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## **Q: What is cognitive behavioral therapy?**

**A:** Cognitive behavioral therapy (CBT) is one of the most researched treatments in psychotherapy (Butler et al., 2006). CBT is commonly used to treat generalized anxiety disorder (GAD) as a monotherapy or alongside anti-anxiety medication. Meta-analyses demonstrate that CBT is effective in reducing anxiety symptoms (Carpenter et al., 2018; Cuijpers et al., 2014) at a level comparable to antidepressant drugs (Williams et al., 2018). Benefits of CBT are maintained over six to 12 months (Covin et al., 2008). In clinical practice, the use of specific CBT components (e.g., behavioral activation; challenging negative automatic thoughts, cognitive errors, and misattributions; problem solving; interpersonal interventions) should be based on the problems experienced by the individual patient (Persons et al., 2000). A meta-analysis comparing components common in CBT treatments for GAD showed modest or no differences (Borkovec et al., 2002).

## **Q: What is the theoretical model underlying CBT for GAD?**

**A:** CBT is based on Beck's theory of depression (Beck, 1967; Beck, 2008) but has been adapted to the treatment of GAD. CBT for GAD focuses on faulty cognitions common to GAD, exposure to worry-related stimuli or situations, emotion-regulation approaches, and problem-solving skills (Canadian Psychiatric Association, 2006).

## **Q: Is CBT recommended as a treatment for GAD in the Military Health System (MHS)?**

**A:** There is no VA/DOD clinical practice guideline (CPG) on the treatment of GAD.

*The MHS relies on the VA/DOD CPGs to inform best clinical practices. In the absence of an official VA/DOD recommendation, clinicians should look to CPGs and authoritative reviews published by other recognized organizations and may rely on knowledge of the literature and clinical judgement.*

## **Q: Do other organizations with CPGs or authoritative reviews recommend CBT?**

**A:** Yes. CPGs and authoritative reviews published by other organizations recommend the use of CBT for GAD.

*Other recognized organizations publish CPGs or conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DOD CPGs. These include the American Psychiatric Association, American Psychological Association, and United Kingdom's National Institute for Health and Care Excellence. Additionally, Cochrane is an international network that conducts high-quality reviews of healthcare interventions.*

- The United Kingdom's National Institute for Health and Care Excellence (NICE) recommends CBT as a "Step 3" intervention for GAD (for patients diagnosed with GAD who have not improved after education and active monitoring in primary care) or as a first-line intervention for GAD in patients with marked functional impairment (National Institute for Health and Care Excellence, 2020).

- A 2007 Cochrane systematic review of psychological therapies for GAD concluded that psychological therapies using a “CBT approach” are effective in reducing anxiety symptoms for short-term treatment of GAD. There were no studies with long-term assessments, and there was little evidence comparing CBT with other psychological therapies (Hunot et al., 2007).

**Q: Is there any recent research on CBT as a treatment for GAD?**

**A:** Multiple systematic reviews have found CBT to be an effective treatment for GAD (e.g., Carpenter et al., 2018; Cuijpers et al., 2014; Hunot et al., 2007). A recent meta-analysis included 14 studies that examined the effects of CBT in GAD patients from post-treatment to over 12 months after treatment and found that the pooled effect size varied from small to medium at different time points (van Dis et al., 2020). Levy et al. (2021) found that the relapse rate for GAD in individuals treated with CBT was 20%; however, this finding was based on only one study. A meta-analysis by Springer et al. (2018) showed that individuals who completed CBT for GAD had the highest remission rates when compared to other anxiety disorders (51% post-treatment, and 65% at follow-up). Recent studies have also shown that CBT may be effectively delivered in a remote format (Zhang et al., 2022; Basile et al., 2021).

**Q: What conclusions can be drawn about the use of CBT as a treatment for GAD in the MHS?**

**A:** The evidence supports the use of CBT as a treatment for GAD. Studies suggest that relapse is relatively rare, and that CBT may be particularly effective for helping patients with GAD achieve remission. Clinicians should weigh several factors when choosing a treatment for their patient, including practical considerations such as availability and patient preferences, which might influence treatment engagement and retention.

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