suggesting that a typical CBT intervention may not be suitable for this case. Instead, this case review suggests using Acceptance and Commitment Therapy (ACT) (Bluett et al., 2014).

Case Formulation

It has been found that females are twice as likely to experience GAD as males, and it is also prevalent in older adults, which can impair quality of life (Underwood et al., 2024; Wetherell et al., 2011). The use of ACT for this case can help J overcome her anxious

feelings by targeting her ‘psychological inflexibility’, the state in which a person's body is overly controlled by negative and internal thoughts and feelings rather than their values (Hayes et al., 2012). Psychological inflexibility is typically maintained through several maladaptive coping strategies that hinder progression:

Experiential Avoidance (EA) – Whenever J tries to rationalise or suppress her anxious thoughts, the feelings are only made worse. EA is when we attempt to avoid, distract or negate ourselves from distressing feelings rather than addressing the root cause, as the mere presence of triggering stimuli is enough to cause further distress, creating a cycle. ACT will encourage J to be more psychologically flexible with her thoughts about her son in ways that are mindful, accepting and defusing to move towards valued directions (Cookson et al., 2020; Krafft et al., 2018).

Cognitive Fusion – Cognitive fusion occurs when a person’s reality is fused with their thoughts, and separating truth from mental events becomes difficult (Cookson et al., 2020; Eifert et al., 2009). J’s belief that harm may befall her son is not processed as a hypothetical concern but is instead treated as a real threat.

Conceptualised Self - Anxiety can occur when a person becomes trapped in their thoughts, feelings and memories about themselves, making them then behave in ways that contribute to these subjective interpretations. I.e. J believes that she is naturally anxious and cautious like her mother. If this is how she identifies herself, it may limit her behavioural responses to anxiety (Twohig et al., 2013).

Lack of presentness – The core of J’s anxiety stems from potential future disasters. By remaining preoccupied with hypothetical future scenarios regarding her sons' safety, J

neglects her current and present environment and relationships, contributing to a poor quality of life (Hayes et al., 2012).

Unclear Values – Seemingly, J's primary value is the safety of her son, as this is where her anxious feelings originate. However, given that his safety is no longer under her control, this value is not guiding her behaviour or responses in a positive/constructive direction (Plumb et al., 2009).

Avoidant Persistence/inaction – In a similar vein to EA, J's response to anxious feelings is to go into withdrawal and inaction instead of proactive behaviour or staying consistent with values, which further results in her feelings of helplessness and demoralisation.

Techniques used in ACT help target these factors contributing to anxiety. ACT is different from traditional CBT in that instead of aiming to control thoughts, feelings and emotions, ACT teaches clients to notice and embrace their feelings and work towards a better quality of life even when experiencing anxiety-causing stimuli by encouraging psychological flexibility (Zettle, 2005).

Act Framework and Practical Application

The therapeutic goals of ACT aim to improve a person's psychological flexibility. These goals are achieved through developing mindfulness and acceptance processes that allow for more flexible responses to anxiety struggles, reduce the impact of self-conceptualisation on behaviour and actions, and help clients be more in contact with their own true experiences (Hanley & Winter, 2017). This section will apply an ACT framework to J's case in a way that allows for a structured progression through the core processes listed above.

Firstly, the intervention must assess J's current state. Measures such as the *Acceptance and Action Questionnaire (AAQ)* (Hayes et al., 2004) can be used to assess J's experiential avoidance and inaction over anxious feelings through the use of a 9-item questionnaire using 10-point Likert-type scale responses to statements such as "*When I feel depressed or anxious, I am unable to take care of my responsibilities*" with responses ranging from *never true (1)* to *always true (10)*. Additionally, a measure such as the *Anxiety Control Questionnaire (ACQ)* (Rapee et al., 1996) can be used to assess J's perception of her control over her anxiety, emotional reactions and impact of events by using 30 items over two sub-scales of Events and Reactions that make statements relevant to this case such as "*There is little I can do to change frightening events*" and "*I can usually put worrisome thoughts out of my mind easily*" respectively. Using these measures, a practitioner can build a picture of how well J reacts to events (and the thought of events) that trigger her anxiety and can begin to formulate a treatment plan of appropriate exercises and techniques to improve psychological flexibility by targeting the six core therapeutic processes in the ACT framework seen below (Dalrymple & Herbert, 2007; Hayes et al., 2006).

