

# Why worry? Key cognitive processes that maintain worry and Generalised Anxiety Disorder

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# Overview

- Worry
- Generalised Anxiety Disorder
- Cognitive processes that maintain uncontrollable worry
- Clinical approaches to working with worry and GAD from a cognitive process perspective

# Worry



# Worry (Borkovec et al 1983)

‘Worry is a chain of thoughts and images, negatively affect-laden and relatively uncontrollable’

- Streams of negative thoughts
- Multiple potential negative futures
- Uncontrollable

# 'What if' nature of worry?

- 'What if.....' verbal questions about anticipated threat or danger to self or others
  - What if I fail my exams?
  - What if I don't get the promotion?

# **Problem solving process**

- Identification of a specific problem
- Determine if problem within your control
- Identify potential solutions
- Select solution
- Enact solution

# **Worry is not problem solving**

- Repetitive playing of multiple negative outcomes
- Worries often of future events that do not exist or are beyond the persons control
- **Worry does not lead to selection and enactment of solution**

# Worry in general population (Tallis et al 1994)

- Frequency of worry
  - 38% worry every day at least once
  - 19% every 2-3 days
  - 15% once a month

71% thought worry makes things worse:

- Pessimism
- Problem exaggeration
- Performance disruption
- Emotional distress

# Impact of worry

- Increased anxiety & depressed mood (Andrews & Borkovec, 1988)
- Increased negative thought intrusions (Borkovec et al 1983; York et al 1987)

# Penn State Worry Questionnaire (PSWQ: Meyer et al 1990)

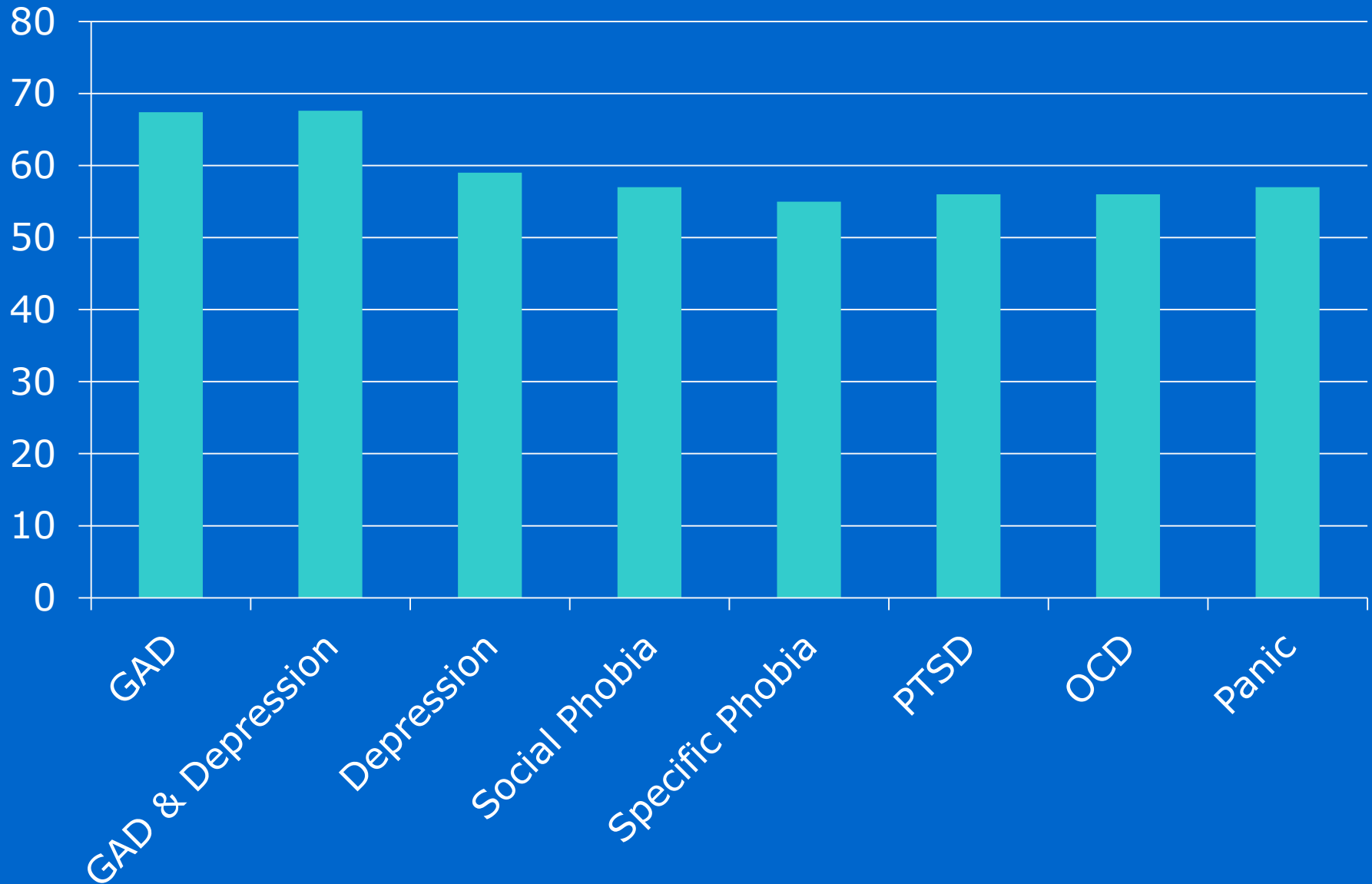
Self report trait worry questionnaire

- My worries overwhelm me
- I find it easy to dismiss worrisome thoughts (R)

General population mean 48 (Molina & Borkovec 1994)

High worriers 56 +

## PSWQ Scores for Anxious & Depressed clients (Chelminski & Zimmerman, 2003)





# Generalised Anxiety Disorder (GAD)

# Generalised Anxiety Disorder (G.A.D.)

- Chronic, excessive & uncontrollable worry about multiple topics
- Uncontrollable – intrusive and can't stop
- What do people worry about in GAD?

# Worry domains in GAD

Craske et al (1989)

- GAD and controls same domains as general populations  
Health; Social; Relationships; Finance; Work
- GAD perceive less control

More worry domains at any one time  
(Hirsch et al 2013)

Is worry objectively more uncontrollable  
and negative in GAD?

# Uncontrollability of worry

- Borkovec et al. (1983)
- Ruscio & Borkovec (2004)
- Is worry objectively more uncontrollable and negative in GAD compared to high worriers?
- How do people with GAD in community who are not seeking treatment compare to clients with GAD?
- Do clients with GAD differ from those with Panic Disorder in terms of uncontrollability?

# Is worry more uncontrollable and negative in people with GAD? (Hirsch, Mathews, Lequertier, Perman & Hayes, 2012)

- GAD Clients
- Community GAD (not seeking treatment)
- High Worriers without GAD (matched on trait worry)
- Panic Disorder Clients

# Worry Persistence Task (WPT)

*(adapted from Borkovec, et al., 1983)*

- **Measure of uncontrollability of worry**

**Breathing Focus Period**



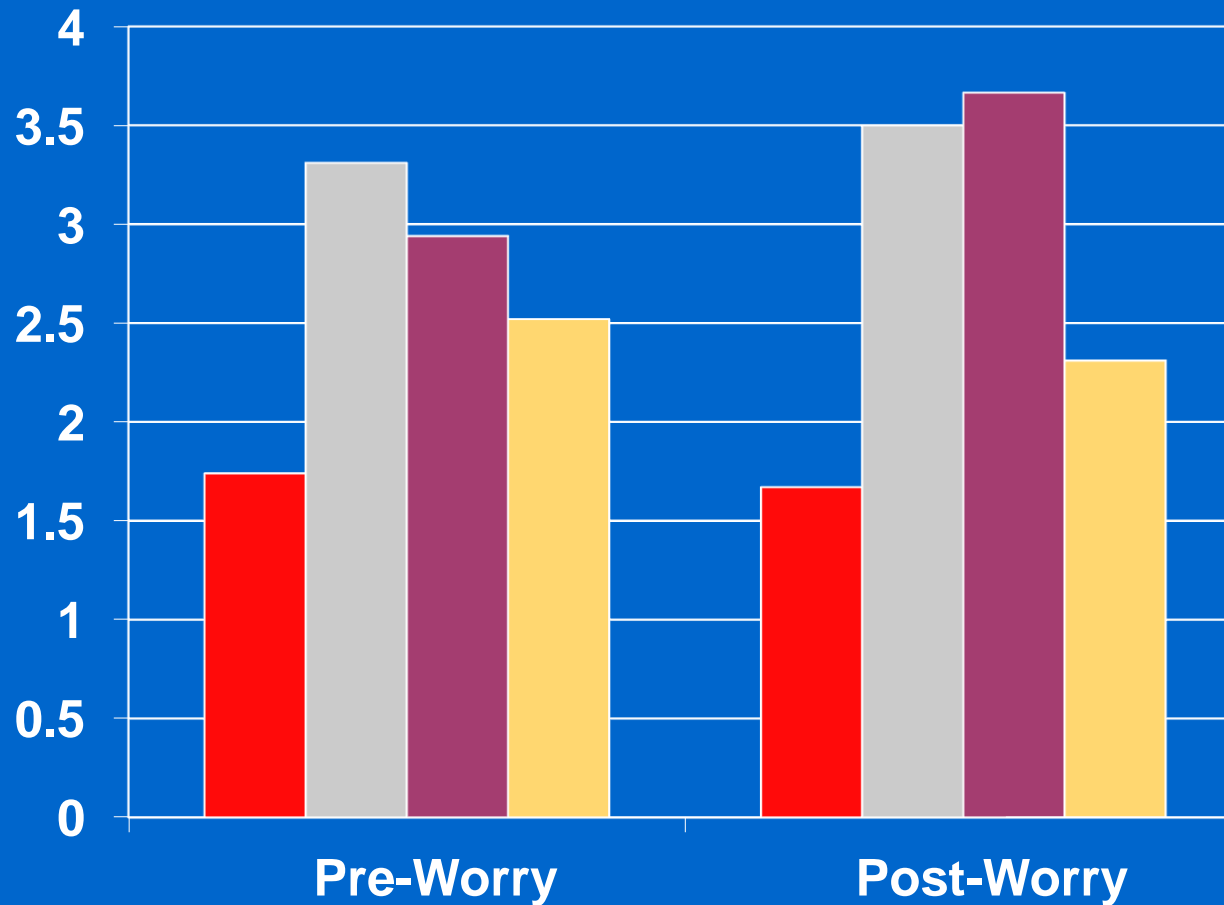
**Worry Period**



**Breathing Focus Period**

- Critical Measure: Self & Assessor: number of negative intrusions
- Additional measure: Assessor: degree of negativity of negative intrusions

# WPT: Number of negative thought intrusions pre- & post-worry



- High
- Community GAD
- Clinical GAD
- Panic Disorder

# Degree of negativity of negative intrusions

- High negativity (e.g. lose my home)
- Moderate negativity (e.g. fail exams)
- Low negativity (e.g. miss the bus)
- High worriers had more low negativity
- Clinical GAD, Community GAD and Panic groups mainly moderately negative



# Hirsch et al. (2012) conc.

## Frequency of Negative Intrusions

- Self = objective assessor
- High < GAD
- Community GAD = Clinical GAD = Panic Disorder

## Negativity of negative intrusions

- High < GAD & Panic

Worry is more negative and uncontrollable in GAD than high worriers

Why is worry more uncontrollable in GAD than high worriers?

# Cognitive processes & uncontrollable worry

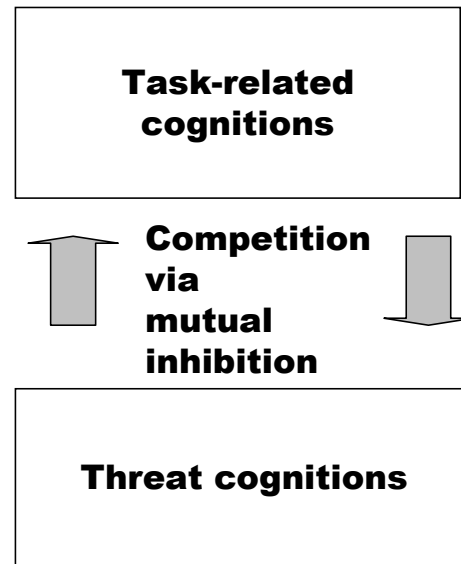
# What cognitive processes may influence the uncontrollability of worry?

- Involuntary cognitive biases to threat (e.g. attention; interpretation)
- Controlled allocation of attentional control resources
- Style of cognition (verbal linguistic thoughts; mental images)

# Focused on the task at hand

**Task-related  
cognitions**

# What happens when threat cognitions also get triggered

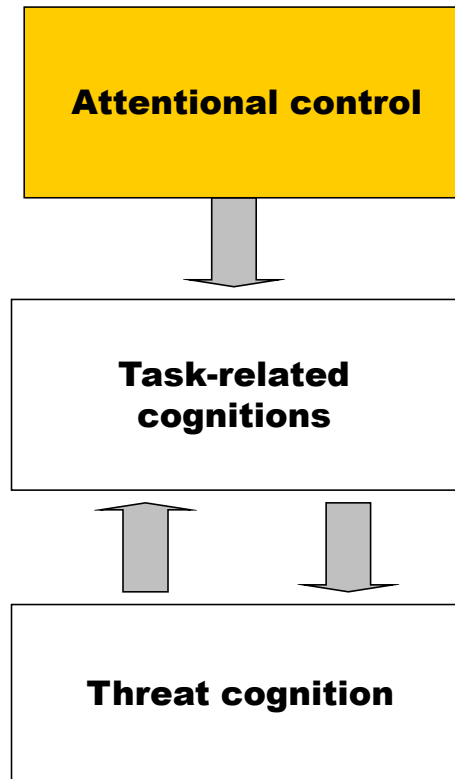


# Attentional Control

# Allocation of Attentional Control (AC)

- Miyake, et al (2000) limited capacity resource used to:
  - intentionally ignore distracting information
  - shift attention from one topic/task to another
- Potential relevance to worry
  - negative thoughts and worry need to be ignored to task focus
  - once worry has started need to shift attention away

# Are worriers less able to allocate attentional control to task focus?





# Attentional Control & Worry

Anxiety is associated with less available Attentional Control (Derryberry & Reed, 2002; Eysenck & Calvo, 1992; Rapee 1993; Bishop, 2009)

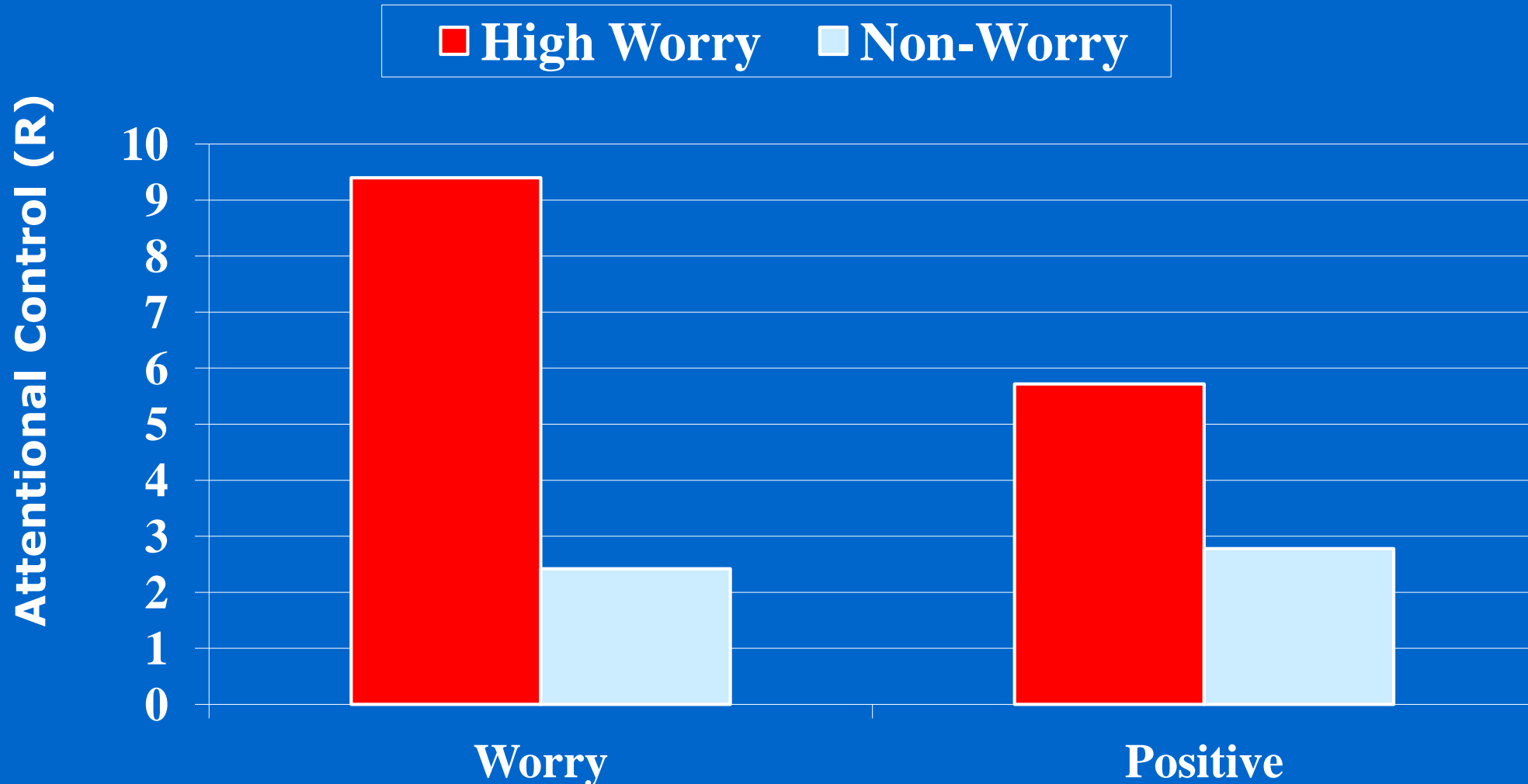
Does worry take up more attentional control resources in high worriers?

