Case Study

Applicability of Cognitive Behavioural and Schema Therapy in Generalized Anxiety Disorder: Single Case Study

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ABSTRACT

Generalized Anxiety Disorder is an anxiety driven condition in which exaggerated bouts of uncontrollable anxiety takes over the quality of everyday activities regulating personal, social and occupational life. This disorder is characterized by irrational thoughts and a fear of these thoughts coming to life. The coping generally consists of safety behaviours to minimize the tendency of these thoughts coming to life. This paper includes the case of Ms. Chandani (named changed due to confidentiality), a 27years old female who came to Civil Hospital, Gurgaon with the clinical symptoms of Generalized Anxiety disorder. Assessments conducted on the patient included Sack's sentence completion test, Rorschach Inkblot Test and Generalized Anxiety Scale-7. The therapeutic management included Cognitive Behavioural therapy along with Schema Therapy. Cognitive Behaviour Therapy helped in cognitive restructuring and anxiety reduction through behavioural techniques. Schema Therapy was able to support in emotional reparenting through the usage of experiential techniques. This paper highlights how effective and efficient an eclectic approach circling around cognitive behaviour therapy and schema therapy has been in reducing symptom intensity along with resolution of Past trauma.

Keywords: Generalized Anxiety Disorder, Cognitive Behavioural Therapy, Schema Therapy

Generalized Anxiety Disorder is an anxiety disorder which characterizes of uncontrollable excessive worry regarding everyday matters, this worry interferes with their day to day functioning due to avoidance of fear-provoking stimuli and situations. The frequency and duration of worry is intense enough to give rise to physiological symptoms. The stimulus which often is neutral is considered as harmful leading to its conscious avoidance in order to reduce anxiety. Negative and Faulty Interpretations are attached to these threat and harm cues. The themes of thought that are often found in Generalized Disorder Include thoughts concerning health of oneself and family, work, interpersonal relationships, etc. The commonality in these themes of thoughts include is that they are regarding forthcoming future events and activities.

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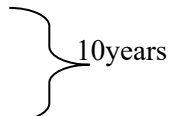
Beck's Cognitive Behavioural Therapy became the first choice for the management of Generalized Anxiety Disorder as per Clark's model. Clark and Beck spoke about the efficiency of Cognitive Behavioural Therapy in treating a spectrum of anxiety disorders. (Clark & Beck,2010). Young's Schema therapy is an extended face of cognitive behavioural therapy. It was found that Cognitive behaviour therapy was effective in symptom reduction but was not very efficient in preventing relapse. Schema Therapy evolved in order to aid patients who had long standing histories and have chronic psychological problems. (Durham, Chambers, MacDonald, Power, & Major, 2003). Schema therapy revolves around early maladaptive schemas that are character traits and develop in response to early childhood experience and inhibit full functioning as an adult and also interferes with interpersonal relationships.

REVIEW OF LITERATURE

Borkovec, & Costello, (1993) believed applied relaxation and Cognitive Behavioural Therapy contain active ingredients in the treatment of GAD; support exists for further development of imagery exposure methods because of their likely role in promoting maintenance of change with this disorder. Hamidpour, et al (2011) showed that schema therapy is significantly efficient on treatment's target. Schema therapy has appropriate efficacy in the treatment of women suffering from Generalized Anxiety Disorder. It was found that people with anxiety disorders had 2 schemas that were most common. These were Schemas of Abandonment and Vulnerability to harm. (Glaser et al, 2002).

CASE HISTORY

The patient named Ms. Chandani (named changed to maintain confidentiality) is a 27year old female who came with the complaints of disturbing and unwanted thoughts around the safety of her husband and daughter. The patient belongs from a middle socio-economic status and has availed education till 11th Standard. She belongs from Hindu religion. The chief complaints included:

1. Husband, baeti ke leye vichar aate hai, ki unki death na ho jaiye" (6years)
2. "Studies iss karan chutti, books uthate darr lagta tha ki fail ho jaenge"   10years
3. "Kaam pe dhyaan nhi de paati kyuki darr lagta hai ki kuch galat na krdu"

The onset was labelled as insidious. Course was continuous while the progress was Static. Total duration of the illness was of 10 years. Predisposing factors include patient's temperament of worrying excessively towards everyday patterns. Precipitating factors included examination in school and a fight with sister-in-law post marriage. Perpetuating Factor include everyday factors of husband and daughter. Husband going for work and daughter playing cause anxiety due to excessive worry about their safety.

