Therapy for general anxiety disorder

The purpose of this assignment is to apply two alternative methods of counselling as an alternative to cognitive-behavioural therapy. General Anxiety Disorder (GAD), the ??? common cold??? of all anxiety disorders will be studied and the approaches that will be applied are Group Therapy and the postmodern approach of Solution Focused Therapy (SFT). I will provide a general overview of GAD, SFT and Group Therapy and go on to discuss the advantages and disadvantages of these methods with regards to the treatment of GAD. General Anxiety Disorder (GAD) is one the of the most highly prevalent mental health conditions and is characterised by excessive and uncontrollable worry that causes impairment and considerable distress. According to Barlow & Durand (2009) about two thirds of sufferers are female. Anxiety is a normal reaction to stress. It is a natural defence and the part of human life which makes it possible for us to respond immediately, without much, or any thought, to situations perceived as dangerous, uncontrollable or unavoidable.

Whereas in early mankind this occurrence might have been a physical danger, in modern times it is more likely an emotional threat. Fear is the part of anxiety related to the specific behaviours of escape or avoidance of a situation. Anxiety is a psychological and physiological state that is characterized by somatic, emotional, cognitive, and behavioural components. Somatic relates to the body as opposed to the mind. An example would be having heart palpitations and sweaty palms. The emotion relates to the mind and could be fear, worry and dread.

Irrational thoughts fall under cognitive behaviour relating to thought processes. All of these components contribute to resisting behaviours such

as avoidance, withdrawal or losing one??™s temper, the fight or flight concept. Clients that suffer from nonstop excessive anxiety find it difficult, if not impossible, to control. It is normally about everyday events such as getting to appointments on time and making sure the doors are locked before leaving.

In a nutshell, everything that is in and out of one??™s control in one??™s everyday life. If everything is fine one still finds something to stress and worry about. For children the worries would include fitting in, coping with school work and sport. For the elderly it includes the fear of falling and breaking bones. Imagine a world where one can no longer relax, the mind is full of worries and can no longer concentrate, becoming forgetful.

Muscle tension, causing pain, nausea and disturbed sleep patterns set in leaving one tired and irritable. The wheel keeps spinning, going faster, until one is no longer able to exit and enjoy life. One is kept way to busy with all the anxiety and a feeling of hopelessness sets in. This eventually leads to co-morbidity with depression, bringing with it a host of negative intrapersonal feelings of guilt, anger, and shame.

SOLUTION-FOCUSED THERAPYAccording to Burwell & Chen (2006) the reasons why this therapy has gained popularity is that it is in line with what clients want and expect, particularly with regards to the limited sessions. SFT proposes no ??? ideal emotional state??? that the client should achieve and therefore does away with the notion of ??? healing???. It focuses on what part the client wants to change in order to get to a sense of well-being. Results have compared favourably with traditional long-term therapy. The

basic philosophy of the therapy is future orientated and focuses on where the client wants to go rather than where they have been. (Burwell & Chen, 2006). The goal is to concentrate on creating the solution to the presenting problem in the ??? now??? and thereby, in the future (Corey, 2009).

It takes the attention off the ??? what??™s wrong??? by reinforcing the ??? what??™s right??? in order to break the complaint pattern. ??? It??™s not about what is missing and causes woe, but what is present and can lead to happiness.??? (Solution Focused Therapy, n. d.

) The therapist takes a non-pathological approach in that he accepts that the client is not the problem but that the problem is the problem. He does not seek to understand the cause but guides the client to find the solution. The past is explored only as far as to what behaviour, circumstances and actions have worked and ignores those options that have not worked. It focuses on the positive and the belief that the client is both the expert and that they are capable of finding solutions within.

TECHNIQUES APPLIED FOR GADHomework precedes the first session. The following question is asked of the client when she makes the appointment: Skeleton Key Question – " Between now and when we meet, I would like you to pick one thing in your life you definitely want to keep happening" (Solution Focused Therapy, n. d.). The first session would begin with establishing a good rapport and working relationship with the client.

The presenting problem would be identified as her constant and debilitating anxiety and this would be externalised by separating it into another entity. Therapy begins where the client is in the present moment and employs

the ??? miracle question???: ??? How would life be if you did not have this problem of anxiety What would be different??? Since this therapy is parsimonious, on average five to six sessions, the most accessible intervention should be employed. The focus is on positive alternatives rather than the nagging anxiety in order to move out of the area where she has failed over and over again. Highlighting the client??™s strengths and resources could give her a sense of hope and optimism. Short comings are ignored and often additional untapped strengths are uncovered during this time. Exception is a term used to describe the time period when the problem was different, less or nonexistent and these form the building blocks of a constructed solution. The question: ??? How was life different during the time that your anxiety was less??? creates a possibility for the client to realise that they can learn from what they have already done or are doing. The use of compliments, delivered in a genuine and congruent fashion, is also used as an important therapeutic tool.