# Does worry take up more attentional control in high worriers than non-worriers?

(Hayes, Hirsch and Mathews, 2008, Journal of Abnormal Psychology)

- High worriers vs. non-worriers
- Dual Task: to assess attentional control
  - Random key press
  - Worry vs. positive personally relevant topic

# Attentional control taken up by worry or positive topics in High worriers and non-worriers



# Hayes et al. (2008) conclusions

## Non-worriers

AC worry = AC positive

## High worriers

AC worry > AC positive

Worry in high worriers will make it more difficult to concentrate on the task at hand

What about people with GAD?

# Does worry take up more attentional control in GAD clients than control participants? (Stefanopoulou, Hirsch, Hayes, Adlam & Coker, submitted )

- GAD clients vs. non-clinical controls
- Dual task to assess attentional control
- N-back task (general attentional control)

1-Back

D

A

C



C

2-Back

B

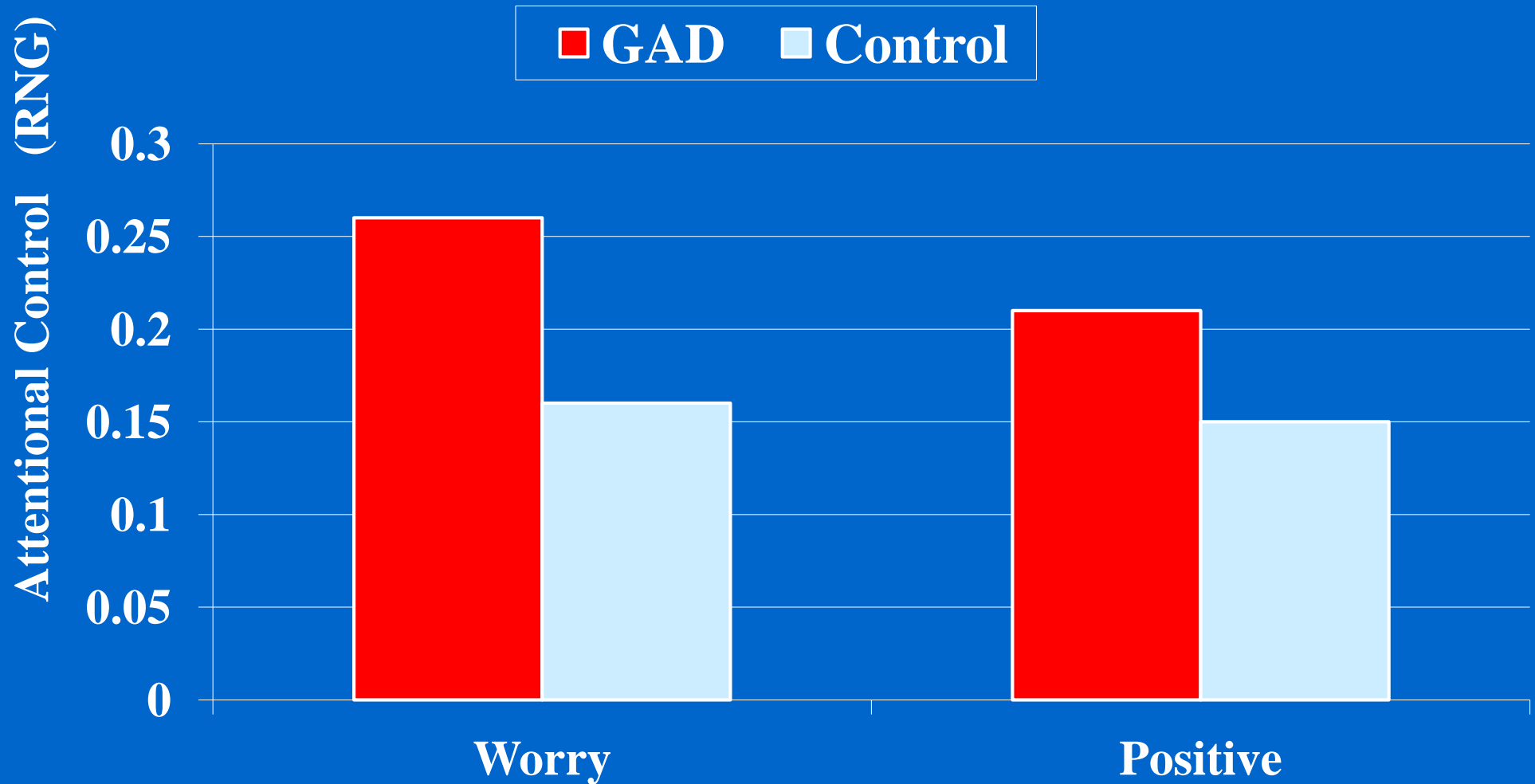
F

A

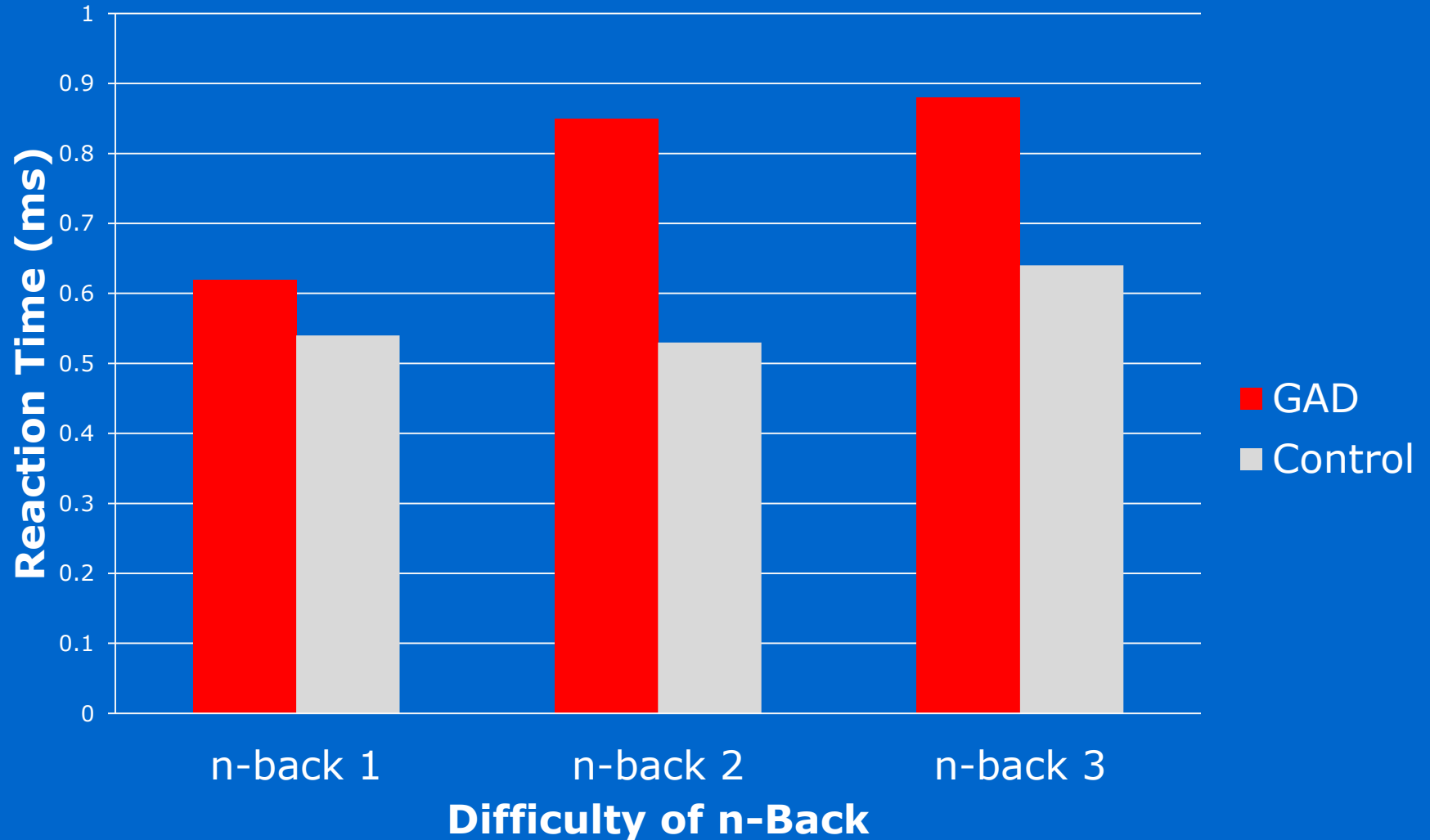
D

A

# GAD and non-clinical control attentional control taken up by worry or positive topics



## GAD and control reaction times on n-back task





# Conclusions Stefanopoulou et al (submitted)

## **Dual task**

Controls - AC worry = AC positive

GAD - AC worry > GAD AC positive

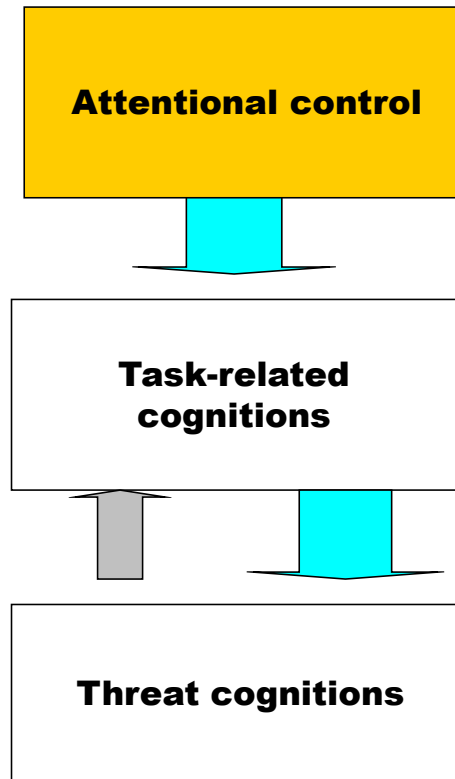
## **N-back**

GAD less general Attentional Control on n-back than controls when task is demanding

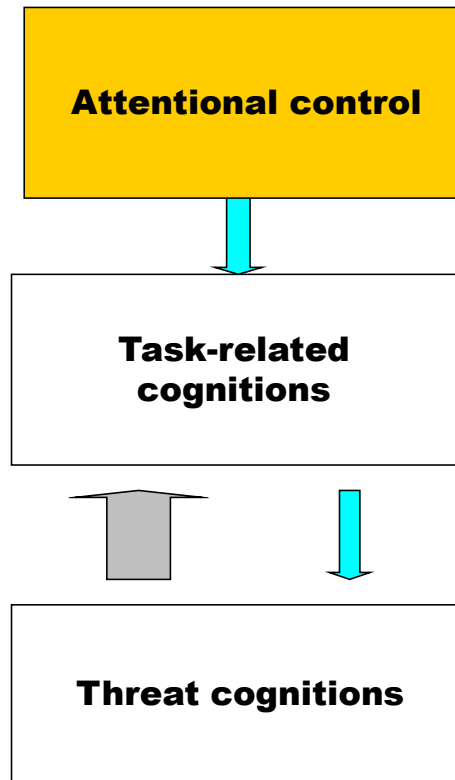
Concentration difficulties in GAD

Challenge for CBT sessions and homework when AC depleted

# Controls: remain task focused



# High Worriers & GAD: worry takes up attentional control so less task focused



# Why does worry utilise more attentional control in high worriers & GAD?

Attentional control may be utilised by involuntary cognitive processes

- Attention
- Interpretation
- Predominance of verbal thought

What cognitive processes contribute to uncontrollable worry?

# Attention

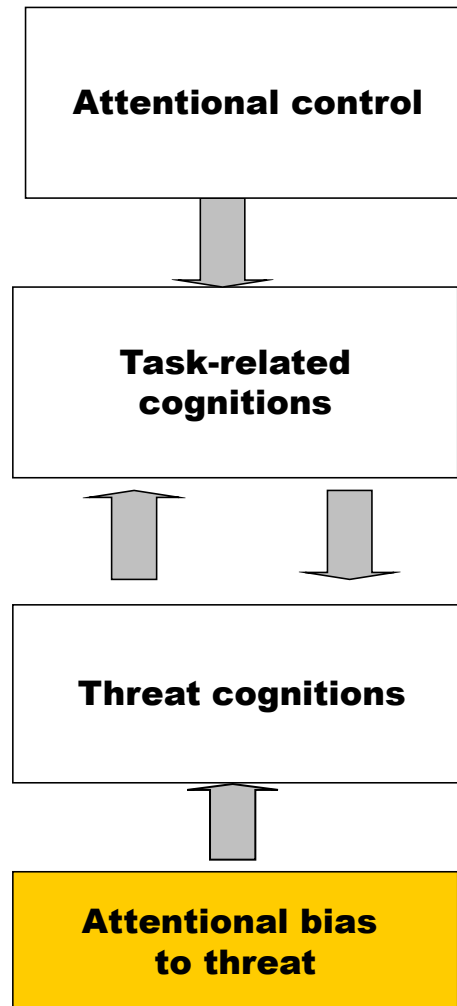
# Dot probe



**Death**

**Shell**

# Does involuntary attention bias to threat cause worry to continue?





# Attentional Bias to threat in GAD

- Attention to threat or benign information

MacLeod et al., 1986; Bradley et al., 1999; MacLeod, et al., 2007

- Experimentally modify attention

## Cognitive bias modification - Attention

MacLeod et al., 2002; Amir, Beard, Burns, & Bomyea, 2009; Hazen, Vasey, & Schmidt, 2009

- Is there a causal role for attentional bias in maintaining uncontrollability of worry?

