Assessment of Generalised Anxiety Disorder using the State-Trait Anxiety Inventory

Gavin Beccaria

Case Details

DIAGNOSIS: GENERALISED ANXIETY DISORDER
CLIENT AGE: 33
CLIENT GENDER: FEMALE
OCCUPATION: BIOMEDICAL SCIENTIST
NUMBER OF SESSIONS: 15
PLACE OF TREATMENT: TOOWOOMOBA PSYCHOLOGY (PRIVATE PRACTICE)
TREATMENT APPROACH: COGNITIVE BEHAVIOUR THERAPY (CBT)
TREATMENT MODE: (FORNIGHTLY ONE HOUR SESSIONS)

Reason for referral and client presentation

Martha Knox was a 33 year-old woman of Anglo-Australian heritage. Her obstetrician referred Mrs Knox to the psychologist by for “anxiety related issues”. The referral letter stated that Mrs Knox had been undergoing In-Vitro Fertilisation (IVF) for the past two years and in this time she received five embryo transfers without success. The obstetrician also reported in the referral letter that Mrs Knox had a good prognosis for falling pregnant, however, her anxiety was a “possible barrier to treatment success”. The obstetrician had also suggested that Mrs Knox seek treatment for her anxiety before further embryo transfers.

On the initial appointment Martha presented with her husband (Max) at her request. This was the only session Max attended. Both Martha and her husband reported that they were frustrated with the lack of success with IVF; they also expressed annoyance with the obstetrician referring Martha to a psychologist. Martha reported that although she has “always been an anxious person” her own research had revealed that the affect of anxiety on IVF success was “inconclusive”. She expressed concern that seeking treatment for anxiety was both “invasive” and “time consuming” given that she was “nearly 35 years of age” and “age was a greater barrier to IVF treatment success”. The couple were provided with psychoeducation about how anxiety management would assist with dealing with the IVF process, the demands of having a new baby, and that it may assist with their relationship. They were also advised that if Martha completed homework/practice that she would see benefits within two to three months. When this information was provided, Martha appeared more relaxed and she corroborated this at the end of the first session.

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Martha has been married for seven years. She had been in a relationship with Max for 10 years, and known each other for nearly 11 years. Max was a physiotherapist in private practice. Martha reported that she had a good relationship with her husband and referred to her husband as “the only person who can stop her” from “getting stressed out”. Max reported in the first session that he was concerned with his wife’s excessive “worry” and re-assured her in session that he “loved” her “no matter what”. He also encouraged her to “try the counselling” and which had an immediate effect on her attitude to psychotherapy.

Martha reported that she “constantly worried” about the fear of not falling pregnant and this was most prominent when she tried to fall asleep at night. She reported that it could sometimes take her 3 hours to get to sleep and she often woke up feeling unrested. Martha reported that she had “always” been a light sleeper and would often stay awake worrying about everyday issues (e.g., financial, social, study/work, family or relationship issues). This had occurred at approximately two nights per week since she was a teenager however it had increased four nights per week in the last six months. This prompted the referral from the treating obstetrician.

Assessment of symptoms including effect on client's functioning

Problem History
Martha reported that she had always been "somewhat anxious" as a small child. She reported that she attended day care two days per week and had no problematic separation issues. She attended the local Catholic preschool and primary school a where she was a popular and above average student. She reported that she would sometimes become anxious about homework and assessment tasks, however with encouragement from her mother or teacher she would be able to successfully complete tasks. Overall, anxiety did not affect her primary schooling. Martha attended the local Catholic secondary school and reported that secondary school was similarly unremarkable until year 12. She reported that at high school she had good friends, played netball, and the clarinet for the school band. In year 12 she first noted initial insomnia due to worry about relationships and school assessment. She explained that she decided to end a one-year relationship with her high-school boyfriend and he subsequently "hooked up" with another girl she did not like. Martha also reported that she was constantly worried about her grades; consequently, she ceased her part-time job at a fast food chain. On leaving year 12, Martha reported that she received and Overall Position score of 5 (Approximately Australian Tertiary Admission Rank of 90) and was disappointed with this result.

