

# Overcoming Generalised Anxiety Disorder

## Cognitive Behavioural Therapy

### Course Handbook

#### PLEASE REMEMBER

Changes take time, patience and hard work.

The more you put in whilst completing the course, the more you  
get out of it.

## Session 1 – Course Overview

### Introduction to the course

Welcome to the **Overcoming Generalised Anxiety** course, which focuses on learning strategies based on **Cognitive Behaviour Therapy** (also known as CBT).

CBT has been found to be effective in helping people reduce symptoms of anxiety. A recommended self-help guide that is compatible with this course is the **‘Overcoming Worry’** book by Kevin Meares and Mark Freeston. It is not a requirement of the course, but many people find it a helpful addition, and it should be available for order in all libraries.

It is important to try to attend all sessions to get the full picture and the best opportunity to help yourself overcome your symptoms.

This booklet contains all the worksheets and questionnaires you need for the course. The worksheets contain exercises and tasks to complete between each session. These focus on the new skills and strategies that you will learn during the course.

This course is based on the treatment for Generalised Anxiety Disorder developed by Michel Dugas and Melisa Robichaud.

Advice and Feedback from Previous Attendees
<i>“At first I was nervous about joining a group and having to speak in front of other people, however, after the first session I felt extremely at ease and felt confident that everyone on the course was in the same boat as me.”</i>
<i>“I’ve learned lots about myself and the strategies I had devised to avoid tackling my anxiety. I would recommend this course to anyone struggling and not sure where to turn.”</i>
<i>“After a few weeks I looked forward to the course and attending the sessions. Once I got used to the environment and the experience, I felt very comfortable expressing myself. It is a good way of meeting people in a similar position, and the techniques and skills you learn cannot be unlearned, so it stays with you.”</i>
<i>“It is good to know that you’re not alone, and that other people have similar symptoms and worries. You don’t feel you’re the only one that has problems with anxiety.”</i>
<i>“Give it a go! You may be surprised how much you enjoy it, and how supportive you could find it!”</i>
<i>“Thank you, you’ve brought me back to life and made me see that there is so much light at the end of the tunnel!”</i>

## Working Together

One of the most valuable things about courses is the support that you can give to each other. To help everyone feel safe and comfortable, it is helpful for the group to agree some guidelines for the sessions. We will discuss and agree these as a group, but here are some suggestions below:

- Ensure your **camera and microphone** are working. It is important to keep the camera on– unless we are having a break
- Check that you have **only your name and no email** showing when you join the session
- Please put **mobile phones on silent** so they do not interrupt the group
- Try to be **on time**, but if you are 'one off' late please **do** still join the session
- **Respect other people's** points of view; they may be different from your own
- **Listen** when others are talking
- Please **complete the symptom questionnaires each week**, they will be emailed the day before each session, and are required as part of attending therapy.
- If you are **unable to make it to the session, please let Steps to Wellbeing know**. If you miss two consecutive sessions it will be difficult to keep up with the course and we will likely need to review your treatment plan
- Do not attend the group under the influence of **alcohol or drugs**
- Please keep any personal information shared within the group sessions **confidential**

Please write here below any other rules that the group has agreed together:

•  
•  
•  
•

### Steps to Wellbeing Contact Details:

If you live in Dorset, please call **0800 484 0500**

If you live in Southampton City,  
please call **02380 272000** or **0800 612 7000**

Email: **dhc.s2w.courses@nhs.net**

[https://www.steps2wellbeing.co.uk/contact\\_us/](https://www.steps2wellbeing.co.uk/contact_us/)



## Keeping Safe Between Sessions

Steps 2 Wellbeing is not a crisis service, and although you are welcome to contact the service between sessions, the course facilitators may not be available to speak to you. If you feel at risk to yourself or others, or feel at risk from anyone else please utilise your risk management plan agreed at assessment (it might be a good idea to write it here below in the space provided).

The services listed here are really useful if you feel overwhelmed emotionally and/or at breaking point:

- **Contact your GP surgery during your GP Surgery opening times and request an urgent appointment.**
- **If you live in Dorset:**
  - Call **Connections**, on 0800 652 0190 or via NHS 111, which is a 24/7 helpline for people needing urgent mental health support
  - **The Retreat** in Bournemouth and Dorchester - The Retreat offers 'drop-in' and virtual 'drop-in' 7 days a week. It is a safe place to access if you feel you are reaching a crisis point. Either Ring the bell at the addresses below OR access via virtual link:
    - Hahnemann Road, Bournemouth BH2 5JW (4.30pm-midnight, Mon-Sun)
    - 30 Maiden Castle Rd, Dorchester, DT1 2ER (4.30pm-midnight, Mon-Sun)
    - [www.dorsethealthcare.nhs.uk/patients-and-visitors/our-services-hospitals/mental-health/retreat](http://www.dorsethealthcare.nhs.uk/patients-and-visitors/our-services-hospitals/mental-health/retreat) (between 5pm and 11pm, Mon-Sun)
- **If you live in Southampton:**
  - **The Lighthouse** – <https://www.southernhealth.nhs.uk/our-services/a-z-list-of-services/lighthouse>
  - **Solent Mind** – for peer support Tel 023 8017 9049 (M-F 9am-7pm; weekends 10am-2pm)
- Call 999 in an emergency
- Go to A&E if you are worried about hurting yourself or someone else
- Call "The Samaritans" (24/7 service) on 116 123 for someone to talk to
- Think of a friend, partner or family member that you can seek support from
- There may be another professional involved in your care who could help, e.g. your Health Visitor, Social/Support Worker, Community Mental Health Team or GP Practice Nurse.

***Please make a note of your useful telephone numbers, so that you have them to hand when you need them. You may want to write them in the space below, or save them in your phone so they are ready to use. e.g. my GP surgery***

## Session Structure

**Beforehand** Fill out symptom questionnaire online, have your booklet to hand, and any notes of what you've been testing or changing during the week

**Part One** Group begins with a Check In and review of last week's therapy task and discussions arising from this. We will try and encourage everyone to feedback about their therapy task. This is not to check whether or not you have done it! Rather it will guide us as to how people are getting on and how we pace the sessions

**Part Two** Discussion of the week's topic leading into a group activity

*\*\*\*\*\* 5-10 minute break \*\*\*\*\**

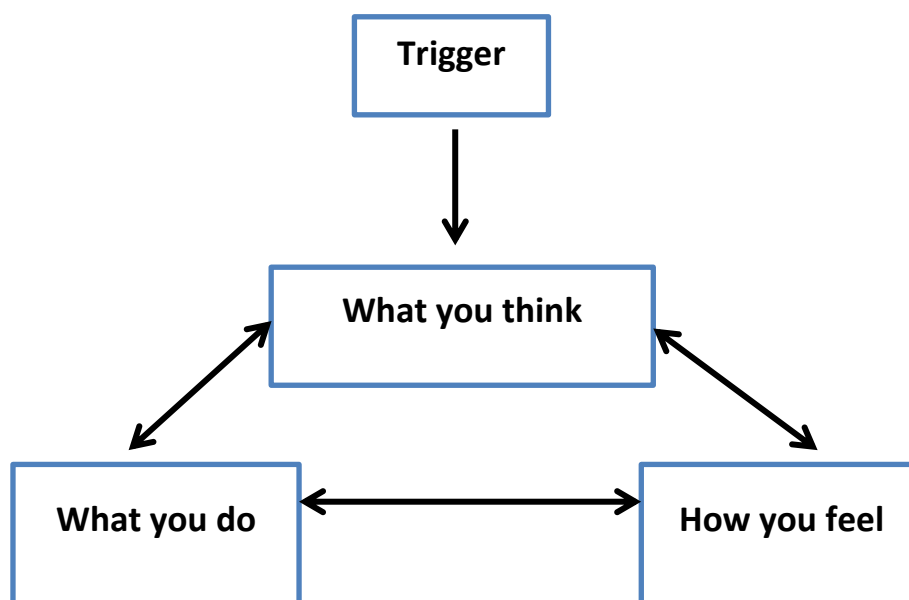
**Part Three** Continuing activity leading to explanation and discussion of the therapy task for the coming week

**Part Four** Planning between-session task, any questions, comments, feedback

## What is Cognitive Behavioural Therapy (CBT)?

Cognitive Behaviour Therapy (CBT) is a talking therapy that can help people who are experiencing a wide range of mental health difficulties. **What people think can affect how they feel and how they behave.** This is the basis of CBT. During times of mental distress, people think differently about themselves and what happens to them. Thoughts can become **extreme** and **unhelpful**. This can worsen how a person feels and may cause them to behave in a way that prolongs their distress.

According to CBT, mood is made up of different elements which all relate to and feed into each other in a **vicious cycle**.



## What is Generalised Anxiety (GAD)?

The **main feature of GAD is excessive worry about many life events**. This may include worries about money, health, home life, work, relationships with other people or any other aspect of life. Sometimes people describe worrying about 'everything'.

Often people with GAD have '**catastrophic thinking**' where they think future events will be awful and that the worst case scenario is very likely to happen. Future events are often thought about in very negative ways.

When people are troubled by anxiety they tend to overestimate the likelihood of something bad happening and the extent of just how bad it will be. At the same time people tend to underestimate both their ability to cope with life events and the level of support available to them.

Worrying that awful things are going to happen, that we will not cope and that there will be no-one to help us is very understandably going to make us feel anxious.

In addition to this type of worrying there are other aspects to GAD;

- Worries about **current problems** and worries about **hypothetical situations**. It is common for people with GAD to spend a lot of time worrying about events which have not happened yet and may never happen.
- **Worries about worries**. Sometimes people have negative beliefs about worries such as “worrying will make me very unwell”. It is common for **people with GAD to have positive beliefs about worry** such as “worrying helps me to cope” or “if I worry I will be prepared for whatever happens”.
- **Feeling intolerant of uncertainty**. There is a lot of uncertainty in life and this can make people with GAD feel very uncomfortable.
- **Problem-solving skills**. Sometimes people **doubt their ability** to deal with problems or lack some skills to do so. This can lead to more anxiety.
- **Cognitive avoidance**. Sometimes people try very hard to control their thoughts and can become distressed when they find this is not possible.

## Therapy for GAD

CBT for GAD focuses on;

- Identifying different types of worry and learning strategies to deal with them
- Challenging unhelpful beliefs about worrying
- Increasing tolerance for uncertainty
- Developing problem solving skills

## Worry Diary 1

Date and time		Worry theme	Anxiety 0 to 8 <i>(None to extreme)</i>	Worry type <i>(is it a current problem or a hypothetical situation?)</i>
<i>Date</i>	<i>Time</i>			





## Weekly tasks:

1. To use the **Worry Diary 1** (previous page) over the coming week and practice Worry Sampling:

Choose **3** days over the coming week.

On each of those days, at **3** chosen times, complete your worry diary.

*This will help you to start to notice your worry themes, whether triggered by internal or external situations, the level of distress, and whether the worries are based on either **hypothetical events or current problems**. By doing this we can become more aware of our worries, which will help us later in the course when we come on to learning strategies to reduce worry.*

2. Consider **goals** for therapy:

What would be different in my day-to-day life, if I was worrying less and feeling less anxious?  What would I be doing differently? Where would I be going? With anyone?	How much progress have I made towards this currently? (0-10)
Goal 1:	
Goal 2:	
Goal 3:	

3. Read **Information Sheet** on GAD (next page)
4. *Optional further reading*: read chapters 3-5 of **Overcoming Worry** book ('Becoming more aware of your worry')

# **Generalised Anxiety Disorder**

## **Information Sheet**

### **What is Generalised Anxiety Disorder?**

All of us feel anxious at times. We may worry about things that might happen. We may have a restless night of sleep. But people with generalised anxiety disorder (or GAD) have physical symptoms that interfere with their normal lives. These problems may include restlessness, fatigue, problems with concentration, irritability, muscle tension, and/or insomnia. In addition, these individuals worry about a variety of events, such as health, financial problems, rejection, and performance, and they find it difficult to control their worry. Many people with GAD feel that their worry is “out of control” and that it will make them sick or make them go insane.

### **Who Has Generalised Anxiety Disorder?**

About 7% of the population will report suffering from GAD. Women are twice as likely as men to report having this problem. This is a chronic condition, with many people saying that they have been ‘worriers’ all their lives. Most people with GAD can also experience other problems, including phobias, depression, irritable bowel syndrome, and relationship problems. Many people who have this problem can find that they avoid others because of fear of rejection, or that they can become overly dependent on others because they lack self-confidence.

### **What Are the Causes of Generalised Anxiety Disorder?**

Only about 30% of the causes of GAD are inherited. There are certain traits that may make people more likely to develop this problem; these include general nervousness, depression, inability to tolerate frustration, and feeling inhibited. People with GAD also report more recent life stresses (such as conflicts with other people, changes in their work, and additional demands placed on them) than those without GAD do. People with GAD may not be as effective in solving problems in everyday life as they could be, even though evidence suggests that they do not lack the skills to do so. They may also have personal conflicts in which they may not be as assertive or effective as they could be.

