

## **ANXIETY: A NARRATIVE REVIEW ON THE STATE OF THE ART OF EVIDENCE-BASED PSYCHOLOGICAL INTERVENTIONS AS ALTERNATIVE OR SUPPLEMENT TO DRUG INTERVENTIONS**

---

***Rangel Lima Costa***

Undergraduates in Medicine at the State University of Feira de Santana, Bahia

***Marize Fonseca de Oliveira***

Undergraduates in Medicine at the State University of Feira de Santana, Bahia

***Paloma França de Oliveira***

Undergraduates in Medicine at the State University of Feira de Santana, Bahia

***Marco Aurélio Alves França***

Undergraduates in Medicine at the State University of Feira de Santana, Bahia

***Márcia Daiane Silva dos Santos***

Psychologist specializing in Mental Health and Collective Health from the Faculdade de Ciências Tecnológicas da Bahia

***Marina Florêncio Falcão***

Psychologist from Faculdade Nobre de Feira de Santana, Bahia

***Carla Jamile Jabar Menezes***

Neurologist and Master in Neuroscience from the Universidade Federal da Bahia

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



**Abstract:** Anxiety can be a positive indicator of facing challenges, or represent a set of typical signs and symptoms of mental illness. While in the first case, it aims to benefit the process of adaptation to new living conditions; in the second, it marks a dysfunctional process in some contexts, impacting the quality of life of individuals and requiring a special look at the transdiagnostic scope. According to the World Health Organization, Brazil ranks first in the world when it comes to Anxiety Disorder. The Ministry of Health shows an increase of 86.5% in the proportion of anxiety in the Brazilian population. Such elements legitimize the relevance of research on anxiety and possible existing managements that present evidence in their treatments. In the scenario of low response of therapeutic resources offered to the health community as possible managements for pathological anxiety, such as drug treatment and Cognitive Behavioral Therapy (CBT), the present work aimed to investigate the state of the art of treatment alternatives for such a construct, offering a legacy of useful information for future/current interested students and even professionals in the area. The results pointed to Acceptance and Commitment Therapy (ACT) as a promising alternative treatment for anxiety. The method aims to create strategies to deal with the sufferings arising from them, culminating in the reduction of their signs and symptoms. Furthermore, it proved to be substantially effective and feasible in the online modality, with minimal adverse effects and with the potential to offer evidence-based treatment for many patients.

**Keywords:** Anxiety, Acceptance and Commitment Therapy, generalized anxiety disorder.

## INTRODUCTION

The construction and development of the subject permeates its relationship

with different factors imbricated in their experiences in the environments they are inserted, transcending biological factors. In this sense, the adversities of contemporary contexts (especially the pandemic context) favor the unfolding of some aversive events and, consequently, some illnesses become more frequent, such as anxiety.

Currently, the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM V) systematizes some symptoms of Anxiety Disorder. In its descriptive text, attention must be paid to the symptoms of fatigue, difficulty concentrating, occasional forgetfulness, irritability, muscle tension and significant sleep disturbances. Anxiety is related to a set of anticipated responses to the future threat. This reaction can be psychological, as in the case of vigilance in preparation for future danger followed by cautious or avoidant behaviors, or biological, represented by muscular tension or motor restlessness.

The diagnostic characteristics of anxiety in the International Classification of Diseases (ICD11) corroborate what was presented in the DSM V, adding some important information related to the differentiation between the diagnosis of anxiety and fear disorders; in addition to presenting symptoms such as sympathetic autonomic hyperactivity and subjective experience of nervousness.

Anxiety and some fear-related disorders are classified in the same category in both DSM V and ICD 11, they are: Generalized Anxiety Disorder (DSM V: 300.02 and ICD 11: 6B00), Panic Disorder (DSM V: 300.01 and ICD 11: 6B01), Agoraphobia (DSM V: 300.22 and ICD 11: 6B02), Specific Phobia (DSM V: no number and ICD 11: 6B03), Social Anxiety Disorder (DSM V: 300.23 and ICD 11: 6B04), Separation Anxiety Disorder (DSM V: 309.21 and ICD 11: 6B05), Selective Mutism (DSM V: 313.23 and ICD 11: 6B06),

Substance/Medication-Induced Anxiety Disorder, Hypochondria (ICD 11: 6B23), Secondary Anxiety (ICD 11: 6E63), Anxiety Disorder Due to Another Medical Condition (DSM V: 293.84), Other Specified Anxiety Disorders or Fear (DSM V: 300.09 and ICD 11: 6B0Y), Anxiety Disorder Not Specified (DSM) V: 300.00, CID 11: 6B0Z).

