Cognitive Behavioural Therapy Application to the Anxiety Disorder (Case Study)

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Abstract

Cognitive Behavioral Therapy (CBT) is a commonly used treatment method by professionals both for anxiety disorders and mood disorders. The method includes behavioral interventions as well as cognitive restructuring. The primary aim of the approach is to change patients’ maladaptive thinking and behavior patterns with more useful ones. GAD is a common anxiety disorder which is characterized by insistent, extreme and unrealistic concern about everyday life experiences. The present study aims to analyze a case of general anxiety disorder patient, who was successfully treated by CBT. Various CBT techniques, which were employed in the treatment, will be discussed in the light of evidence from the literature.

Keywords: Cognitive Behavioural Therapy, Anxiety Disorder, Treatment, General Anxiety Disorder, Behavior Pattern

INTRODUCTION

For a great number of psychiatric disorders, Cognitive Behavioral Therapy (CBT) is considered as an efficient treatment method, including anxiety disorders(1). CBT was initially characterized as a method which concentrated on conscious thinking. Later, it involved behavioral approaches as well (2).

General Anxiety Disorder (GAD) is one of the most common anxiety disorders. CBT techniques, such as relaxation methods, sleep hygiene training, cognitive restructuring and problem solving were found effective for the treatment of GAD for adults (3). The present case study aims to introduce a GAD patient who was treated successfully with individual CBT.

CASE PRESENTATION

The patient, a 19-year-old single female university student and part-time worker for a travel agency, applied for help from a private psychotherapy clinic after failing two of her courses. At that time she was living in Famagusta, Cyprus. She conveyed her main complaints as excessive concerns of success and future plans, fear of losing the affection of loved ones, and low self-esteem. Intensive anxiety, muscle tensions, stomach problems, sleep disturbances and impairments in her daily life caused by these symptoms were reported. She was diagnosed with GAD according to the diagnosis criteria of DSM V(4) and CBT was recommended as the treatment method.

Various CBT techniques were applied during the treatment. Throughout each session, the comfort level of the client was checked several times. CBT session formats were pursued in each session (5). The patient and the therapist worked together on the patients’ fears and concerns, in the means of cooperativeness. At the beginning of each session, changes in anxiety symptoms were inspected.

In the initial session, therapy goals were defined collaboratively. To explain the relationship between the incident, thoughts, and feelings, ABC model was explained by the therapist. By doing this, it was aimed to show a different perspective to the patient about the basis of her anxiety (6). The table of the model was given to the patient to record incidents and, her thoughts and
feelings when she experienced mood changes between the sessions. Lastly, mindfulness exercise (deep breathing technique) was introduced as a method to decrease the physical symptoms of anxiety and practiced with the patient.

During the 2nd and 3rd sessions, the therapist and the patient worked on discovering and restructuring the patient’s negative automatic thoughts. In the third session, Beck Anxiety Inventory (BAI)(7) was also applied and the results relayed that the client was suffering from moderate level of anxiety.

During the sessions of 4, 5, and 6, the therapist and the patient continued working on the exploration and correction of negative automatic thoughts. Behavior changes were also discussed in light of alternative thoughts formed. In addition, the activity planning list was completed together in order to help the patient organize her timeline in a way which was more effective for her. Increasing self-esteem was one of the therapy goals. The patient’s self-gratitude was discussed by forming a list of reasons with the topic ‘why am I grateful with myself?’.

During session 7, progress of the patient during the sessions was discussed. Functional methods which were experienced during the sessions were determined for future use. Beck Anxiety Inventory BAI was repeated during session 8 to see the change of anxiety level. Results showed minimal level of anxiety.

DISCUSSION

Generalized Anxiety Disorder (GAD) is defined by insistent, extreme and unrealistic concern about everyday incidents. Individuals with GAD perceive the concern as uncontrollable and unstoppable. Even when there is no evidence for the concern, they think the worst scenario would happen. Despite the fact that other cognitive and physical symptoms, such as muscle tension, sleep disturbances, and concentration problems, are needed for the diagnosis, the core of the disorder is excessive anxiety and worry (8). To be able to make a diagnosis, anxiety should continue for at least six months. Core of the concern or anxiety is usually health, family, and work or academic life and influences all parts of individual’s life (9). GAD is evaluated as the toughest anxiety disorder to treat (10). Onset of GAD is typically during adulthood and single females were shown as the riskiest group (11).

Our patient was diagnosed with GAD and individual CBT was recommended as the treatment method. The treatment consisted of 8 (50-minutes each) therapy sessions. It was applied during the supervision period which involved both a supervisor and a peer-group of psychologists.

Psycho-education of discovering internal and external signs of anxiety is a part of CBT approach. As the concern is naturally future oriented, learning present focused mindful awareness may help individuals to cope with anxiety symptoms by giving them a chance of independent observation towards the context of consciousness. Thus, mindfulness meditation methods can be used as effective cognitive behavioral coping method (12). Hence, mindfulness techniques were practiced with our patient especially for coping with the somatic symptoms and increasing awareness towards somatic and psychological symptoms of anxiety.

Cognitive restructuring is core to CBT. Discovering and restructuring the patient’s negative automatic thoughts, which were believed to be the main reasons of anxiety, was achieved by using thought record table (13). The table was introduced to the patient in order to encourage alternative thought formation. In the light of alternative thoughts formed by using the table, new and more effective behaviors were discussed, and the patient was motivated to try them between the sessions.

CBT is an efficient treatment method for solving self-esteem and self-efficacy associated problems (14). Uncovering the patient’s maladaptive self-assessments and changing them with healthier ones, by encouraging her to find the aspects of herself that she is grateful about, caused an increase in her self-esteem and self-efficacy concept.

Integrating CBT and mindfulness meditation methods can provide more useful results for GAD patients in comparison to pure CBT or placebo. It is shown that, the addition of mindfulness to cognitive strategies may help eliminating residual symptoms of patients (12).

CONCLUSION

To conclude, according to the current case study, it could be said that CBT was found to be an effective treatment method for GAD. Individual CBT might be considered as a potential first-line treatment method for GAD. In addition to cognitive restructuring, it gives a chance to patients to create and test new behavior patterns. CBT helps patients to both overcome anxiety symptoms and continue their lives with the new coping strategies they gained during the treatment period.
REFERENCES


