

**Research Article**

## **THE SURVEY OF EFFICACY COGNITIVE THERAPY IN REDUCING GENERALIZED ANXIETY DISORDER IN FEMALE HIGH SCHOOL STUDENTS**

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### **ABSTRACT**

The aim of the present study was to investigate the efficacy of cognitive therapy in reducing generalized anxiety in female high school students. This clinical trial was conducted with the participation of 30 children (aged 14–18 Years) with generalized anxiety disorder in Ilam. They were randomly assigned to two groups: cognitive therapy group (15 individuals) and control group (15 individuals). Participants' worry and anxiety was assessed using Kattel Anxiety Questionnaire Child version and Revised Children's Manifest Anxiety Scale at pre test, post test. After intervention, Covariance analysis was used to analyze data. The results indicate that training significantly decreases the anxiety in children with generalized anxiety disorder. The obtained results confirm the effectiveness of mindfulness based cognitive therapy on generalized anxiety disorder in female student's high school.

**Keywords:** *Mindfulness Based Cognitive Therapy, Generalized Anxiety Disorder Worry, Anxiety, Elementary Students*

### **INTRODUCTION**

Generalized anxiety disorder (GAD) is a widespread, debilitating disorder in children and adolescents. Excessive anxiety in childhood causes great individual distress and functional impairment (Albano *et al.*, 2003) and is a major risk factor for mental health disorders later in life. These facts call attention to the importance of early intervention and a greater understanding of GAD in children and adolescents. This review discusses foundations of behavior, methods of assessment and measurement, applications to therapy and therapeutic considerations, cultural considerations and relevance to special populations, relevant ethical and professional issues, and research challenges and needs regarding childhood GAD. Generalized anxiety disorder can affect all areas of life, including social, work, school and family. According to a national survey conducted by the Anxiety Disorders Association of America, 7 out of 10 people with GAD agreed that their chronic anxiety had an impact on their relations with spouses or significant others and two-thirds reported that GAD had a negative effect on their friendship. Generalized anxiety disorder (GAD) is a prevalent, debilitating disorder in children and adolescents. Excessive anxiety is the most common mental health problem experienced in youth (Albano *et al.*, 2003) and causes individual distress and functional impairment throughout children's lives (Albano *et al.*, 2003). Furthermore, excessive childhood anxiety is a major risk factor for mental health disorders later in life. These facts call attention to the importance of early intervention and a greater understanding of GAD in children and adolescents.

Between 5% to 10% of children and adolescents experience clinically significant anxiety disorders (Costello *et al.*, 2003; Essau *et al.*, 2000, 2002), and, if left untreated, such problems may result in a number of adverse academic, vocational, and social consequences (Costello *et al.*, 1999; Ginsburg *et al.*, 1998; Last *et al.*, 1997).

According to Diagnostic Criteria for DSM-IV Generalized Anxiety Disorder is:

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- B. The person finds it difficult to control the worry.

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C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months). Note: Only one item is required in children.

- (1) Restlessness or feeling keyed up or on edge
- (2) Being easily fatigued
- (3) Difficulty concentrating or mind going blank
- (4) Irritability
- (5) Muscle tension
- (6) Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)

D. The focus of the anxiety and worry is not confined to features of an Axis I disorder, e.g., the anxiety or worry is not about having a panic attack (as in Panic Disorder), being embarrassed in public (as in Social Phobia), being contaminated (as in Obsessive–Compulsive Disorder), being away from home or close relatives (as in Separation Anxiety Disorder), gaining weight (as in Anorexia Nervosa), having multiple physical complaints (as in Somatization Disorder), or having a serious illness (as in Hypochondriasis), and the anxiety and worry do not occur exclusively during Posttraumatic Stress Disorder.

E. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

F. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism) and does not occur exclusively during a Mood Disorder, Psychotic Disorder, or a Pervasive Developmental Disorder.