1. Acceptance and mindfulness

Acceptance is to actively accept the truth of a situation without the need for defence, with the focus on dealing with anxiety-causing stimuli when they arise, without negative responses (Juncos & Markman, 2016). J can achieve acceptance of her anxious thoughts by engaging in mindfulness exercises borrowed from Mindfulness-based cognitive therapy, such as the '*leaves on a stream*' exercise that can help J picture her anxious thoughts as passing and fleeting through a non-judgmental awareness of her

thoughts and feelings (Segal et al., 2012). Additionally, J can be shown body scan techniques that help her notice and control muscle tension, restlessness and stomach aches before they take serious effect during an anxiety flare (Twohig & Levin, 2017).

2. Cognitive Defusion

J appears to be cognitively fused with thoughts along the lines of, if she doesn't worry about her son, then something terrible will happen, and treats these irrational thoughts as truth. Cognitive diffusion does not aim to eliminate these thoughts, rather, it encourages J to relate to them differently to reduce their seriousness. Masuda et al (2004) highlights diffusion techniques that can be used in this instance. J should be encouraged to 'change the wording' of her thoughts, for example, instead of "*something bad will happen to my son*", include the dampener of "*I am having the thought that something bad will happen to my son*". This will help J identify these thoughts as internal mental occurrences rather than facts. Alternatively, J can be encouraged to repeat negative thoughts out loud until they lose meaning. These strategies will likely be effective for J as her anxiety and distress are directly linked to maladaptive thought patterns.

3. Presentness

J's anxiety originates from her catastrophising a potential future scenario about her son, of which she spends too much time worrying. Mindfulness techniques can be used once again to help J notice her present environment when she feels her anxiety and thoughts beginning to spiral, such as breathing techniques or 5-4-3-2-1 sensory grounding. Repeated and dedicated use of such techniques can help J, over time, to learn to actively notice her anxiety beginning, accept this state, and take time to centre herself

before these thoughts get too much, encouraging emotional regulation (Segal et al., 2012).

4. Self-Context

J holds the belief that her anxiety and carefulness reflect how her own mother was, and that this must be an inherited trait. Improving psychological flexibility and developing ‘self-as-context’ will help J disassociate her anxious feelings from something that must be innate to her. J should be encouraged to identify her anxious thoughts and emotions as something that she *experiences*, not who she *is*. A practitioner can use metaphors to help J reidentify her self-context, such as the ‘*Chessboard*’ metaphor, which highlights how J is the chessboard itself, rather than the moving pieces on top (Carrasquillo & Zettle, 2014). Alternatively, J can be encouraged to observe herself and her thoughts in the third person to de-personalise these anxious feelings and improve resilience to anxiety triggers (Hayes et al., 2012).

5. Clarification Of Values

As stated previously, it is clear that J’s primary value is the safety and well-being of her son while he is at university. This value comes from a place of love and care; however, these positive feelings are outweighed by feelings of anxiety, fear and distress. Therapeutic techniques used within ACT can help J reframe and clarify her primary value and reconnect with how she wishes to feel about her son, even in the face of anxiety (Rahal & Gon, 2020). Through therapeutic sessions, J can be made to consider “Life Compass” questions in the nature of “*how can I be the best mother I can be, even when facing anxiety?*” or, from a different perspective, “*How would my son feel if he knew I was*

feeling this way?”. These new patterns of thought and revelations can help align J’s behaviour with her clarified values to promote well-being (Wilson & Murrell, 2004).

