Cognitive Behavioral Therapy for Generalized Anxiety Disorder
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Description of the Disorder

**Definition.** Generalized anxiety disorder (GAD) results from extreme anxiety and worry. It is difficult to control and occurs in a number of situations. Such anxiety and worry must occur more days than not for at least six months. At least three (or one, in the case of children) of the following six symptoms must be present:

- restlessness/keyed up/on edge
- extreme tiredness
- difficulty concentrating or mind going blank
- irritability
- muscle tension
- sleep disturbance

In GAD, these symptoms cause significant distress and problems with daily living. To be diagnosed with GAD, the symptoms must not be caused by the effects of a general medical condition or substance use. They also must not occur only during a Mood Disorder, Psychotic Disorder, or Pervasive Developmental Disorder. In adults, GAD is often accompanied by another anxiety disorder (like social phobia or specific phobia) or a mood disorder.

**Prevalence and Onset.** About 5% of people will have GAD during their lifetime. Usually, people with GAD will complain of symptoms to their primary care doctors. Although GAD can get better and worse over time, it usually lasts for many years. GAD very rarely just “goes away”. Many people with GAD report having their symptoms most of their lives. Sometimes, however, GAD may increase with age. About sixty percent of people suffering from GAD are women.

Treatment Comparisons

Cognitive Behavioral Therapy (CBT) is a proven treatment for adult GAD. It is the recommended, preferred form of psychotherapy by the International Consensus Group on Depression and Anxiety.

**Control Conditions.** Sixteen controlled studies have found that CBT is better than having no GAD treatment. Most people who begin CBT treatment for GAD do not drop out of treatment. Average CBT for GAD has lasted for about 11 sessions in these studies.

**Other Psychosocial Treatments.** CBT is currently the only proven psychotherapy for GAD.

**Medication Treatments.** Studies comparing using medication to treat GAD and using CBT to treat GAD have been rare. Research is continuing to see if adding medication to CBT can improve the effectiveness of treatment.
Treatment Description

**Self-Monitoring and Early Detection.** Therapists who use CBT to treat GAD teach their patients how to examine their behaviors. The therapist trains the patient to self-monitor their anxious feelings. This helps the patient to become aware of what makes them anxious. It also teaches the patient what happens when they become anxious. Knowing how anxiety affects an individual can help them prevent it from happening in the future. It is especially important that patients learn identify their anxiety early in the process (especially worrying). After identifying worry, the patient can learn to choose a coping strategy that will help them lessen their anxiety. Once patients learn how to cope with their anxiety, they can practice how to reduce their worry as soon as possible.

**Relaxation Methods.** People with GAD often have increased muscle tension. Partly for this reason, training in relaxation has long been part of the treatment of GAD. Because patients vary in which types of relaxation technique are most useful, they are often taught many different relaxation methods. These may include:
- Slow breathing
- Muscle relaxation
- Pleasant imagery
- Meditation

Patients are asked to practice these techniques twice per day to help them achieve a relaxed state quickly. These relaxation methods are used:
- As soon as anxiety or worry is detected throughout the day
- Before, during, and after any stressful events
- On a regular basis to practice relaxation throughout the day

**Cognitive Therapy.** The CBT treatment assumes that much of the anxiety and worrying of GAD patients comes from inaccurate ways of perceiving and interpreting their worlds. GAD patients typically have negative thoughts about the future and are not good at dealing with stress. Standard cognitive therapy methods for addressing worried thoughts include:
- identifying thoughts, images, and their underlying beliefs that a patient has, that may not necessarily be true, that add to anxiety (for example, thinking that they will never get their homework done on time)
- evaluating how accurate these thoughts are (for example, asking the patient, “do you usually complete your homework?”)
- looking at the situation from another perspective based on past experiences (for example, asking the patient, “you have never missed a homework deadline, so why would you miss one now?”)
- frequently and immediately replacing untrue thoughts with thoughts based on past experiences (for example, training the patient to repeat to themselves, “I have never missed a homework deadline, so I will be able complete my homework this time, too”)
- trying out new ways of behaving in between therapy sessions to make the
patient “believe” their new ways of thinking

The therapist may ask the patient what the worst outcome might be and then determine how likely that situation will really happen. The patient would then be asked to think about how he or she would cope with the worst situation that might happen. The therapist asks the patient a series of questions that may lead the patient to having a more realistic view of their situation.

With GAD, CBT treatment will train the patient to become more of a flexible thinker. He or she will be encouraged to look at a situation from different sides before he or she gets trapped in a false belief about him or herself. Some patient use worry diaries to write down all their worries throughout the day. They are encouraged to write down all of the possible outcomes of the worry next to each one. This allows the patient to think about all of the different outcomes that might happen.

**Exposure and Rehearsal Methods.** If a patient with GAD has specific fears of a particular situation or object, exposure therapy may be applied in addition to CBT. The therapist may assign homework that has the patient facing the feared situation or objects while using the new techniques they have learned during CBT.

**Stimulus Control Methods.** Because worrying occurs under many different conditions, it may be difficult to manage. Although GAD clients find it difficult to stop worrying, they usually are able to postpone it for a while. A stimulus control technique that is sometimes used involves five instructions:

1. establish a worry period that will occur the same time and place each day
2. catch worries as they begin and postpone them to the worry period
3. focus attention back to the present moment or the task at hand
4. repeat this process each time a worry is detected
5. make use of the worry period to apply the techniques learned during therapy

**Pleasant Events.** Some therapists using CBT encourage patients clients to identify pleasant activities that they can do on a daily basis. Such activities serve two useful purposes. They create pleasant events that patients can focus on that therefore reduces worrying. They also generate happy feelings that may help the depression felt by some GAD patients.

Dr. Borkovec received his Ph.D. from the University of Illinois in 1970, was initially on the faculty of the University of Iowa, and has been at Penn State University since 1978, where he is currently a Distinguished Professor of Psychology. Dr. Borkovec's research and clinical practice has focused on adult anxiety disorders. His empirical work has involved both basic and applied research, and his therapy outcome investigations on the cognitive behavioral treatment of generalized anxiety disorder have been continuously funded by the National Institute of Mental Health since 1984. In the past, he has served on NIMH's psychotherapy grant review committee, the DSM-IV Generalized Anxiety Disorder Subcommittee, and several journal editorial boards. He is co-founder of the Pennsylvania Psychological Association's Practice Research Network.
His efforts to integrate basic research and clinical practice were recognized in 1998 by APA (Division 12, Section 3) with the Distinguished Scientist Award, and he received an Honorary Doctor of Philosophy degree from Stockholm University in 2003 for his research on generalized anxiety disorder.