# Does a threat attentional bias cause worry to persist? (Hayes, Hirsch & Mathews, 2010, Journal of Abnormal Psychology)

**High Worriers:**

Benign vs. Control (non-trained)

**Design:**

**Attention modification**

*Dot-probe (MacLeod et al. 2002)*

+

*Dichotic Listening Task*



**Worry Persistence Task (WPT)**

# Cognitive bias modification: Dot Probe

## Benign Group

Probe replaces benign word 100%

## Control Group

Probe replaces benign word 50% threat word 50%

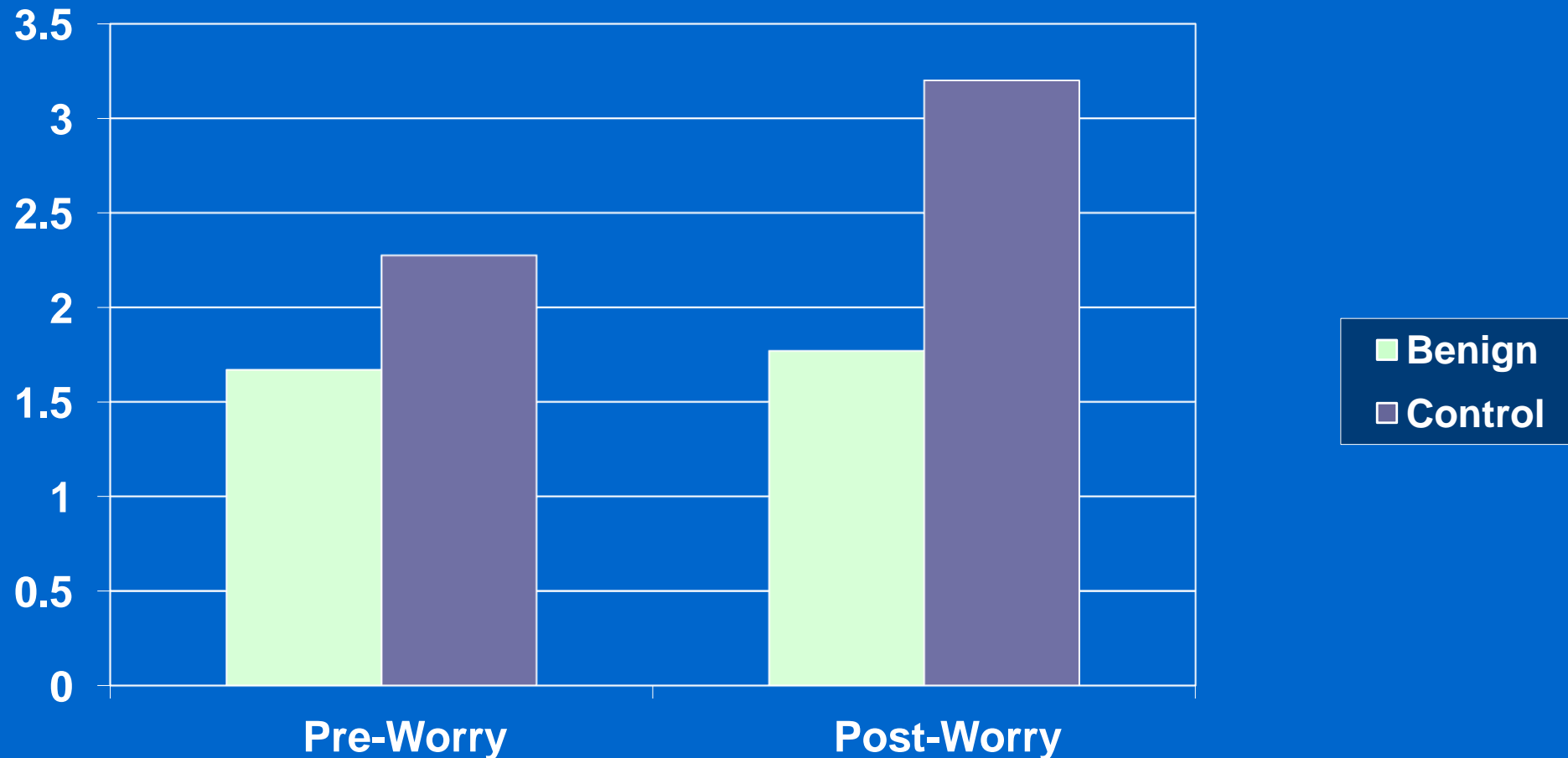
# Dichotic Listening Task

- 10 story pairs
- One worry & one positive
- Told title of story to follow and which channel (ear of headphones)
- Follow story as switches channel
- Comprehension questions

**Benign group - follow positive story 100%**

**Control group – 50% worry and 50% positive**

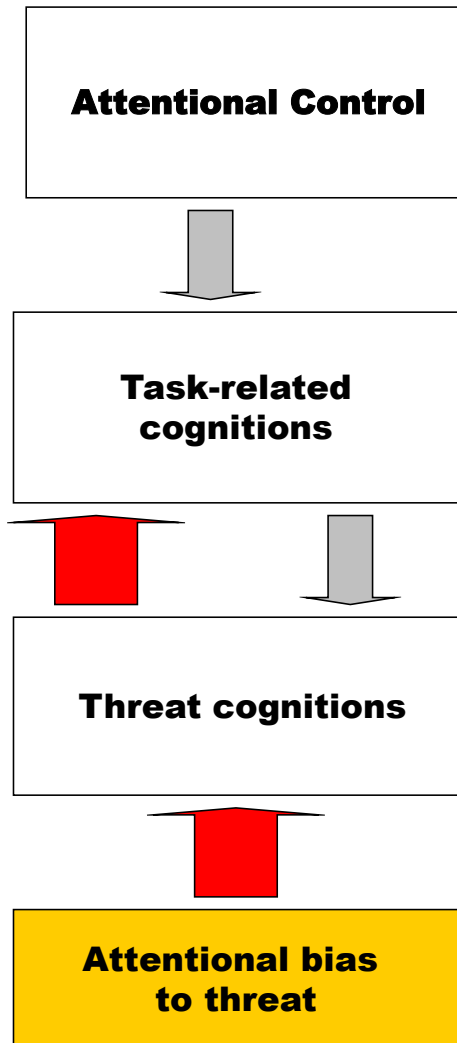
# WPT: Number of negative thought intrusions pre- & post-worry



# Hayes et al. (2010) conclusions

- Benign attentional bias reduces negative intrusions in high worriers
- Causal role for threat attentional bias in contributing to uncontrollability of worry
- CBT

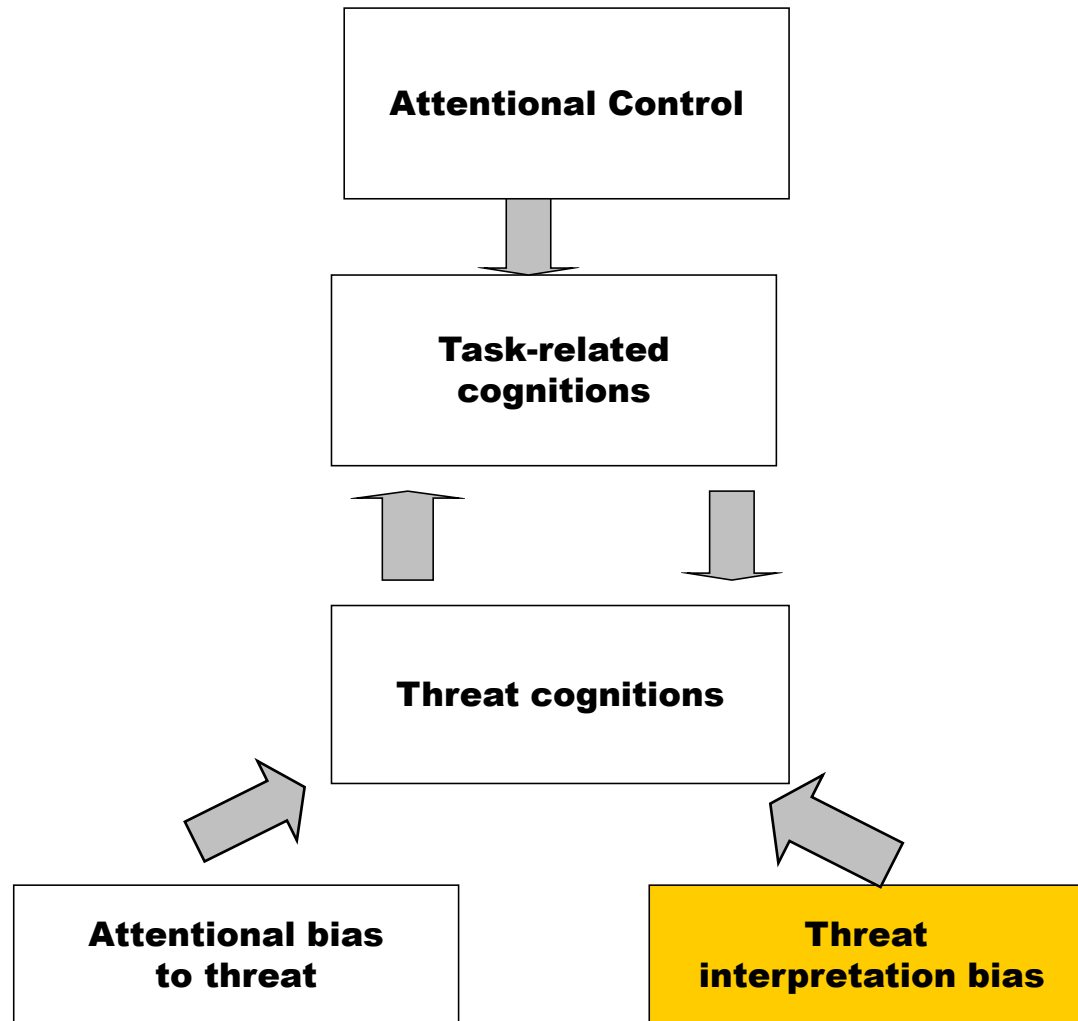
# Impact of attention on threat in worriers



# Interpretation



# Could a threatening interpretation bias help maintain worry?



# Interpretation Bias and GAD

## Ambiguous information

### Threat interpretation bias in GAD

Eysenck, et al. 1987 & 1991; Mathews et al. 1989; Mogg et al. 1994

### Cognitive bias modification - interpretation

Grey & Mathews, 2000; Mathews & Macintosh, 2000; Mathews, et al. 2007; Hirsch et al. 2007; Murphy et al. 2007

Is there a causal role for interpretation bias in maintaining uncontrollability of worry?

# Does facilitating a benign interpretation bias in GAD clients reduce worry? (Hayes, Hirsch, Krebs & Mathews, 2010, Behaviour Research & Therapy)

Participants: Clients in treatment for GAD  
⇒ Benign vs. Control

Design:

Interpretation Modification

*Homograph task (e.g. batter; Grey & Mathews, 2000 )*

+

*Ambiguous Scenario Task (based on Mathews & Macintosh, 2000)*



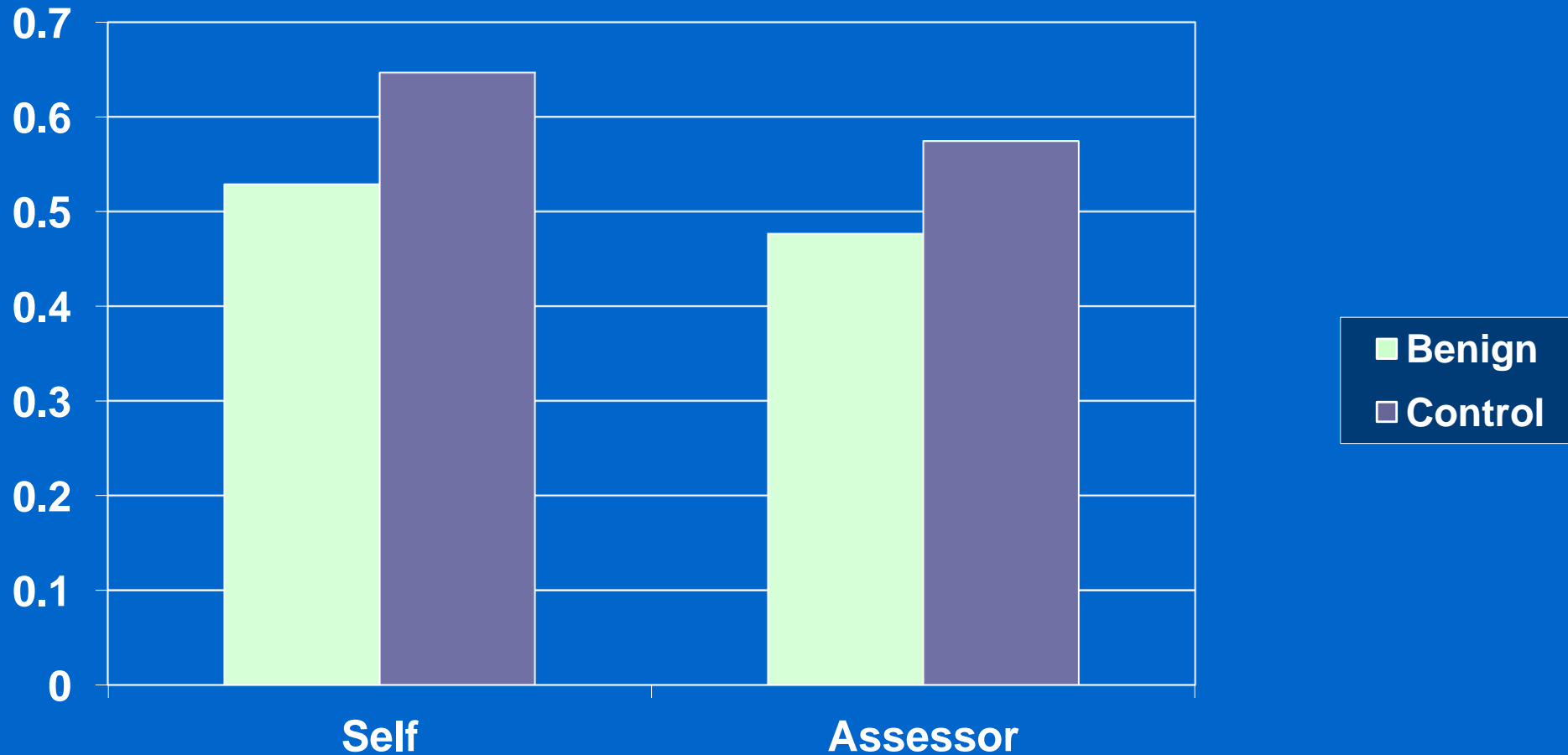
Worry Persistence Task



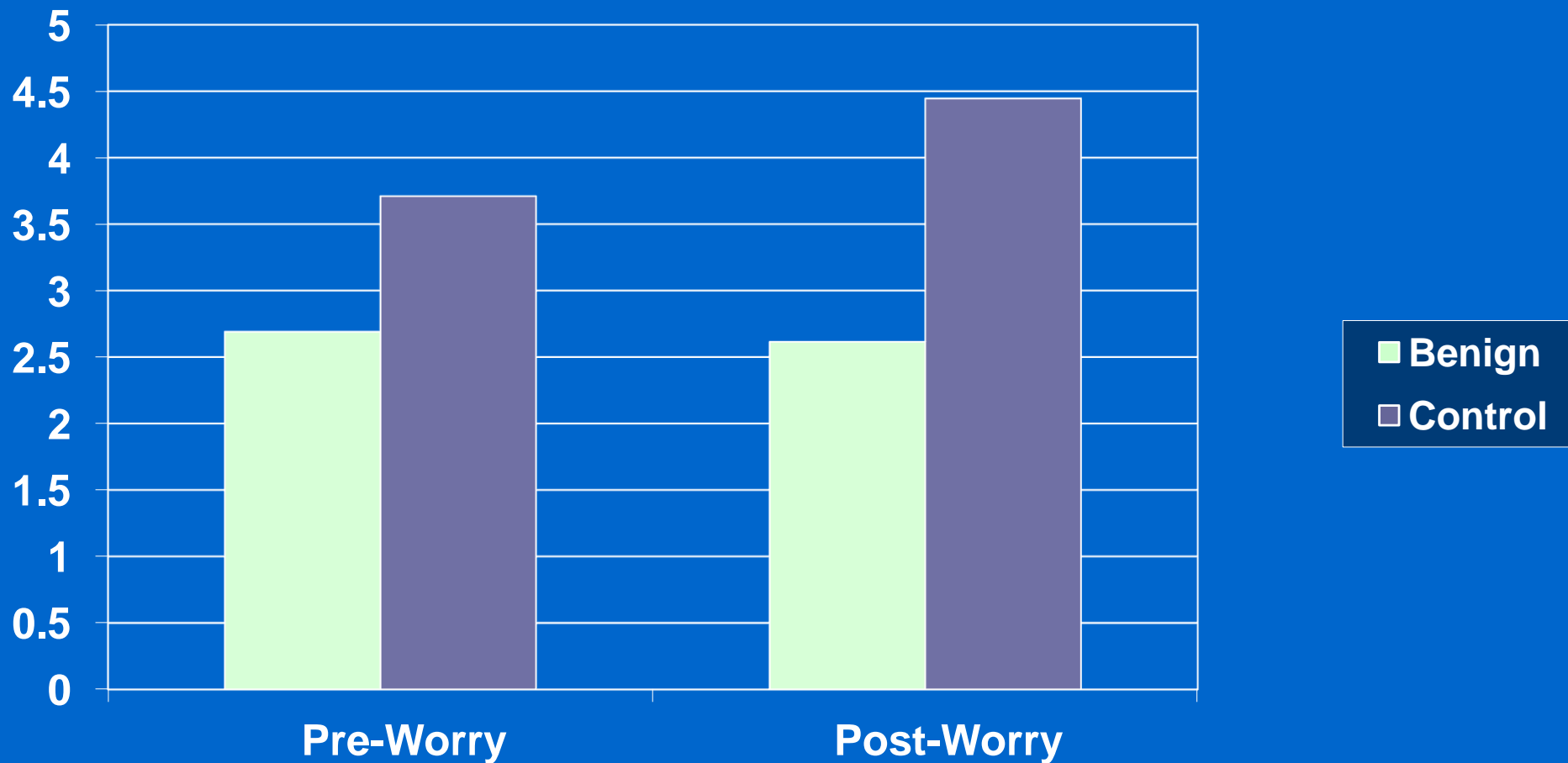
Interpretation Bias Assessment

*Sentence Completion Task (Huppert et al. 2007)*

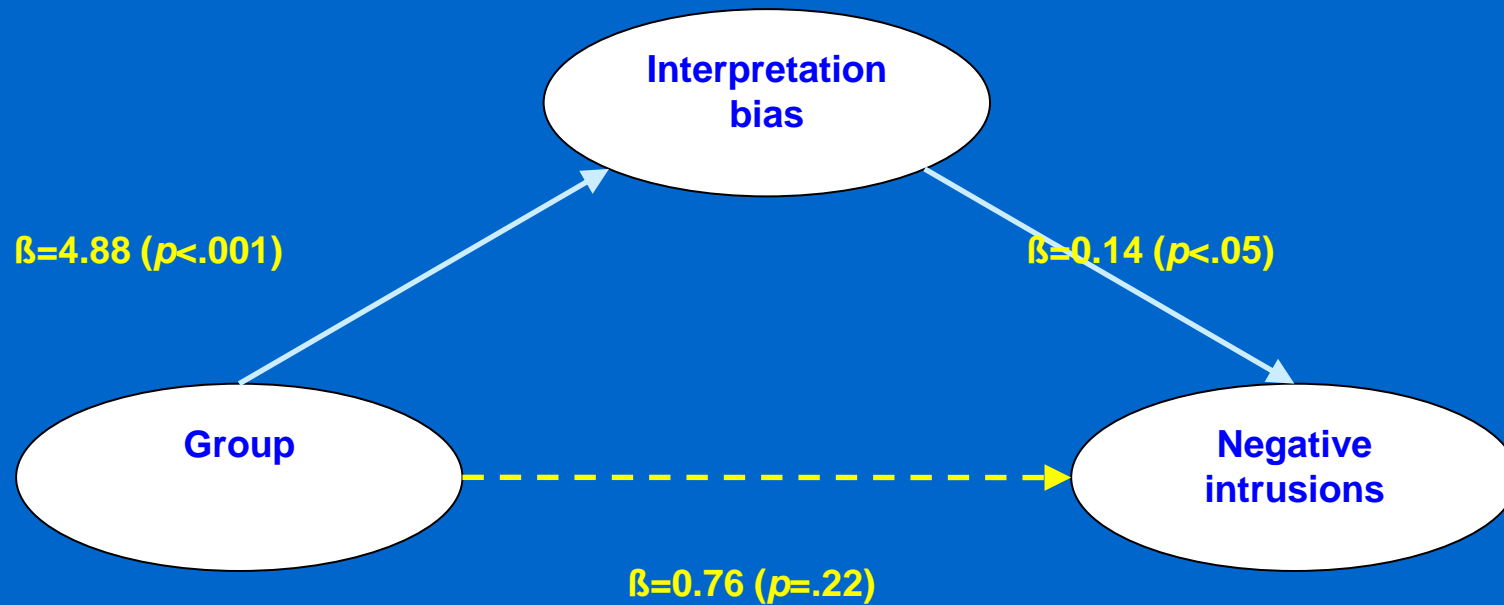
# Interpretation Bias Assessment: Proportion of Negative Responses on Sentence Completion Task



# WPT: Number of negative thought intrusions pre- & post-worry



# *Mediation analysis*



# Hayes et al. (2010) conclusions

- Benign interpretations reduces negative intrusions in GAD
- Threat interpretation bias has a causal role in uncontrollability of worry in GAD
- CBT
- Does a threatening interpretation bias take up attentional control?

Does a more benign interpretation bias take up less attentional control? (Hirsch, Hayes and Mathews, 2009, Journal of Abnormal Psychology)

High worriers:

Benign vs. Control

Design:

Interpretation modification



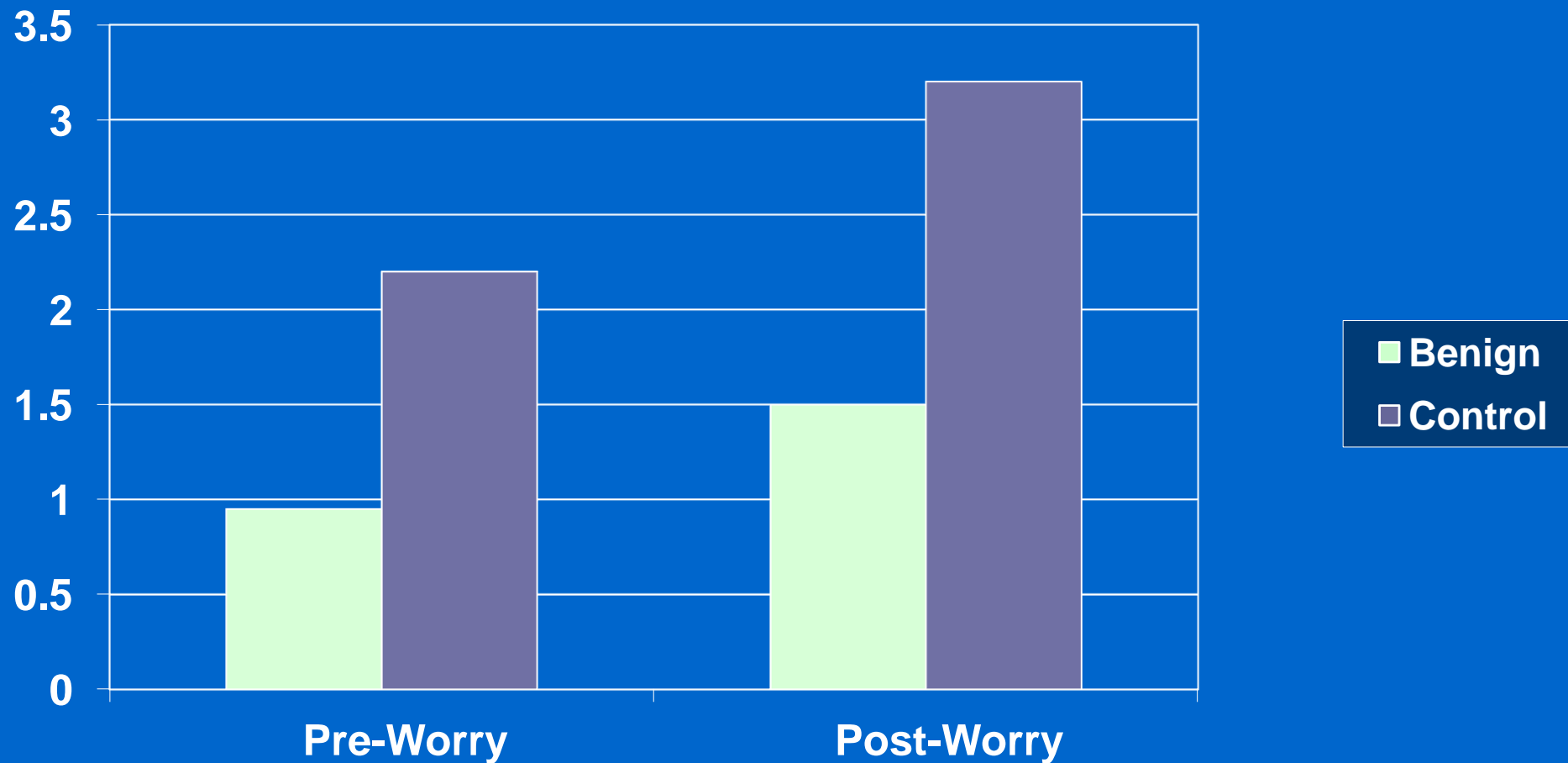
Worry Persistence Task



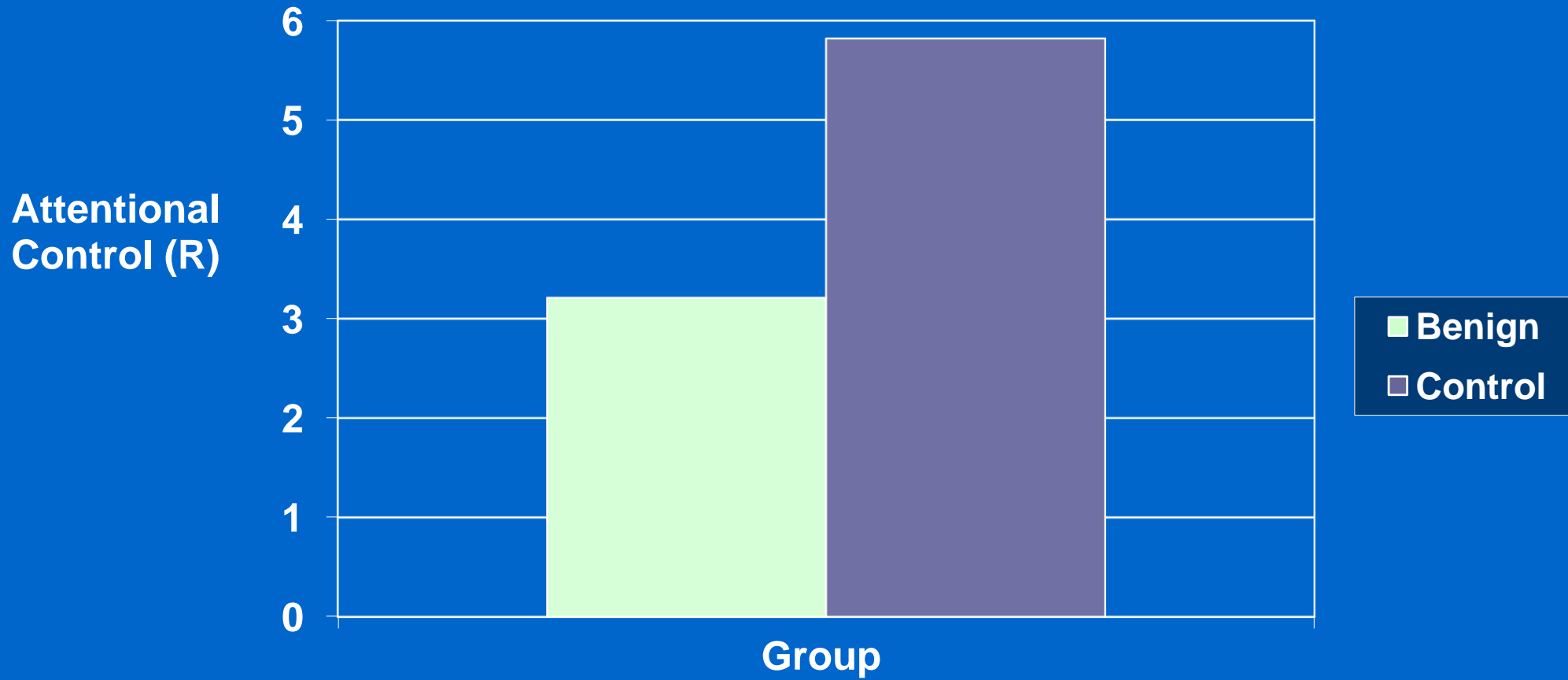
Dual Task (Attentional Control during Worry)



# WPT: Number of negative thought intrusions pre- & post-worry



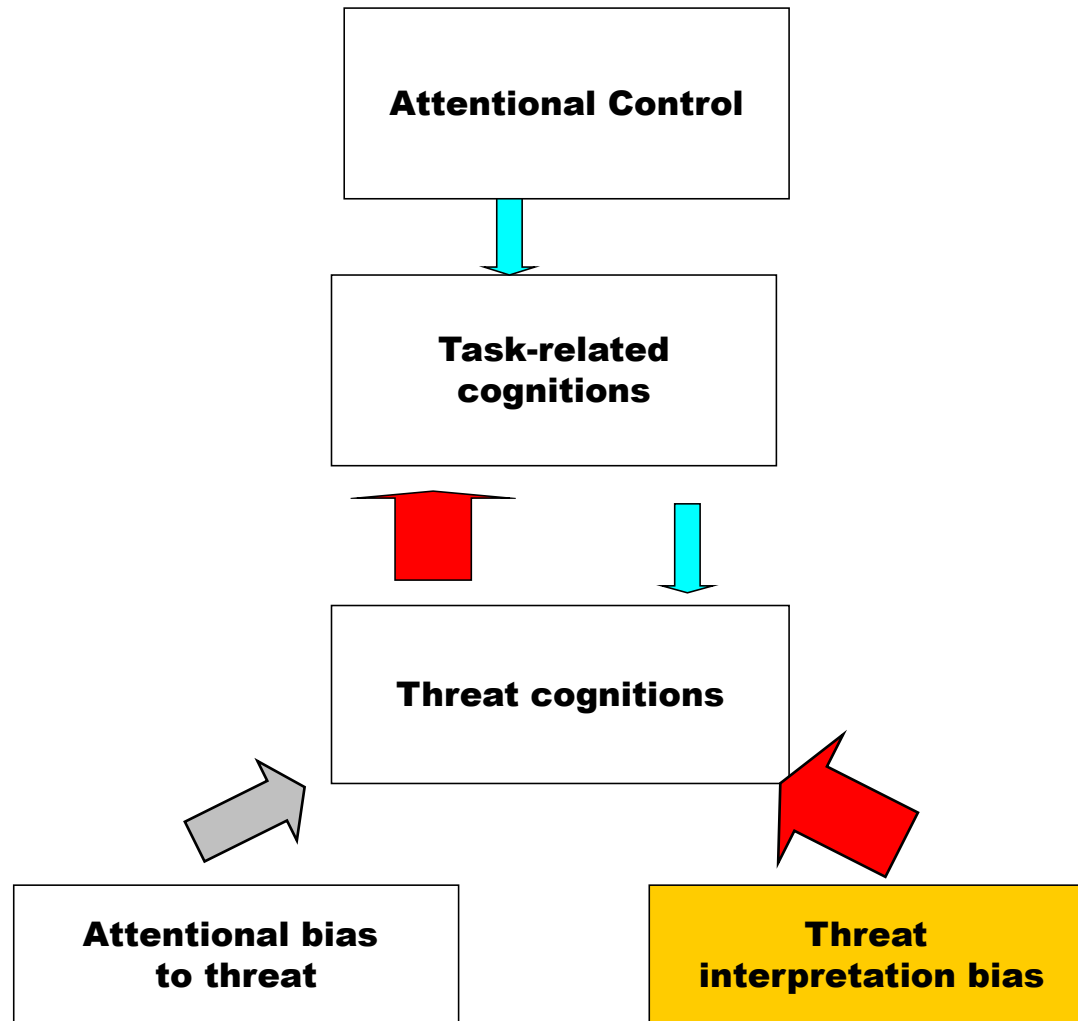
# Dual Task: Attentional control taken up by worry