Cognitive-behavioral therapy (CBT) has been shown to be highly effective in treating child anxiety disorders (James *et al.*, 2005). Indeed, between 50% and 85% of youth receiving CBT no longer meet criteria for their primary anxiety diagnosis at the end of treatment (Barrett *et al.*, 1996; Kendall, 1994; Kendall *et al.*, 1997), with effects maintained up to several years later (Barrett *et al.*, 2001; Kendall and Southam-Gerow, 1996).

As with other anxiety disorders, the symptoms of GAD must cause significant impairment in one or more areas of functioning in order to meet diagnostic criteria (American Psychiatric Association, 2000). GAD occurs over than 10% of children and adolescents. Age mean of its onset is 8.5 years, and girls often more reported GAD than boys (Keeton *et al.*, 2009). GAD affects about 6.8 million American adults, including twice as many women as men the disorder develops gradually and can begin at any point in the life cycle, although the years of highest risk are between childhood and middle age. There is evidence that genes play a modest role in the disorder. There is relatively little known about the etiology of GAD in children because research on this topic has been fairly sparse (Kendall *et al.*, 2004). However, Albano *et al.*, (2003) suggested that anxiety is a function of several features, including genetics, temperament, psychosocial factors and parenting/family interactions (Barlow, 2002).

There are various psychological interventions for the treatment of anxiety disorders in children. Mindfulness based therapies are interventions that recently received much attention. Mindfulness can broadly be defined as paying attention in a particular way: on purpose, in the present moment, and nonjudgmental (Kabat, 1994). Mindfulness based interventions include many methods for teaching mindful awareness (Baer and Krietemeyer, 2006). Through the practice of mindfulness, intentional awareness increased (Kabat of the present moment experience is Zinn, 1982). In other words, mindfulness is focused individual attention on the present moment and helps the individual accept events without trying to change them (Allen and Knight, 2005). Mindfulness based therapies are generally effective in reducing anxiety, stress, and depressive symptoms in adults (Baer, 2003) but researchers are just beginning to explore the acceptability and effectiveness of this approach for children. However, the available clinical trials suggest that mindfulness techniques are useful in treating anxiety symptoms in school age children (Goodman, 2005; Semple *et al.*, 2005).

Cognitive-behavioral therapy is one of the most extensively researched forms of psychotherapy. Over 120 controlled clinical trials were added to the literature in the eight years between 1986 and 1993 (Hollon and Beck, 1994) and this proliferation has continued (Dobson, 2001). Cognitive behaviour therapy (CBT) has

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been extensively researched and demonstrated to be an effective treatment for the majority of children with anxiety disorders (Barrett *et al.*, 1996; Barrett *et al.*, 2001; Kendall, 1994; Kendall and Southam, 1997; Kendall *et al.*, 1996).

There are now over 325 published outcome studies on cognitive-behavioral interventions. This growth is due in part to the ongoing adaptation of CBT for an increasingly wider range of disorders and problems (Beck, 1997; Salkovskis, 1996). Here has been a trend since the 1970s to apply CBT to an increasingly wider spectrum of disorders (Beck, 1997).

Substance abuse, bipolar disorder, personality disorders, and anorexia nervosa are among the disorders receiving recent empirical attention. As additional controlled outcome studies accumulate, future meta-analyses will be needed to examine the strength of CT in the treatment of these and other disorders.

Research indicates that individuals with GAD evaluate their internal experiences (thoughts, emotions, and physiological sensations) negatively, and use worry as a means of escaping or avoiding these experiences (Mennin *et al.*, 2005). Roemer and Orsillo (2005) also states that, GAD is maintained through problematic and reactive relationships with internal experiences and internal and behavioral responses aimed at avoiding and decreasing distress. Non acceptance of negative emotions and tendency to avoid experiencing aversive emotions (i.e., Worry and anxiety) may also function as a mechanism through which mindfulness influences symptoms of generalized anxiety disorder. In fact, viewing the thoughts that related to worry without judgment about them can lead to the understanding that thought just thought and not a reflection of reality, therefore not necessarily to be avoided. Practicing mindfulness skills increase the ability of clients to tolerate negative emotional states and enable them to cope effectively.