These can bolster her self esteem and evoke a sense of optimism and hope for a less anxious future. Normalizing statements are employed to let the client know and understand that she is not abnormal given the circumstances that she now finds herself in. An important technique would be the use of ??? scaling??? which allows the client ??? to take a stand on where they are about things??? on a scale of one to ten (Solution Focused Therapy, n. d.). An example of this would be: ??? On a scale of one to ten where is your anxiety now and where would you like it to be.??? This is a way to shift her from problem-talking to solution-talking. ??? Restructuring??? recreates the ??? problem??? as being short term, ??? a transitional life

experience??? as opposed to ??? being indefinitely stuck??? (Solution Focused Therapy, n.

d.). The therapist collaborates with the client to devise a vision of a possible future and then guides her to a time when she felt similar. Linking the memory and the vision allows the client to identify which actions they took in the past and helps them to visualize the positive outcome that she would like to achieve in the future (Good Therapy. org, n. d.).

When practised over time, these therapeutic tools will produce positive long term results. GROUP THERAPYGroup therapy is a cost effective therapy which involves one or more therapists working with a group of people. Studies have shown that group work benefit about 85% of the patients who participate in them (Encyclopedia of Mental Disorders, n. d.).

Patients terminate the therapy with a better understanding and acceptance of themselves, and stronger interpersonal and coping skills. Some individuals continue in a group setting after the group disbands. Group therapy can be used as a treatment plan in conjunction with individual therapy and medication (Cherry, n. d.). According to Georgetown University (n. d.) ??? groups can be more effective and produce quicker results than individual therapy??? although I can find no reference to any conclusive study.

The group experience can help one learn about one??™s style of relating and your personal effectiveness in relationships. In return, it provides a unique opportunity to observe how others struggle with similar problems and concerns. Groups can be divided into open or closed groups. A closed group would necessarily have set starting and termination dates and is exclusively

for its members. An open group would run continuously with new members joining and old members terminating. They are also divided into counselling groups, structured task groups and self-help groups.

Counselling groups have a specific focus which involves education, vocation, socialisation or personal change. Structured task groups have a specific theme or issue and tend to be short term whereas self help groups are motivational, have goals and are suitable for treatment of mental health issues (The South African College of Applied Psychology, 2009). The most-valuable experience for clients suffering from GAD in group therapy is that it helps them to see that what they are going through is universal and that they are not alone. Additionally, by seeing people who are coping or recovering, it gives them hope and motivation to initiate the process of change. They gain a sense of belonging, acceptance and altruism by the sharing with group members. By sharing information and experiences it develops an insight and understanding into how others view the world differently, thereby broadening their own subjective world. In the safe space of group therapy they begin to experiment and model the positive behaviours of others without fear of failure.

Feedback from the leader and members can lead to corrective behaviour. In turn, by helping others, the client feeds her own self-esteem. Catharsis is a factor in most therapies, including group therapy. This is a powerful experience of releasing conscious or, most often, unconscious feelings which are followed by a deep feeling of relief. ??? It is a type of emotional learning, as opposed to intellectual understanding, that can lead to immediate and long-lasting change.

While catharsis cannot be forced, a group environment provides ample opportunity for members to have these powerful experiences??? (Encyclopedia of Mental Disorders, n. d.). Having examined an overview of each therapy we now look at some of their salient advantages and disadvantages.

Being in individual therapy allows the focus to be on one??™s own problems without readdressing similar problems with members in group therapy. The calm and safe setting may be more suitable for an anxiety disorder however, the intensity of one to one therapy could be overwhelming, causing more stress and anxiety (Simmerman, 2007). Most people consider this traditional therapy and may find this more socially acceptable. The therapeutic hour can be scheduled to fit in with your schedule and one is assured of confidentiality. It may also be easier to find since it does not specialize specifically in GAD. The main disadvantage appears to be financial in that it is expensive. Group therapy provides the space to be accepted and understood by members suffering from the same condition. Support carries more weight coming from those that experience the same struggles.

Discussing problems with them is usually much easier than discussing them with family or friends as they have a much greater insight being sufferers of anxiety themselves. By observing the dysfunctional behavior of other members as a result of GAD, the client can see the effects of her own behavior on others (Simmerman, 2007). The interaction of the group teaches the individual both coping and social skills which can be tried out within the safety of the group. The member has a choice in the amount of work and participation within the group. The disadvantages of participating in group

therapy would include risking a breach of confidentiality as members are not bound by professional obligations as is the counselor. Generally these are long running, open groups and as such, the members have to readjust every time a member joins or terminates. Interacting intimately with the members of the group could be overwhelmingly stressful and cause an unnecessary added anxiety.

In group therapy the rules are determined by the group leader. This may mean that some topics are off limit, for example, the member cannot discuss a traumatic experience in detail so as not to trigger any other members. There is always the possibility of character clashes, involving hostile comments, rejection and occasional aggressive behaviour.

New comers or fragile members may not be able to endure such an experience without further emotional damage (Simmerman, 2007). Group activities could be uncomfortable and could cause a withdrawal from participating or from the therapy itself. In conclusion, although group therapy appears, compared to individual therapy, to have many more disadvantages and is not for everyone, the added benefit of acquiring social interaction skills and the lower cost is a deciding factor for many individuals. The two therapies discussed are not opposing but rather complement each other and agree that the focus is on building the solution and not its origin or cause. The optimum would be to have both, either in conjunction or perhaps beginning with the individual therapy and then joining the group in order to maintain new behaviours and support. REFERENCE LISTBarlow, D, H. and Durand, V.

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357