### **How Does Thinking Affect Generalised Anxiety Disorder?**

People with GAD seem to be worried that ‘bad things’ are going to happen most of the time, predicting ‘terrible’ things will happen, even when there is a very low probability of this. The meaning of feeling anxious may mean something ‘bad’ is going to happen; that is, they use their emotions as evidence there is ‘danger out there somewhere’. Many people believe that excessive worry may keep them from being surprised or that worrying may prepare them for the worse possibly outcome; if you are a chronic worrier, you probably notice yourself saying “Yes, but what if...?” This ‘What if-ing’ floods you with a range of possibly bad outcomes that you think you have to prepare yourself for. There seems to be no end to the things that you could worry about; even when things turn out to be Ok, you may say to yourself “Well, that’s not guarantee that it couldn’t happen in the future!”

In addition to worrying about things that might happen 'outside of yourself', you may think that 'worrying will make me crazy' or 'worrying' will make me sick'. If you have GAD you may be locked in a conflict between the fear that worry is uncontrollable and the belief that worry protects you.

## **How Can Cognitive-Behavioural Therapy Help?**

Cognitive-Behavioural therapy for GAD can help you to understand more about the effects of worrying on anxiety and develop new ways of thinking about and reacting to the difficulties you face. Your therapist(s) can show you how to keep track of your worries and learn how to separate out worries about hypothetical situations from those about current problems. The costs and benefits of worrying will be discussed and you can learn how to overcome your avoidance of activities or thoughts about which you worry. Central to the therapy is the concept of 'intolerance to uncertainty' and you will be given exercises to complete outside of the sessions that are aimed at increasing your tolerance of uncertainty. Some people find it difficult to solve current problems in their life and part of the therapy will involve reviewing problem solving techniques so you can feel more confident about tackling the problems in your life. Towards the end of the sessions you can develop plan to help you prepare for continuing this work beyond therapy.

## **How Effective is CBT for Generalised Anxiety Disorder?**

Given the apparent long course of GAD, it is promising that new forms of treatment are proving to be effective. In some studies, cognitive-behavioural therapy has proven to be more effective than medications in the treatment of GAD. It leads to a reduction of the need to use medications, and improvement continues to occur after therapy when skills continue to be practiced for 3-6 months after the course finishes. About 50% of clients with GAD show significant improvement. Factors that are noted as increasing the likelihood of improvement include attending regular sessions, completing the full course, engaging with sessions, and completing weekly tasks to put skills into practice.

## **Are Medications Useful?**

Many clients with GAD may also benefit from the use of medication, which can decrease the feeling of anxiety and apprehension. Medication may be a part of your treatment plan, whilst you learn in therapy how to handle your difficulties more effectively. Please speak to your GP if you want to discuss medication.

## **What is Expected of You as a Group Participant?**

Because you may have been a worrier all your life, you may be pessimistic about the chances that anything will help you. It is true that you won't get better overnight, so you will have to work on your worries and anxieties on a regular basis. Your therapist will want you to come to sessions on a weekly basis, to keep track of your worries, develop your understanding of worry, and teach you techniques to identify your worries, and help you to re-evaluate your beliefs in a more realistic perspective. To do this, you will be asked to write down things that you are worried about, to use self-help homework techniques to challenge your negative thinking and discuss in the group.

## Session 2 – Understanding Worry

### Worry Awareness Training

#### Reflections on Worry Diary 1: Practical versus Hypothetical Worry

Keeping a diary is difficult and it's worth thinking about what will help you to remember to write it up. The sooner you write things down, the clearer your memory will be, the longer you leave it the worse your memory.

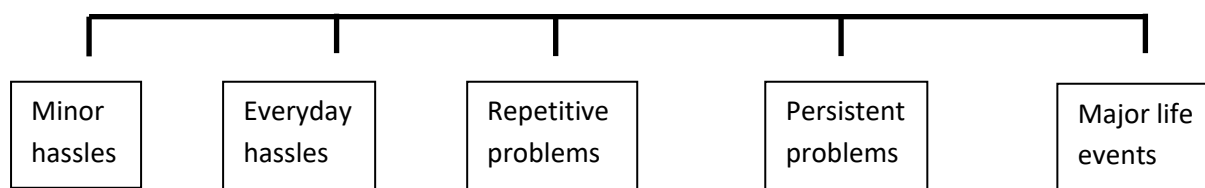
Review your week's diary and ask yourself the following questions:

- What have you learned about your worry?
- What are the recurring themes? What do you make of this?
- Do you get a sense of how long you spend worrying?
- Do your worries represent real events?
- Do your worries ever predict the future?
- How often do your hypothetical worries come true?



As we have mentioned, an important part of overcoming worry is learning to be an 'expert' in recognising various aspects of worry, such as when you are worrying, for how long, the worry theme, the level of anxiety it creates, and whether the worry is triggered by a current or hypothetical problem. Being able to detect and monitor your worry process in this way is an important **first step** towards being able to reduce or eliminate worry.

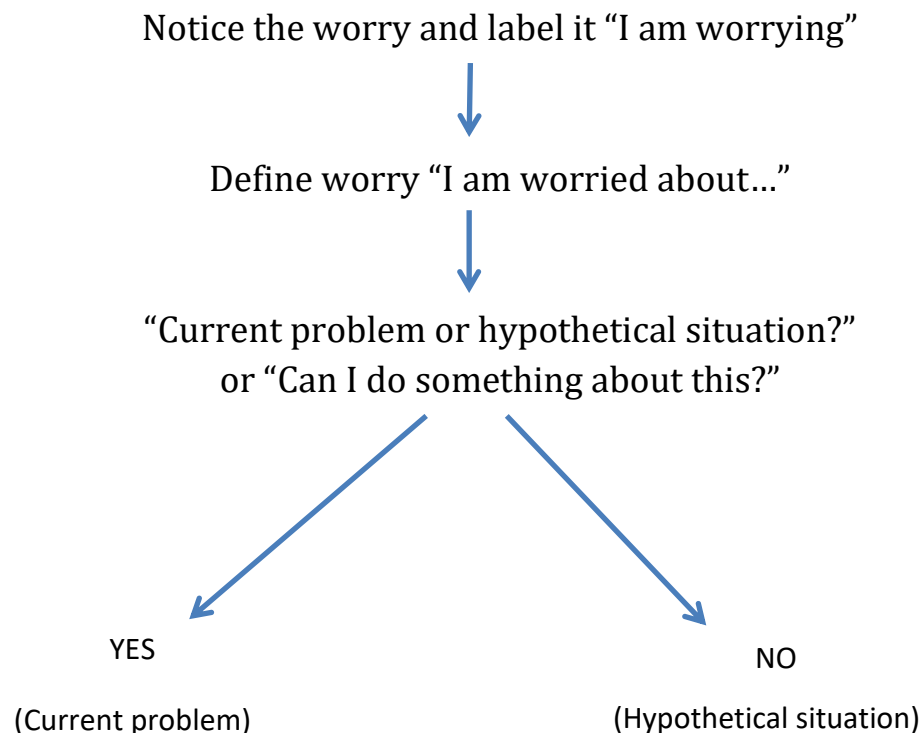
Of course, it is natural for most people to worry at certain times. But what is it that sets people with GAD apart from people that also worry, but to a lesser degree? Well, one crucial distinction is that people who worry in smaller amounts tend to save worry for major problems, whereas people with GAD tend to worry about minor problems also:



## Understanding GAD and the focus for treatment

GAD can be defined as **excessive and uncontrollable worry about a number of different things**. Worry is a thinking process that involves **dwelling on a negative interpretation of future events**. Worry leads to the emotional state of **anxiety**.

### Hypothetical versus Practical – Categories of Worry

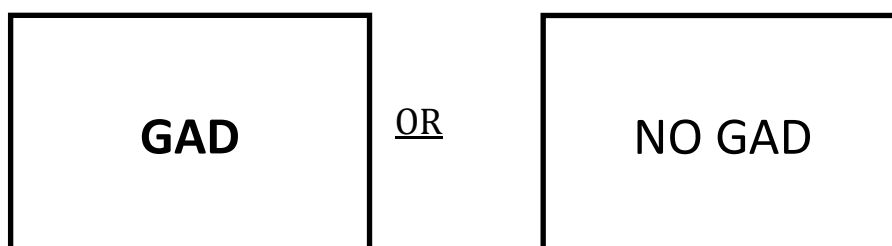


#### A note at this stage of the course...

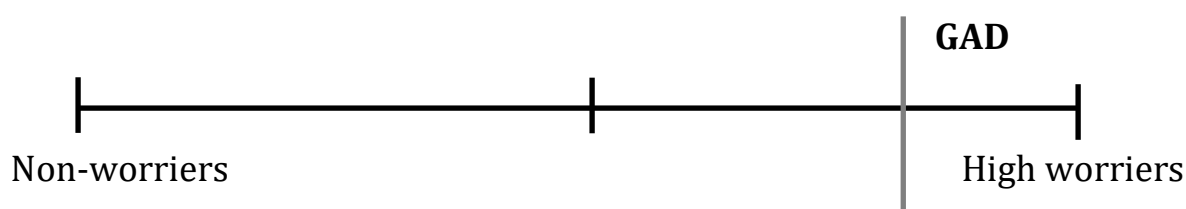
Whilst some worries in your worry diary are easier to identify as practical or hypothetical worries, you may notice that some are a mixture of both (e.g. worries about work, 10% current, 90% hypothetical). This is normal, however it can be helpful to keep this tool in mind with regard to any worries that come up in the worry process.

## “Normal” Worry Versus GAD

One way to view the diagnosis of GAD is to make a **binary distinction**, i.e. you either have GAD, or you don't have GAD – much like you are either pregnant or not!



However, this is not a particularly useful distinction to make, because in reality the picture is not so clear-cut. A more useful way of thinking about GAD, is to view it on a **continuum**, between 'non-worriers' and 'high-worriers'. From this perspective, people with GAD are considered to be 'high worriers':

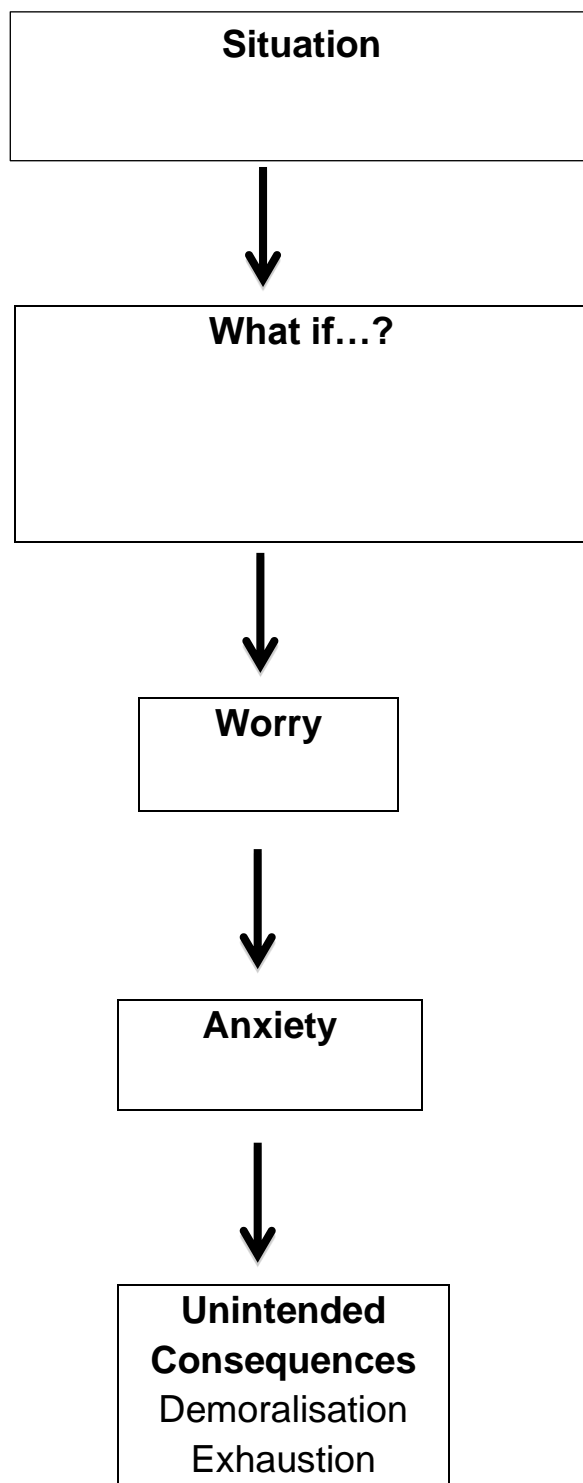


When we view GAD on a continuum, GAD can be seen as **an extreme form of a normal problem**, the normal problem being worry!