The patient believes her symptom started in 7th standard when she accompanied her family members to a temple and could hear herself cursing God in her mind which caused fear. She stopped visiting temples after this. In 10th standard, the examination stress was very severe. The patient reported to thinking of committing suicide instead of studying back then as it was very stressful. In 11th standard, she remembers being in a romantic relationship which ended abruptly. She reported suicidal ideation from that point of frame too, "Chatt pe khadei ho toh lagta tha khood jao". The patient's family found out about the relationship and she was married shortly after that as she could not study ahead of 11th standard. Past Psychiatric History includes taking medication for Anxiety for the past 1 year from Civil Hospital, Gurgaon.

The patient lives in a nuclear setup with her family. She is living with her husband and 5year old daughter. The patient shares an amicable relationship with her husband. The patient had encouraged her husband to quit her job to be at home with their daughter for her safety and education. The patient has reported loss of a child before the daughter where she experienced a miscarriage while she was on a trip with her family. She believes this happened because her thoughts told her that the child will not survive. She believed the miscarriage was a result of her thoughts.

The patient was a resident of Allahabad from 1994 to 2012. She lived with her parents and 2 siblings- one sister and one brother. The patient's brother died in his sleep when she was visiting her maternal grandmother. When the patient was three years old, parents got divorced post this incident due to disagreements in the family.
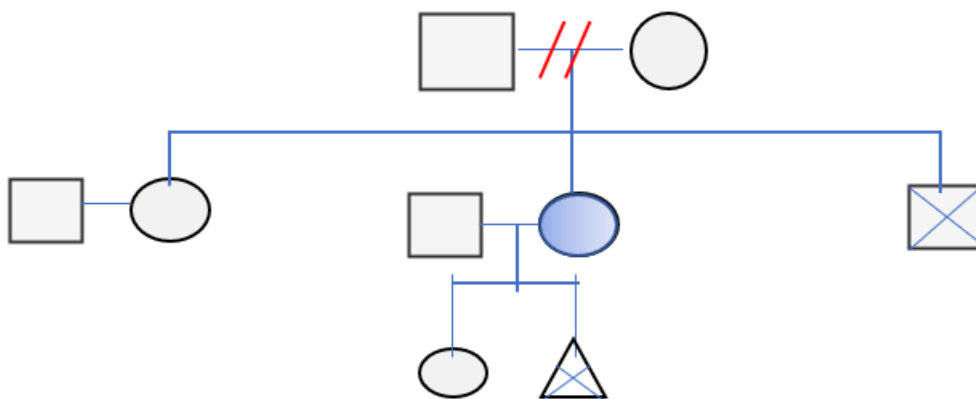
Fig1. Family Tree

The patient was not able to recall parts of her birth and developmental history. During her school days, she remembers being average at studies. The patient did not have stable friendships and the friends used to express critical comments and labelled her due to her worrisome thoughts. The patient could not attend college due to her symptoms and married life. Currently, the patient has a stable job where she has good rapport with majority of her clients. Earlier to this, she used to work at a beauty parlour. Patient has regular menses and an active sex life. She stopped indulging in religious activities due to her fear of negative thoughts originating towards God.

ASSESSMENTS
Rationale for testing: Psychological assessment of the patient would help in better understanding of her symptoms, severity of symptoms and impact of pathology on her day-to-day life.

