

# Preface

Generalized anxiety disorder (GAD) is a persistent, highly debilitating, underdiagnosed, often misunderstood, undertreated and pervasive condition. In spite of advances in both psychosocial and pharmacological interventions for this disorder, namely cognitive-behavioral therapy (CBT) and antidepressant regimens (SSRIs), clinical outcomes across multiple primary and secondary measures have not been robust in nature. One of the main impetuses for writing the following book has been to present a comprehensive, albeit not exhaustive, source for clinicians by a clinician experienced in the theoretical underpinnings and treatments for GAD. The goal is not to supplant either the CBT tradition or the pharmacological one, but to extend the scope of options available to those that treat chronically anxious patients. To date, there does not exist, in the multiple sources extant on the subject, a single authored, nonedited text that encompasses the standard evidence-based treatments for GAD and newer cutting edge conceptual models and interventions for this malady.

On a more personal note, another motivating factor for this book's publication is that, as a clinician who has treated hundreds of patients with GAD with a modicum of success and witnessed firsthand the ravage this disorder can cause, it has become even more pressing (akin to a calling) to present not just "another" text on the subject, but one that does justice to the marked impairment this condition can have on the individual sufferer and the larger societal impact. In addition, even though excessive worry and chronic anxiety – the cardinal symptoms of GAD – are timely topics, especially in this age of global terrorism, economic unrest, and growing existential foreboding in the face of life's uncertainties, the reality is that in speaking to many clinicians about GAD, they simply do not know what to do in practice with patients who present with diffuse anxious symptomatology. GAD is a formidable foe for not just the sufferer, but for the practitioner, whose lives these individuals have entrusted to their care.

In attempting to write a book that remains loyal to the "empirical tradition" that is both evidence-based, yet at the same time, considers GAD's heterogeneity, the individualized needs of clinicians who treat chronically anxious patients and patients' preferences in regard to the approach that best fits their particular clinical presentation of the disorder, a balance had to be created that was quite a challenge. In the end, the book discusses in detail the "tried and tested" models and

approaches to treatment for GAD; however, it has deviated from the more manualized how-to guide, and is more geared toward being a resource for the busy clinician treating patients with persistent worry and anxiety. It has followed the dictum that “one size does not fit all”. In other words, this is not a text that endorses a monolithic, single modality approach to treating patients with GAD. On the one hand, it has an integrative flavor that may prove unpersuasive to the diehard empiricist and, on the other hand, too evidence-based for the more contextually oriented practitioner. My hope is that even with not being able to fully satisfy all those who may align themselves within a certain “camp” in the psychotherapy world; it will be of benefit to the majority of those interested in this population and their ultimate well-being.

The structure of the book confirms the premise that to reach more patients with GAD and maximize clinical outcomes, increasing both evidence-based and research informed options for the novice and seasoned practitioner needs to be available in one user-friendly guide. This text is aimed to assist those in all the “helping professions,” which includes not just the traditional mental health disciplines, but also primary care physicians and medical specialists, who are often the first contact source for the anxiety ridden patient. Clergy, pastoral counselors and other allied health care providers may benefit from this resource as well.

The text is divided into eight clearly delineated chapters, with appendices and select assessment tools for children, adolescents, adults and older adults, references for further exploration and an index to locate particular areas of interest. The book covers GAD across the life span and integrates a broad amount of data, ranging from the historical, conceptual, and psychosocial to the pharmacological. The chapter topics follow in this chronology:

*Chapter 1:* This chapter is an overview addressing the nuts and bolts of GAD, from its historical evolution as a diagnosis, prevalence, clinical presentation, onset, course and prognosis, comorbidity, and impact on the environment. It helps the clinician get better acclimated to the subject and provides some basic facts about the disorder.

*Chapter 2:* This chapter discusses the most current diagnostic criteria for GAD, the challenges of properly assessing and diagnosing this disorder, and the need for reliable and valid instruments to facilitate diagnostic precision. The clinical interview, several structured interviews, and self-report inventories are highlighted.

*Chapter 3:* This chapter tackles the most well thought out conceptual models bearing on GAD. The foundational theoretical understanding for GAD stems from the pioneering work of Beck, yet other theories, including those of Barlow, Borkovec, Riskind, Dugas and Wells, are explored in depth.

*Chapter 4:* This chapter addresses a broad range of psychosocial interventions. Commonly known as “the talking cures,” these treatments are largely cognitive behavioral in orientation or, as Norcross (2005) referred to them, as “cognitive hybrids” (cognitive permutations). However, several of them offer broader treatments than standard CBT, and one in particular is psychodynamic in origin. In addition, some research informed models (not purely evidence-based) will be discussed, as will the influence of psychotherapy integration in the treatment of GAD.

*Chapter 5:* This chapter draws on the biomedical model and deals with the genetics, neurobiology, and psychotropic medications used in the treatment of GAD for adults.

*Chapter 6:* This chapter broaches special populations such as children, adolescents, and older adults that have, until more recently, received less attention than adults with GAD. Some descriptive phenomenology of how GAD clinically presents in these populations, assessment, diagnostic issues and both psychosocial and pharmacological interventions will be explored, as growing research is mounting to optimize their unique treatment needs.

*Chapter 7:* This chapter deals with several neglected topics that have important implications in the treatment of GAD. Prevention, for one, has not traditionally been the aim of health care practice, yet remains critical if we as practitioners are to stem the tide of conditions like GAD proliferating from the start. Little work in relation to prevention of GAD has been done to this point. Anxiety is not culture bound; however, the bulk of the research has been conducted on Western samples. Non-Western patients with GAD also suffer, but present in many cases with a different set of symptom clusters. This information is important for clinicians to keep in mind when treating others who come from different cultural groups. It requires a different perspective and unique sensitivity when encountering such patients. In addition, another challenging topic – the “treatment resistant” patient with GAD – has been a source of complication for clinicians and is a ripe area for ongoing research. GAD could be conceived as treatment resistant by definition, given the difficulty in achieving significantly positive outcomes for a sizeable number of patients. Yet in principle, not all patients with GAD are in actuality resistant to treatment. However, for those who are partial responders or nonresponders, there are interventions, both psychologic and pharmacologic, that have shown some initial promise with the treatment refractory GAD patient. These will be explored in greater depth.

*Chapter 8:* In this chapter future directions and recommendations in the study and treatment of GAD are elucidated. For example, Barlow’s unified protocol, motivational interviewing, and well-being therapy are three of a number of interventions and conceptualizations that may enhance treatment for GAD and other disorders.

Having outlined the basic contents of this text, clinicians from different disciplines and theoretical persuasions, after reading this work, may still be left with unanswered questions, concerns, or feedback. This author makes no case for mind reading the voices of his colleagues’ reactions to this publication and welcomes inquiries from others. Not only will it enhance the learning curve of this clinician but also, should the volume resurface in updated editions, the collective mouthpiece of one’s peers can only further refine the original offering. This clinician can be reached at [meport@roadrunner.com](mailto:meport@roadrunner.com) for comments, or just the quick exchange of an idea or two. This book is the product of years of clinical work with patients who suffer from GAD, combined with extensive research to address the needs of clinicians seeking guidance on how to offer the highest quality care to chronically anxious patients. If it has accomplished the goal of being helpful to my fellow practitioners, this endeavor will have been a successful one.