

# Bringing Specificity to Generalized Anxiety Disorder:

## Conceptualization and Treatment of GAD using Intolerance of Uncertainty as the Theme of Threat

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# Outline

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- Challenges with GAD
- Introduction to intolerance of uncertainty
- Conceptualizing IU as theme of threat in GAD
- Devising Behavioural Experiments
- Troubleshooting

# GAD: A Challenging Disorder

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## ■ DIAGNOSIS

- Low diagnostic reliability (e.g., Brown et al., 2001)

## ■ TREATMENT

- Moderate treatment efficacy of CBT: approximately 50% of patients show clinically significant change (e.g., Borkovec & Costello, 1993; Borkovec & Ruscio, 2001; Fisher, 2006)
- Caveat: Recent meta-analyses that incorporate novel evidence-based interventions do show greater efficacy of CBT for GAD (Covin et al., 2008)

# Reasons Accounting for Challenges with GAD

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- Diagnostic criteria
  - Vague, lacking in specificity
  - Changing criteria across DSMs
- Worry present in other anxiety disorders
- Worry as a legitimate mental health complaint
- Dynamic nature of worry in GAD
- Chasing a moving target in treatment
- Underrepresentation in process research (Dugas et al., 2010)

# Lacking a Theme of Threat?

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- In contrast to other anxiety disorders, there is no cohesive theme to the threat (or core fear) present in GAD
- Social anxiety disorder: fear of negative evaluation
- Panic disorder: fear of physical sensations of anxiety and their consequence
- OCD: varied, but can include themes of contamination, doubt, harm to others

# Clinical Implications: Conceptualization & Tx Focus

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- How do you account for the presentation in GAD:
  - Varied & dynamic worry content
  - Content in clinical & non-clinical worry is similar; difference lies in severity
- How do we develop appropriate treatment targets
- How do you explain GAD to clients in a CBT framework (the 'buy in')?

# Theories of the Disorder

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- **Intolerance of Uncertainty** (Dugas & Robichaud, 2007)
- **Metacognitive Theory** (Wells, 2006)
- **Cognitive Avoidance** (Borkovec et al., 2002, 2004)
- **Acceptance-Based Theory** (Roemer & Orsillo, 2007, 2009)
- **Emotion Regulation** (Mennin & Fresco, 2009)

# Intolerance of Uncertainty (IU)

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- A belief system where uncertainty is viewed as stressful, upsetting, unfair, negative, and should be avoided (Buhr & Dugas, 2002)
- Research on GAD & IU:
  - Individuals with GAD are higher in IU than that seen in other anxiety/mood disorders (Buhr & Dugas, 2006; Dugas et al., 2001)
  - Changes in IU precede changes in worry in treatment (Dugas et al., 1998)
  - CAVEAT: IU also present in other anxiety disorders (e.g., OCD, social anxiety, health anxiety)

# Uncertainty as Theme of Threat in GAD

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- If the general state of uncertainty is aversive and threatening, then:
- Worry becomes a strategy to mentally plan and prepare for any eventuality
- E.g., “what if I’m late for an appointment? I might not be able to get another appointment; I could leave early. But what if there is traffic or I get lost?...”
- Worry as an attempt to reduce uncertainty

# Uncertainty accounting for GAD Sx

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- Multiple worry topics/dynamic content
  - Worries will change according to particular uncertain events encountered in a given day
- Worry will be excessive
  - Worry triggered in situations without 100% certainty
- Worry will be uncontrollable
  - Complete certainty often not achievable
- Worry will be chronic & waxing/waning severity
  - Daily life inherently uncertain + impact of stressors

# Coping, Uncertainty, and GAD

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- Specific coping responses when experiencing anxiety in GAD not mentioned in DSM
- Mental or behavioural attempts to reduce anxiety present in all anxiety Dx
- Uncertainty as theme of threat: coping will involve attempts to reduce, avoid, or circumnavigate uncertainty

# IU-driven “Approach” Behaviours

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- Reassurance seeking
- Information seeking
- Excessive list-making
- Doing everything yourself (refusal to delegate tasks)
- Double-checking
- Over-preparing

# IU-Driven Avoidance Behaviours

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- Avoidance of novel/uncertain/spontaneous situations
- Procrastination
- Maintenance of a predictable routine
- Asking others to make decisions for you
- Impulsive decision-making
- Distraction/keeping busy

# Clinical Model of GAD Worry



# Clinical Example #2



# Uncertainty as Target of Treatment

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- If IU is the fuel for the engine of worry, then we can expect to either
  - increase certainty
  - Increase tolerance to uncertainty
- Given the futility of increasing certainty, the goal of treatment becomes to increase tolerance to uncertainty
- Target BELIEF through BEHAVIOUR

# Impact of IU-Driven Coping

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- IU-driven coping responses reinforce fears through the avoidance of negative outcomes
  - “I was worried that I would be late, I left early, and therefore was on time”
- Coping responses also prevent acquisition of corrective information
  - “I probably would have been late if I had not left early”

# Impact of IU-Driven Coping

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- Common beliefs in anxiety:
  - Overestimation of threat
  - Underestimation of coping
- Within GAD, this manifests as:
  - “uncertain events will turn out negative”
  - “when that negative event occurs, I will be unlikely to cope with it”

# Behavioural Experiments

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- Exposure exercises that allow clients to test out feared predictions
- Ultimately lead to cognitive change through direct behavioural experience
- Experiment: what happens when I refrain from avoiding or reducing uncertainty?
  - “Would I be late if I didn’t leave early?”