TEST ADMINISTERED:
1. Rorschach Inkblot Test: The Rorschach test is a psychological test in which subjects' perceptions of inkblots are recorded and then analyzed using psychological interpretation, complex algorithms, or both. It would help in clarifying patient's psychopathology.
   a. Total number of Responses: The patient gave a total of 21 scorable responses which is a little less than the mean of 32.65. This hints towards low productivity and psychomotor retardation. This also shows that there is a reduced capacity in the patient to tolerate stress.

b. Shape appropriate responses (F%) was found to be 53.33% which is lower than the average F% 79.25. According to this, patient finds it difficult to evaluate the reality and correct their distorted perception of the reality. Due to their symptoms, they believe their symptoms are true.

c. Average time for first response (T/ first R): Average time for the first responses was found to be 95.6 which shows delayed reaction time. It shows mental processing is extremely slow. This could also be indicative of psychomotor retardation.

d. Affective Ratio (Afr%): The patient obtained a score of 0.5 which is indicate of average affective ratio. This shows that the patient has the ability to manage pleasure and painful feelings.

e. Average number of Popular Responses (6) were received indicating towards conformity to social norms, group thinking, recognition and respect of socio-cultural standards.

f. Animal Content(A%): The patient has scored 61.90% of animal content which is very high than the average of 46.35%. According to this, the patient reflects a narrow focus, stereotypy, guarded attitude and poverty of associative content in the subject. This is also indicative of intellectual constriction and emotional disturbance.

g. Common Blot Areas (D): A D dominant approach was observed. The patient received a score of 66.66% which is very high when compared to the average 22.85. This is indicative of low abstractive thinking, low integrative capacity, high emphasis on obvious aspects of a situation, practical and concrete thinking.

h. Higher than average score on Uncommon Blot Areas (Dd) which is suggestive of preoccupation with less significant issues, anxiety and inner compulsion to not miss anything.

i. Experience Balance (EB): The patient was found to be of extra tensive experience balance. This is indicative of large social network which is relatively superficial, an externalized way of living, spontaneity and assertiveness. The patient directs her energy to the outside of the world.

j. High% of Colour Responses was obtained which shows little or no control over emotional expressions showing impulsivity, ego-centricity, emotional lability, irritability, suggestibility and aggressiveness in the patient.

k. Blood Responses obtained in the protocol suggest anger, hostility and lability in the patient.

l. The patient obtained one cloud response which indicates free floating anxiety and depression.

m. Card rejection: The patient rejected the 4th card of the test. 4th is the father card and shows problems with male authority. Considering the case history, rejection of this card does align with information elicited. This shows an unresolved conflict which is difficult to handle.

2. *Sack's Sentence Completion Test:* It was given by Joseph Sack. Sack's sentence completion test is a Semi Projective test which has 60 items and has four representative areas of adjustment which are family, sex, interpersonal relationships and self-concept.
   a. Hostile environment in the family. The patient's family displays negative comments and emotions towards her symptoms. Family also labels her which creates anxiety in the patient.
   b. The patient responses on the sentences related to father show resistance towards unresolved conflict. Lack of love and attention from the father figure due to the familial separation shows wishful thinking for the father and her present life.

c. The patient partially shares a cordial relationship with her mother. The patient does not feel as loved as her sister might in the family. The patient feels there is a lack of support from the mother.

d. Patient also displayed maladjustment with friends and not being comfortable with them. She feels she cannot be completely honest with them due to the judgement that she will receive about her diagnosis. This shows lack of support from the social aspect of her life.

3. *Generalized Anxiety Disorder (GAD-7):* is a self-report measure to asses anxiety symptoms for everyday stressors. The scale has 8 items which are to be scored on a 4-point Likert scale. The patient obtained the score of 7 showcasing high situation-based anxiety. The intensity of anxiety was high as per the rating scale.

