

The background features a stylized illustration of a person with long, wavy hair, their hands covering their face in a gesture of distress or anxiety. The person's hair is a mix of dark purple and light grey. Above their head, there are several floating symbols: a large exclamation mark, a tangled scribble, and a lightning bolt. Below the person's hands, there are three small dots. In the bottom left corner, there is a steaming cup of coffee. In the bottom right corner, there is a small potted cactus. The entire scene is set against a dark purple background with a lighter purple vertical bar on the right side.

Theoretical rehabilitation proposal for an adult individual with symptoms of Generalised Anxiety Disorder (GAD)

PSYCHOPATHOLOGY | ALISHA PHILLIPS (2218529)

Lay Summary of presentation



- ▶ Definitions
- ▶ Purpose of the rehabilitation
- ▶ Where in the brain
- ▶ Background literature
- ▶ Proposed methodology of rehabilitation
- ▶ Goals of the rehabilitation
- ▶ Frequency and Duration
- ▶ Session breakdowns
- ▶ Outcome Measures
- ▶ Ethical considerations

All images used in this presentation are derived from google images

Anxiety and Generalised Anxiety Disorder (GAD)

Anxiety

- A natural emotional and physiological response to perceived threat or danger
- Characterized by feelings of worry, nervousness, or fear that can range from mild to severe (APA, 2013)
- When anxiety becomes maladaptive it can become uncontrollable.

Generalised Anxiety Disorder (GAD)

A chronic mental health disorder which entails excessive, persistent and uncontrollable worry about day-to-day topics or situations (such as health, work, school, or relationships). (APA, 2013)

Physical symptoms

Easily fatigued, concentration difficulty, muscle tension, difficulty sleeping, irritability and restlessness.

To gain a diagnosis symptoms need to be present most days for the past 6 months on several occasions and that the anxiety is associated with three or more of the physical symptoms (APA, 2013).

Triggers

Work pressure, financial worries, health concerns , relationship conflict or loss.

Trauma, Caffeine and Alcohol (substance misuse) can intensify feelings.



Purpose of the proposal

This proposal outlines a theoretical yet comprehensive rehabilitative plan.

Patient: Georgia Jones

Age: 30 Years old

Diagnosis: Generalised Anxiety Disorder (GAD)

GAD-7 score: 14 (moderate - borderline severe)

Worries: Work/employment and Health

Physical symptoms: Trouble sleeping, easily fatigued and experiences concentration difficulties on everyday tasks (over the last 6 months daily)



Background:

Her mother has fluctuating anxiety which was often portrayed on her as a child. She also experienced abuse from her mother and father (hitting and strict parenting). Was often pressured to succeed in everything she did. She has no children and no current partner.

Georgia has struggled with mild anxiety for most of her life and was also bullied in school. This anxiety has intensified in the last 6 months since losing her long-term job due to increased concentration difficulties.

This has left her feeling a lack of purpose and led her to develop excessive worry about work and her health daily.

Georgia describes herself as being generally sociable but now finds it hard managing social relationships and has lost contact with several friends over the last year.

This rehabilitation aims to help Georgia regain control over her life and thoughts to improve her daily functioning.

