

**Special Topics Paper: Acceptance and Commitment Therapy in the Treatment of Co-occurring GAD & MDD**

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## **Acceptance and Commitment Therapy in the Treatment of Co-occurring GAD & MDD**

Major depressive disorder (MDD) and generalized anxiety disorder (GAD) are among the most prevalent mental health disorders globally, significantly impacting well-being, daily functioning, and quality of life (WHO, 2020). Anxiety is characterized by excessive worry, fear, and apprehension, while depression involves persistent sadness, loss of interest, and feelings of hopelessness (APA, 2022). Both conditions can occur separately or co-occur, exacerbating their detrimental effects. Addressing anxiety and depression is crucial as they lead to a considerable decline in functioning and affects individuals across the world (Saha et al., 2021).

Acceptance and Commitment Therapy (ACT) is a third-wave cognitive-behavioral therapy (Hayes, 2004) that focuses on helping individuals accept their thoughts and feelings rather than fighting or feeling guilty for having them. The application of ACT in treating anxiety and depression, two of the most prevalent mental health issues worldwide, is shown to be just as effective as CBT in the treatment of mixed mental disorders (Samaan et al., 2019).

Understanding how ACT can be used to address these conditions is crucial because traditional treatments may not always be effective, and the innovative approach of ACT offers a promising alternative. This paper will review the existing literature on anxiety and depression, present a case study with an ACT formulation, and discuss advocacy, multicultural, and legal/ethical considerations.

### **Literature Review**

#### **The Nature of Anxiety and Depression**

Anxiety and depression are common mental health disorders that significantly impact individuals' daily lives and are often comorbid (Kalin, 2020). Anxiety disorders encompass various conditions, including generalized anxiety disorder, panic disorder, social anxiety

disorder, and specific phobias. Symptoms include excessive worry, restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbances (APA, 2022). Depression is marked by persistent sadness, loss of interest in previously enjoyed activities, changes in appetite or weight, sleep disturbances, fatigue, feelings of worthlessness or guilt, and suicidal thoughts (APA, 2022). Together, anxiety and depression have become synonymous with how we describe our feelings as a culture, intensified by the collective trauma of COVID-19.

### **Prevalence**

Anxiety and depression are widespread. The World Health Organization (2021) estimates that more than 264 million people globally suffer from depression, and anxiety disorders affect around 284 million people. These conditions can occur at any age, though they often emerge in adolescence or early adulthood (APA, 2022). Women are more likely than men to experience both anxiety and depression, possibly due to a combination of biological, psychological, and sociocultural factors (Kalin, 2020).

Anxiety disorders affect approximately 18.1% of the U.S. adult population annually, making them the most common mental illness (Kessler et al., 2015). Depression affects about 8.3% of U.S. adults each year (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021). The co-occurrence of anxiety and depression is also common, with about 45.7% of individuals with depression experiencing anxiety symptoms (Kessler et al., 2015).

### **Causes**

The etiology of anxiety and depression is multifaceted, involving genetic, biological, environmental, and psychological factors. Genetic predisposition plays a significant role, as does neurochemical imbalances (Kalin, 2020). Environmental stressors such as trauma, abuse, and

chronic stress also contribute, as does psychological factors including maladaptive thought patterns and coping mechanisms, which perpetuate the symptoms (APA, 2022).

### **Treatments Available**

Traditional treatments for anxiety and depression include pharmacotherapy (e.g., antidepressants and anxiolytics) and psychotherapy, primarily cognitive behavioral therapy, interpersonal therapy, and mindfulness-based cognitive therapy (Goodwin, 2021). While these treatments are effective for many, a significant number of individuals do not achieve full remission or experience relapses, and they may be too time-consuming or affordable for some individuals (Goodwin, 2021). ACT, as a form of psychotherapy, offers an alternative by encouraging individuals to accept their internal experiences and commit to actions aligned with their values. Studies have shown that ACT is effective in reducing symptoms of anxiety and depression, improving overall quality of life (Swain et al., 2013).

Acceptance and Commitment Therapy (ACT) is a therapeutic intervention that has gained traction in recent years. ACT emphasizes psychological flexibility through acceptance, mindfulness, and values-based action (Hayes et al., 1999). ACT aims to help individuals live meaningful lives despite the presence of distressing symptoms by fostering acceptance and committed action towards personal values (Hayes et al., 1999). Research indicates that ACT is effective in reducing symptoms of anxiety and depression, with comparable efficacy to CBT and in some cases, more effective (A-Tjak et al., 2015).