DIAGNOSIS

A diagnosis of Generalized Anxiety Disorder of 41.1 was given on the basis of overlap seen in Case History and clinical features of Generalized Anxiety Disorder presented in International Classification of Disorders,10. They include tension, worries and fears about everyday events and problems that have been present in the patient for 10years.
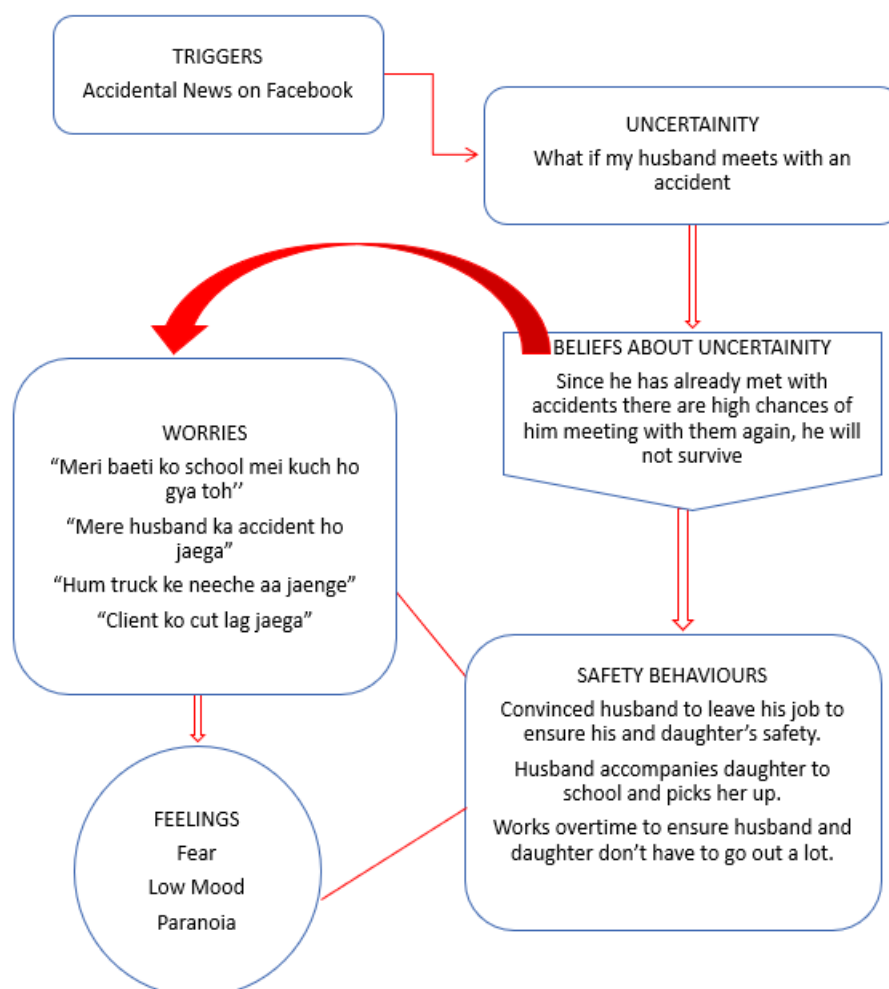
CASE CONCEPTUALISATION

Figure 2. Cognitive Behavioural model of intolerance of uncertainty (Hebert, Dugus, 2019)

PSYCHOTHERAPY

Phase 1, Cognitive Drift: Phase 1 initiated with Therapeutic Alliance and building of therapeutic relationship. It included Goals Formulation based upon symptoms and distress caused by the lack of achievement of the goal. Everyday problems and stimulus leading to faulty threat perception which was subsided by the usage of distraction techniques. The patient was taught Serial Subtraction (Hawton et al, 1989). The patient did not have high school academic skills required for original application of Beck's Thought Record Form which is in English, to match with cultural identity of the patient the Thought record Form was translated in Hindi through Google's translating software. While practicing Thought Record Form, Applied Relaxation along with Grounding Exercises were practiced. Towards the end of Phase 1, Cognitive Behavioural Session Feedback was used during tertiary phase of the session. The cognitive behavioral session feedback form was translated in Hindi for patient's. Goals were re-analyzed and the distress presented initially was compared with distress in the current month. Role Reversal was used for alteration in perspective towards interpersonal relationships.

Phase2, Schemas and Negative Automatic Thoughts: Experiential techniques extracted from Young's Schema Therapy was used to explore the wounds of the inner child and to heal from traumatic experiences of the past and to focus upon the emotional schemas formed during childhood as a result of multiple experiences. In the sessions, Letter to mother was written which shows how the inner child feels about the mother. This technique helped in revelation of various thoughts and beliefs about one's mother. Authentic experiential techniques started off with the 6th session where Imagery began. Imagery is an experiential technique which focuses upon the patient imagining a safe image, what is happening in it, who all are in it, what does the environment look like, what the patient wants to say to the people in the safe image.