Martha had attended the local university to study Biomedical Science, with the expectation of transferring to Medicine; however, she was unable to attain sufficient grades at university. Martha reported that her constant worry, insomnia and tension contributed to her lower than expected grades. In the final year of her studies she completed an internship in a pathology laboratory, she was employed as a graduate and at time of interview was employed as a senior Biomedical Scientist. She stated that the workplace was supportive, however, staff and supervisory issues occasionally lead to feeling "stressed out". This was accompanied by an exacerbation of insomnia and frequent tension headaches. Martha also reported that these times were characterised by associated thoughts of failure, doom and catastrophic outcomes, although in reality these "rarely, if ever came to fruition". She also reported that periods for tension had no pattern, and there was no marked dysphoria or eurphoria. Martha reported no difficulties with body image or eating and she reported no traumatic events. She also denied any phobias.

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… employed as a graduate and is currently a Biomedical Scientist?

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Martha reported that her husband was understanding of her "stress" and was able to assist her with her periods of tension with listening and massage for tension headaches. Until recently her anxiety had not affected her work performance although she was concerned the lack of sleep could lead to a clinical error. Martha's cognitions were characterised with self-statements such as "Max won't love me as much if I can't fall pregnant" and "people will see that I am envious if they have children". She reported that this would then lead to worrying about more trivial matters such as meetings for the next day at work. Martha has never sought prior treatment for her anxiety.

Family History
Martha is the eldest of two children, with a brother two years her junior. Her parents were still married at the time of assessment and treatment. Martha reported that her childhood was unremarkable and that she enjoyed a close relationship with her parents, brother, and sister-in-law. She also reported that her husband had a good relationship with her family and she had a good relationship with her husband's family. Martha was not aware of significant mental health issues in her family although she did believe that her father was a "worrier". She reported that she felt some envy towards her brother when his wife fell pregnant and gave birth to her niece 14 months ago. Martha also stated that she felt guilty about having these feelings and worried if her envy was noticeable.

Other personal information

Martha reported that she and her husband enjoyed a close circle of friends that were very supportive of their situation. She also reported that she had played netball until commencing IVF, and regularly met with her team socially. She reported that she regularly babysat her niece although worried because her house was not "child proof", and then had thoughts of avoiding babysitting even though it gave her great pleasure. She has remained at the same organisation for over 10 years and felt she was a "valued employee" and her boss was very supportive of her IVF treatment.

Mental Status Examination

Martha arrived on time to all appointments. In the first session Martha was casually and neatly dressed and appeared her reported age, she sat upright in the chair; however, she relaxed as the initial session progressed. Martha's voice was clear and her eye contact was appropriate. Martha displayed no odd movements of mannerisms. She reported that mood had been increasingly anxious in months leading up to the first psychology visit due to the expense of IVF. At the commencement of the initial interview, Martha's affect was slightly heightened and agitated, however, it subsided to normal levels as the interview progressed. Her range of affect was appropriate for the content of therapy and only became teary in the first session when she spoke about her failure to conceive. Martha spoke fluently and clearly and her thought processes were connected. Martha displayed no delusions, over-valued ideas, nor obsessions. She reported rumination about financial demands of IVF, concerns that she "could not have a child for Max", and concerns that she would become a "jealous bitch towards her brother and sister-in-law". She denied any thoughts of harm to herself or others. She reported that she had tried to read and listed to music to get the thoughts out of her head. She also reported that she worried that her restless sleep would keep Max awake. Martha's sensorium was clear and her memory and cognition were in-tact. After hearing the benefits of psychotherapy she displayed good insight and judgement. Overall her mental state improved throughout the course of therapy.

Relevant history of presenting problem lacks information about alcohol/drug use, forensic history, or additional information that could be used in providing a differential diagnosis.
An improvement could be depicted as follows.
Martha denied using any alcohol, recreational, prescription or over the counter drugs. She did not drink any tea, coffee or caffeinated drinks. Prior to trying to conceive, she was reported as being a social drinker and would drink three cups of coffee per day. She also denied any forensic history. Martha had never experienced any traumatic events nor experienced any phobias. There was no evidence of disordered eating. She had experienced a panic attack on two occasions but these were some years ago back in high school. She did not report obsessions nor compulsions.

