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

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

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

- 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?

- 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

- 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 develop appropriate treatment targets

- How do you explain GAD to clients in a CBT framework (the ‘buy in’)?
Theories of the Disorder

- 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)

- 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)
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

- 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

- 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

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

- 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

Lacking in 100% certainty

Thinking of buying a cell phone

What if...

What if I don’t get a good deal?

Mental attempt to resolve uncertainty

Worry

I could end up paying too much... Perhaps I could shop around.

Behavioural attempt to avoid or reduce uncertainty

Anxiety

Information & reassurance seeking/procrastination

Safety/Neutralizing/Avoidant Response
**Clinical Example #2**

Lacking in 100% certainty

Mental attempt to resolve uncertainty

**Situation**

What if...

Worry

Anxiety

**Safety/Neutralizing/Avoidant Response**

Going to a new restaurant

What if I don’t like the food?

I might waste money. Perhaps I can order something familiar.

Cancel plans or go to a familiar restaurant

Behavioural attempt to avoid or reduce uncertainty
Uncertainty as Target of Treatment

- 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

- 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

- 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

- 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

- 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)
<table>
<thead>
<tr>
<th>Experiment</th>
<th>Feared Outcome</th>
<th>Actual Outcome</th>
<th>Coping (if outcome negative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phoned a friend I lost touch with</td>
<td>She will be angry that I haven’t phoned her sooner. We will get into an argument</td>
<td>She was happy to hear from me. Arranged to meet for lunch.</td>
<td>N/A</td>
</tr>
</tbody>
</table>
# Sample Experiment #2

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Leaving cell phone in another room for a few hours</td>
<td>What if someone phones/texts while I’m away from it? What if I miss something important?</td>
<td>No one phoned</td>
<td>N/A</td>
</tr>
</tbody>
</table>
## Sample Experiment #3

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Leaving cell phone in another room for a few hours</td>
<td>What if someone phones/texts while I’m away from it? What if I miss something important?</td>
<td>Missed a text from a friend asking to change plans for the evening.</td>
<td>Phoned her and made the changes. She did not even mention that I missed the text.</td>
</tr>
<tr>
<td>Experiment</td>
<td>Feared Outcome</td>
<td>Actual Outcome</td>
<td>Coping (if outcome negative)</td>
</tr>
<tr>
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</tr>
<tr>
<td>Letting son pack his own hockey bag before practice.</td>
<td>What if he forgets something? What if practice is ruined and he/coach is upset?</td>
<td>Son forgot his gloves.</td>
<td>He spoke to the coach, who lent him another pair to use during practice.</td>
</tr>
</tbody>
</table>
## Sample Experiment #5

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<th>Coping (if outcome negative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Installing new printer</td>
<td>I won’t know how to install it; I’ll be overwhelmed</td>
<td>Did have difficulty installing it</td>
<td>Read through operations manual and called helpline; printer works</td>
</tr>
</tbody>
</table>
## Sample Experiment #6

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<tr>
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<th>Actual Outcome</th>
<th>Coping (if outcome negative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Went to the store to buy a new bike for upcoming race</td>
<td>Might not like it when I get home; Will find a better bike later; wasted time</td>
<td>Did have problems with bike; had to return it; BIG HASSLE</td>
<td>Did not cope well; blamed myself for not having thought it through</td>
</tr>
</tbody>
</table>
Sample Experiment #7

<table>
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<tr>
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<th>Actual Outcome</th>
<th>Coping (if outcome negative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Went to a Vietnamese restaurant with girlfriend</td>
<td>Might not like the food. Will be hungry, waste of money &amp; time</td>
<td>Vietnamese food is amazing! Can’t believe I never tried it before!</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Debriefing behavioural experiments

- 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

- 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

- 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

- 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

- 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

- 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
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