A new life event brought back stressful maladjustment and to work on it, negative automatic thoughts were evaluated and untied. The cognitive behavioural techniques that assisted for this resolution included *Scaling, Decatastrophising* along with re-introduction with Dysfunctional Thought record form. After this de-route of two sessions, experiential affective technique was rehabbed. The patient was instructed to write a letter in response to her letter but in this one, she was writing it as her mother to herself. This particular technique is an important filament to reparenting the inner child in order to nurture the vulnerable child.

Phase3, Cognitive Behavioural: After goal re-evaluation, one of the goals where the patient complained of getting distressing thoughts about God. The patient was psychoeducated about the Exposure and Response Prevention. ERP was practiced in the session post which applied relaxation was done. In Sessions, Exposure and Response prevention for God had continued and the time to stay in the presence of triggering stimulus was increased gradually. The patient reported to have distressing thoughts-*curse words* but she reported that the anxiety increased during the course of the stay and then dropped down.

Phase4, Relapse Prevention: Relapse Prevention included of Patient's initial intrusive thoughts being represented to her and the patient responding to those thoughts through the application of the skills acquired during the course of the therapy. Negative Automatic

Thoughts were presented,
For Example:
1. Therapist: "Naukri chali jaayegi toh baeti ki education ka kharcha aur ghar kaese chalega"
   Patient: "Bas thodei dino ki baat hai , mil jayegi nayi"
2. Therapist: "Diya mere aise sochne ki vaja se bimaar ho skti hai"
   Patient: "Ye bas vichaar hai", "Doctor ke pass jaiyenge, vo theek ho jaegi"
3. Therapist: "Mummy humse pyaar nhi karti isleye call nhi kr rhi"
   Patient: "Vo busy hogi, free hongi toh krlenge"

The skills of past sessions were revised in the session. Plans in terms of problem solving for future problems that could arise were formulated too.

SESSION SUMMARIES

Session 1
- Goals Formulation- Revision
- Distraction Technique
- Introduction to Thought record Form

Session 2
- Distraction Technique- Serial Counting, Focus on the object
- Deep Breathing, Grounding
- Dysfunctional Thought Record Form Analysis
- Socratic Questioning, Decatastrophizing

Session 3
- Dysfunctional Thought Record Form Analysis
- Deep Breathing, Applied Relaxation

Session 4
- Re-evaluation of goals and distressed caused by them.
- Mirroring
- Role Reversal
- Downward Arrow Technique, Socratic Questioning
- Introduction to Cognitive Behavioural Session Feedback Form

Session 5
- Letter to Mother- Experiential
- Verbal Challenging
- Cognitive Behavioural Session Feedback Form

Session 6
- Dysfunctional Thought Record Form
- Deep Breathing
- Imagery- Experiential Technique

Session 7
- Dysfunctional Thought Record Form
- Scaling Technique
- Decatastrophizing

Session 8
- Behavioural Experiment- Survey Method
- Socratic Questioning
- Evidence Seeking
- Scaling