Test Selection and interpretation

The State-Trait Anxiety Inventory (STAI, Spielberger, 1983) was chosen to assess Martha's anxiety. The STAI accounts for both the dispositional aspects of anxiety as well as current levels. Over the course of successful treatment it would be expected that state anxiety levels would decrease more than trait anxiety. Martha has reported a long history of anxiety related features, and as expected, she reported a relatively high level of both Trait Anxiety (raw score [RS] = 45; percentile rank [PR]= 80) and State Anxiety (RS = 50; PR = 89) at the time of initial assessment. At the end of 15

sessions, Martha reported Trait Anxiety of 40 (PR = 69) and State Anxiety of 35 (PR = 56). Throughout the course of therapy, the STAI questions provided a good stimuli for the cognitions the psychologist would target for therapy. Some of Martha's answers on individual questions were also noted. For example, question 37 on the STAI *Some unimportant thought runs through my mind that bothers me* Mrs Knox went from a 4 – Almost Always to a 2 – Sometimes.

Diagnosis and justification

Martha was referred to a psychology by her obstetrician for anxiety. This was out of concern that her anxiety was a possible barrier to successful IVF treatment. Martha's clinical presentation at interview, associated cognitions, and assessment of anxiety via the STAI indicated the presence of an Anxiety Related Disorder. Considering a diagnostic decision tree: Martha's anxiety was not organic in origin; she had no substance related issues; there was no evidence of formal thought disorder, mania or depression, and there was no evidence of disrupted interpersonal relationships; Martha had no observable or reported obsessions or compulsions, she also reported no traumatic events, no phobias; and no eating evidence of an eating disorder. She had experienced two panic attacks, however, these were in her teenage years.

Martha reported that she worried considerably in the last six months this was occurring four days per week; she also reported that she found it difficult to control the worry. Martha reported that she had feelings of fatigue, sleep loss, muscle tension, and occasional irritability. Martha also reported that the anxiety was beginning to affect her work and family activities (e.g., babysitting her niece). These symptoms were not the result of a substance or medical condition, and could not be better explained by another disorder such as social phobia. Given all of the information presented, it was likely that Martha presented with Generalised Anxiety Disorder (GAD) according to the fifth edition of the *Diagnostic and statistical manual of mental disorders* (American Psychiatric Association [APA], 2013).

After 15 sessions of cognitive behaviour therapy, Martha showed a significant reduction of symptoms. She was able to manage and self-challenge unhelpful thoughts, and incorporated stress reducing strategies into her everyday life such as relaxation and meditation. After six months Martha resumed IVF and fell pregnant on the second transfer. At the time of writing this report Martha was 35 weeks pregnant and was expecting a healthy baby.

Author Biography

Associate Professor Gavin Beccaria is Coordinator of the Clinical Psychology Program at the University of Southern Queensland (USQ). He has taught at USQ for 10 years. He has been successful with an Early Career Teaching Award, and been part of a research team investigating Mental Illness prevalence within Indigenous Australian communities. He is recently completed a two other book chapter on the DSM-5. Prior to moving to Academia, he was the Director of Psychology in Toowoomba Health Service and managed 35 psychologists. His current research interests include evaluating clinical psychology interventions, problem solving training, and the validation of mental health diagnostic instruments. Gavin is married to Dr Lisa Beccaria, a nursing academic at USQ and they have two children Alicia and Benjamin. When he is not working he tries to spend as much time with his family as possible.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric. Wachington DC Pub Inc.

Spielberger, C. D. (1989). *State-Trait Anxiety Inventory: Bibliography* (2nd ed.). Palo Alto, CA: Consulting Psychologists Press.

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Spielberger, C. D., Gorsuch, R. L., Lushene, R., Vagg, P. R., & Jacobs, G. A. (1983). *Manual for the State-Trait Anxiety Inventory*. Palo Alto, CA: Consulting Psychologists Press.

Reflection

When treating Martha, one of the first characteristics to be considered was her scientific and psychological knowledge. Given that she was a scientist and her husband was a health professional, it was reasonable to assume that she had good scientific literacy. Although she was technically a voluntary client she initially did not want to attend psychological treatment. It was also important for the psychologist to research the link between anxiety and IVF success and Martha was quite correct in stating that the research was inconclusive. It also was noted that her psychological knowledge was not as strong; and by using good evidence she was able to see the wider benefits of psychological treatment.

Cognitive behaviour therapy was chosen to treat her GAD, it has an excellent evidence base and was considered the best fit for Martha because of her scientific thinking. It is acknowledged that Acceptance and Commitment Therapy shows strong emerging evidence for effectively treating GAD, however, given Martha's initial reluctance to attend therapy, it was important to choose the treatment with the best evidence base.

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