Generalized anxiety (DSM V: 300.02 and CID 11: 6B00), the most recurrent syndrome in the research of this work, is related to uncontrolled, excessive and insistent affliction in some areas of life, such as educational and occupational, according to the DSM V. ICD 11 validates the aforementioned information, complementing the personal, family, social and financial areas.

According to the World Health Organization, Brazil ranks first in the world when it comes to Anxiety Disorder. The Ministry of Health, in turn, presents data showing an increase of 86.5% in the proportion of anxiety in the Brazilian population. Such elements legitimize the relevance of state-of-the-art research on anxiety and possible existing managements that present evidence in their treatments.

After diagnostic confirmation, the National Institute of Health and Clinical Excellence guides the professional to refer the individual to individual or group cognitive-behavioral psychotherapy and, if there are no responses to such intervention, consider pharmacological treatment, or both. In the Anxiety Disorder Guidelines Project of the Brazilian Medical Association and the Federal Council of Medicine, it is only after mentioning the “use of medication” for the treatment of pathological anxiety that there is a timid mention of cognitive-behavioral psychotherapy as the alternative or complementary to the drug.

In both cases, pharmacological treatment and cognitive-behavioral psychotherapy, there are high rates of relapse. For the first

management option, there is a 50% chance of reappearance of signs and symptoms, still in accordance with the Guidelines. According to Barton et al (2014), when using the aforementioned psychotherapeutic approach, there are those patients who are resistant to treatment. At this pace, talking about the process of understanding the state of the art of treatments for anxiety permeates the effort to understand the current situation of the body of knowledge about the acceptable scientific ways of conducting this construct, which shares the idea of “state of the art”.

The above-mentioned acceptable scientific modes are those that are aligned with the American Psychological Association’s (APA, 2016) concept of Evidence-Based Practices in Psychology (PBEP), that is, those practices that present the best evidence available with clinical expertise, but that consider the context of individuals’ characteristics, culture and preferences. The factor “best possible evidence” is understood as that process proposed by a psychotherapeutic approach that results in potentiation of positive factors and reduction of negative factors (REED, 2016). The professional’s knowledge, built from their post-training experiences and during training, through supervision and studies of theory and practical application, is understood as “clinical expertise” (LEONARDI, 2016). Finally, the “context of characteristics, culture and preferences” is related to the individual’s movement of co-construction in their process when presenting their goals, expressing their values, beliefs, preferences, customs, sociocultural context and clinical status (APA, 2016). ).

As an alternative to the cognitive-behavioral approach, the approach that showed positive results in the treatment of anxiety was Acceptance and Commitment Therapy. With the main objective of developing psychological flexibility in

individuals, Acceptance and Commitment Therapy (ACT) aims at developing the skills necessary to deal with challenging experiences by directing actions towards values. Based on functional contextualism, it seeks to predict and influence interactions of experiential avoidance and unwillingness to face emotional and sentimental difficulties, in addition to painful thoughts. To achieve this goal, six main processes are used, namely: contact with the present moment, which is related to awareness without judgment of internal and external contents; *self* as context, recognition that individuals are not defined by their thoughts, emotions, self-image, but can be observers of them; cognitive dysfunction, which involves techniques that aim to treat thoughts and feelings for what they really are; acceptance, allowing the presence of unpleasant feelings and not trying to change them; values, discovery of what really matters in the life of the individual with directive intention of decisions; actions committed to values even if it is difficult to carry out. (HAYS, 2021).

In this scenario of low response to the options of therapeutic resources offered to the health community as possible managements for pathological anxiety, in addition to the relevance of the topic today, the present work proposes to investigate the state of the art of treatment alternatives for this phenomenon, offering a legacy of useful information for future/current students, interested parties and even for professionals already working in the area.

## **METHODOLOGY**

According to Lakatos and Marconi (2007), research is a formal process that starts from a reflective method and requires a scientific treatment of previously found data, with the purpose of understanding constructs or finding partial truths about them.

There are several types of research and scientific ways of accessing and treating the aforementioned data. One of them is the bibliographic research that, according to Gil (2008), is developed from material already prepared, which can be books, articles or theses. Bibliographic research is a type of qualitative research since words take evidence space (GODOY, 1995).