Session 9
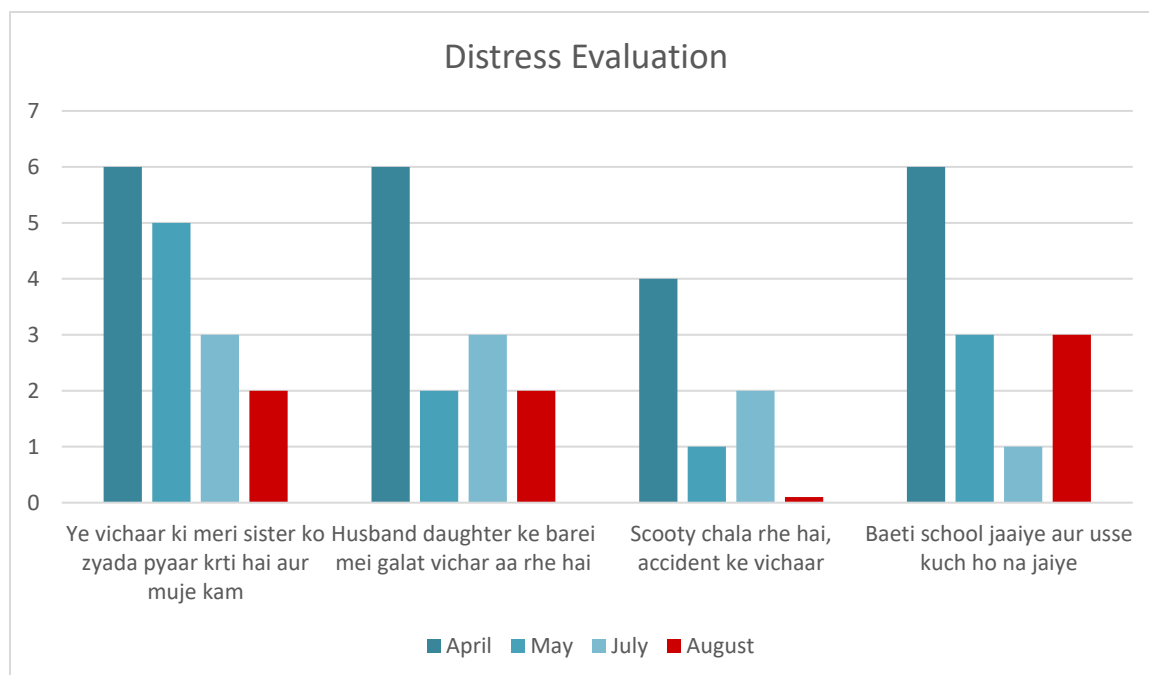- Role Playing, Mirroring
- Letter Writing- Mother to me

Session 10
- Exposure and Response prevention
- Mindfulness
- Applied Relaxation

Session 11
- Exposure and Response Prevention for GOD- with increased time Initiation of Relapse Prevention

Frigure3. Graphical Representation of reduction in level of distress experienced by her during the course of therapy.

CONCLUSION

It was observed during the course of therapy that an eclectic approach of cognitive behavioural therapy and schema therapy was efficient in symptom reduction for clinical symptoms of generalized anxiety disorder. It was also seen that academic capabilities do not always hinder therapeutic journey as long as psychological mindedness and insight are present in the patient.

REFERENCES

Hamidpour, H., Dolatshai, B., Shahbaz, A. P., & Dadkhah, A. (2011). The efficacy of schema therapy in treating women's Generalized Anxiety disorder. *Iranian Journal of Psychiatry and Clinical Psychology, 16*(4), 420–431.

Borkovec, T. D., & Costello, E. (1993). Efficacy of applied relaxation and cognitive-behavioral therapy in the treatment of generalized anxiety disorder. *Journal of consulting and clinical psychology*, *61*(4), 611.

Prochaska, J. O., & Norcross, J. C. (2018). Systems of psychotherapy: A transtheoretical analysis. *Oxford University Press.*

Clark, D. A., & Beck, A. T. (2010). Cognitive Therapy of Anxiety Disorders: Science and practice. *Guilford Press*

Hawton, K. Salkovskis, P.M., Kirk, J. and Clark, D.M. (1989). Cognitive Behavior Therapy for psychiatric problems: A practical guide. *New York: Oxford University Press*

Durham, R. C., Chambers, J. A., MacDonald, R. R., Power, K. G., & Major, K. (2003). Does cognitivebehavioural therapy influence the long-term outcome of generalized anxiety disorder? An 8–14 year follow-up of two clinical trials. *Psychological Medicine,* 33(3), 499–509. http://dx.doi.org/10.1017/ S0033291702007079

Glaser, B. A., Campbell, L. F., Calhoun, G. B., Bates, J. M., & Petrocelli, J. V. (2002). The Early Maladaptive Schema Questionnaire-Short Form: A construct validity study. Measurement and Evaluation in Counseling and Development, 35(1), 2–13.

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Conflict of Interest
The author(s) declared no conflict of interest.