

Generalized Anxiety Disorder

Susan Gibson Ronelle Krieger Tylene Neary

Assessment Framework

Step 1 Referral Question
Step 2 Research on Anxiety
Step 3 Interview
Step 4 Broad Assessment
Step 5 Differential Diagnosis
Step 6 Narrow Assessment
Step 7 Diagnosis

Referral Question

Is the initial information regarding the client related to anxiety symptomology?

What is GAD?

DSM-IV-TR

(American Psychiatric Association, 2000)

- A. Excessive Anxiety and worry occurring more days than not for at least 6 months
- B. Difficult to control worry
- C. Anxiety associated with 1 or more (for children) of the following: restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbance.
- D. The focus of the anxiety and worry is not confined to features of an Axis 1 disorder
- E. The anxiety causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
- F. The disturbance is not due to the direct effects of a substance or general medical condition

Prevalence

- Lifetime issues- 5%
- 25% of individuals in Anxiety Disorders clinics have GAD either exclusively or as a comorbid diagnosis
- Approximately twice as many women as men experience anxiety
- Chronic, but fluctuating issues

Comorbid Disorders

- Mood Disorder
- Learning Disorders
- Other Anxiety Disorders
- ADHD
- Chronic Pain
- Conduct Disorder
- Sleep Disorders
- Eating Disorders
- Other Conditions Associated with Stress
- Substance Related Disorders

Tripartite Model

A model defining the relationship between Anxiety and Depression

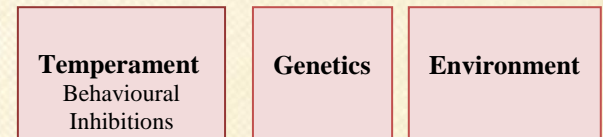
A common component between Anxiety and Depression is general distress (fear, sadness, anger, guilt, etc...). What sets them apart is the presence of muscle tension in Anxiety and Low positive affect in Depression



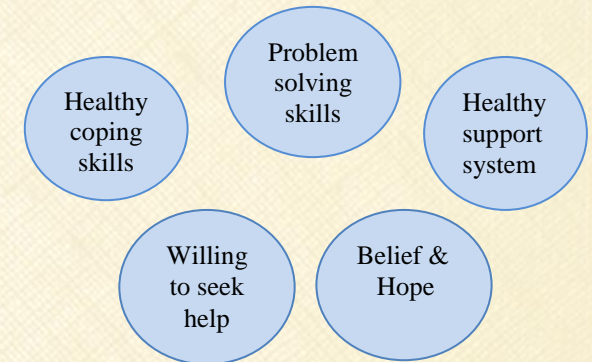
Interview Red Flags

- Excessive, unrealistic fears about variety of situations
- 'What if' type of concerns
- Sense of over responsibility
- Difficulty concentrating
- Perfectionist and fear of criticism or failure
- Need for reassurance
- Difficulty sleeping and somatic symptoms

Risk Factors



Resilience Factors



Broad Assessments

Completed after the referral and initial interview. Multidimensional measures explore a broad span of issues to aid in ruling in/ruling out of GAD. Three popular multidimensional measures for emotional and behavioural issues are:

- ❖ **Conners Comprehensive Behaviour Rating Scale (Conners CBRS)**
- ❖ **Child Behaviour Checklist (CBCL)**
- ❖ **Behaviour Assessment System for Children (BASC)**

Differential Diagnosis

Cognitive	Achievement	Depression	Other Anxiety
Cognitive strengths and weaknesses	Academic strengths and weaknesses	Predominance of depressed mood & Low Positive Affect	Predominant feeling of worry & presence of somatic symptoms
Executive Functioning	Cognitive – Achievement	Worry focused on past events	Worry focused on future events & ‘what if’s’

Narrow Assessments

Completed after ruling in anxiety issues through the diagnostic process. ‘Best model’ assessments correspond to the DSM-IV-TR anxiety disorder categories and contain items specifically designed for children and adolescence (not a downward extension of adult forms). Four popular measures specific to anxiety disorders are:

- ❖ **Multidimensional Anxiety Scale for Children-Revised (MASC-2)**
- ❖ **Spence Children’s Anxiety Scale (SCAS)**
- ❖ **Screen for Children Anxiety Related Emotional Disorders-Revised (SCARED-R)**



Differential Diagnosis for Anxiety Disorders

[Adapted from DSM-IV-TR (p. 754-755); APA,2000]