And so, **the aim of the CBT treatment for GAD, is to bring the level of worry down from higher, to more manageable levels.** The good news is, because worry and anxiety are linked together, **when the levels of worry reduce, so do the symptoms of anxiety.**

*Where might you place yourself on this scale of worry at the moment?*

## GAD Map of Problem Stage 1:



## The Symptoms of GAD: Explaining the Model

Put simply, worry can be defined as follows:

*'Worry is a **thought** process that is concerned with **future** events where there is **uncertainty** about the outcome, the future being thought about is a **negative** one, and this is accompanied by feelings of **anxiety**.'*

Ref: Macleod, Williams, & Bekerian.1991

When we think about **outcomes as being potentially negative**, when we **doubt our ability to cope** and **underestimate factors such as support** from other people, we experience anxiety.

Although worries can be about a number of different topics, each person will tend to experience **recurring worry themes** that are common place for them. **Worries always involve a tendency to mentally time-travel into the future.** The mental process of worry produces the emotional consequence of anxiety. The more excessive the worry, the more distressing the levels of anxiety that is experienced. Therefore, noticing your most intense levels of anxiety is a good way to draw attention to your most recurrent worry themes.

We can separate worries into two fundamental types:

- (1) those relating to **current problems**, and
- (2) those relating to **hypothetical events**

During this course, you will be taught a 'tool kit' of different types of techniques to manage current problems and hypothetical worry. It is important to use the right tool for the job (**hint: it is impossible to solve a hypothetical event!**) It is normal to struggle to classify certain worries but, with practice, this skill can improve. Learning to separate out types of worries is important for treatment as we will be teaching different CBT techniques depending on the type of worry observed.

### Anxiety

Anxiety can be defined as the **emotional distress that is caused by the mental process of worry**. Because high levels of anxiety result from excessive worry, reducing worry is an effective way of address high anxiety.



Anxiety can manifest as bodily sensations such as muscle tension, fatigue, and insomnia or psychological responses like irritability, nervousness, or poor concentration.

By now you may have realised that the thoughts we experience affect emotional distress, and emotional distress in turn impacts our thinking process. This understanding provides the basis for our treatment of GAD: if you can control your worries, it follows that you will feel less anxious. When you feel less anxious, it is easier to control your worries. Part of the treatment will also involve modifying certain unhelpful behaviours that are driven by worry and anxiety.

### Demoralization and Exhaustion

Long-term and excessive levels of worry and anxiety tends to result in feeling disheartened and fatigued. These feelings are the end result of the worry chain and can produce negative consequences in all aspects of life such as relationships and career.

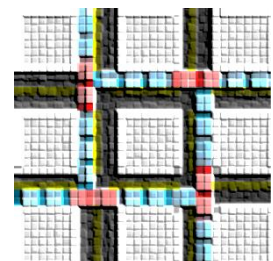
## The Process of Worry

### Treating Worry as a “Process”

It can be helpful to distinguish between the *content* of worries and the *process* of worrying. Content refers to what each specific worry is about, whereas process refers to the tendency to get caught in the worry process, whatever comes up.

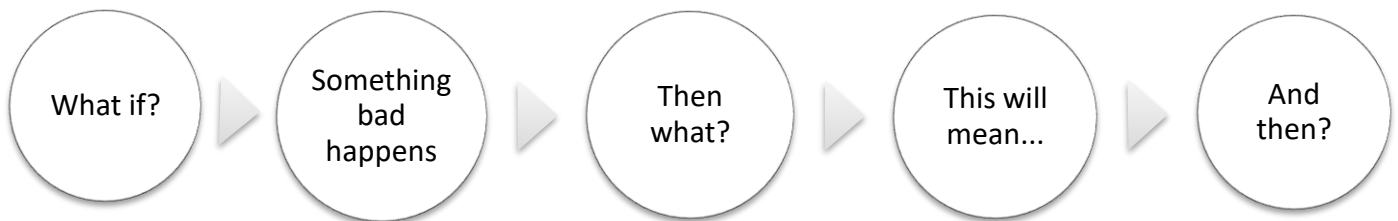
Have you tried dealing with each specific worry at a time? Did it work? Or did you get caught up in more worry, more ‘what if’s?’ and more anxiety and exhaustion? What if we could take a step back, and look at the worry process itself?

**Traffic Metaphor:** It’s a bit like trying to sort out perpetual traffic jams in a busy city. Would you go up to each individual car and ask them their opinion? Or would you take a step back and look at a map of the overall system (a ‘helicopter view’)? *Are there any helpful metaphors that you could use to help understand your worry better?*



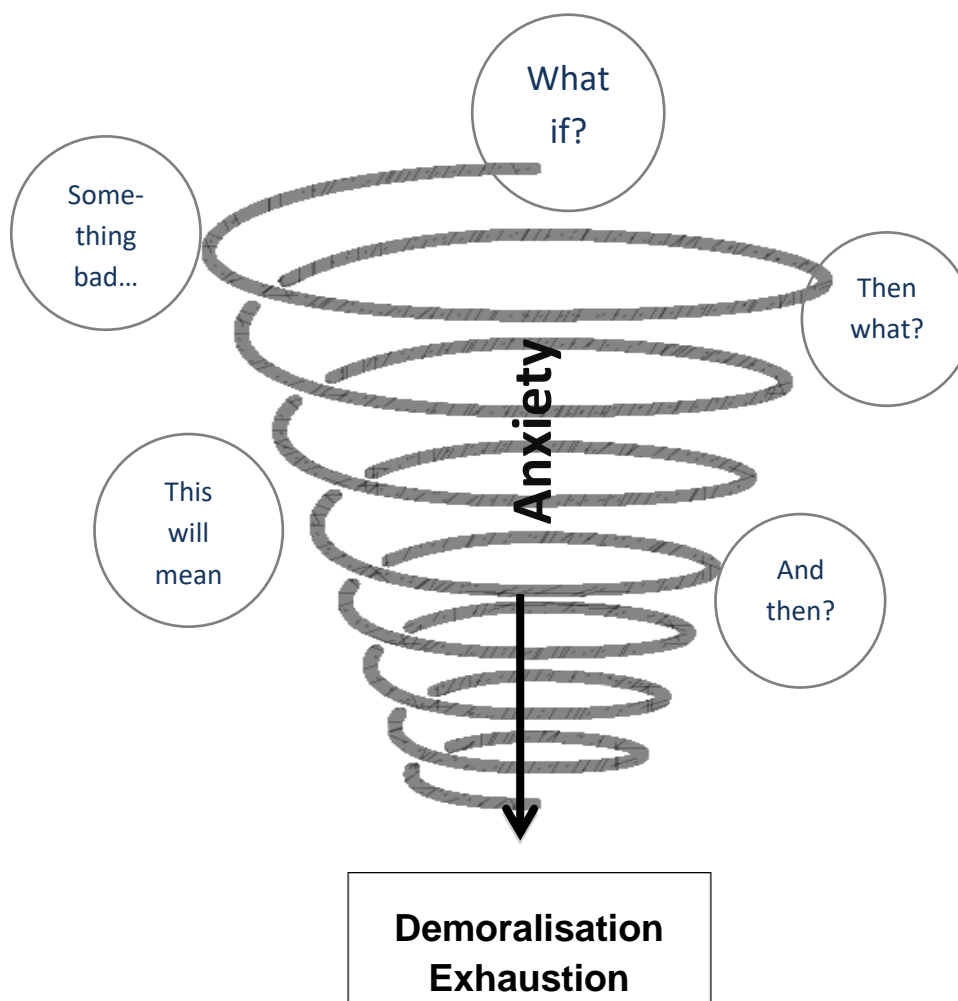
## Worry Chain

In the worry process, a chain of worries can form, which can seem to contain a mixture of both practical and hypothetical elements:



## Worry Spiral

Sometimes chain of worries can act like a spiral...



## Worry Diary 2

Date and time		Worry theme	Anxiety 0 to 8 <i>(None to extreme)</i>	Worry type <i>(current problem or hypothetical situation)</i>
<i>Date</i>	<i>Time</i>			



## Weekly tasks:

Weekly Tasks	<ul style="list-style-type: none"> <li>To continue Worry Sampling using <b>Worry Diary 2</b> (previous page)</li> </ul>
Plan for Weekly Task	<p><i>When will I be able to do this during the week?</i></p> <p><i>What might get in the way of doing this?</i></p> <p><i>Is there anything I can do to make it easier to do this or to remind myself?</i></p>
Key Message from Today's Session	

## Session 3 – Intolerance of Uncertainty

### Review Weekly Tasks

- **Reflections on Worry Diary 2:** Practical versus Hypothetical

### Coping with Uncertainty

There is evidence that people who struggle to cope with uncertain circumstances also have a strong tendency to worry. Simply put, intolerance of uncertainty means that **a person struggles to cope with situations where the outcome is unsure or uncertain.**

Intolerance of uncertainty has been likened to an ‘allergy’. Someone with hay fever, for example, may experience very strong, unpleasant symptoms such as sneezing, a runny blocked nose and itchy, red or watery eyes, as a reaction to just a small amount of pollen in the air. Likewise, someone with an intolerance of uncertainty can experience strong and unpleasant symptoms of worry and anxiety as a response to a small dose of uncertainty. In this way intolerance of uncertainty can be viewed as a “psychological allergy”. Therefore, if a particular event (e.g. a plane crashing) is highly unlikely, the person who is intolerant of uncertainty will worry about it occurring, as there is still a possibility it could occur.

**Intolerance of uncertainty is much like the ‘fuel’ for worry.** A person with intolerance of uncertainty is more likely to have catastrophic thoughts about an uncertain situation. These **catastrophic thoughts**, in turn, lead to a number of “What if...” questions that **overestimate the likelihood of a negative outcome**, and drive excessive, hypothetical and uncontrollable worries.

Someone with an intolerance of uncertainty will do their best to attempt to eliminate uncertainty and increase the likelihood of a certain outcome. However, careful analysis can reveal that **it is impossible to completely eliminate uncertainty from life.** Life is constantly in flux and never certain. For example, our state of health can never be considered certain as it is subject to change at any moment, even if our present state is healthy. The same can be said to be true for our employment status or relationships, as these circumstances depend on factors that are not entirely within our control.

If intolerance of uncertainty drives worry, then there can be only one possible **solution: to build our tolerance to uncertain situations**. And what is the best way to build tolerance? Well, research has demonstrated that **the best way to change deeply-rooted beliefs is by changing behaviour**. That is, when people are able to ‘act as if’ they are tolerant to uncertainty, their tolerance to uncertain events begins to increase. This helps to teach our mind and body that we can cope with uncertainty, and increases our confidence over time. We call this element of the therapy ‘behavioural experiments’, this is one of the cornerstone techniques within CBT for the treatment of GAD, and we will be looking at this more next week.

### Key points when facing uncertainty

- It is necessary to go out of your comfort zone to change deep-rooted beliefs (one small step at a time)
- Discomfort is a normal part of facing worries
- We start small and gradually increase the difficulty
- Experiments are ‘win-win’, we always learn something.
- We need to start making changes in order to feel better, we can’t wait to feel better in order to start making changes.

### Reactions to uncertainty

As we have discussed above, the sense of uncertainty drives the process of worry. Worry, in turn, has the effect of increasing one’s sense of anxiety. Feeling anxious is distressing, and so it is natural that people will attempt to remove the sense of uncertainty that causes anxiety through a number of strategies. These strategies fall into two categories:

- “**approach**” strategies, in which someone tends to move towards or ‘micro-manage’ their experience, and
- “**avoid**” strategies, in which someone moves away from their experience

## What might “intolerance of uncertainty” look like?

### “APPROACH” strategies:

1. **Wanting to do everything yourself and not delegating to anyone else.** e.g. Doing all the housework yourself because otherwise you can’t be certain that it will be done right.
2. **Looking for a lot of information before proceeding with something.** e.g. Searching on the internet, reading a lot of books, asking for the same information from a lot of people, before making buying something.
3. **Questioning a decision you have already made** because you are no longer certain that it was the best decision.
4. **Looking for reassurance** (asking others questions so that they will reassure you).
5. **Rechecking and doing things over because you are no longer sure you did things correctly.** e.g. Re-reading emails several times before sending them to make sure there are absolutely no mistakes.
6. **Over-protecting others, doing things for them that they could do themselves** (e.g. family members and children).

### “AVOID” strategies:

1. **Avoidance** (of situation, places, people etc.)
2. **Avoiding fully committing to certain things.** e.g. Not fully committing to a social event, friendship or a romantic relationship because the outcome is uncertain; not fully engaging in therapy because there is no “guarantee” that it will work.
3. **Finding “imaginary” reasons for not doing things.** e.g. Finding excuses to not change jobs; not doing exercise that you know is good for you by telling yourself that you don’t have the right clothes.
4. **Procrastinating (putting off until later what you could do right now)** e.g. Putting off making a phone call, delaying making a decision because you are not sure that it will be the right decision (e.g. about a film, restaurant).

