

ANXIETY DISORDERS

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Anxiety disorders

Generalized anxiety disorder

According to DSM 5 generalized anxiety disorder (GAD) is characterized by excessive worry and anxiety about various things (American Psychiatric Association, 2013). Practitioners use assessment based on the DSM -5 characteristics description to assess the intensity and symptoms of the client. Theories explaining the etiology of GAD include:

The Intolerance of Uncertainty model IUM

According to this model, people with GAD are not able to bear with uncertainty or ambiguous situations. Therefore they chose worry as a means of preventing themselves from experiencing the problems or as a means of coping. The worry leads to feelings of anxiety and consequently cognitive avoidance which involves a distraction and suppression of thoughts. This lack of need to solve the problem may be due to lack of self-confidence in their problem-solving skills. Similarly, they may see problems as threats and become easily frustrated in the problem-solving process.

Treatment

The IUM therapy focuses on helping the client to gain more tolerance to uncertainty. Similarly, clients are helped to gain positivity towards solving problems. This is done by engaging the client in self-monitoring and education on intolerance uncertainty. Clients are helped to discriminate between the situation that needs a solution and emotions to be able to focus on solving the problems.

The Metacognitive Model

The metacognitive model was proposed by Wells and divided worry causing GAD into two. The type 1 worry is defined as an individual's worry about non-cognitive events. During the process of experiencing Type 1 worry, individuals begin to worry about having thoughts which are uncontrollable which result to worry about worry. This process gives rise to the type 2 worry. Type 2 worry is associated with an individual's attempt to control behavior, their thoughts, and emotions by use of suppression strategies.

Wells suggests the treatment for GAD using the Metacognitive model as being focused on altering type 2 errors. In altering the negative beliefs about worry held by the clients, they can focus on the real situations and put in place strategies for coping with worry. Rather than focusing on reducing the worry itself, an MCT therapist focuses on altering beliefs about worry.

Acceptance based model of GAD

The model proposed by Orsillo and Roemer basing on the model of experimental avoidance argue that GAD is caused by a problematic relationship in the internal experiences of a person. The experiences include a negative reaction to internal experiences such as thoughts, feelings and body sensations and the fusion with internal experiences. The problem of fusion involves a client's entanglement with negative internal experiences as being permanent (Lader, 2015). Therefore, the clients feel that the problem is their characteristic which they are unable to overcome. The model also describes avoidance to internal experiences as being part of the problem.

Other causative factors include; Genetic factors which may include having a family history of GAD. In addition, the genetic factors may arise as a result of the combination of stress and an environment that induces stress leading to the activation of the genes. For instance,

individuals born with certain temperaments may be vulnerable to GAD. Similarly, an imbalance in the chemical composition of the brain may lead individuals to develop GAD.

Pharmacological treatment for GAD includes the use of selective serotonin reuptake inhibitors which increases the level of serotonin in the brain (Gould & Yap, 1997). However, the chemicals may not work immediately and may take some time before they begin to work. The patient may begin with low dosages following a gradual increment.

References

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