In this context, it is understood that the present work was based on qualitative research, since it was concerned with obtaining subsidies from previously written, analyzed and published documents, that is, in obtaining information from secondary data, in addition to resulting in data with the same characteristic. With the basic benefit of providing coverage of the subject, we sought to provide a systematic appreciation of the state of the art on the subject, allowing the identification of possible theoretical-methodological inconsistencies in previous studies, as well as points of divergence and convergence between the authors.

The present work is a narrative literature review, which will seek to present an overview of the last 05 years regarding evidence-based psychotherapeutic treatments for generalized anxiety. Therefore, the bibliographic research was conducted between September and November 2021. The selected databases were those indexed on the Scopus platform, a platform of great recognition and relevance among the academic community. The descriptors used in the search were: Anxiety, Boolean logical operator “*and*“, together with the descriptors of the third wave psychological approaches, based on evidence, namely: Acceptance and Commitment Therapy, Analytical Behavioral Psychotherapy, Dialectical Behavior Therapy, Therapies Contextual, Integrative Couples Behavioral Therapy, Behavioral Activation Therapy. Figure 01 presents, in more detail,

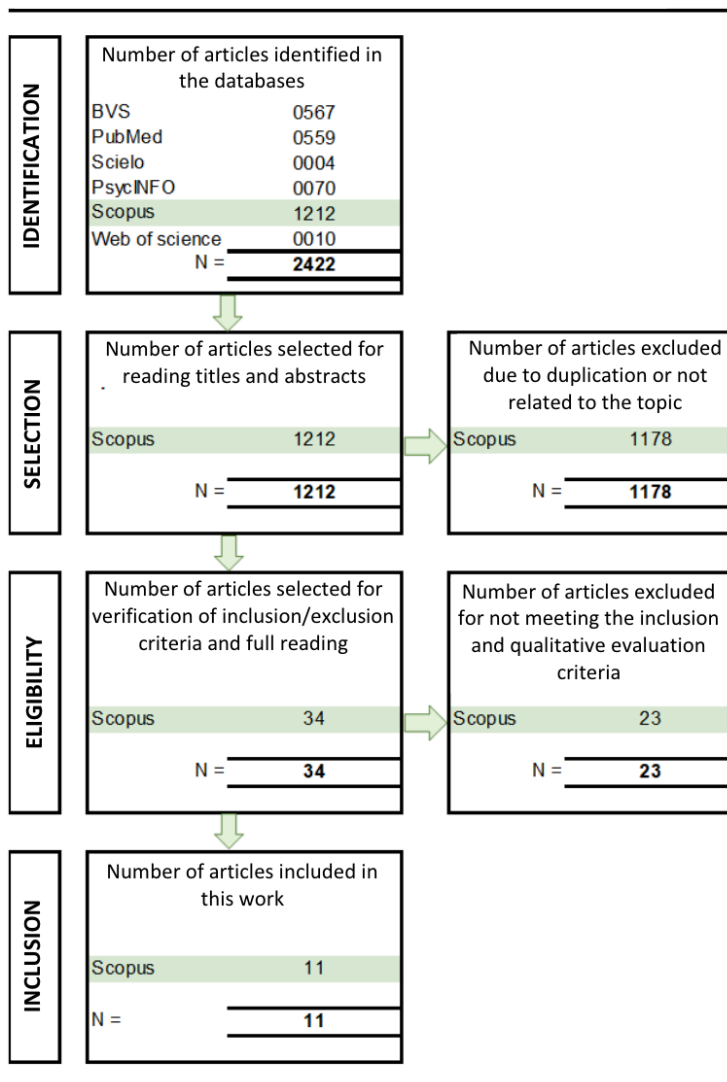


Figure 01: Steps for choosing articles for this systematic review.

Source: Own elaboration.

the number of articles accessed at each stage of the process.

After reading the abstracts, the following inclusion criteria were used: 1) scientific articles on the proposed theme; 2) clear and defined objectives, method and result in the abstracts of each article; 3) full access to articles, 4) text in English or Portuguese, 5) publications from the last 05 years. In turn, 1) materials referring to the comparison of the construct with other approaches or other disorders were excluded; 2) that addressed

drug interventions; 3) publications in the form of theses and dissertations, online abstracts, protocols, literature or systematic reviews, book chapters, manuscripts, commentaries; 4) work that did not expose the methodological profile of the study (objectives, methods and results); 5) documents with other languages. The readings of the selected articles were carried out following the following steps: exploratory reading, selective reading of the most relevant parts to the topic, analytical and interpretative reading in order to classify,

summarize and establish relationships between the information contained in the sources and other knowledge.