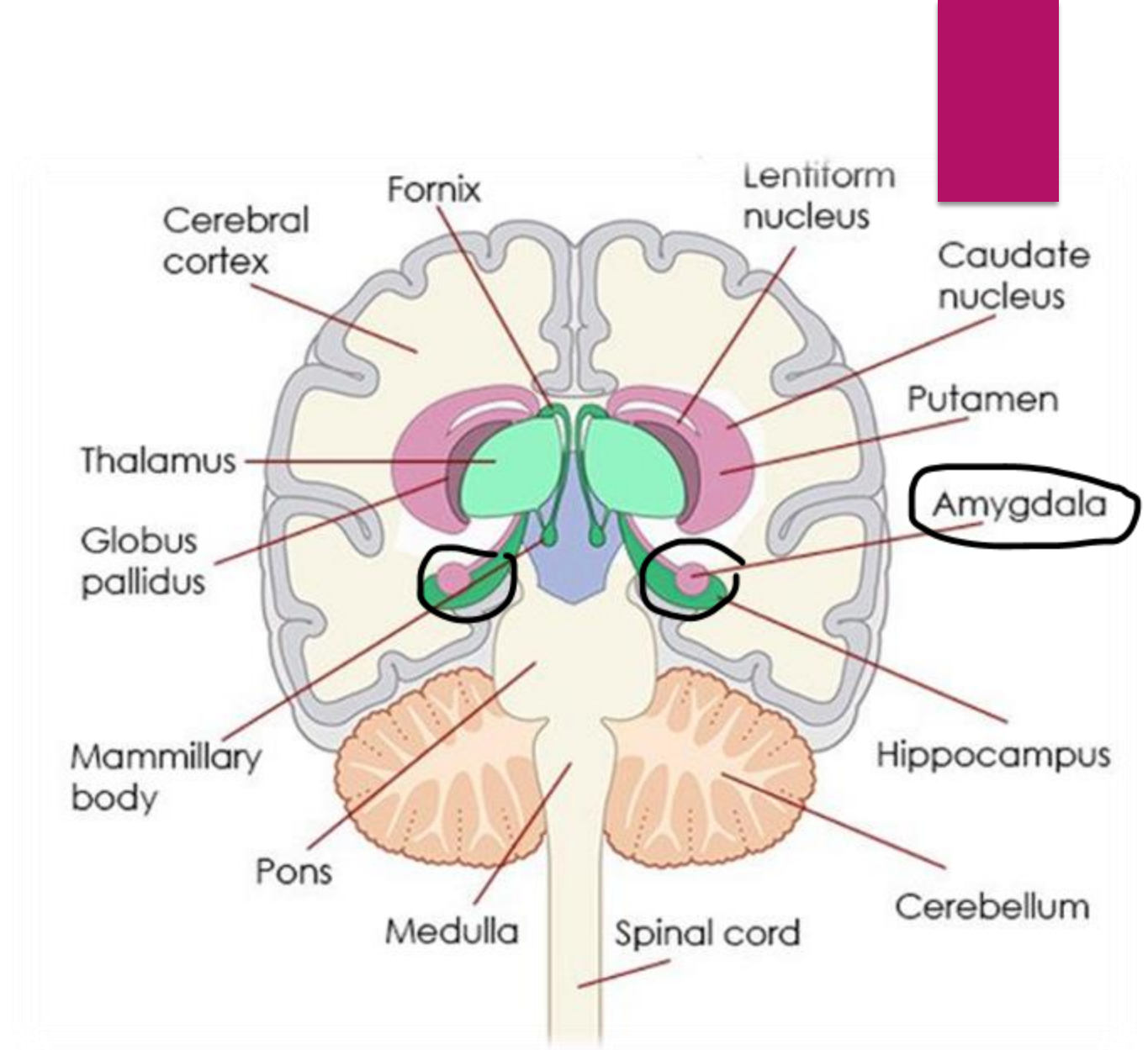
The brain and GAD

The Amygdala

- ▶ Located in the limbic system
- ▶ Responsible for threat detection, memory and emotion
- ▶ If this part of the brain detects danger (real or not) it signals a fight or flight response, preparing your body to react to danger

The amygdala and GAD

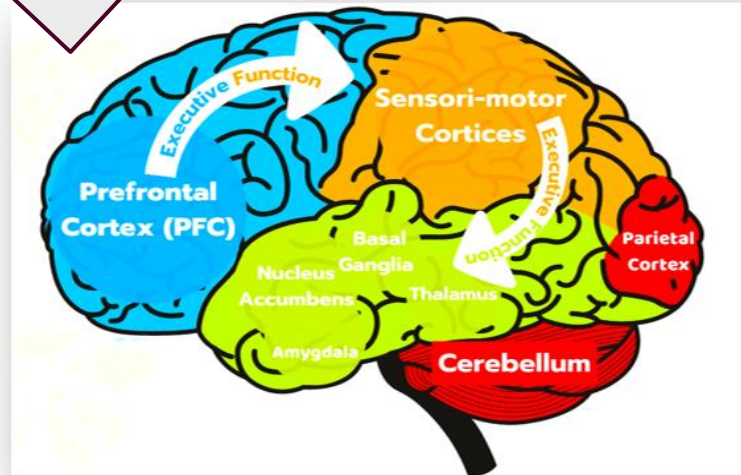
- ▶ It can become overactive or hypersensitive (experiencing anxiety for no reason, without threat)