6. Commit To Action

Committing to new action is the final process of implementing all of the above into new goals and directions for prolonged and maintained psychological flexibility. A practitioner of ACT can now encourage J to make small but purposeful changes to her thoughts and behaviour that align with her clarified goals. For J, this may include practising mindfulness techniques whenever anxiety begins to occur, arranging for regular calls/video calls and catch-ups with her son and identifying any potential obstacles that may hinder her healing process and what coping mechanisms can be relied on. A continuous commitment to maintaining psychological flexibility within her thoughts is evidence of a successful ACT intervention and reduces symptoms through engagement with life goals and an acceptance of her anxious states, but not allowing them to dictate J’s feelings or behaviour (Davis et al., 2015).

Justification and Evidence of ACT Success

Evidence for ACT's success can be observed in the over 200 randomised controlled trials that used it for a variety of conditions, including anxiety (Arch et al., 2012; Hanley & Winter, 2017). ACT has been shown to be as effective as long-established therapeutic treatments such as traditional CBT. Such studies have found that ACT's targeting of experiential avoidance has an indirect positive impact on anxiety and distress (Davis et al., 2015). ACT has been found to be most effective in cases of anxiety associated with Seasonal Affective Disorder across both clinical and non-clinical samples and is also effective in both individual and group delivery, with continuing

studies investigating its effectiveness on a variety of anxiety disorders in isolation (social anxiety, panic) and on underrepresented demographics (Swain et al., 2013). The American Psychiatric Association has included ACT as an effective evidence-based treatment for conditions including depression and mixed anxiety disorders (APA, 2013; Thoma & McKay, 2015).

Critique Of Approach

As above, ACT has proven to be an effective method of treating GAD, particularly when anxiety comes from a place of value-based worry or concern by targeting experiential avoidance and promoting psychological flexibility (Twohig & Levin, 2017), likely making it the most appropriate intervention for J's case. However, ACT, as with all interventions, has its share of limitations. When compared to traditional CBT, ACT's long-term effectiveness has not received much attention or research due to it being new among the third wave of behavioural therapies (Öst, 2008). Furthermore, many supporters of ACT also admit that the complex terminology of "Self-as-context" or "Cognitive Diffusion" used in ACT may be seen as abstract or confusing for those uneducated in psychotherapy (Harris, 2019), potentially making this treatment more inaccessible for some due to the difficulty of translating these complex concepts into brief and simplified language (Luoma et al., 2017). Finally, some randomised controlled trials, although concluding overall positive outcomes, question if acceptance and commitments alone are sufficient for a change in anxiety or if ACT should be used as part of an integrative approach with exposure or behavioural activation methods, for example (Foreman et al., 2007; Hofmann & Hayes, 2019).

Conclusion

Given that all the factors contributing to J's anxious feelings are entirely out of her control and her struggles with psychological inflexibility, experiential avoidance, and cognitive fusion indicate that approaches other than traditional CBT may be necessary. J will likely benefit from an intervention like ACT, as it will teach her the skills required to maintain an acceptable quality of life while her son remains in university. With the help of a trained practitioner of ACT, J can develop a structured but also flexible treatment plan to target and improve the six core processes of ACT: acceptance, cognitive defusion, presentness, self-as-context, clarification of values, and committed action (Hayes et al., 2006). Techniques used in ACT are designed to improve psychological flexibility and in turn, encourage J to focus less on battling and suppressing her anxiety and move towards a direction of acceptance and living a full life with her anxiety still present, but no longer in control of her thoughts and behaviour (Twohig et al., 2023). ACT has a growing volume of supporting empirical evidence that states its advantages in dealing with GAD as a result of distressing life events and worry/uncertainty, with its long-term efficacy currently being investigated for wider demographics and additional anxiety disorders. (Davis et al., 2015; Öst, 2008; Thoma & McKay, 2015). Should this treatment plan be successful for J, she would have developed useful symptom management skills as well as skills for personal growth to realign her behaviour and thoughts with her true values and relationships to commit to positive life changes.

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AI declaration

I confirm that I have not used any AI tools in the research and creation of this assignment. I confirm that I have not presented any AI-generated materials as my own work. I confirm I have copies of my drafts, notes, and other resources I used, which I may be asked to provide in evidence.