After the initial analysis procedures, the selected articles were coded and organized according to (a) document identification (article number, publication journal, year of publication, volume, keywords), (b) identification of the methodology (type of research, materials, number of instruments applied, relationships with other variables, submission to the ethics committee), (c) Identification of the sample (size, age group, type of group, origin by region) and (d) Identification of the authors ( area of training and institutional affiliation).

As this is a review research, there was no need for an ethics board review.

## RESULTS

After excluding and including the findings, according to the criteria mentioned in the methodology, eleven (11) articles from the total found (1212) were analyzed. With publications between the years 2017 and 2021, three (03) of this total were published in 2019 and 2020, each; two (02) in the year 2017 and 2021, each; and one (01) in the year 2018.

The surveys were, in their entirety, quantitative, prepared by health professionals such as: psychiatrists, psychologists, nurses with a minimum degree of licentiate and maximum of postdoctoral degree. Applied to subjects over 18 years of age, the samples varied in quantity from 3 to 503 participants, musicians (02), couples (01), health professionals (01), adults with no definition of profession (07).

The studies were developed in Australia (02), Colombia (01), Denmark (01), United States (02), England (03), Indonesia (01), Other Countries <sup>1</sup>(01). In the process of investigating such documents, an average of

five (05) psychological assessment tools were used, a minimum of four (04) and a maximum of ten (10) instruments, according to Table 01, presented in Appendix 01 of this work.

The most recurrent evidence-based approach in the articles was the ACT, being presented in two modalities: face-to-face (06) and online (05).

The research of the articles was carried out between 02 and 12 weeks and brings some studies related to Anxiety (05) and Generalized Anxiety (06). In this measure, the Anxiety element was studied in different contexts, namely: musical, couples, post stroke, in the perinatal period.

Juncos et al (2017) and Clarke et al (2020) presented the results of ACT treatment techniques for persistent anxiety related to musical performance. Symptoms such as fear, attentional focus on mistakes and failures, palpitation, shallow breathing, tension, tremors, which culminated, several times, in giving up or developing the use of maladaptive coping mechanisms, such as substance use, were considerably reduced. Anxiety went from moderate to normal level within 3 weeks. Due to the gains with students, Clarke et al (2020) suggest research with the purpose of incorporating the intervention in music courses. The authors add that the use of medication for this audience can impair some acting skills, with side effects that compromise musical techniques. In addition, information is presented related to attempts to control feelings and thoughts, used in cognitive-behavioral therapy techniques that, paradoxically, increase their experiences instead of reducing them. Juncos et al (2017) reinforce the reduction in student engagement in experiential avoidance behaviors and the gains related to not using attempts to control the aforementioned symptoms, which favored overall performance.

---

1. United States, United Kingdom, Canada, Australia, New Zealand, Europeans, Asians, South Americans and North Americans.

In this specific perspective, Waters et al (2020) carried out their studies with a target group composed of women in a perinatal context. Thus, they demonstrate that ACT was overwhelmingly positive, showing 69% success in overall improvement of participants, and routine care processes can be successfully treated with the same intervention.

And also in the specific conception, Sianturi et al (2018) analyzed the implementation of ACT techniques in anxious individuals who faced a stroke. They realized that the practice of relaxation techniques in conjunction with activities to promote muscle tension relief were important for promoting a sense of comfort. In addition, ACT was important in promoting the discovery of their values and, then, in promoting a change in focus from anxiety symptoms to a commitment to more valuable actions that are consistent with the sense of their individual values, culminating in the reduction of symptoms. anxiety centers.

Ruiz et al (2019) evaluated the use of ACT in couples with symptoms of generalized anxiety such as entanglement of thoughts, memories and excessive worries, obtaining important results of improvement in these aspects. Hemmings et al (2021), exposed the result of the use of IACT<sup>2</sup> via a pilot application study and, although the main objective of the investigation was to reduce the symptoms of Generalized Anxiety after 30 intervention modules, only 6 modules were applied during 02 weeks and yet anxiety symptoms were significantly reduced.