## MATERIALS AND METHODS

### Method

#### Participants

**Child Sample:** Of the 30 girls-14 to 18-year-olds (mean 16.9, SD 2.1) who enrolled in the trial (100%) were girls Annual family income was under R15, 0000000 for; 14.9% of families, higher R15,0000000. Inclusion criteria were age 14 to 18 years and primary DSM-IV diagnosis of generalized anxiety disorder (GAD), separation anxiety disorder (SAD), social phobia (SOP), or specific phobia (SP). The exclusion criterion for the study was a diagnosis of (a) pervasive developmental disorder, (b) a psychotic disorder, or (c) mental retardation.

**Table 1: Descriptive Data Before and After Treatment, by Treatment Group**

Before Treatment			After Treatment		
n	Mean	SD	n	Mean	SD
15	34.33	6.12	15	36.53	9.86
<b>Not seen Anxiety</b>					
n	Mean	SD	n	Mean	SD
15	20.75	4.2	15	10.77	8.11
<b>General Anxiety</b>					
n	Mean	SD	n	Mean	SD
15	45.21	8.2	15	42.75	8.89

Primary diagnoses (determined using the Diagnostic Interview Schedule for Children Version 4.0 [DISC4.0], combined parent and child report, discussed later) were 12.5% GAD, 37.5% SAD, 27.1% SOP, and 22.9% SP. Co morbidity was common, with participants meeting criteria for an average of 3.20 (SD 1.80) diagnoses at the time of the initial assessment. As Expected, there was a large proportion of co-

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occurring anxiety disorders in the sample: 72.9% SP, 52.1% SAD, 43.8% SOP, 27.1 % GAD, 12.5% panic disorder, 6.2% posttraumatic stress disorder, and 4.2% obsessive compulsive disorder. No anxiety co morbid disorders were also common: 41.7% attention-deficit/hyperactivity disorder, 37.5% oppositional defiant disorder, 8.3% conduct disorder 8.3% major depressive disorder, and 2.1 dysthymic disorder.

## Conclusion

Taken together, the results of this study suggest that CBT for child anxiety disorders, with, offers promise as a treatment for a significant proportion of children with anxiety. The CBT was associated with moderate levels of consumer satisfaction and high levels of credibility. In other words, many researchers and clinicians argue that the Temporary distress experienced by the child is worth it because of the significant improvements and eventual reductions in anxiety the treatment produces Generalized Anxiety Disorder in children and adolescents is a widespread, debilitating disorder. The disorder is characterized by excessive worry and physiological arousal symptoms and is often accompanied by co morbid mental health disorders, most commonly other anxiety 42 disorders and depression. Assessment and measurement of GAD in youth can be challenging but is aided by the use of a multifaceted approach and assorted methods of assessment (e.g., clinical interview, checklist measures, and behavioral observation). CBT is empirically validated and the most commonly used treatment for GAD in children. Both individual and group CBT formats are efficacious and focus upon altering behavior and thought patterns by implementing relaxation, exposure, and cognitive restructuring. Family and parent based treatments are other interventions used to treat childhood anxiety that focus on improving family communication and parental reinforcement and discipline techniques Although there is little empirical evidence addressing its efficacy, play therapy is another method used in the treatment of childhood GAD. Finally, pharmacological treatments, mainly SSRIs, have been found to be successful in the treatment of GAD in children and adolescents; however additional research is necessitated in all treatments modes, Cultural considerations involving GAD in children include cross cultural differences in the manifestations of anxiety and self views In addition, ethical issues concerning confidentiality, protection of minors, stigma, and exposure interventions are present when working with this population Lastly, a great deal of additional research covering all aspects of GAD in children and adolescents is needed.

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