
Generalized Anxiety Disorder (GAD) has been part of the diagnostic nomenclature since DSM-III. With the increasing emphasis on a scientific basis for diagnosis, worry has emerged as the hallmark symptom for this disorder. Until recently, only a handful of researchers have devoted considerable attention to the treatment of this condition despite its high level of comorbidity with other anxiety disorders and depression.

Rygh and Sanderson’s text draws from several of the primary researchers in the area of cognitive behavioral treatment of GAD and presents a cogent summary of both theory and intervention strategies. This book is clearly written with the clinician in mind and, as such, leans more toward presenting intervention strategies than an in depth understanding of the theoretical literature regarding GAD and/or worry.

The chapters in the book are each organized with a specific clinical focus. For example, there are chapters that concentrate on the cognitive, physiological, behavioral, and supplementary treatment techniques. The authors provide tables which will help the clinician to have both an overview of treatment as well as a guide to many of the specific interventions that are discussed. The chapters contain a number of easily to replicate or adapt handouts (e.g., a Worry Diary, Hierarchy of Worries log, Record of Response Prevention) that clinicians will find useful.

In addition to the user-friendly forms, the text also has materials that are clearly designed to be client handouts and reflect the psychoeducational component of GAD treatment. As an example, the chapter that discusses socializing the patient to treatment includes a four page handout entitled, “The Worry Process” which provides an excellent summary of what treatment will entail.

Similarly, most chapters contain excerpts of session transcripts. Interestingly, the authors have annotated the transcripts as a means of informing the reader as to the purpose of their line of inquiry. Novice CBT clinicians or those less experienced with treating anxiety disorders will find these excerpts extremely useful whereas more experienced clinicians may find them of lesser value albeit consistent with their experience.

One element of the authors’ book that is unique, is that several of the chapters conclude with a “Problematic Client Response…” section. Again, for the novice clinician having a sense of where some of the roadblocks in the treatment process occur and what to do to in anticipation provides an exceptionally helpful frame of reference.

The audience for this manual is very clearly the clinician who is relatively new to cognitive behavioral treatment and/or who has limited experience treating anxiety disorders in general, or GAD in particular. This book will also be useful to more experienced clinicians and educators who train others in these areas. While there is not a great deal that is novel, the authors have put considerable effort into sifting through the evidence-based literature in combination with their experience to provide an overview of what strategies are effective in the treatment of GAD. They have even extended this perspective to some of the newer variations on CBT by
including information on such areas as mindfulness and emotional processing and regulation training. On the whole, Rygh & Sanderson’s text is a useful addition to the clinician’s library.

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