The studies by Hoffmann et al (2020), carried out for 06 months, using IACT, pointed to significant improvements in anxiety symptoms and general mental health and demonstrated that such advances were sustained throughout the experiment. There were important changes in the way patients

related to the symptoms, as there was a gradual engagement in the skills of openness and way of being present in their feelings, thoughts and bodily sensations, in addition to engaging in value-based activities with the purpose of create a valuable life. Krafft et al (2021) add that IACT does not provide complete remission of symptoms, since their concern and focus is not on alteration and extinction, but on well-being even in their presence.

Corroborating the IACT findings of Hemmings et al (2021), Hoffmann (2020) and Krafft et al (2021), Kelson et al (2017) found advances in measures of anxiety and psychological flexibility in individuals with Generalized Anxiety, however, their results did not seem as favorable as the other studies, since the effectiveness of a self-guided application was verified, without the presence of the health professional, unlike the other studies. Ritzet et al (2019) also presented an analysis in a self-guided process and, despite having found positive results related to improvements in anxiety symptoms in individuals with a low level of avoidance of coping with them, they report that the use of the self-guided method brought more benefits for those who applied it more actively.

Lawrence et al (2019) carried out their research with patients who previously showed resistance to treatment strategies guided by the control of anxiety symptoms. Participants initially presented difficulties in separating themselves from the literal meanings of their thoughts, in addition to presenting few committed actions and many behaviors to avoid experiences with uncomfortable situations. Given this reality, there was an understanding that there will be times when the avoidance of some emotional experiences will exercise specific functions that need to be observed. In this sense, therapists validate the experience, but not the content brought

---

2. Online Commitment Acceptance Therapy.

by the patient and continue helping them to reflect on alternatives to change the situation. Finally, the authors state that all the benefits achieved were obtained in a reflexive way in the shared experiences.

## **CONCLUSION**

The aim of the present study was to describe the literary findings, published in the last five years, about evidence-based treatments that have been effective for anxiety. However, the path was marked by different limitations with regard to the research material.

First, there were barriers related to the amount of materials that met the research inclusion and exclusion criteria. In this sense, the reduced number of findings that focus on the object of study of this work is surprisingly decreasing, although it still presents a very large number of studies referring to the construct of working together with different comorbidities. Second, difficulties were encountered related to the updating periods of the guidelines currently used for the treatment of anxiety.

Despite the aforementioned quarrels, it is clear that the results point to ACT as a promising treatment for anxiety. Although it does not directly aim at reducing their symptoms, the method aims to create strategies to deal with the sufferings arising from them, promoting well-being despite the symptoms. In addition, in addition to presenting effective results in its face-to-face application, ACT proved to be substantially effective and feasible also in the online modality, with minimal adverse effects, with the potential to offer evidence-based treatment for many patients (HOFFMANN, 2020). However, the use of online methods that do not present the figure of the health professional seems to present less favorable results, but still, they promote important changes.

It is suggested that more studies be carried out in the country, more specifically with regard to ACT issues in conjunction with psychotropic drugs. It is also noticed the need to review the guidelines used in Brazil, in the medical area, for anxiety, with two meanings: the first with the aim of inserting other psychotherapeutic approaches based on evidence that already present important results, second in order to suggest that such psychotherapies complement the existing psychopharmacological treatments, or the use, at first, such treatment and then carry out the insertion of the psychotropic drug as a complement. Furthermore, there is a need to verify the existence of other studies that verify the generalization of the findings in other contexts during the course of treatment.