# Hirsch et al. (2009) conclusions

- Benign interpretations reduce:
  - negative intrusions
  - attentional control taken up by worry
- Causal role for threat interpretations in:
  - uncontrollability
  - difficulty concentrating on the task at hand

# Threatening interpretation bias helps activate threat cognitions in worriers



# Imagery & Verbal Processing

# Negative imagery in psychopathology

- Negative Imagery

  - Social Phobia - Hackmann et al. 1988;

  - Agoraphobia- Day et al 2004; OCD - de Silva 1986;

  - Health anxiety – Wells, et al. 1993

- Negative imagery has a causal role in maintaining anxiety

  - Social Phobia – Hirsch et al. (2003;2004;2006)

# Imagery during Worry in GAD

- Worry - predominance of Verbal activity with little imagery

Borkovec & Inz, 1990; Freeston, et al., 1996; Hoyer, et al., 2001; Borkovec, et al., 1998

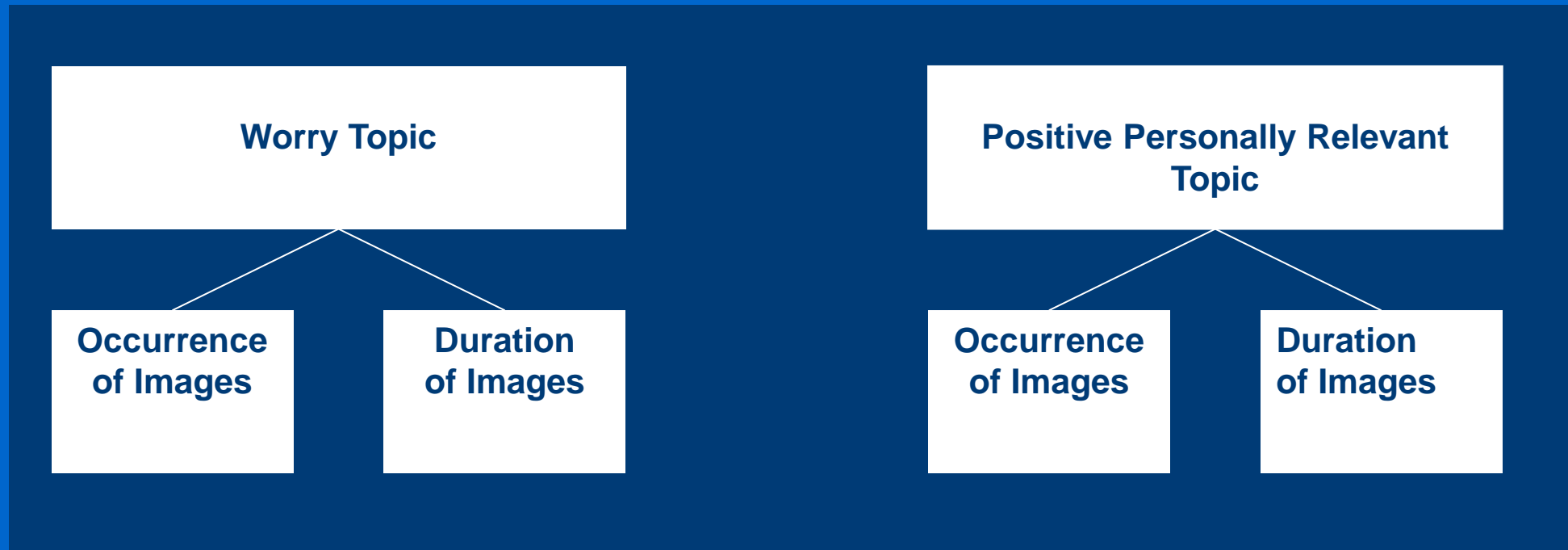
- Is this because:
  - a) Imagery occurs less often in GAD
  - b) When imagery occurs in GAD is it very brief
  - c) both

# Is imagery less common and/or briefer in GAD?

(Hirsch, Hayes, Mathews, Perman & Borkovec (2012) Journal of Abnormal Psychology)

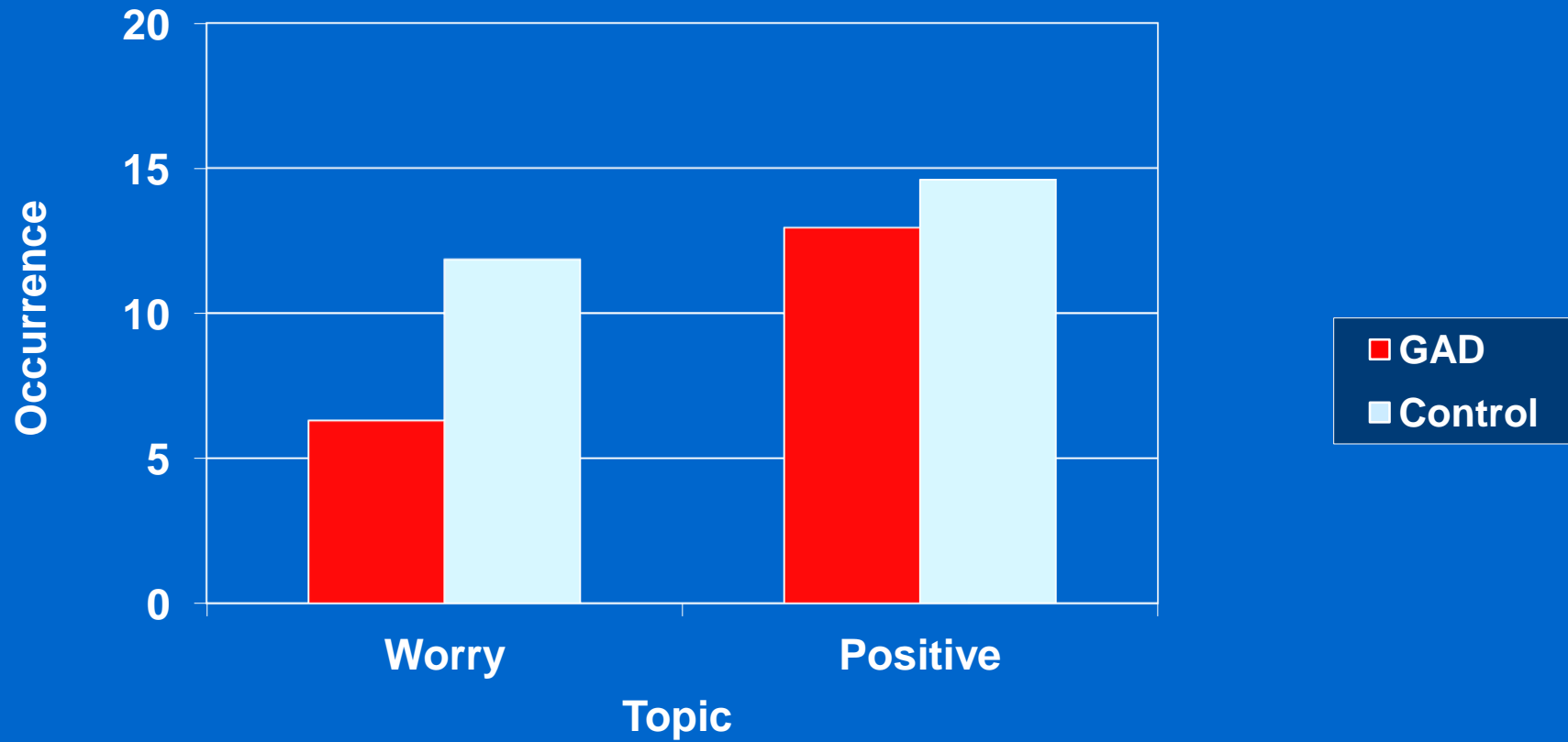
Participants: GAD Clients vs. Community controls

Design: All participants complete worry and positive topics





# Occurrence of Imagery



# Imagery Duration



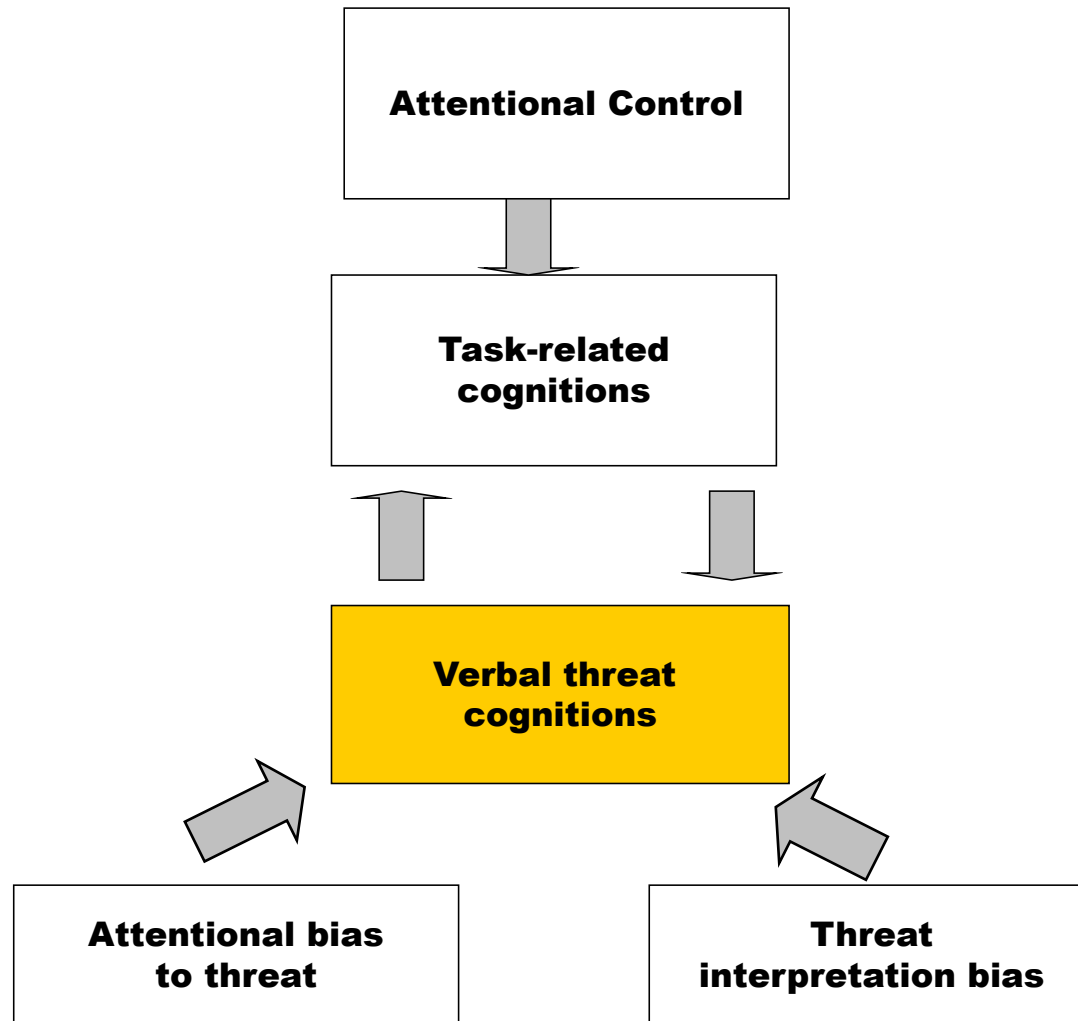
# Hirsch, et al. (2012): conc.

- During worry (compared to positive) imagery:
  - occurs less
  - briefer
- In GAD imagery (compared to controls):
  - occurs even less during worry
  - always briefer

Does the verbal nature of worry in GAD contribute to its uncontrollability?

# Verbal Worry

# Does the verbal nature of worry have a role in maintaining worry



# Does the verbal nature of worry help maintain worry?

(Stokes & Hirsch, 2010, Behaviour Research & Therapy)

**Participants:** High worriers

**Design:** verbal worry vs. worry in imagery

**Task:**

Breathing Focus Period



Train Verbal or Imagery

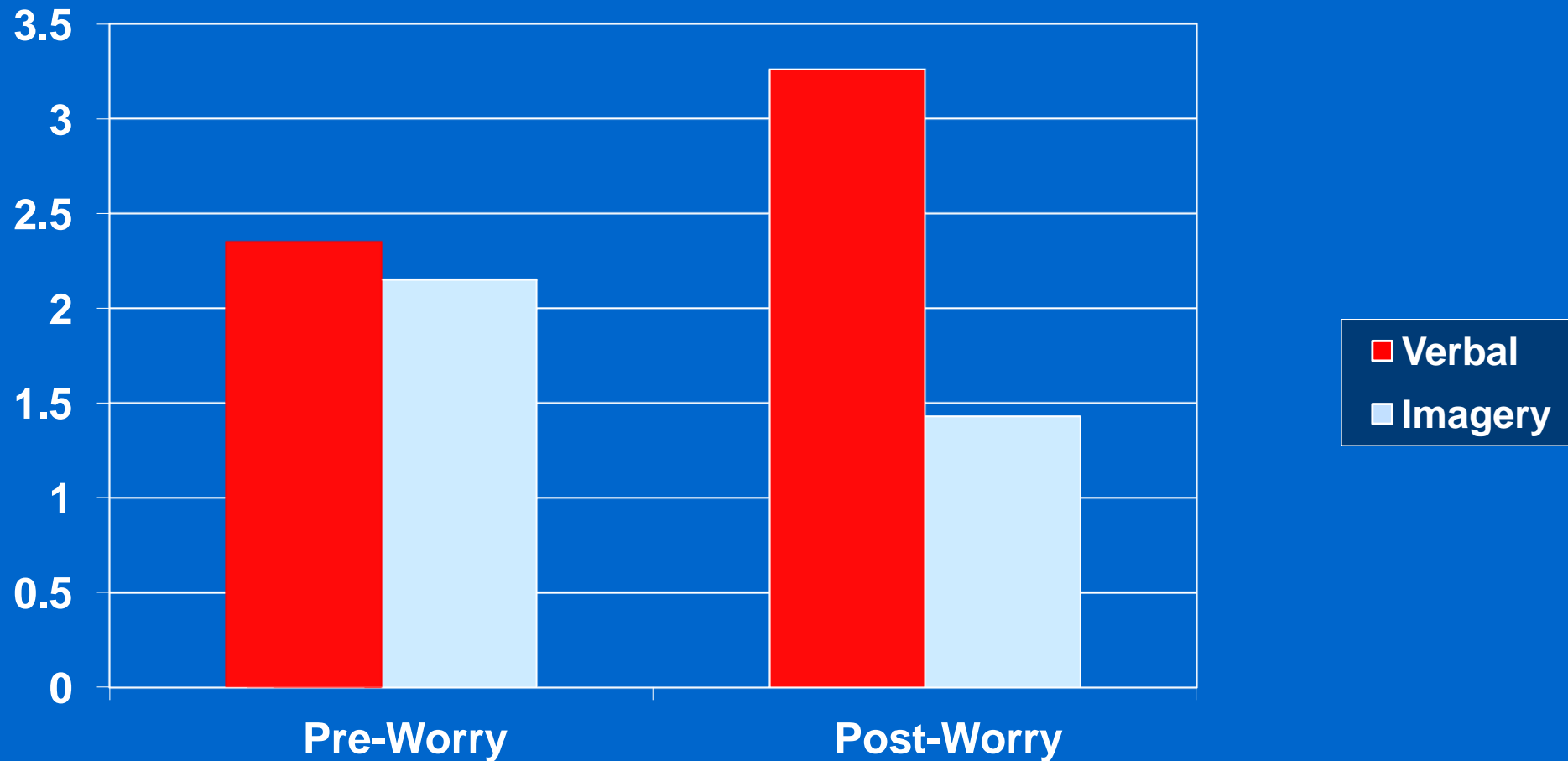


Worry (Verbal or Imagery)



Breathing Focus Period

# WPT: Number of negative thought intrusions pre- & post-worry



# Conclusions Stokes & Hirsch 2010

- Worry in its normal verbal form increases negative intrusions
- Verbal worry perpetuates uncontrollability
- Is all verbal processing less helpful than imagery?