The brain and GAD

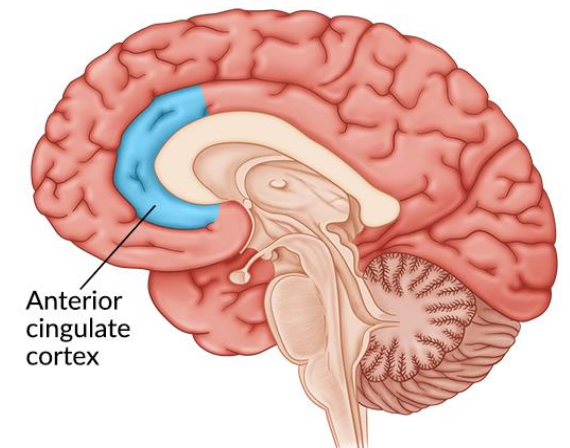
The prefrontal cortex (executive function and regulation)

- Underactive or not regulated (reducing the regulation between the amygdala's signals)



Anterior Cingulate Cortex (Conflict Monitoring)

- Heightened activity in GAD (maximised consideration of threats)



Background literature

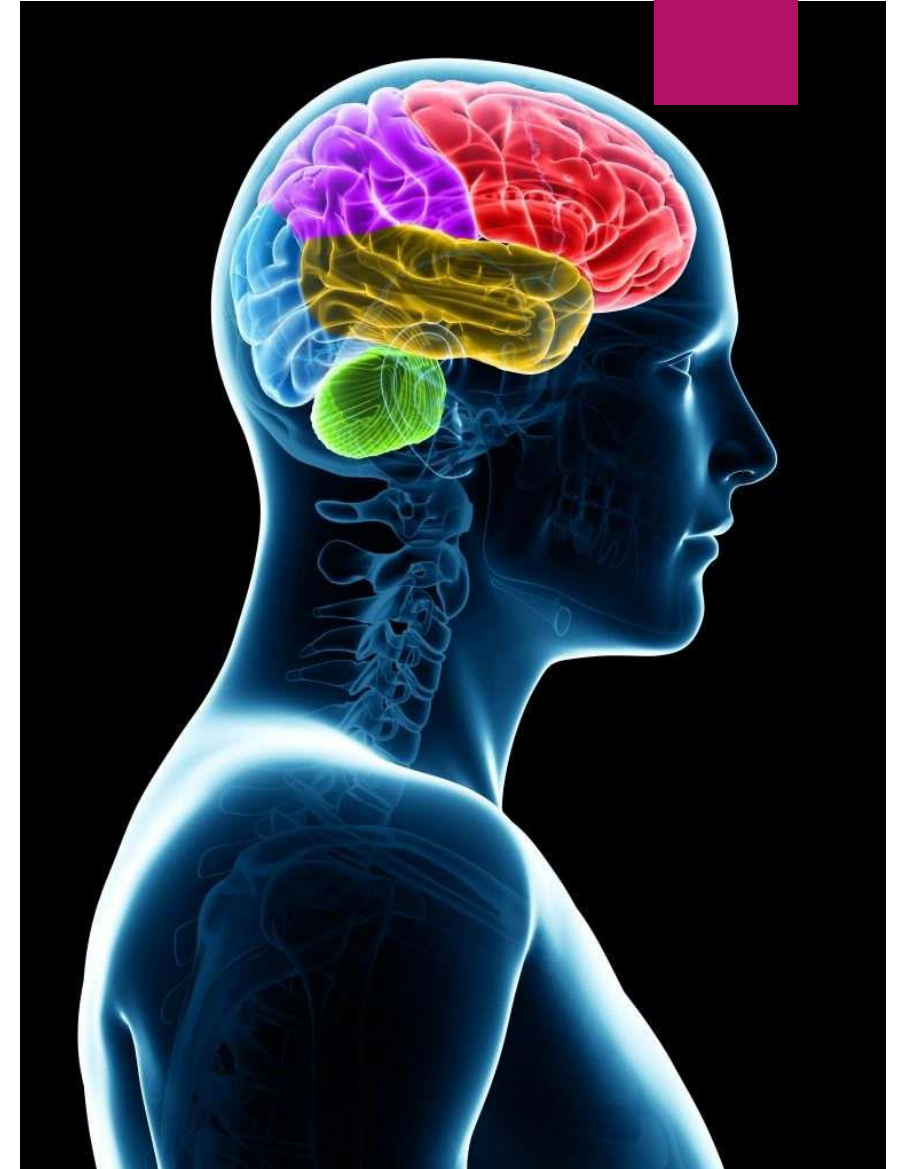
Prevalence and onset

- ▶ 5.9% of UK adults were affected by GAD in 2019 (Li et al.,2024).
- ▶ No specific gender differences, yet slightly more prevalent in women (Christiansen, 2015)
- ▶ GAD can affect individuals of all ages (Correa and Brown, 2019)
- ▶ Most prevalent in adults aged 35–59, yet increasing in younger adults
- ▶ More significant rise observed in young women (Goodwin et al.,2020)