*Adapted From Dugas & Robichaud (27)*

## Managing Uncertainty Diary

This diary is designed to help you become more aware of times when you manage worries by trying to attain a sense of certainty. Please refer to the above pages for examples of avoidance and approach strategies used to eliminate uncertainty in your life, if you find it difficult to identify the strategy.

Date and time	Worry (What am I uncertain about?)	Anxiety 0 to 8 (None to extreme)	What did I do to reduce uncertainty? (Approach or avoidance strategy)

My most used strategies to manage uncertainty:

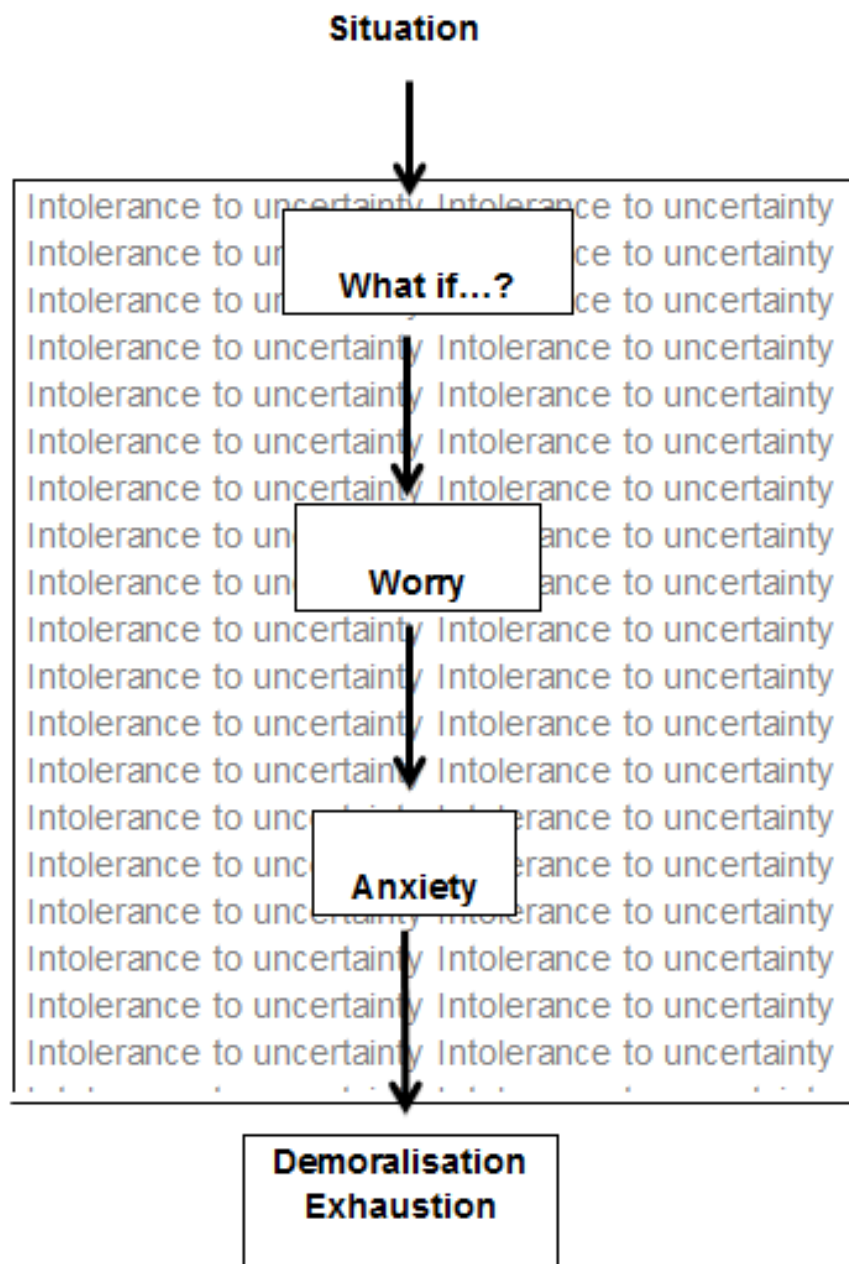
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## GAD Map of Problem Stage 2



## Intolerance of Uncertainty Scale (IUS)

*You will find below a series of statements which describe how people may react to the uncertainties of life. Please use the scale below to describe to what extent each item is characteristic of you. Please enter a number (1 to 5) that describes you best.*

---

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>Not at all characteristic of me</i>		<i>Somewhat characteristic of me</i>		<i>Entirely characteristic of me</i>

---

1.     \_\_\_\_\_ Uncertainty stops me from having a firm opinion
2.     \_\_\_\_\_ Being uncertain means that a person is disorganised
3.     \_\_\_\_\_ Uncertainty makes life intolerable
4.     \_\_\_\_\_ It's unfair not having any guarantees in life
5.     \_\_\_\_\_ My mind can't be relaxed if I don't know what will happen tomorrow
6.     \_\_\_\_\_ Uncertainty makes me uneasy, anxious, or stressed
7.     \_\_\_\_\_ Unforeseen events upset me greatly
8.     \_\_\_\_\_ It frustrates me not having all the information I need
9.     \_\_\_\_\_ Uncertainty keeps me from living a full life
10.    \_\_\_\_\_ One should always look ahead so as to avoid surprises
11.    \_\_\_\_\_ A small unforeseen event can spoil everything, even with the best of  
planning
12.    \_\_\_\_\_ When it's time to act, uncertainty paralyses me
13.    \_\_\_\_\_ Being uncertain means that I am not first rate
14.    \_\_\_\_\_ When I am uncertain, I can't go forward
15.    \_\_\_\_\_ When I am uncertain I can't function very well
16.    \_\_\_\_\_ Unlike me, others always seem to know where they are going with their  
lives
17.    \_\_\_\_\_ Uncertainty makes me vulnerable, unhappy or sad
18.    \_\_\_\_\_ I always want to know what the future has in store for me
19.    \_\_\_\_\_ I can't stand being taken by surprise
20.    \_\_\_\_\_ The smallest doubt can stop me from acting
21.    \_\_\_\_\_ I should be able to organise everything in advance
22.    \_\_\_\_\_ Being uncertain means that I lack confidence
23.    \_\_\_\_\_ I think it's unfair that other people seem sure about their future
24.    \_\_\_\_\_ Uncertainty keeps me from sleeping soundly
25.    \_\_\_\_\_ I must get away from all uncertain situations
26.    \_\_\_\_\_ The ambiguities in life stress me
27.    \_\_\_\_\_ I can't stand being undecided about my future



## Weekly tasks:

Weekly Tasks	<p><b>Therapy Task:</b></p> <ul style="list-style-type: none"> <li>○ To complete the <b>managing uncertainty diary</b> (page 24) over the coming week. This will help you to become more aware when and how you are managing your worries by trying to achieve a sense of certainty.</li> </ul> <p><i>You can refer to the APPROACH and AVOID strategies on page 23 to help you identify the strategies of uncertainty that you tend to adopt.</i></p> <ul style="list-style-type: none"> <li>○ Complete the Intolerance of Uncertainty Scale questionnaire (previous page)</li> </ul>
Plan for Weekly Task	<p><i>When will I be able to do this during the week?</i></p> <p><i>What might get in the way of doing this?</i></p> <p><i>Is there anything I can do to make it easier to do this or to remind myself?</i></p>
Key Message from Today's Session	

## Session 4 – Managing Uncertainty

### Review Weekly Tasks

- **Reflections on Uncertainty Diary:** Approach and Avoid strategies
- **Review Intolerance of Uncertainty Scale Questionnaire**

### Cost / Benefit Analysis of Current Strategies

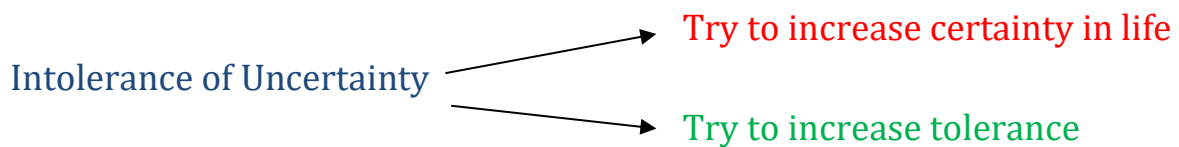
What am I currently doing to try to increase Certainty?

<b>Current Behaviour:</b> <i>e.g. reassurance seeking</i>	
Advantages of doing this:	Disadvantages of doing this:
<b>Opposite Behaviour:</b> <i>e.g. not seeking any reassurance before doing something</i>	
Advantages of doing this:	Disadvantages of doing this:
What would I like to try and do moving forwards?	
How could I test this out?	

## Recognising Uncertainty

As we have previously discussed, someone with GAD responds to a small amount of uncertainty with a severe anxiety response. Just as someone with an allergy may experience various physical symptoms, the person with GAD may experience various symptoms of anxiety, including worry and may engage in the different approach and avoidance strategies that we have discussed.

Once we recognise that **the main 'driver' for worry in GAD is an Intolerance of Uncertainty**, there are two options available that we may consider, as presented below:



The first option someone with GAD may consider is to try to increase certainty in their life. In fact, most people with a strong intolerance of uncertainty will spend almost all of their time attempting to increase certainty in their lives by worrying, avoiding certain situations they perceive as threatening, and trying to remain in control and micro-manage other situations. Although it is natural to react to uncertain situations by attempting to avoid or control life, a **useful question** to ask is "Has my attempt to increase certainty worked?"

In answering this question, we may consider that life itself is intrinsically uncertain, a shifting sandbar of ever-changing experiences. For instance, although there appear to be relatively stable factors in my life, I cannot say with absolute certainty that I will be breathing tomorrow – or even at the end of the day! Therefore, the only conclusion available to me is to recognise that there is no possibility of making life absolutely certain, and that my attempts to do so (despite being natural), are themselves fraught with the worry and anxiety that I am attempting to remove.

If my attempts to increase certainty cannot work, then there is only one available remaining option: ***to increase my tolerance to uncertain events.***

## Increasing Tolerance of Uncertainty

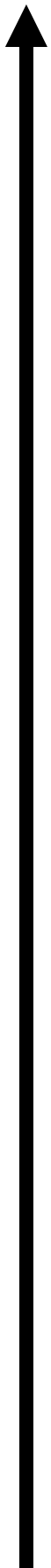
When it becomes clear that our only solution to intolerance of uncertainty is to build tolerance to uncertain situations, the question then becomes, how is this achieved?

Imagine that you wanted to join a local choir, but there were limited spaces available and you had to audition for a place in a week's time. Would it be better to spend the week learning all the theory about how to sing and read music, or would it be better to spend that time practising one song? Obviously, focusing on practising the song would give you the best chance at performing well for the audition.

Therefore, **it's important to reverse the avoidance and approach strategies that you have been using**, in an attempt gain a sense of certainty. We do this by setting small experiments where we 'test' doing things differently to the way we typically respond to uncertainty.

We should bear in mind, however, that the behavioural experiment (BE) you choose should be relatively easy in the beginning and build towards more distressing tasks. In the beginning stages is important to 'dip you toe in the water' and not 'throw yourself in the deep end'.

## Tolerating Uncertainty Experiments Hierarchy



100% difficult -

80% -

60% -

40% -

20%-

5% difficulty -

Examples of Possible Experiments to Start With	
Ask your loved ones to <i>not</i> tell you exactly where they are, or exactly when they will be home.	Don't stick to a rigid plan; act spontaneously if an opportunity presents itself.
Break your usual routines and go 'off track'.	Make a minor commitment to something.
Let others drive you if you always drive yourself. Drive yourself if you always let others drive.	Be generous and less critical of yourself.
If you tend to respond to problems instantly, delay responding.	If you tend to put off dealing with worries, try to deal with something as soon as the problem arises.
Say yes more often, to small invitations.	Don't ask for reassurance on a decision you have made.
Go somewhere by yourself e.g. café, cinema, restaurant.	Stop checking emails or texts before sending.
Buy food you have never bought before.	Delegate small jobs at work or at home.
Allow your kids to do something age-appropriate for themselves.	Order something you have never tried before from a restaurant / takeaway.
Watch a film or go somewhere without looking up reviews online first.	Set yourself a time limit for deciding before buying something e.g. one minute to choose a birthday card.
Try a new activity or hobby out.	Move things around in the home, break your patterns.
Book a visit to your GP, dentist, bank manager or anyone else you have been avoiding.	Drive without knowing your destination, or without checking for parking first.
Letting somebody else plan if you usually take the reins.	Take opportunities to meet new people.