## REFERENCES

- AMERICAN PSYCHIATRIC ASSOCIATION. Manual diagnóstico e estatístico de transtornos mentais: **DSM-5**. 5.ed. Porto Alegre: Artmed, 2014.
- \_\_\_\_\_. **Evidence-based practice in psychology**: APA presidential task force on evidence-based practice. *American Psychologist*, n. 61, p. 271-285, 2016.
- ASSOCIAÇÃO MÉDICA BRASILEIRA E CONSELHO FEDERAL DE MEDICINA. **Projeto diretrizes transtornos de ansiedade: diagnóstico e tratamento**. Disponível em: [https://amb.org.br/files/\\_BibliotecaAntiga/transtornos-de-ansiedade-diagnostico-e-tratamento.pdf](https://amb.org.br/files/_BibliotecaAntiga/transtornos-de-ansiedade-diagnostico-e-tratamento.pdf). Acesso em: 15 de jan. 2022.
- ARISTOTELES. **Metafísica ensaio introdutório, tradução do texto grego, sumário e comentários de Giovanni Reale**. 2ed. São Paulo: Edições Loyola. v. I, 2002.
- BARTON, S. et al. Clinical effectiveness of interventions for treatment-resistant anxiety in older people: a systematic review. *National Institute for Health Resources Journal. Health Technology Assessment*. [S.N], v.18, n. 50, [s.n.], 2014. Disponível em: <https://www.journalslibrary.nihr.ac.uk/hta/hta18500/#/abstract> Acesso em: 16 de jan. 2022.
- CLARKE, L.K et al. Examining a group acceptance and commitment therapy intervention for music performance anxiety in student vocalists. **Frontiers in Psychology**. Frontiers Media S.A. Australia- Melbourne, v. 11, [s.n.], n. 1127, p. 01-11, 2020.
- GIL, A. C. **Métodos e técnicas de pesquisa social**. 6 ed. São Paulo: Atlas, 2008, p. 220.
- GODOY, A. S. Introdução à pesquisa qualitativa e suas possibilidades. **Revista de administração de empresas**. [s.n.], São Paulo, v. 35, n. 2, p 57-63, Mar-Abr, 1995.
- HAYS, S. C. **Terapia de aceitação e compromisso: o processo e a prática da mudança consciente**. 2ed. Porto Alegre: Artmed, 2021, p. 533.
- HEMMINGS, N.R. et al. Development and feasibility of a digital acceptance and commitment therapy-based intervention for generalized anxiety disorder: Pilot acceptability study. **JMIR Formative Research**. JMIR Publications Inc. UK-London, v. 5, n. 2, art. e21737, p. 01-15, 2021. Disponível em: <https://www.scopus.com/record/display.uri?eid=2-s2.0-85101226918&doi=10.2196%2f21737&origin=inward&txGid=184cae19934df77b5cb4cbf92fc55edf> Acesso em: 16 de out. 2021.
- HOFFMANN, D. et al. Development and feasibility testing of internet-delivered acceptance and commitment therapy for severe health anxiety: pilot study. **JMIR Mental Health**. JMIR Publications Inc. Denmark-Aarhus, v. 5, n. 2, art. n. e28, p. 01-15, 2018. Disponível em: <https://www.scopus.com/record/display.uri?eid=2-s2.0-85090931437&doi=10.2196%2fmmental.9198&origin=inward&txGid=649bfed02b325246b32ded6403a43a05>. Acesso em: 16 de out. 2021.
- HOFFMANN, D. et al. Efficacy of internet-delivered acceptance and commitment therapy for severe health anxiety: results from a randomized, controlled trial. **Psychological Medicine**. Cambridge University Press. Denmark- Aarhus, [s.n.], [s.n.], [s.n.], 2020. Disponível em: <https://www.scopus.com/record/display.uri?eid=2-s2.0-85085033783&doi=10.1017%2fS0033291720001312&origin=inward&txGid=7ef574a1c17966445daba997051738b0> Acesso em: 16 de out. 2021.
- JUNCOS, D.G. et al. Acceptance and commitment therapy for the treatment of music performance anxiety: a pilot study with student vocalists. **Frontiers in Psychology**. Frontiers Media S.A., USA-Pennsylvania, v. 8, n. 986, p. 01-16, 2017.
- KELSON, J.N. et a. Development and evaluation of an online acceptance and commitment therapy program for anxiety: phase I iterative design. **Journal of Technology in Human Services**. Routledge. Australia- New South Wales, v. 35, n. 2, p. 135-151, 2017. Disponível em: <https://www.scopus.com/record/display.uri?eid=2-s2.0-85018183479&doi=10.1080%2f15228835.2017.1309311&origin=inward&txGid=697722f5f572c69bc15667f5a8d5efa6>. Acesso em: 16 de out. 2021.
- KRAFFT, J. et al. An open trial of group acceptance and commitment therapy with an adjunctive mobile app for generalized anxiety disorder. **Cognitive and Behavioral Practice**. Elsevier Inc. USA-Utah, [s.n.], [s.n.], [s.n.], 2021. Disponível em: <https://www.scopus.com/record/display.uri?eid=2-s2.0-85111490591&doi=10.1016%2fj.cbpra.2021.05.008&origin=inward&txGid=76c1ec192bcf79b1c7a0fc04c8d12624>. Acesso em: 16 de out. 2021.
- LAKATOS, E. M.; MARCONI, M. A. **Fundamentos da Metodologia Científica**. Atlas, 2007, 5 ed, São Paulo, 310p.