# What role does the valence and style of thinking have on uncontrollability of worry? (Hirsch, Perman, Mathews & Hayes, in prep)

- Positive imagery in social phobia (Hirsch et al., 2003; 2004; 2006)
- Would positive imagery reduce intrusions more than feared imagery?
- Would positive verbal thinking be less helpful than positive imagery?

Participants: High worriers

Design: Allocated to Verbal OR Imagery  
Allocated to Feared OR Positive

**Verbal**

**Feared  
Outcome**

**Positive  
Outcome**

**Imagery**

**Feared  
Outcome**

**Positive  
Outcome**

# Procedure

Breathing Focus Period



Train imagery or verbal  
of feared or positive outcome

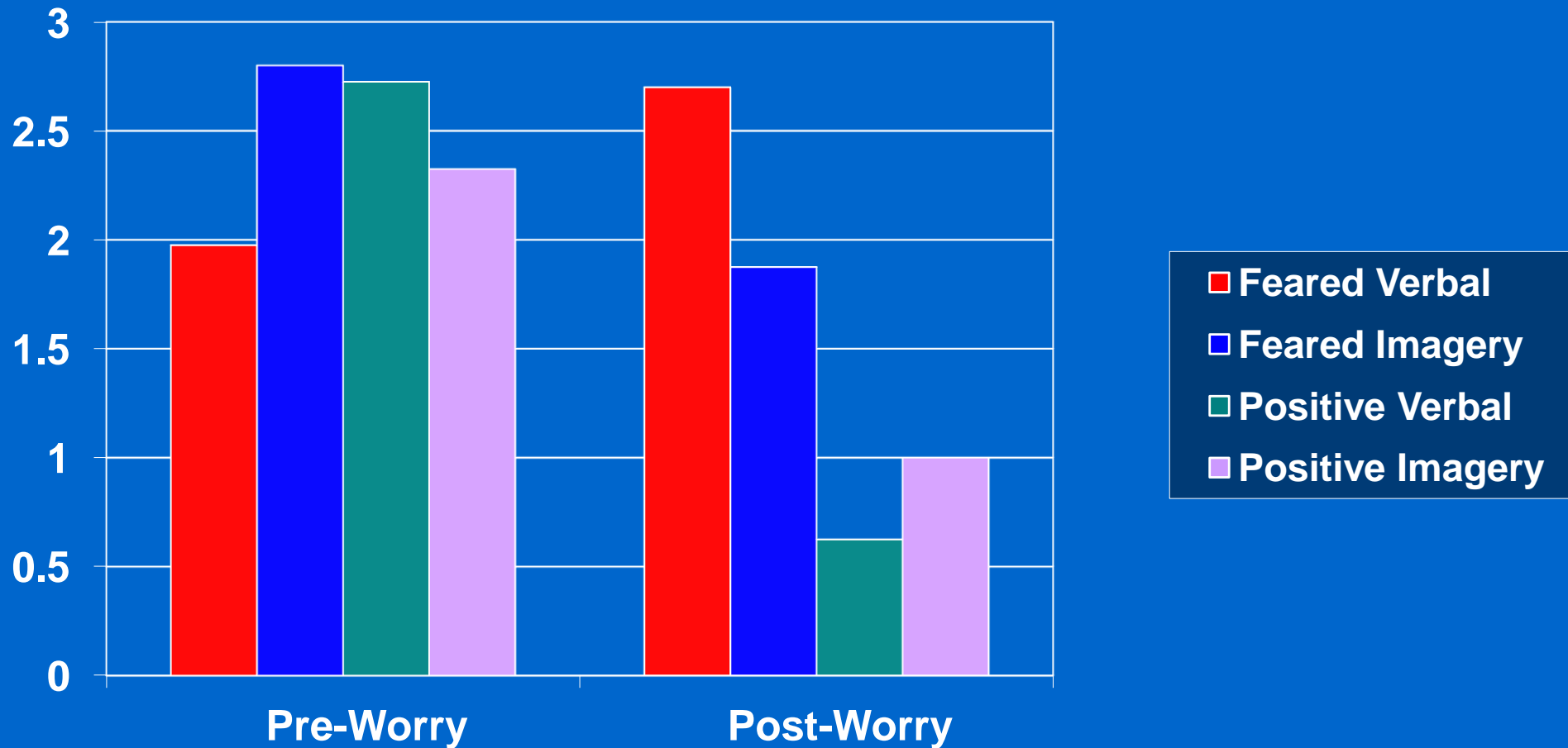


Worry Topic Period  
(imagery or verbal  
of feared or positive outcome )



Breathing Focus Period

# WPT: Number of negative thought intrusions pre- & post-worry



# Hirsch et al. (in prep) conclusions

- Imagery:
  - Feared Imagery = Positive Imagery
- Positive:
  - Positive Verbal = Positive Imagery
- Verbal Feared (normal worry) promotes intrusions
- Verbal nature of worry has a causal role in maintaining its uncontrollability
- CBT
- Is the abstract nature of verbal worry that is unhelpful?

# Abstract Generalised worry

# Is it the abstract nature of worry that is problematic? (Richards & Hirsch, in prep)

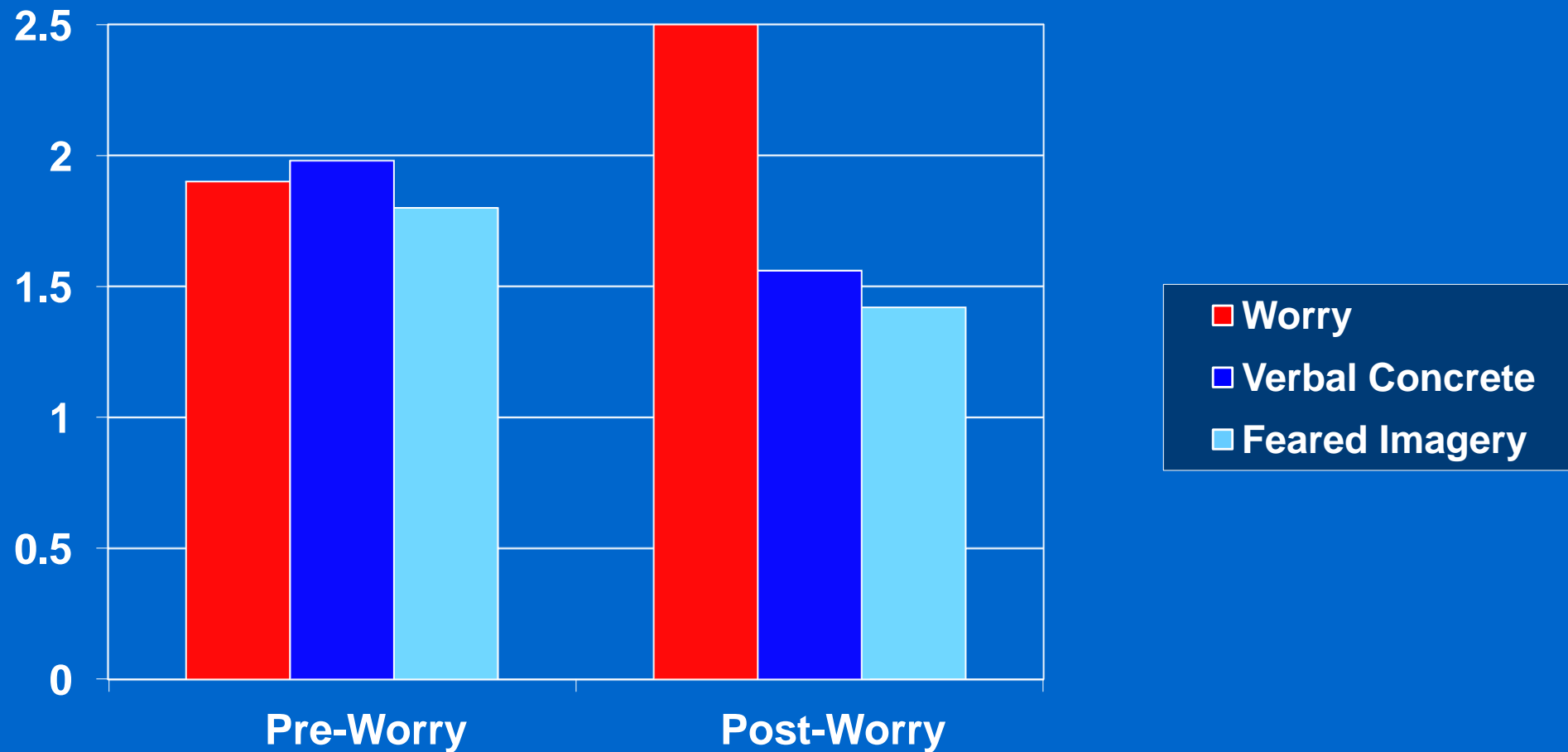
Worry is abstract in nature and lacks specificity (Stöber, 1998; Stöber et al., 2000)

High worriers:

- Imagery
- Worry as normal (abstract verbal)
- Verbal concrete and specific

Worry Persistence Task

# WPT: Number of negative thought intrusions pre- & post-worry





# Richards & Hirsch (in prep)

## conclusions

- Imagery = verbal concrete and specific:
- Worry as normal (verbal abstract) promotes intrusions
- Abstract nature of worry has causal role in uncontrollability of worry
- CBT
- Does verbal worry utilise attentional control?

# Does the predominance of verbal thinking during worry take up attentional control?

(Leigh & Hirsch, 2011, Behaviour Research & Therapy)

Participants:

High vs. low worriers

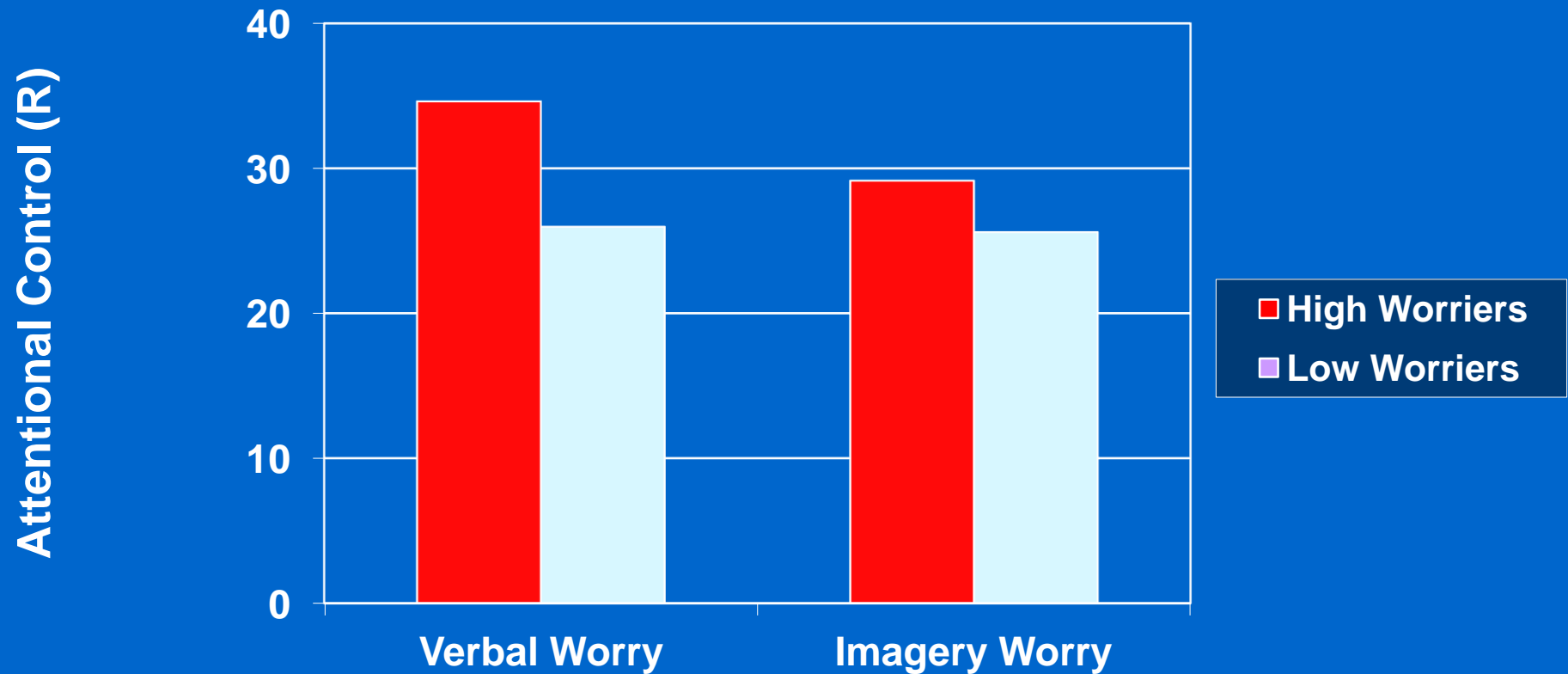
Conditions:

Worry Verbally vs. Worry in Imagery



Assess attentional control during worry  
(Random Interval Generation task)

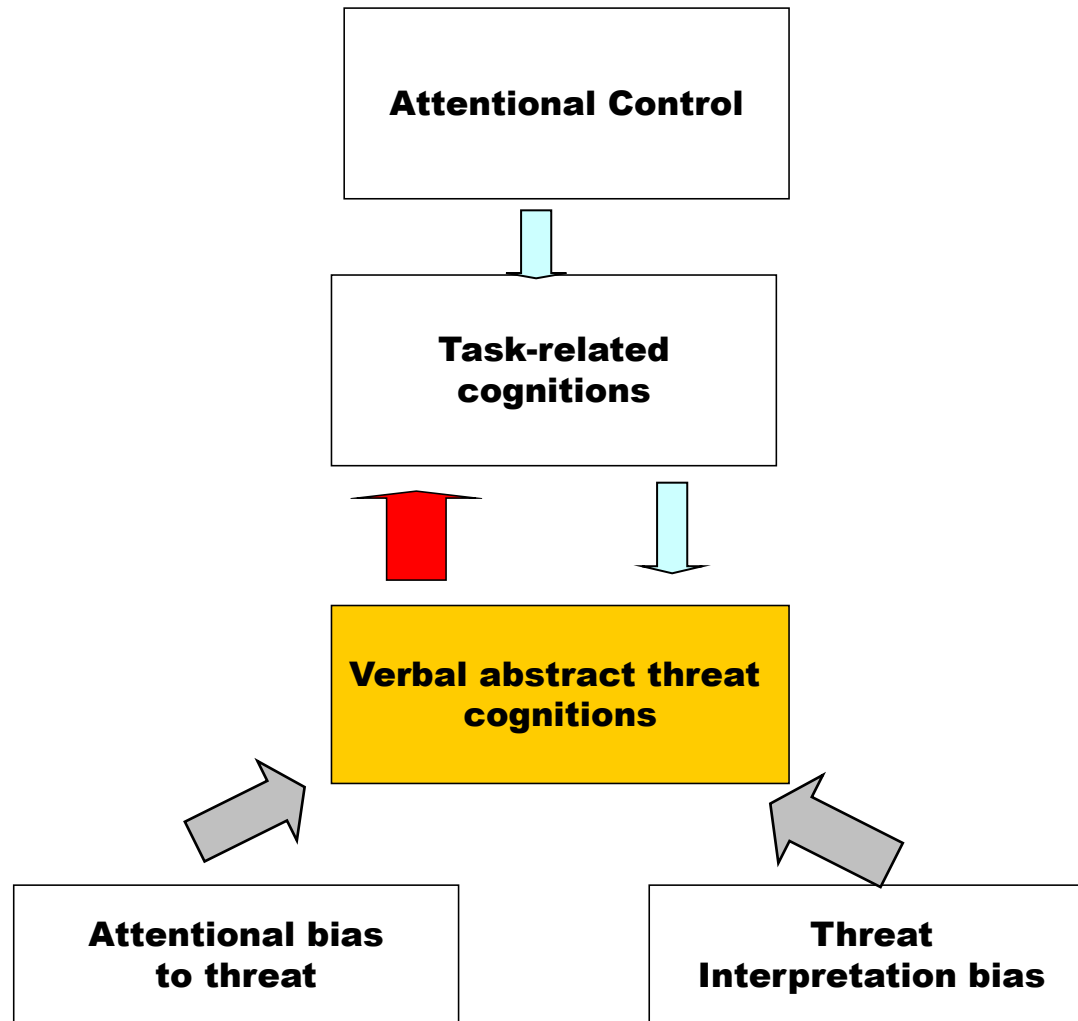
# Attentional Control taken up by verbal or imagery worry in high and low worriers