## Weekly tasks:

Weekly Tasks	<p><b>Therapy Task:</b></p> <ul style="list-style-type: none"> <li>○ Look back to your <b>Managing Uncertainty</b> diary, from last session's weekly tasks, and use it to create a hierarchy of Uncertainty Experiment tasks on page 6, starting with the easiest at the bottom of the page and the most distressing at the top. To help develop experiments you can ask yourself the question:  <i>"If I was tolerant to uncertainty what would I do differently?"</i></li> <li>○ Devise a simple behavioural experiment to complete this week. Start with something simple that is not related to any of your major worry themes. Make this first experiment small and realistic. Expect to feel anxious. Record the results on the <b>Uncertainty and Behaviour Monitoring Form</b>.</li> <li>○ <i>Further Optional Reading:</i> Read Chapter 11 – Behavioural experiments – dealing with uncertainty.</li> </ul>
Plan for Weekly Task	<p><i>When will I be able to do this during the week?</i></p> <p><i>What might get in the way of doing this?</i></p> <p><i>Is there anything I can do to make it easier to do this or to remind myself?</i></p>
Key Message from Today's Session	

## Session 5 - Beliefs About Worry

### Review Weekly Tasks

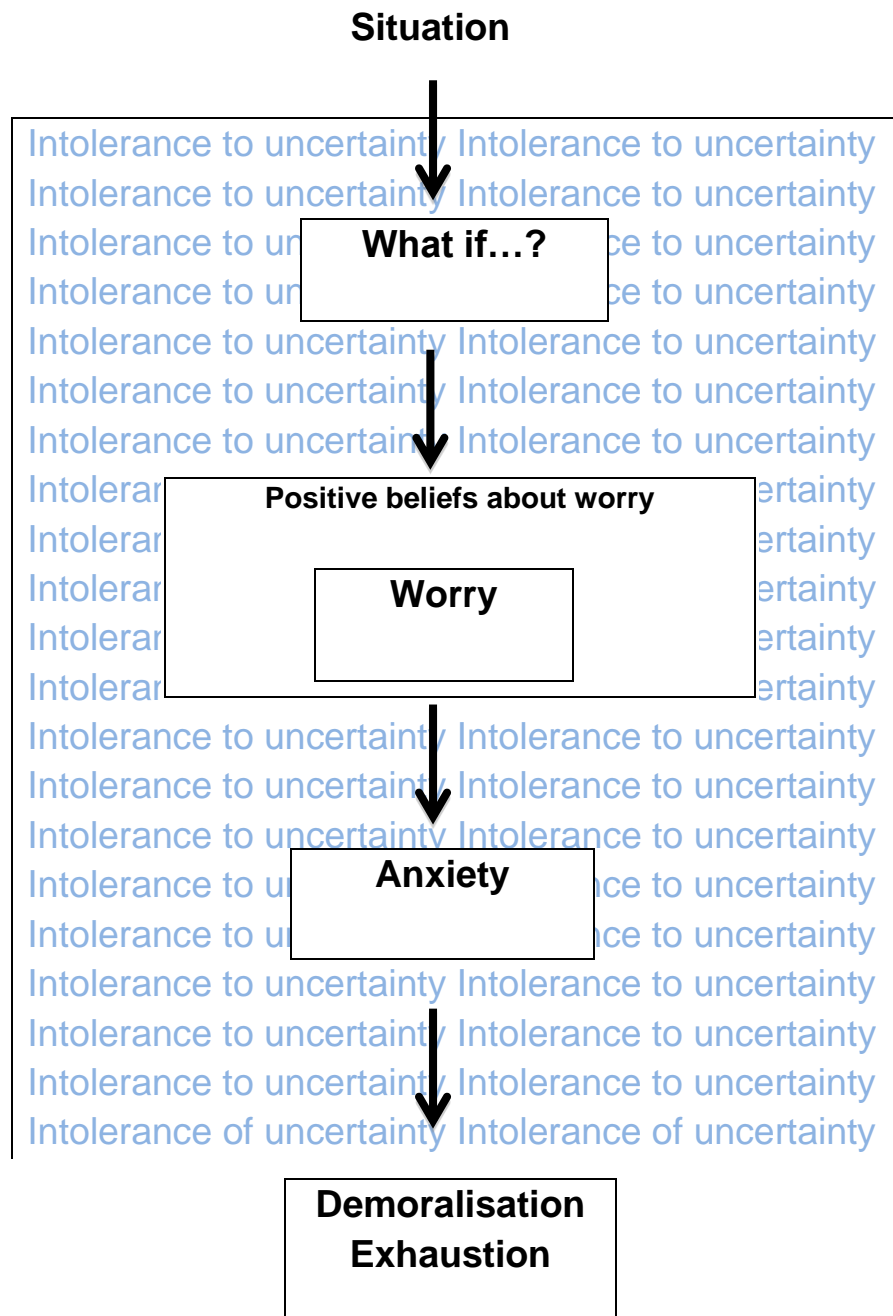
- **Reflections and Feedback** – Uncertainty Experiments and Hierarchy

### Uncertainty and Behaviour Monitoring Form

1. What approach or avoid behaviour do I want to change? What will I need to do differently?
2. What is the worry belief that I am testing? E.g. “what if everyone stares at me”:
3. What, if any, discomfort did I feel while doing it? (Rate level of distress 0-100%)
4. What actually happened during the experiment? What did I learn?
5. Now that I have done it, what do I think? What can I now do in the future?

Adapted from: Dugas and Robichaud (2007) *Cognitive-Behavioural Treatment for Generalised Anxiety Disorder: From science to practice*. Routledge.

## GAD Map of Problem Stage 3: Positive Beliefs About Worry



## Identifying Beliefs About Worry

In order to approach how we manage worry differently, we first need to consider why we worry. Probably a large reason for you seeking treatment for GAD is because you would rather *not* worry. Nevertheless, research has established that **people who are high worriers hold stronger beliefs that worry is useful**, compared to people who are low or moderate worriers.

Although worrying is often considered a negative process that leaves us feeling stressed and anxious, it is likely that if you are worrying excessively, it is because on some level the worry is feeling helpful, or has felt helpful in the past. It is possible that these beliefs may be operating on a subconscious level, however, and we may not be aware of them straight away. For instance, you may believe that worrying can help motivate you to get certain things done. It is also possible that you may also hold seemingly contradictory negative beliefs about worry, such as the belief that worrying is uncontrollable.

Identifying the various beliefs you may hold about the usefulness of worry is an important stepping stone to being able to explore the unexamined logic of these beliefs, which is essential if you want to correct them.

It has been observed that when people are able to unpick and challenge their beliefs about worry, they are no longer invested in the idea it is useful and the worries reduce. This process can be a powerful way of relaxing the tendency to worry excessively about a number of different situations, and thereby reducing anxiety levels. When this is achieved, you may look back and wonder why you ever worried!

Have you ever thought that your beliefs about worry are useful?

Other people have said that....

- Worrying helps me **solve problems**
- Worry helps to **motivate** me
- Worrying **helps me cope** (“If I worry about the worst, and I can see myself coping, then I probably will cope if it happens”)
- Worry helps me to **prepare** for the worst
- If I worry, I can **prevent bad things** from happening
- Worrying shows I’m a **caring or conscientious** person

## POSITIVE BELIEFS ABOUT WORRY

Belief about worry	Description	Yes or No	Belief rating (0-100%)	Personal example
<b>"I need to worry to solve problems"</b>	Beliefs about worry as something that can help you to resolve problems. This means all beliefs that convey the idea that worrying helps to fix problems, find better solutions, become more aware of problems, be better prepared to face them, react better when problems occur, and avoid potential problems.			
<b>"I need to worry to motivate me to act"</b>	Beliefs that worry is a good way to motivate yourself. This means all beliefs that convey the idea that worrying will motivate you to do the things you would otherwise avoid. These beliefs can relate to responsibilities at work, household tasks, social activities, or leisure activities.			
<b>"I need to worry to protect me from negative emotions"</b>	Beliefs about worry as a way to protect oneself from negative emotions. This means all beliefs that convey the idea that by worrying about something beforehand, you can protect yourself from subsequent deception, disappointment, or guilt if the event actually occurs.			

<b>"I need to worry to influence events"</b>	Beliefs that the act of worrying can have an effect on events. This means all beliefs that convey the act of worrying itself can have an effect on events, that worries have power over the occurrence or non-occurrence of events.			
<b>"I need to worry to show that I am a caring/conscientious person"</b>	Beliefs that worry demonstrates caring and concern for others, helps to look after them and proves that you are a careful and responsible person.			
<b>Any others</b>	Any other examples of beliefs about worry that you don't fit into the preceding categories.			

Adapted from: Dugas and Robichaud (2007) *Cognitive-Behavioural Treatment for Generalised Anxiety Disorder: From science to practice*.  
Routledge

### Why Worry-II (WW-II)

Below are a series of statements that can be related to worry. Please think back to times when you are worried, and indicate by entering a number (1 to 5) to what extent these statements feel true for you.

1	2	3	4	5
Not at all true	Slightly true	Somewhat true	Very true	Absolutely true
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				
11. _____				
12. _____				
13. _____				
14. _____				
15. _____				
16. _____				
17. _____				
18. _____				
19. _____				
20. _____				
21. _____				
22. _____				

23. \_\_\_\_\_ If I worry, I will be less unhappy when a negative event occurs

24. \_\_\_\_\_ By not worrying, one can attract misfortune

25. \_\_\_\_\_ The fact that I worry shows that I am a good person

Why Worry Questionnaire			
Belief Theme	Corresponding Question Numbers	Scores	Total Score
Worry Aids in Problem Solving	3, 5, 10, 14, 21	+ + + +	
Worry Helps Motivate	8, 15, 16, 18, 19	+ + + +	
Worry Protects Me from Negative Emotions	2, 4, 13, 22, 23	+ + + +	
Worry Can Prevent Negative Outcomes	6, 11, 17, 20, 24	+ + + +	
Worry Shows I am Caring and Conscientious	1, 7, 9, 12, 25	+ + + +	





## Weekly tasks:

Weekly Tasks	<p><b>Therapy Task:</b></p> <ul style="list-style-type: none"> <li>○ Complete the <b>Positive Beliefs about Worry Questionnaire</b>. Read through the different beliefs, identify whether you can relate to them and if “yes”, enter a belief rating between 0-100% (0 if you don’t believe it at all – 100 if you believe it completely) and think of a recent personal example where the belief was activated within your life and note it down on the form.</li> <li>○ Use the <b>Uncertainty and Behaviour Monitoring Form</b> (p. 34) to complete and record another experiment to build tolerance of uncertainty.</li> <li>○ Complete <b>Why Worry Questionnaire</b> (p.39 &amp; 40)</li> <li>○ <i>Further Optional Reading:</i> read Chapter 12 - The Cradle of Worry.</li> </ul>
Plan for Weekly Task	<p><i>When will I be able to do this during the week?</i></p> <p><i>What might get in the way of doing this?</i></p> <p><i>Is there anything I can do to make it easier to do this or to remind myself?</i></p>
Key Message from Today’s Session	

## Session 6 – Re-Evaluating Beliefs About Worry

### Review Weekly Tasks

- **Reflections and Feedback** – Worry Belief Questionnaires and Reflections
- **Continuing** – Experiments to Tolerate Uncertainty

### Belief about worry “I need to worry **to solve problems**”.

#### Challenges to belief

- Worry causes my mind to either freeze or become overwhelmed with thoughts which makes me feel confused. It is not possible to solve problems when this happens
- Worry is when I have apprehensive thoughts about the future that lead to no solutions. Problem solving is where I write a list of possible solutions, weigh up the advantages of each, pick the best one and plan when to action it. I have been confusing worry and problems solving.
- If my belief is true, then it would be impossible to be a person who worries very little and be a good problem solver. But is this true?
- Can I think of examples in my own life where I have not worried a lot about a particular situation but have been able to resolve a problem?

### Belief about worry “I need to worry **to motivate me to act**”.

#### Challenges to belief

- Worry causes me to feel anxious which ultimately leads to exhaustion and a difficulty to feel motivated to act.
- If my belief is true, then it would be impossible to be a person who worries very little and is highly motivated. But is this true?
- Can I think of examples in my own life where I have not worried a lot about a particular situation but have been motivated to act?

## **Belief about worry “I need to worry to protect me from negative emotions”**

### **Challenges to belief**

- Worry causes me to feel confused, anxious and demoralised. Therefore, rather than protect me, it creates negative emotions!
- When you consider examples of past challenging events, could any amount of worry actually have prepared you for the event when it happened?
- Does worry actually increase your sensitivity to threat-related information?
- If the belief is true, it suggests that highly worried and anxious people are more resilient than those that don't worry excessively. Thinking about people in your own life, is this true?
- Does worrying actually prepare me for negative events or does it get in the way?