Biological and Genetic considerations

- ▶ There is no exact cause for GAD
- ▶ Thought to be linked with genetic and environmental factors (Mackintosh et al.,2006)
- ▶ Thought to be a hereditary predisposition especially if there is a family history of anxiety or mood disorders (Gottschalk and Domschke, 2017).
- ▶ Early trauma (Bonevski & Naumovska, 2018)
- ▶ Difficult life events - loss, stressful situations (Francis et al.,2012)

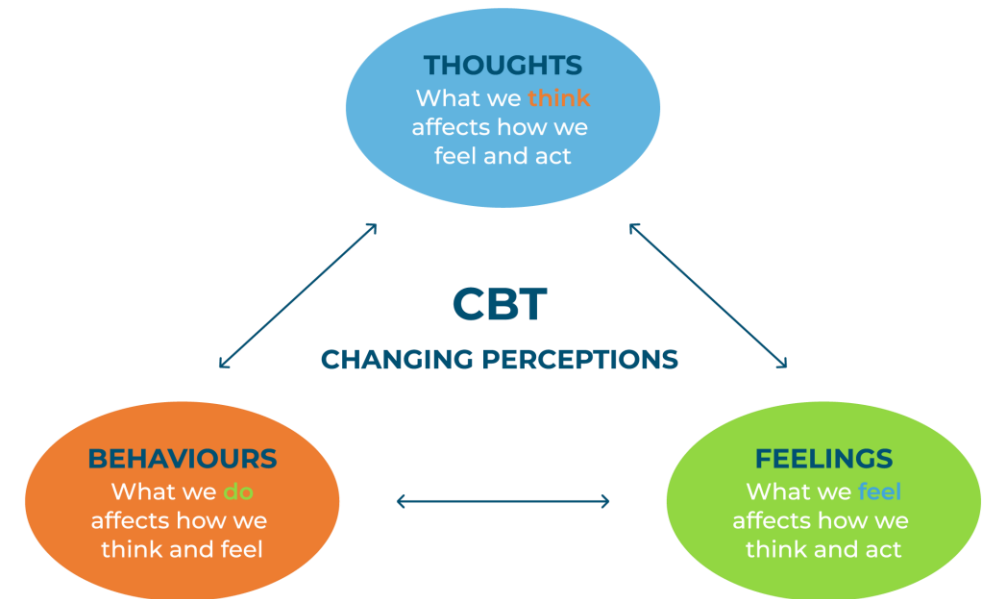
Due to Anxiety being experienced by Georgia's mother, this could be a biological factor contributing to her development of intensified anxiety.



Proposed Methodology

Psychotherapy

- Cognitive Behavioural Therapy (CBT)
- Restructure anxious thought patterns and reduce avoidance behaviours.
- Helps the person challenge irrational fears and develop healthy coping strategies.
- CBT has long-term benefits and changes brain activity (reducing amygdala hyperactivity).



Goals of the CBT

What the rehabilitation aims to help

Difficult life events (early trauma and job loss) which could have triggered a deepened anxiety

- Aims to decrease worries about work and health and in turn regain control over the anxiety
- Improve sleeping patterns, decrease fatigue and improve concentration

Aimed at Georgia's health and work anxiety

- Addressing and breaking down concerns about work (negative thought patterns)
- Employing realistic goals (short term and long term)
- Improve concentration – focusing on smaller aspects first

General goals

1. Increase awareness of anxiety patterns and triggers (Bairagi et al.,2023)
- 2.Reduce the frequency of worry (Newman and Borkovec, 2014)
- 3.Improve and develop stable coping mechanisms (Nicoară et al.,2024)
4. Prevent relapse, consistent client- therapist feedback every 4 weeks (Westra et al.,2016)