# Leigh & Hirsch (2011) conc.

- Low worriers: AC verbal = AC imagery
- High worriers: AC verbal > AC imagery
- Causal role for verbal worry in makes it difficult to concentrate on the task at hand
- CBT

# Verbal abstract nature of worry is causal in reducing task focus high worriers



# Verbal worry & attention to threat

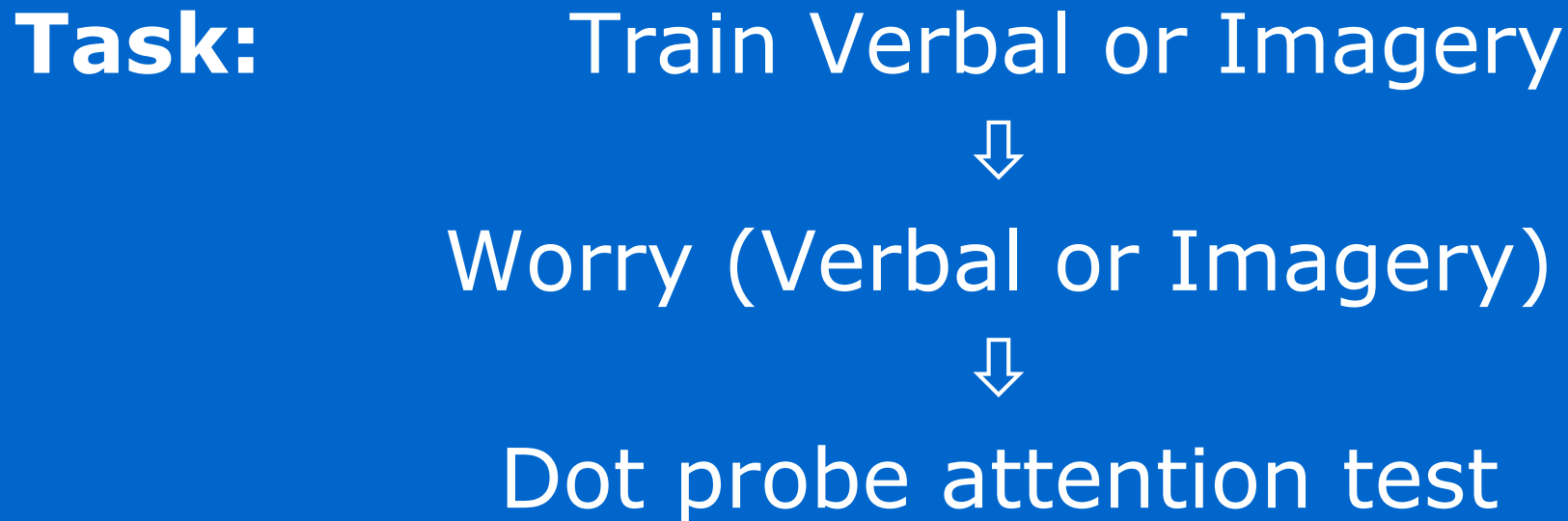
# Does the verbal nature of worry promote attention to threat?

(Williams, Mathews & Hirsch, 2013, Jn of Behaviour Therapy & Experimental Psychiatry)

- Once normal verbal worry is occurring, does it increase attentional bias to threat?
- Does prolonged imagery of the worry do the same thing?

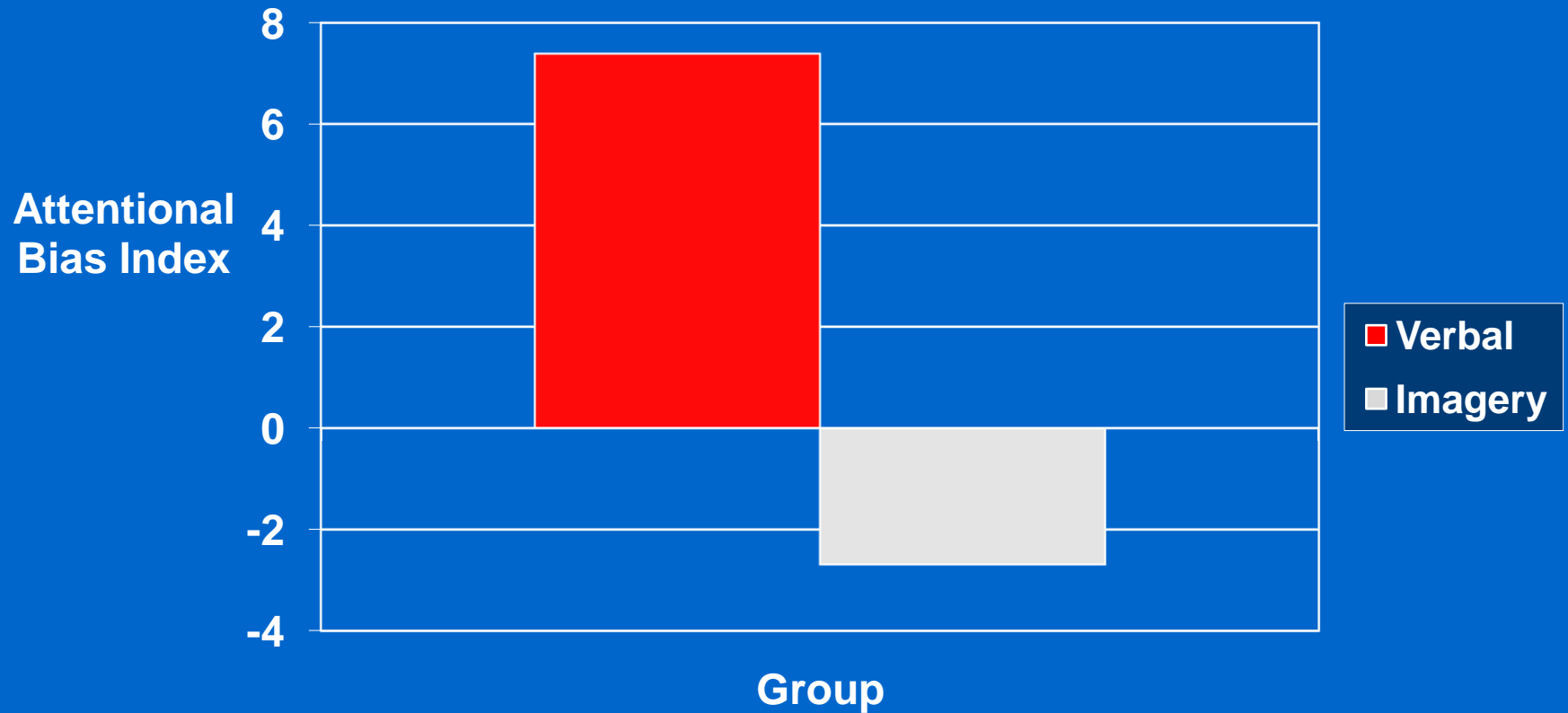
**Participants:** High worriers

**Design:** verbal worry vs. worry in imagery





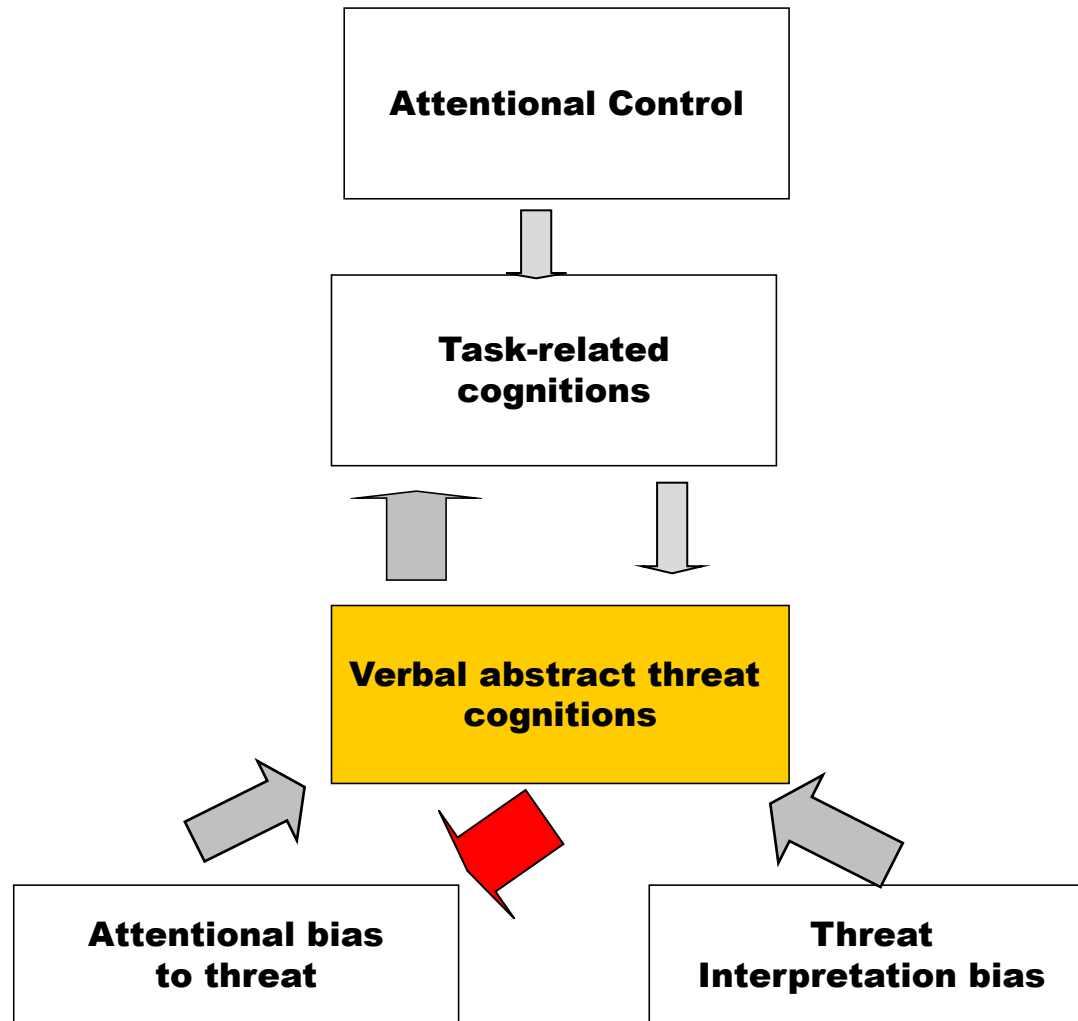
# Attentional bias to threat for verbal and imagery groups



# Williams et al (2013) conclusions

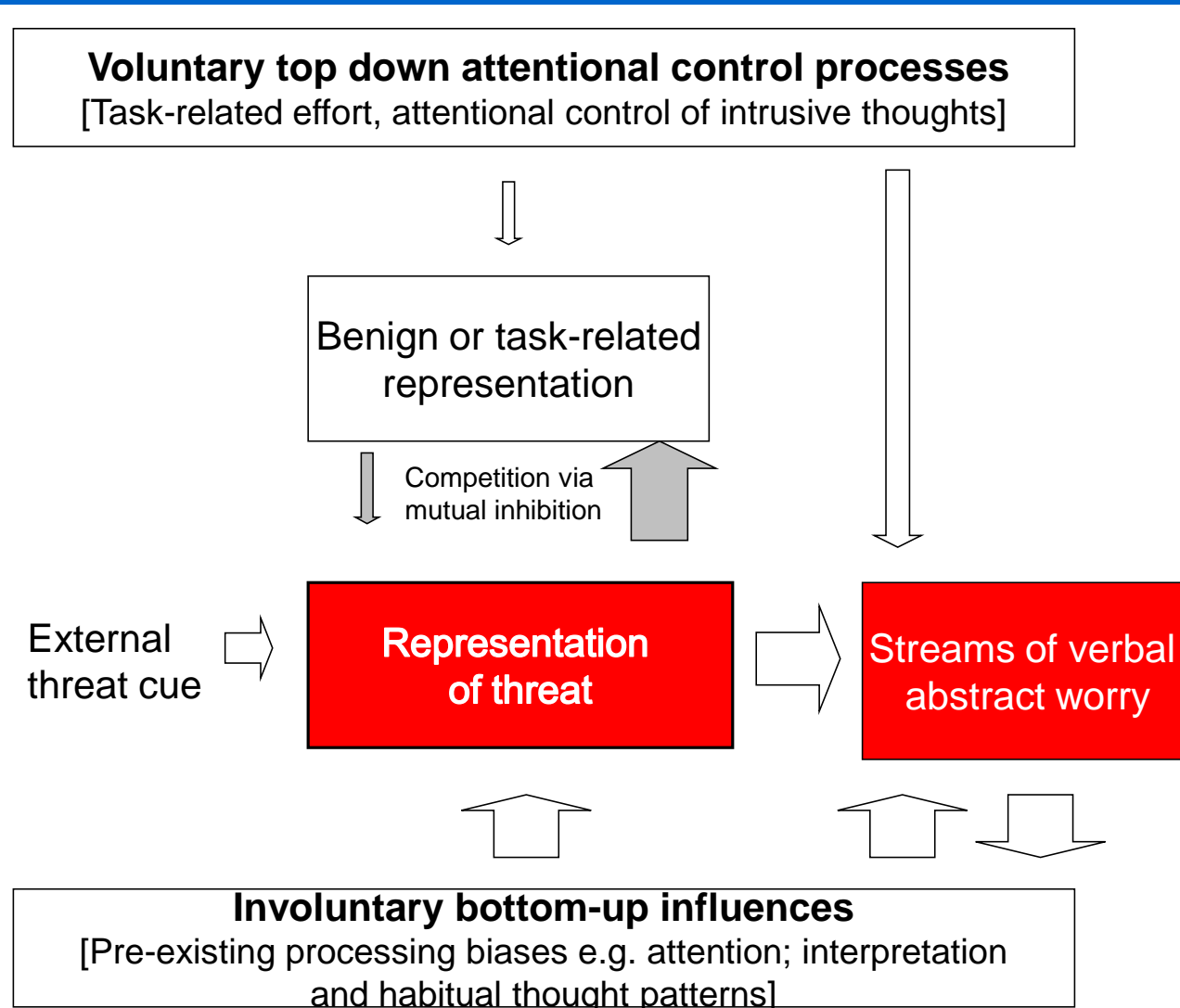
- Verbal worry promotes attention to threat
- Worry in imagery does not
- Causal role for verbal worry in promoting an attentional bias to focus on threat
- CBT

# Verbal abstract nature of worry is causal in promoting threat focus in high worriers



# Model of Pathological Worry

# Model of Pathological Worry (Hirsch & Mathews (2012) Behaviour Research & Therapy



How can this theory guide  
cognitive behaviour therapy (CBT)  
for GAD?