## **Belief about worry “I need to worry to influence events”**

### **Challenges to belief**

- How is it possible for to a mental event (worry) to bring about a change in the physical world? By what mechanism could this happen?
- Is it possible that I am prone to 'magical thinking', i.e. the erroneous belief that there is a causal relationship between a thought (what if...?) and an event (negative or positive)?
- Rather than making life more certain, does worry actually create more uncertainty and doubt in your head?
- If worry causes me to feel highly anxious and demoralised, is it not more likely to bring about a negative event than to prevent one?
- If the belief is true then everyone who experiences positive or negative events would be worrying about them prior to their experience. Is this actually the case with people you know?

## **Belief about worry “Worry is a positive personality trait”**

### **Challenges to belief**

- Worry causes me to feel confused, anxious and demoralised. What happens to my capacity to be caring towards others when these effects take place?
- How do I know people are caring or conscientious towards me? Is it decided by the volume of worries in their mind or, more likely, by what they do and say?
- Is there a difference between care and conscientiousness, and worry? Is it possible that I am confusing the two?

Belief to test:	
How much does this feel true? (0-100%):	
Why does this feel true?	Why might this not be 100% true?
Is there a new, flexible, more balanced belief, that I could consider?:	
How might I react differently to my worry, with this new belief?	

Belief to test:	
How much does this feel true? (0-100%):	
Why does this feel true?	Why might this not be 100% true?
Is there a new, flexible, more balanced belief, that I could consider?:	
How might I react differently to my worry, with this new belief?	

<b>Beliefs about worry as a useful strategy</b>	<b>Challenges</b>
Worry is necessary. It increases productivity and keeps me motivated.	<ul style="list-style-type: none"> <li>• Other people I know are motivated and do not worry.</li> <li>• If you believe in yourself, worry is not necessary.</li> <li>• If I worry I am more likely to procrastinate.</li> <li>• Planning can be useful to maintain motivation.</li> </ul>
Worry provides an adrenaline boost (fight or flight) so I can work faster.	<ul style="list-style-type: none"> <li>• Adrenaline/fear response interferes with complex thinking so can impair performance.</li> </ul>
Worry helps me be more aware that others might need help (I am more caring because I worry).	<ul style="list-style-type: none"> <li>• Worry is not the same as caring.</li> <li>• There are other ways to show I care.</li> <li>• I know caring people who do not worry excessively.</li> </ul>
Worry helps me find more options/other ways of dealing with a situation.	<ul style="list-style-type: none"> <li>• Worry actually freezes my mind.</li> <li>• Talking to others is more helpful. I can also write things down.</li> </ul>
Worry increases my safety. I can think of and prepare for things that can go wrong.	<ul style="list-style-type: none"> <li>• Worry is not the same as concern/caring. You can't cover every eventuality.</li> </ul>
Worry prevents bad things from happening.	<ul style="list-style-type: none"> <li>• Thoughts cannot impact on outcomes. Bad things happen anyway.</li> <li>• I know I can cope.</li> <li>• Worrying will not protect me from the negative feelings that may happen if bad things do happen (it won't soften the blow).</li> </ul>
Worry means it's important.	<ul style="list-style-type: none"> <li>• Things can be important regardless of whether I worry about them</li> </ul>
Worry is the only way I know how to solve my problems.	<ul style="list-style-type: none"> <li>• Thinking about a problem (worry) is not the same as solving a problem.</li> </ul>

## Negative Beliefs about Worry

### Belief about worry

**“My worries are uncontrollable”**

### Challenges to belief

- Are there times of the day or certain activities during which I worry less? Is it possible that I could manipulate these activities in times of high worry?
- When I direct my attention to something like my breath, a drawing or the sounds around me, does my worrying increase or decrease?
- Have the exposure experiments I have completed had an impact on my levels of worry?
- When I use my problem-solving skills, does it have an impact on my level of worrying?

### Belief about worry

**“Worrying means I’m losing control or that I am crazy”**

### Challenges to belief

- You have probably been a high-level worrier your whole life. Have you ever lost control before?
- What does “losing control” mean to you?
- Am I experiencing ‘emotional reasoning’: because I feel I’m losing control, it means I’m actually losing control
- Is it possible that worrying itself is an attempt to control events, rather than a sign I am losing control of them?
- Is it true that worry increases the chance that one will generate scenarios which prove the belief that one will not be able to cope?

## Uncertainty and Behaviour Monitoring Form

1. What approach or avoid behaviour do I want to change? What will I need to do differently?
2. What is the worry belief that I am testing? E.g. "what if everyone stares at me":
3. What, if any, discomfort did I feel while doing it? (Rate level of distress 0-100%)
4. What actually happened during the experiment? What did I learn?
5. Now that I have done it, what do I think? What can I now do in the future?

Adapted from: Dugas and Robichaud (2007) *Cognitive-Behavioural Treatment for Generalised Anxiety Disorder: From science to practice*. Routledge.



## Weekly tasks:

Weekly Tasks	<b>Therapy Task:</b> <ul style="list-style-type: none"> <li>○ To work through the challenges to the beliefs about worry, and reflect on them over the week</li> <li>○ To consider any doubts or arguments you have with the challenges and note them down and bring them in to next session</li> <li>○ <i>Optional Further Reading:</i> Chapter 13 - Changing Your Worry Rules, and Chapter 14 up to page 300 – Doing something instead of worrying (up to the “Approaching Problems” section)</li> </ul>
Plan for Weekly Task	<p><i>When will I be able to do this during the week?</i></p> <p><i>What might get in the way of doing this?</i></p> <p><i>Is there anything I can do to make it easier to do this or to remind myself?</i></p>
Key Message from Today’s Session	





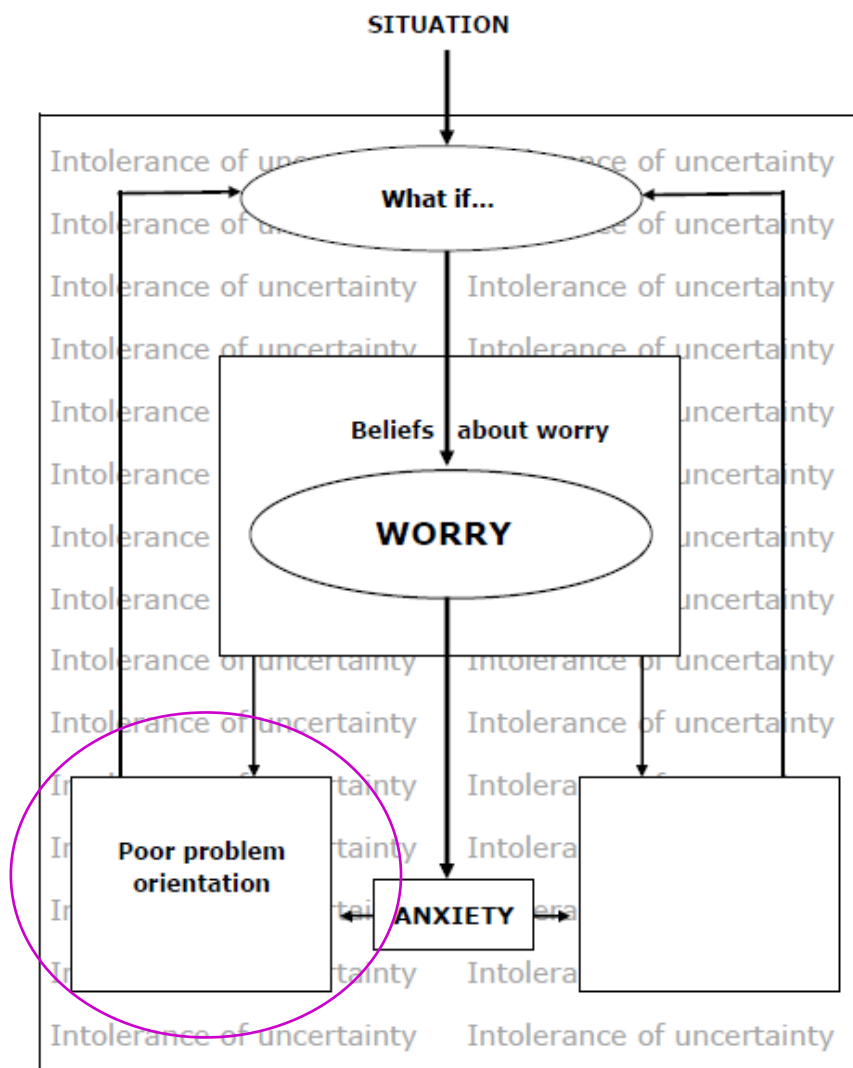
## Weekly tasks:

### Session 7 – Negative Problem Orientation

#### Review Weekly Tasks

- **Reflections and Feedback** – Beliefs about worry
- **Examples** - of recurring current practical problems

#### Generalised Anxiety Disorder Model



## Imagining life without worry

After challenging your beliefs about worry, you may find that you are able to view the beliefs as '**opinions**' in the mind, rather than 'facts'. You may also find that as your investment in the importance of worrying reduces, you worry less. This may lead to the question: what will my life be without worry?

This is a good opportunity to pause to discuss what might life without worry look like for you. If you are starting to understand that worry is an unnecessary and even harmful process, you may find that several hours each week open up to you that previously have not been available. How would you like to use this time? What goals do you have for the future? How do you imagine life without worry?

## Negative Problem Orientation

### GAD sufferers can solve problems!!

Negative problem orientation means the way in which we approach problems, or our attitude towards them.

Research has found that excessive worriers are just as skilled at problem-solving as people who worry less. However, excessive worriers hold more negative attitudes and beliefs about problems and problem-solving.

For example GAD sufferers are more likely to:

- View problems as threatening
- Doubt their ability to solve problems and
- Believe that problem-solving will turn out badly no matter what.

This can lead to unhelpful behaviours such as putting off problem-solving, procrastination, trying not to think about the problem, or the opposite – rushing in too quickly and not thinking it through.

Of course, we know that delaying problem-solving can also lead to the problem getting bigger and more complex. For example a small misunderstanding with a work colleague, if not dealt with, could lead to other people becoming involved and the problem becomes more complex.

The very nature of problems often means that the outcome is uncertain and therefore likely to set off 'intolerance to uncertainty', thus making problems feel more threatening.

## Dealing with negative problem orientation:

Today in the group we discussed the idea of viewing problems in a more flexible way. This means:

- Recognising problems before it's too late
- Seeing problems as a normal part of everyday life
- Seeing problems as opportunities rather than threats.

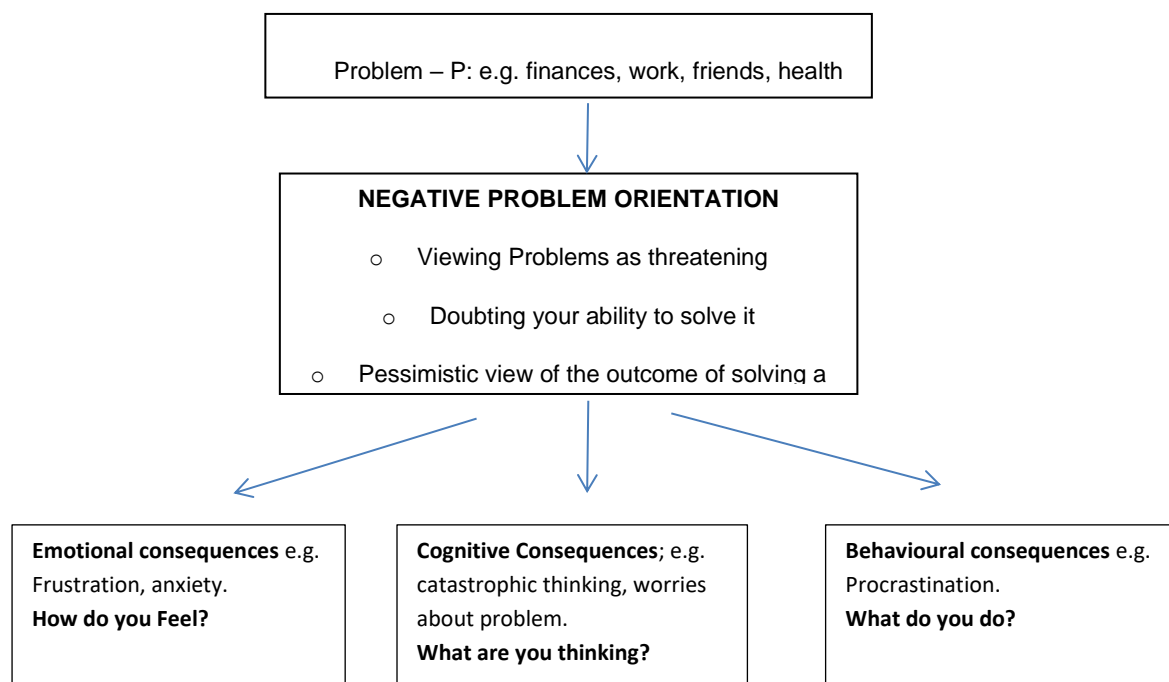
This is a totally new way of relating to your problems and given that many of you have been excessive worriers for a long time, it may take some getting used to.