LAWRENCE, V. Optimising the acceptability and feasibility of acceptance and commitment therapy for treatment-resistant generalised anxiety disorder in older adults. **Age and Ageing**. Oxford University Press. UK-London, v. 48, n. 5, p. 735-744, 2019. Disponível em: <https://www.scopus.com/record/display.uri?eid=2-s2.0-85073773700&doi=10.1093%2fageing%2fafz082&origin=inward&txGid=585f63d87afe0db1685026f0b67f7f4b> Acesso em: 16 de out. 2021.

LEONARDI, J.L. **Práticas baseadas em evidências em psicologia e a eficácia da análise do comportamento clínica**. 2016. 199f. Tese (Doutorado – Programa de Pós-Graduação em Psicologia. Área de Concentração: Psicologia Clínica) – Instituto de Psicologia da Universidade de São Paulo.

MINISTÉRIO DA SAÚDE. **Resultados preliminares de pesquisa sobre saúde mental são divulgados** Disponível em: <https://www.gov.br/casacivil/pt-br/assuntos/noticias/2020/setembro/resultados-preliminares-de-pesquisa-sobre-saude-mental-sao-divulgados>. Acesso em: 25 de jul. 2021.

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE. Clinical guideline **CG159**. 2013. Disponível em: <https://www.nice.org.uk/guidance/cg159/chapter/1-Recommendations#interventions-for-adults-with-social-anxiety-disorder-2>. Acesso 16-01-2022 Social anxiety disorder: recognition, assessment and treatment. Acesso em: 16 de jan. 2022.

REED, G. M. et al. What qualifies as evidence of effective practice? **Evidence-based practices in mental health: Debate and dialogue on the fundamental questions**. American Psychological Association, Washington, [s.n.], [s.n.], p.13-55, 2006. Disponível em: <https://psycnet.apa.org/record/2006-20352-001>. Acesso em: 16 de out. 2021.

RITZERT, T. R. Evaluating ACT Processes in Relation to Outcome in Self-Help Treatment for Anxiety-Related Problems. **Behavior Modification**. SAGE Publications Inc. Farmville-USA, v. 44, n. 6, p. 865-890, 2020. Disponível em: <https://www.scopus.com/inward/record.uri?eid=2-s2.0-85068185527&doi=10.1177%2f0145445519855616&partnerID=40&md5=09b7c62d83d763384f999f04fbc4f1c7>. Acesso em: 16 de out. 2021.

ORGANIZAÇÃO MUNDIAL DA SAÚDE. Classificação de transtornos mentais e de comportamento da **CID-11** - Diretrizes diagnósticas e de tratamento para transtornos mentais em cuidados primários. [s.n.]. Disponível em: <https://icd.who.int/en> Acesso em: 09 de jan. 2022.

RUIZ, F.J. et al. Single-case experimental design evaluation of repetitive negative thinking-focused acceptance and commitment therapy in generalized anxiety disorder with couple-related worry. **International Journal of Psychology and Psychological Therapy**. Universidad de Almeria. Colombia, v. 19, n. 3, p. 261-276, 2019. Disponível em: <https://www.scopus.com/record/display.uri?eid=2-s2.0-85077582465&origin=inward&txGid=f8d179e776ea767a9c52132bef29eb84> Acesso em: 16 de out. 2021.

SIANTURI, R. et al. The effectiveness of acceptance and commitment therapy on anxiety in clients with stroke. **Enfermeria Clinica**. Elsevier Doyma. Indonesia- Jawa Barat, v. 28, [s.n.], p. 94-97, 2018. Disponível em: <https://www.scopus.com/record/display.uri?eid=2-s2.0-85045206166&doi=10.1016%2fS1130-8621%2818%2930045-7&origin=inward&txGid=a72ca55ced24cadf2eac32ad550b7b7a> Acesso em: 16 de out. 2021.

WATERS, C.S. et al. Acceptance and commitment therapy for perinatal mood and anxiety disorders: a feasibility and proof of concept study. **British Journal of Clinical Psychology**. John Wiley and Sons Ltd, UK-London, v. 59, n. 4, p.461-479, 2020. Disponível em: <https://www.scopus.com/record/display.uri?eid=2-s2.0-85088429092&doi=10.1111%2fbjc.12261&origin=inward&txGid=251ef79da25f5d821f7f2de6a6a1f946>. Acesso em: 16 de out. 2021.