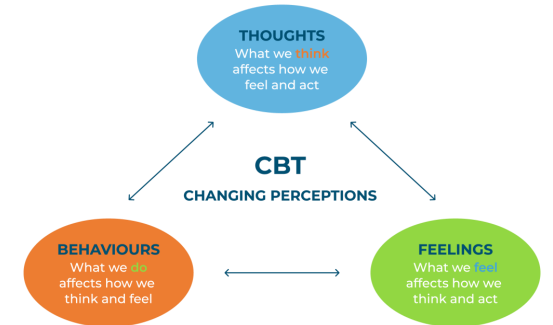
Frequency and Duration

Progress dependent 12- 20 sessions

Approx 5 months

Once a week for an hour

Covering all regions of her life that is causing the anxiety



Session breakdown

General Anxiety Disorder Assessment (GAD-7)

Name	Date			
Over the last two weeks, how often have you experienced these symptoms?				
	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge?	☐ 0	☐ 1	☐ 2	☐ 3
Not being able to stop or control worrying?	☐ 0	☐ 1	☐ 2	☐ 3
Worrying too much about different things?	☐ 0	☐ 1	☐ 2	☐ 3
Trouble relaxing?	☐ 0	☐ 1	☐ 2	☐ 3
Being so restless that it is hard to sit still?	☐ 0	☐ 1	☐ 2	☐ 3
Becoming easily annoyed or irritable?	☐ 0	☐ 1	☐ 2	☐ 3
Feeling afraid as if something awful might happen?	☐ 0	☐ 1	☐ 2	☐ 3
Score	Risk level			
0-4	Minimal anxiety			
5-9	Mild anxiety			
10-14	Moderate anxiety			
15-21	Severe anxiety			
Add the score for each column: + +				
Total score:				
If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?				
☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult				
Notes				

Session 1: Initial assessment

- Obtaining informed consent, ensure Georgia is comfortable
- Getting to know Georgia
- Confirm diagnosis (DSM-5 Criteria)
- GAD-7 and functional assessments to identify symptom severity and everyday functioning capacity
- Identify baseline triggers and any possible comorbidities

Session 2 : Understanding GAD and CBT

- Georgia is informed of the process of CBT
- Understanding GAD and its symptoms

Session breakdown for Georgia

Session 3-4: Goal setting and Behavioural/Relaxation techniques

- Facing and reflecting upon trauma, original triggers
- Work and health concerns

Session 5-6: Lifestyle and well-being interventions

- What can be done outside of the sessions
- Prioritising health and well-being (prioritising a sleep schedule – decreasing fatigue and improving concentration)
- Mindfulness, exercise – gradually seeing friends or family (or someone she is comfortable with)

Session 7-14: Techniques continued (Behavioural, Relaxation, Coping skills)

Session 13-15: Documentation of Progress (Goals revisited)

Session 16-18: Relapse prevention (Recognition of warning signs, Coping skills, Document worries)

Session 19-20: GAD 7 and functional assessments revisited, Client self-report changes

Outcome measures

- GAD-7
- Documentation of progress
- Identified levels of anxiety at the beginning of the rehabilitation and a revisit at Georgias progress
- Client-Therapist feedback sessions every 4 sessions (maintaining connectedness and comfortability)
- Support in lifestyle implications after CBT
- Consistent support and guidance (Williams, 2014)

General Anxiety Disorder Assessment (GAD-7)

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Trouble relaxing?	☐ 0	☐ 1	☐ 2	☐ 3
Being so restless that it is hard to sit still?	☐ 0	☐ 1	☐ 2	☐ 3
Becoming easily annoyed or irritable?	☐ 0	☐ 1	☐ 2	☐ 3
Feeling afraid as if something awful might happen?	☐ 0	☐ 1	☐ 2	☐ 3

Score	Risk level	Add the score for each column: + +
0-4	Minimal anxiety	
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Total score: _____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Notes

Source: Drs. Robert L. Spitzer, Janet BW Williams, Kurt Kroenke, and colleagues

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Ethical Considerations

- ▶ Informed consent
- ▶ Confidentiality/privacy
- ▶ Prioritizing the well-being of the client
- ▶ Active listening and continual support
- ▶ Respect
- ▶ Autonomy



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Ai-Acknowledgment

I acknowledge the use of Google Scholar [<https://scholar.google.com/>] on 17th April – 6th May to research. I used the prompt(s):

1. Generalised Anxiety Disorder (GAD)
2. Rehabilitation of GAD
3. The brain and GAD
4. Ethical considerations and GAD
5. CBT and GAD

I confirm that I have not presented any AI generated text as my own work. I confirm I have copies of my drafts, notes, and other resources I used before, and after the use of AI tools which I may be asked to provide in evidence.