The main opportunities you may be able to discover are: skills acquisition, refinement or rehearsal of existing skills and the development or improvement of relationships with those around us.

Of course, some problems can feel very overwhelming and have little to offer in terms of opportunity. However, even beginning to look for some opportunities can help you to think more flexibly about problems.

*Using your worry diary can you identify a small current problem in which you could start to look for opportunities (not a hypothetical problem)?*

### NEGATIVE PROBLEM ORIENTATION



Problem – : \_\_\_\_\_

**NEGATIVE PROBLEM ORIENTATION**

- Viewing problems as threatening
- Doubting your ability to solve it
- Pessimistic view of the outcome of solving a problem

**Emotional consequences** e.g. Frustration, anxiety.  
**How do you feel?**

**Cognitive Consequences;** e.g. catastrophic thinking,  
worries about problem.  
**What are you thinking?**

**Behavioural consequences** e.g. Procrastination.  
**What do you do?**

## PROBLEM LIST

Now that you have had some practice identifying 'hypothetical' and 'practical' worries, list some of the practical (current) problems you are worrying about below:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_
- 11) \_\_\_\_\_
- 12) \_\_\_\_\_
- 13) \_\_\_\_\_
- 14) \_\_\_\_\_
- 15) \_\_\_\_\_

## PROBLEM-ORIENTATION

Evidence shows that people with generalised anxiety are just as good at solving problems as anyone else (Dugas, 2007, p. 134). However, when we are in the habit of worrying, we can develop more negative beliefs and attitudes about what problems are and what they mean for us. Think of one of the problems on your problem list and have a think about the following questions.

Problem: \_\_\_\_\_

- (a) How do you see this problem?      Threat ☐                      Opportunity ☐
- (b) How much do you rate your ability to solve this problem? 0=Low, 10=High \_\_\_\_
- (c) To what extent do you believe things will turn out bad no matter what? \_\_\_\_ %
- (d) What is the worst thing that could happen with this problem (worst case scenario)? \_\_\_\_\_
- (e) What do you do, or want to do, when you worry about this problem (avoid, procrastinate, seek reassurance etc.)? \_\_\_\_\_
- (f) Does the above behaviour (e) make you feel better or worse about the above problem? \_\_\_\_\_

### STRATEGIES:

Using emotions as cues to help you face your problems. Anxiety isn't a problem in itself, but could be a cue to something that needs solving in your environment. What is this? Write it on your problem list.

Seeing problems as a normal part of life: Regarding your problem above, how normal do you think this problem is? Can you think of anyone else who has had this problem (and resolved it?)

Abnormal    ←—————→    Normal

Seeing problems as opportunities rather than threats: Rather than seeing the problem as completely negative or completely positive, what are the pros and cons on each side, and how would you re-rate the problem on the scale below?

Threats <input type="checkbox"/>	Opportunities <input type="checkbox"/>
-	-
-	-
-	-
-	-
-	-
-	-

Threat?    ←—————→    Opportunity?

## Worry diary

Date and time		Worry (Current Problem)	Anxiety 0 to 8 (None to extreme)	Challenges? ('threats')	Opportunities?
<i>Date</i>	<i>Time</i>				

## Uncertainty and Behaviour Monitoring Form

1. What approach or avoid behaviour do I want to change? What will I need to do differently?
2. What is the worry belief that I am testing? E.g. "what if everyone stares at me":
3. What, if any, discomfort did I feel while doing it? (Rate level of distress 0-100%)
4. What actually happened during the experiment? What did I learn?
5. Now that I have done it, what do I think? What can I now do in the future?

Adapted from: Dugas and Robichaud (2007) *Cognitive-Behavioural Treatment for Generalised Anxiety Disorder: From science to practice*. Routledge.





## Weekly tasks:

Weekly Tasks	<b>Therapy Task:</b> <ul style="list-style-type: none"> <li>○ Complete Worry Diary with column to help identify a challenge or opportunity with a current problem.</li> <li>○ Practice the exercises on Problem Orientation</li> <li>○ Answer the questions posed at the beginning of the session. If you were worrying less: <ul style="list-style-type: none"> <li>- How would you like to use this time?</li> <li>- What goals do you have for the future?</li> <li>- How do you imagine life without worry?</li> </ul> </li> <li>○ <i>Optional further reading:</i> Chapter 15 – Getting Better at Approaching Problems.</li> </ul>
Plan for Weekly Task	<p><i>When will I be able to do this during the week?</i></p> <p><i>What might get in the way of doing this?</i></p> <p><i>Is there anything I can do to make it easier to do this or to remind myself?</i></p>
Key Message from Today's Session	

## Session 8 – Problem Solving Skills

### Problem Solving

#### **Step One: Define the Problem**

Be clear about what the problem is e.g. not just 'work problems' but 'my workload feels unmanageable at the moment'

**Set Goal** e.g. 'I want my workload to feel more manageable'.

Goals need to be realistic.

#### **Step Two: Identify ANY Possible Solutions**

*This is often the most important part.* Take your time to come up with as many possibilities as you can, even if they seem unlikely or illogical. It's important to tap into our creative side of the brain, so write down solutions even if you wouldn't ever put them into action. Don't judge solutions at this stage.

#### **Step Three: Strengths vs Weaknesses**

Cross out solutions that you definitely wouldn't do, for the remainder, consider pros and cons of each and note down below:

<b>Solution</b>	<b>Pros</b>	<b>Cons</b>

<b>Step Four: Select the Best Sounding Option / First Step</b>		
<b>Step Five: Plan Solution</b>		
<b>When will you do this?</b>  <b>Where will you do this?</b>  <b>Who will be there?</b>  <b>Is there anything you need to do before?</b>		
<b>Step Six: Carry out the Plan!</b>		
<b>Step Seven: Review it</b> You may not have solved the whole problem, but have you been able to take steps towards helping?		
<b>Did the solution work?</b>  <b>What went well?</b>  <b>Did anything not go so well?</b>  <b>What have I learned?</b>  <b>Do I need to take further steps?</b>		
<b>Go back to list of solutions if needed!</b>		

Consider these questions for each of your possible solutions;

- *Will this solve the problem?*
- *How much time and effort will this solution take?*
- *How will I feel if I choose this solution?*
- *What will the short term and long term consequences be if I choose this solution?*

## Uncertainty and Behaviour Monitoring Form

1. What approach or avoid behaviour do I want to change? What will I need to do differently?
2. What is the worry belief that I am testing? E.g. "what if everyone stares at me":
3. What, if any, discomfort did I feel while doing it? (Rate level of distress 0-100%)
4. What actually happened during the experiment? What did I learn?
5. Now that I have done it, what do I think? What can I now do in the future?

Adapted from: Dugas and Robichaud (2007) *Cognitive-Behavioural Treatment for Generalised Anxiety Disorder: From science to practice*. Routledge.



## Weekly tasks:

Weekly Tasks	<b>Therapy Task:</b> <ul style="list-style-type: none"><li>○ Practise problem solving technique on at least 2 small problems</li><li>○ Continue increasing tolerance to uncertainty</li><li>○ <i>Optional further reading:</i> Chapter 16 – Problem Solving Skills</li></ul>
Plan for Weekly Task	<p><i>When will I be able to do this during the week?</i></p> <p><i>What might get in the way of doing this?</i></p> <p><i>Is there anything I can do to make it easier to do this or to remind myself?</i></p>
Key Message from Today's Session	

## Session 9 – Imaginal Exposure

### Weekly Tasks

- **Reflections and Feedback** – Problem Solving
- **Continuing**- Uncertainty Experiments - keep going with these!

### Imaginal Exposure

In the previous two sessions we addressed anxiety about ‘current problems’ by looking at problem solving. Over the next two sessions we are going to look at a technique to help with anxiety about ‘**hypothetical problems**’.

We cannot use problem solving to help with worries about ‘hypothetical problems’ because the situation being worried about has not happened. Instead we need to take a different approach and so we are going to introduce a technique to address cognitive avoidance.

#### Remember Cognitive Avoidance from last week?

Sometimes people try very hard to avoid thinking about certain situations. As a way to manage anxiety, this avoidance can be counter-productive in the long term. Research has shown that trying to suppress a thought (trying not to think about something) can actually lead to an increase in thoughts of this kind.

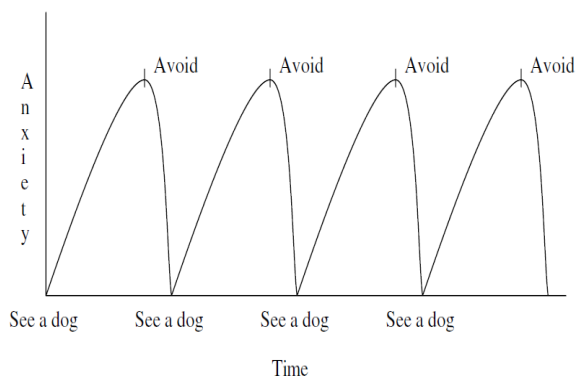


#### Consequences of Cognitive Avoidance

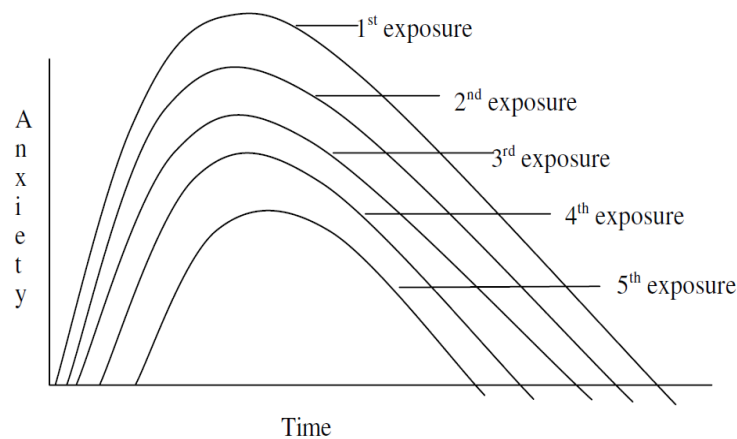
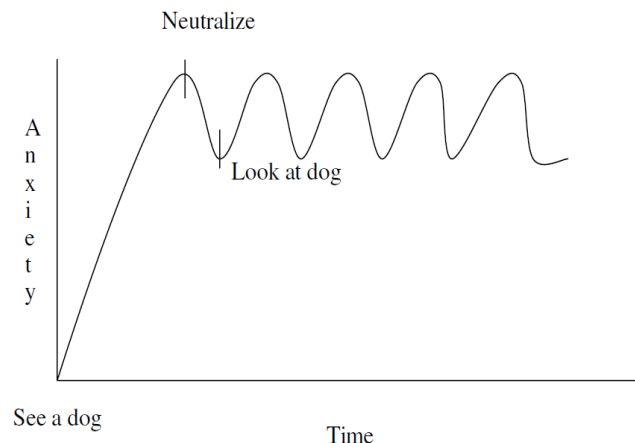
- **Enhancement effect** - Purposefully trying not to think about something can lead us to think about it even more.
- **Rebound effect** - After trying not to think about something it may come into your mind later.

#### Avoidance and Anxiety

We often **avoid** things that make us anxious. In the short term we may feel this helps us because avoidance reduces our anxiety. In the long term, though, using avoidance to manage anxiety can be counter-productive. If we continually avoid fearful situations we remain anxious of these situations and don’t get the opportunity to learn that we can cope with them.



Sometimes our anxiety is maintained because we rely on strategies to **neutralise** our fears. Just like avoidance, neutralisation may feel helpful in the moment, because it reduces our anxiety, but in the long term our anxiety is maintained.



We can reduce our anxiety in the long term by **exposing ourselves to the situations we are fearful of**. It is important to remember that tackling anxiety through exposure **takes time and repeated practice** but eventually we can reach **habituation**.

We can apply the strategies of avoidance, neutralisation and exposure to worrying. If someone is worrying about an awful event happening in the future they may put a lot of effort in to not thinking about this. This is an example of **cognitive avoidance**. **By avoiding thinking about our fears we can end up maintaining them.**

Sometimes people use **neutralisation** strategies when they start worrying. An example of this is a statement like “it would never happen”. **In the short term this helps to reduce anxiety but in the long term the anxiety is maintained.**

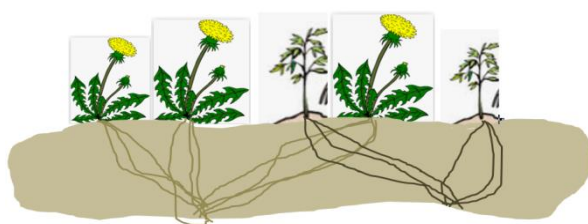
Sometimes when people worry about hypothetical situations they do so over and over and each worry period may only last for a short amount of time. **During this worry period people tend to avoid thinking about the worst case scenario.** This avoidance ends up maintaining people’s fears because the feared situation is not addressed.