# Common clinical difficulties when working with GAD

- Clients often talk at length about all the worry – focus on content
- Multiple topics at any one time
- Worry topics change all the time
- Clinicians report finding ever changing worry topics a challenge

# Focus on changing cognitive processes

- CBT for GAD provides a range of techniques (e.g. Borkovec 2006)
- Some techniques do not require information about worry content
- Some techniques involve getting limited information about current worry content
  - Focus on feared outcome (concrete and specific)



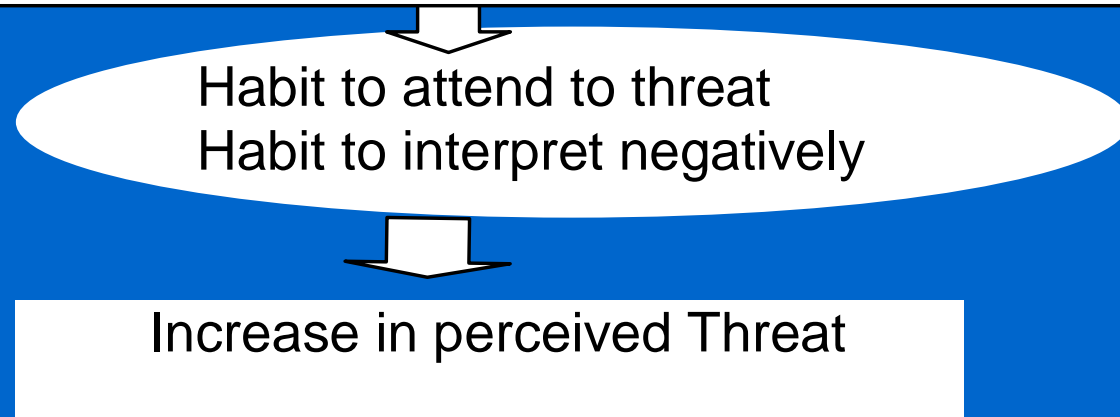
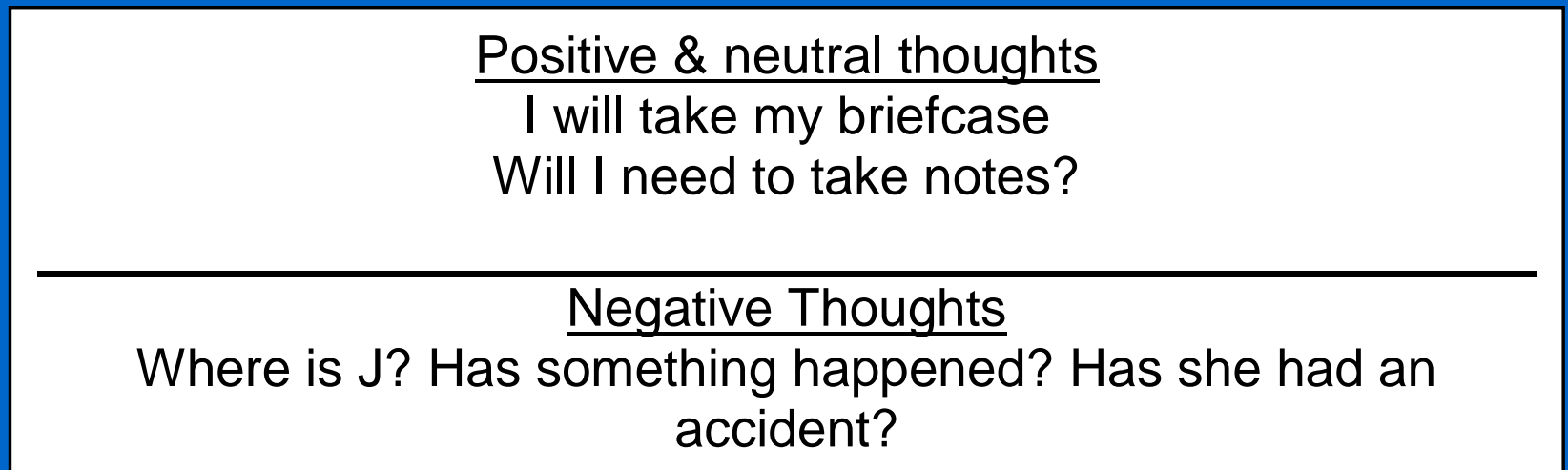
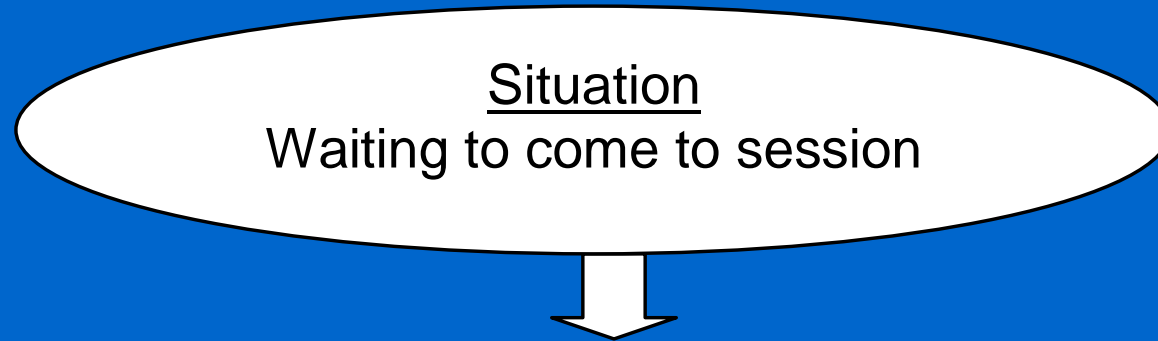
# Client

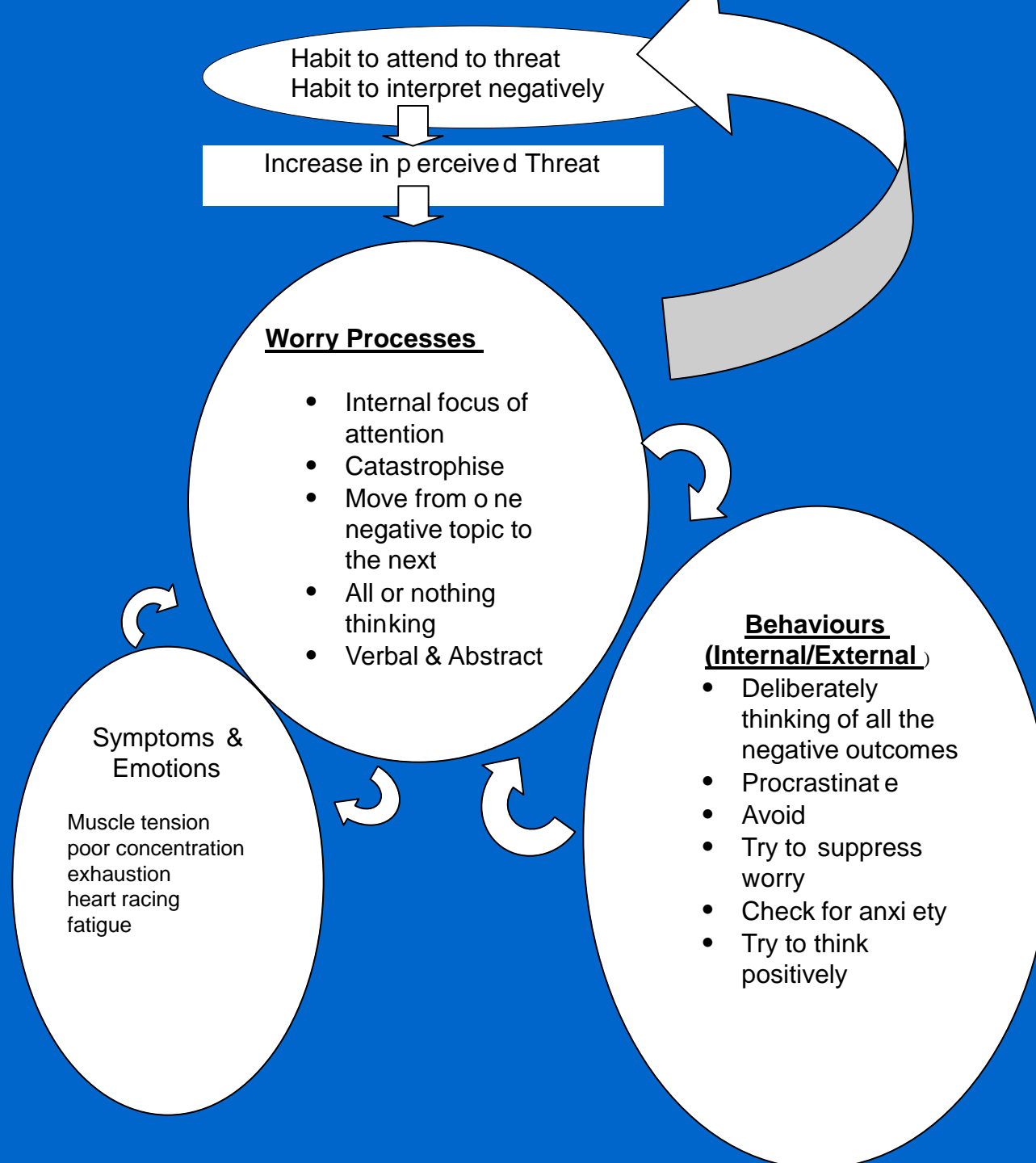
- AG 46 year old publisher
- GAD
- Worry about lots of different things
  - Will we get a seat at the pub?
  - Is the dog ok?
  - Will I wake up from the anaesthetic at the dentist?
  - What if I am late for work
- Multiple topics always changing

# Co-morbid problems

- Claustrophobia
- Social anxiety
- Health anxiety
- Past depression

# Formulation





What cognitive processes are targeted by CBT techniques

# Abstract General Thinking

# AG's Worry History Outcome

- 1 = Much Better Than I feared
- 2 = Better Than I feared
- 3 = As Bad as I feared
- 4 = Worse than I feared
- 5 = Much worse than I feared

Date	Worry topic	What I fear will happen	Actual outcome 1-5	How well well I coped 1-5
7/2	Appraisal	Boss will tell me my work is very poor	2	1
8/2	Traffic bad	Negative comments on my lateness	1	1



# Range of cognitive processes targeted by Worry History Outcome

- Identify feared outcome (generalised abstract)
- Track worry outcome (attention to threat)
- Ratings review (negative interpretations)
- Prolonged imagery of positive outcomes (attention threat & verbal abstract)
- Collate data (threat focus)

**Internal focus of attention on  
worry**

# **Train AG to shift to external focus of attention**

- Train external focus of attention
- Train when not highly worried to maximise attentional control
- Structured practice to attend externally

## **Cognitive Processes Addressed**

- Directs attentional control externally;
- Reduces attention to threat, negative interpretations, verbal abstract thinking

# Developing external focus when AG worries

- Worry free zones
- Worry Time Tabling (Stimulus control Training)

## Processes addressed

Directs attentional control resources away from worry

Reduces attention bias to threat, negative interpretations, verbal abstract

**Habit to worry verbally about  
multiple negative outcomes**

# AG's Positive Outcome Imagery

- Worry - multiple negative outcomes
- 85% of worry outcomes are positive (WHO)
- If bad outcome happens 75% of time cope OK

Prolonged positive outcome imagery for future worries

- Identify multiple positive outcomes
- Generate prolonged vivid image of positive outcome

# Cognitive processes addressed by prolonged positive imagery of future worry

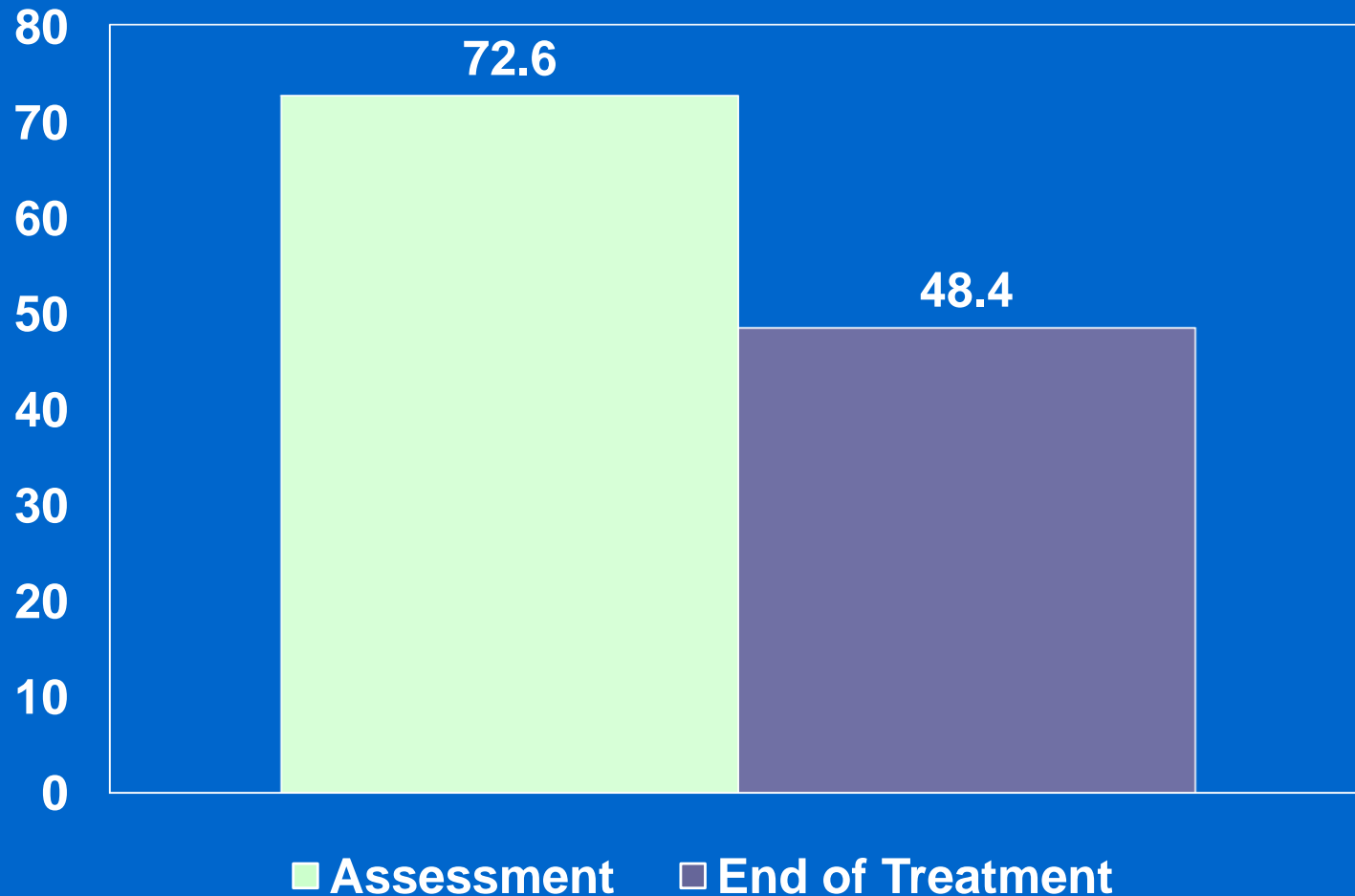
- Imagine outcome (verbal abstract processing)
- Prolonged imagery (brief imagery)
- Positive outcome (attention to threat)

# CBT for GAD & Cognitive Processes

- Specific techniques to reduce worry in GAD target key cognitive processes
- Repeated practice of techniques overcomes cognitive biases and helps promote ability to focus attentional control to task at hand



# PSWQ scores for initial fourteen cases taking a cognitive process approach



# Clinical Outcome

- Twelve sessions individual CBT guided by a cognitive process perspective
- Significant reduction in PSWQ
- Post treatment PSWQ matches general population mean (48)
- 13/14 no longer GAD

# Future research questions

- What determines how we allocate attentional control resources:
  - Attention bias
  - Beliefs
- Why is worry imagery in GAD so brief?
- Can a cognitive process approach to treating GAD improve outcome and successful dissemination of CBT?

Thank you!