## **Case Study & Case Formulation**

### **Case Study: Lila**

#### **Client Demographics:**

- **Age:** 32
- **Gender:** Female
- **Race/Ethnic Background:** African American
- **Educational/Vocational Status:** College graduate, working as a social worker
- **Physical Appearance:** Average build, neat appearance
- **Interpersonal Style:** Introverted, polite but reserved

The client is a 32-year-old African American female. She holds a bachelor's degree in psychology and works as a social worker. Lila presents as well-groomed with a reserved and somewhat anxious interpersonal style. She lives alone in a small apartment and maintains a few close friendships.

**Presenting Problem:** Lila seeks therapy due to increasing anxiety and persistent depressive symptoms over the past six months. She reports feeling overwhelmed at work, experiencing frequent panic attacks, and struggling with feelings of worthlessness. Lila's presenting problem aligns with clinical observations, although her anxiety appears more pronounced than initially described. The presenting problem has evolved from general stress to acute anxiety and depression.

**History of Significant Events:** Lila's anxiety and depression began in her late teens, coinciding with her parents' divorce. She has a history of generalized anxiety punctuated by periods of severe depression. Socially, Lila reports supportive friendships but feels disconnected from her family. She has been in counseling intermittently since college and has experienced verbal and emotional abuse from a past romantic partner.

### **ACT Case Formulation**

**Diagnostic Formulation:** Lila meets the DSM-5 criteria for Generalized Anxiety Disorder (GAD) and Major Depressive Disorder (MDD). Her anxiety manifests as excessive worry about work and social interactions, while her depression is characterized by persistent sadness, lack of interest in activities, and social withdrawal.

**Clinical Formulation:** Lila's symptoms can be understood through the lens of ACT. Her experiential avoidance—efforts to avoid or escape unpleasant internal experiences—perpetuates her anxiety and depression. She struggles with cognitive fusion (rigid attachment to negative thoughts), becoming entangled in her negative thoughts, believing them to be true. This prevents her from engaging in valued life activities (experiential avoidance). Her history of relationship trauma further contributes to her symptomatology.

**Cultural Formulation:** As an African American woman, Lila may face unique stressors, including potential discrimination and cultural stigma surrounding mental health. These factors may influence her willingness to seek and adhere to treatment. As a social worker, Lila may feel pressure to present herself as “fully put together” and avoid treatment for fear of seeming weak.

**Treatment Formulation:** ACT aims to enhance Lila's psychological flexibility by fostering acceptance of her internal experiences, promoting mindfulness practices, and encouraging

actions aligned with her values, such as maintaining social connections and pursuing meaningful work. She will learn to defuse from her negative thoughts, seeing them as thoughts rather than truths. Values clarification exercises will help Lila identify what is truly important to her, guiding her to take committed actions aligned with these values.

### **Advocacy and Legal/Ethical Considerations**

#### **Advocacy Strategies**

Advocating for mental health involves raising awareness about anxiety and depression and promoting the benefits of therapies like ACT. Strategies include community education programs, collaborating with local organizations to provide mental health resources, and advocating for policy changes to increase access to mental health services. Additionally, supporting research on ACT can further validate its effectiveness and encourage its integration into standard mental health care practices.

Effective advocacy for clients like Lila involves promoting mental health awareness and reducing stigma, particularly within marginalized communities. Social workers and therapists can advocate for policies that increase access to mental health services, provide culturally sensitive care, and support trauma-informed practices. Additionally, engaging in community outreach and education can empower individuals to seek help and reduce the isolation often associated with anxiety and depression.

#### **Legal/Ethical Issues**

Legal and ethical issues that can arise in the treatment of anxiety and depression include client confidentiality, informed consent, and counselor competency, both in the therapeutic interventions used, and cultural competence. Confidentiality is paramount; therapists must ensure that clients' information is protected. Informed consent is another critical issue, requiring therapists to fully explain treatment approaches and obtain clients' agreement to participate. Additionally, cultural competence is essential; therapists must respect and understand clients'

cultural backgrounds and how these influence their experiences and treatment preferences.

Counselors must also use therapies in which they are proficient. Finally, therapists must be aware of the potential for dual relationships and boundary issues, particularly in small communities or when working with clients from similar backgrounds.

Acceptance and Commitment Therapy offers a promising approach for treating anxiety and depression, focusing on acceptance, mindfulness, and values-based living. Through a comprehensive case formulation and consideration of advocacy, multicultural, and legal/ethical factors, therapists can effectively support clients like Lila in managing their symptoms and enhancing their quality of life. Continued research and advocacy are essential to improve access to effective treatments and support for individuals with anxiety and depression.

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