# GAD Behavioural Experiments

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- Testing out beliefs about uncertainty:
  - Do uncertain events always turn out negative?
  - If they are negative, am I able to cope?
- Evaluation of the following:
  - Feared outcome
  - Actual outcome
  - Coping (if outcome was negative)

# Sample Experiment #1

Experiment	Feared Outcome	Actual Outcome	Coping (if outcome negative)
Phoned a friend I lost touch with	She will be angry that I haven't phoned her sooner. We will get into an argument	She was happy to hear from me. Arranged to meet for lunch.	N/A

# Sample Experiment #2

Experiment	Feared Outcome	Actual Outcome	Coping (if outcome negative)
Leaving cell phone in another room for a few hours	What if someone phones/texts while I'm away from it? What if I miss something important?	No one phoned	N/A

# Sample Experiment #3

Experiment	Feared Outcome	Actual Outcome	Coping (if outcome negative)
Leaving cell phone in another room for a few hours	What if someone phones/texts while I'm away from it? What if I miss something important?	Missed a text from a friend asking to change plans for the evening.	Phoned her and made the changes. She did not even mention that I missed the text.

# Sample Experiment #4

<b>Experiment</b>	<b>Feared Outcome</b>	<b>Actual Outcome</b>	<b>Coping (if outcome negative)</b>
Letting son pack his own hockey bag before practice.	What if he forgets something? What if practice is ruined and he/coach is upset?	Son forgot his gloves.	He spoke to the coach, who lent him another pair to use during practice.

# Sample Experiment #5

Experiment	Feared Outcome	Actual Outcome	Coping (if outcome negative)
Installing new printer	I won't know how to install it; I'll be overwhelmed	Did have difficulty installing it	Read through operations manual and called helpline; printer works

# Sample Experiment #6

Experiment	Feared Outcome	Actual Outcome	Coping (if outcome negative)
Went to the store to buy a new bike for upcoming race	Might not like it when I get home; Will find a better bike later; wasted time	Did have problems with bike; had to return it; BIG HASSLE	Did not cope well; blamed myself for not having thought it through

# Sample Experiment #7

Experiment	Feared Outcome	Actual Outcome	Coping (if outcome negative)
Went to a Vietnamese restaurant with girlfriend	Might not like the food. Will be hungry, waste of money & time	Vietnamese food is amazing! Can't believe I never tried it before!	N/A

# Debriefing behavioural experiments

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- Should be approached with an air of curiosity
  - Feared outcome: positive, negative, neutral?
  - Actual outcome: positive, negative, neutral?
  - Coping: If necessary; was coping effective? How do you think you did?
- Gathering evidence about accuracy of uncertainty beliefs: are outcomes negative? Are you able to ‘think on your feet?’

# Developing Experiments with Clients

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- Graduated exposure: first experiments are small and structured (2-3/week)
  - Going to a new restaurant
  - Delegating a small task at work or at home,
  - Making a small decision
- Clients can generate their own experiments over time, increasing in anxiety/uncertainty/ impact

# Developing Experiments with Clients

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- Incorporating experiments in multiple settings: work, home, social life
- Decision-making experiments: “controlled spontaneity”
- Gradual move toward ‘embracing’ uncertainty: seeking out novel situations, taking small risks

# Long-Term Goal of IU Behavioural Experiments

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- To change beliefs about uncertainty:
  - Initial belief: “uncertain events always turn out negative, and when they do I can’t cope with the outcome”
  - Desired belief: “most uncertain situations turn out all right, and when they don’t, I’m confident I can handle it
- If uncertainty is no longer threatening, worry and associated behaviours are no longer necessary

# Troubleshooting

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- Difficulty devising experiments: self-monitoring of worries and associated IU-behaviours
- No anxiety during experiment: did client switch from approach to avoidance strategy?
- Severe worry issue presented in session: clinical decision to address issue in tandem with IU experiments

# Incorporating IU into Treatment

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- Behavioural experiments can be a stand-alone intervention
- Can be included within a larger CBT protocol (e.g., CBT-IU: addressing positive beliefs about function of worry, problem solving)
- Can complement range of evidence-based interventions

# Return to Clinical Implications

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- **How do you account for the presentation in GAD?**
  - Uncertainty as the theme of threat accounts for varied and dynamic worry content
- **How do you develop appropriate treatment targets**
  - Treatment targets the belief that uncertainty is threatening by direct testing (behavioural experiments)
- **How do you explain GAD to clients in a CBT framework (the 'buy in')?**
  - Provides cohesion to client symptoms and logic to subsequent behavioural experiments