In order to tackle the fear it can be helpful to really think about it instead of avoiding it. To do this we can expose ourselves to our fears by **thinking about them for extended periods of time repeatedly** until we reach habituation. This may involve thinking about your fears every day for 30 minutes for 2-3 weeks until you notice that that you are no longer feeling frightened by these thoughts.

### Step One – Identify Core Fear

In order to carry out exposure to our worst case scenario fear, we need to do this by writing a **realistic imagined worry script**, as if the worst case scenario is actually happening. This is because we cannot expose ourselves to the actual fear (in the same way we could sit in a room with a spider if we had a spider phobia), as the fear is hypothetical.

Firstly we need to decide what we will write the worry script about. To do this, we need to try to identify what our core fear is.



A core fear, is the idea that the majority of our hypothetical worries, stem from the same rooted fear. Like in the picture to the left, where the growing weeds all share the same roots.

If we can tackle the roots of the worry, this will help to reduce anxiety and distress about many of the hypothetical worries we experience.

How would we do this?

1. Write down examples of recurring hypothetical worries.
2. Use the questioning method below on each of the hypothetical worries, and see if a similar root or linking fear can be identified.
3. This is your core fear, we can now build a worry script around this fear.

#### List of Recurring Hypothetical Worries

*e.g. what if I'm late for work? What if I said something rude to my friend? What if something's happened to my partner? What if I make the wrong decision?*



Next, complete the self-reflection exercise in order to try to identify a core fear theme between your hypothetical worries. Use the examples / prompts below to guide you:

<b>Example of How to Identify Core Fear:</b>			
<b>Initial Worry:</b>	<i>I will make a mistake in front of other people</i>	<i>I will be late for work</i>	<i>I will develop a serious illness</i>
↓	↓	↓	↓
<b>If this actually happened, what would happen next?</b>	<i>They will think I'm useless</i>	<i>I will lose my job</i>	<i>My health will worsen</i>
↓	↓	↓	↓
<b>If this then happened, what worst scenario would happen next?</b>	<i>No one will like me</i>	<i>I won't be able to get another job</i>	<i>I won't be able to go out and do things</i>
↓	↓	↓	↓
<b>If this then happened, what worst scenario would happen next?</b>	<i>They won't want to see me again</i>	<i>I won't be able to provide for my family</i>	<i>People will distance from me</i>
↓	↓	↓	↓
<b>If this then happened, what worst scenario would happen next?</b>	<i>I won't have any friends</i>	<i>They will leave me</i>	<i>Things won't get better</i>
↓	↓	↓	↓
<b>Core Fear:</b>	<i>I will be alone</i>	<i>I will be alone</i>	<i>I will be in pain and alone</i>

Keep asking yourself “What would happen next?”. Eventually you will arrive at your **‘core fear’**. Usually it is apparent you have arrived at your core fear when you can’t answer the ‘what would happen then’ question anymore.

Example of How to Identify Core Fear:			
<b>Initial Worry:</b>			
↓	↓	↓	↓
<b>If this actually happened, what would happen next?</b>			
↓	↓	↓	↓
<b>If this then happened, what worst scenario would happen next?</b>			
↓	↓	↓	↓
<b>If this then happened, what worst scenario would happen next?</b>			
↓	↓	↓	↓
<b>If this then happened, what worst scenario would happen next?</b>			
↓	↓	↓	↓
<b>Core Fear:</b>			

Once you have identified your core fear you can use this to write your worry script.

You might identify some worries which lead to a slightly different end result, keep questioning different hypothetical worries until a pattern or theme emerges from the majority. You can always revisit the other feared scenarios later and write another worry script for these.

## Step Two – Write Worry Script Draft

Use these guidelines to help you write your scenario:

- Your worry script should be based on a worst case scenario **related to your core fear**. E.g. if you worry about a loved one being in a car accident, you should write about your loved one being in a car accident.
- Aim to write a scenario that will take **between one and five minutes to read slowly**.
- **Don't include neutralisation** strategies in your scenario. Examples of this are words like “maybe” and “not so bad”. These words can soften the scenario and make it seem less fearful. This can make the exposure exercise less effective.
- Write your scenario in the **present tense**. For example; “I am driving on the motorway..., I am in the house by myself..., They are telling me...”
- The scenario needs to be based on your fears and it is supposed to be **frightening** but it also needs to be **believable**.
- Include **sensory detail** of **what you see, hear smell etc.** as this helps to build a picture of the scenario.
- Describe how it is **feeling for you**, whilst experiencing the scenario. Describe physical symptoms you might experience.

### IMPORTANT:

If you are feeling anxious, upset, or tearful while writing your script, this tells us you are on the right track. Your worry script is about your worst case scenario, so it will understandably be upsetting. Remember that this exercise is designed to help you get over your worries and anxiety in the long term, by facing them in the short term.

Some people might be afraid of writing down worries, for fear that this might make the worst case scenario happen. This is not true! If this were true, you could write a script about having millions of pounds, and the next day you would win the lottery. You have probably been thinking about your worst case scenario for many years, the only difference now is that you are writing it down, so that you can start to let the worry go.

And finally, the goal of the worry script is not to make you no longer care. If you write out your worry script every day for two weeks, you will find that you spend less time and energy worrying about fears. However, this does not mean that you don't care about them, it simply means that you don't spend hours worrying about it every day.

*adapted from <https://www.anxietycanada.com/sites/default/files/WorryScript.pdf>*

Example of First Draft
<p><i>"I imagine that my child is involved in a car accident. I rush to the scene of the accident, and there are ambulances and bits of broken glass all over the highway. Then I see her; she is sitting in the grass beside the road, and she has blood on her. Her arm is all cut and swollen – it looks like it might be broken. The paramedics lift her onto a stretcher and put the stretcher into the back of the ambulance. I get into the back of the ambulance and sit beside the stretcher, and hold her hand in mine. She looks at me and smiles. I realise I'm crying uncontrollably. The paramedic puts an oxygen mask on her just to be safe; inside the ambulance little lights on machines are blinking, and there's that funny hospital smell. At the hospital they take her in to see the doctor and I have to wait outside. I feel very anxious, so I sit down and try to calm down. After a few minutes, the doctor comes out to see me. He smiles at me and says, "It looks like she'll be all right...""</i></p> <p>Although this is a good first draft that followed most of the rules of form and content, it does contain some elements aimed to avoid the exposure. E.g. "I hold her hand in mine, she looks at me and smiles" and "It looks like she'll be all right" are attempts at neutralising the scenario and reducing anxiety.</p>
Example of Rewrite
<p><i>"My child is in a terrible car accident. I rush to the scene of the accident, and there are ambulances, sirens going off, mangled cars, and bits of broken glass all over the highway. Then I see her; her little body is sprawled face down on the road, and she's covered in blood. Her face is all cut and swollen – it hardly looks like her. The paramedics lift her onto a stretcher – they have blood all over them too – and put the stretcher into the back of the ambulance. I get into the back of the ambulance and sit beside the stretcher, and hold her cold hand in mine I realise I'm crying uncontrollably. The paramedic puts an oxygen mask on her; inside the ambulance little lights on machines are blinking, and there's that awful hospital smell. At the hospital they rush her into the emergency room and I have to wait outside. I feel like my legs are going to collapse and I'm shaking all over, so I sit down and try to control myself. After what seems like hours, the doctor comes out to see me. He clears his throat and says, "I'll get right to the point, her condition is critical..."</i></p>

My Worry Script:



## Weekly tasks:

Weekly Tasks	<p><b>Therapy Task:</b></p> <ul style="list-style-type: none"> <li>○ Use the information from this week to help you write a first draft of your worry script. We will review these together next week and make any necessary changes before you start to use them to practise with.</li> <li>○ <i>Optional further reading:</i> Chapter 17 – Understanding Hypothetical Event Worry</li> </ul>
Plan for Weekly Task	<p><i>When will I be able to do this during the week?</i></p> <p><i>What might get in the way of doing this?</i></p> <p><i>Is there anything I can do to make it easier to do this or to remind myself?</i></p>
Key Message from Today's Session	

## Session 10 and 11 – Individual Reviews

### Weekly Tasks

- **Reflections and Feedback** – Identifying Core Fear and Writing Worry Script Draft
- **Continuing**- Worry Script

My Review Slot Time:	
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### Step Three – Review and Rewrite

Sometimes first drafts of exposure scenarios contain statements which are there to make the scenario seem less frightening. These are examples of **neutralisation** and can reduce the effectiveness of the exposure exercise.

Often the first draft needs amending so that you have a scenario which will give you a good opportunity to confront your core fear.

### Exercise

Use the questions below to review your scenario. If you need to make changes to your draft, write out the revised scenario so you have it to practise with later.

	✓ / ✗
Are there any statements in your draft which will prevent you thinking about your core fear?	
Is it written in present tense, as if the incident is <b>actually happening</b> ?	
Is it written in <b>first person</b> , using “I” statements?	
Have you included <b>great detail</b> , including <b>information about your senses</b> (sight, hearing, touch, taste, smell)?	
Does the scenario <b>include your core fear</b> ? Does it provoke anxiety when reading?	

#### Step Four – Carry Out Exposure

For your therapy task this week we will ask you to **record your scenario** which you will then **read or listen to**.

It takes practice to carry out exposure work of this kind. It is likely that to begin with when you practise with your scenario you may not get the full benefit of imaginal exposure. It can be challenging to concentrate fully on the recording as you read or listen to it. Sometimes people find they start thinking about other things. If you notice this, just turn your attention back to the reading or recording and continue.

The exposure work needs to be carried out **every day for approximately half an hour**. During this time you will need to make a note of your anxiety level. There is an 'exposure form' at the end of these session notes.

The aim of each exposure practice is for you to experience a reduction in anxiety (though habituation). **Initially we would expect your anxiety level to increase as you focus on the scenario**. Your anxiety may stay at this level for a short time during the exposure practice and **then we would expect your anxiety to decrease**.

The overall aim of conducting this exposure work is to reduce your anxiety so that when you focus on the scenario you only experience a small degree of anxiety or none at all. It will take **repeated practice** to reach this point.

When your exposure scenario is no longer causing you any anxiety or very little anxiety, you may want to write a new scenario if there is another fear you wish to address.



## Imaginal Exposure Task Rating Worksheet

### Distress Scale (0-8)

0      1      2      3      4      5      6      7      8  
 None      A little      Moderate      Considerable      Extreme

Day / Time	Time Spent (mins)	Distress Level <b>Before</b> Starting (0-8)	Distress <b>Highest</b> Level During (0-8)	Distress Level <b>After</b> (0-8)	Did I Neutralise During? (yes/no)



## Weekly tasks:

Weekly Tasks	<b>Therapy Task:</b> <ul style="list-style-type: none"> <li>○ Write or record your exposure scenario</li> <li>○ Read or listen to it repeatedly for approximately 30 minutes each day</li> <li>○ Use the 'Imaginal Exposure Task Rating Worksheet' to record your anxiety levels during each exposure session.</li> <li>○ <i>Optional further reading:</i> Chapter 18 – Learning to face your <i>Hypothetical Event Worry</i></li> </ul>
Plan for Weekly Task	<p><i>When will I be able to do this during the week?</i></p> <p><i>What might get in the way of doing this?</i></p> <p><i>Is there anything I can do to make it easier to do this or to remind myself?</i></p>
Key Message from Today's Session	

## Session 12 – Summary and Moving Forwards

### Weekly Tasks

- **Reflections and Feedback** – Imaginal Exposure using Worry Script
- **Continuing**- Exposure to Worry Script and Uncertainty Experiments

### Therapy Blueprint

**Looking back now, how do you feel the problem developed?**

*What led to the worry / anxiety becoming a problem? Why was it a problem at this time in your life?*

**Once anxiety / excessive worry became a problem, what kept the problem going?**

*What triggers / situations / thoughts / beliefs about worry / behaviours?*

**What are the main things I learned from this course?**

*What would I want to remind myself if I'm having a bad anxiety day in future?*

**What techniques have been most helpful?**

*What am I still practicing daily?*

**What situations have caused me a setback in the past?**

*How could I cope differently if this happened again? How can I cope with on-going stressors?*

**What are my Early Warning Signs of anxiety increasing?**

*What thoughts / emotions / physical symptoms would I be having? What would change in my behaviour? What might other people notice about me?*

*It is impossible to live a life without stressors, without any worry or anxiety, lapses are likely to happen. It is important to remember that experiencing this does not mean we are relapsing, this is a normal part of life. Monitoring our symptoms and continuing to practice the skills from the course, can help prevent relapse.*

**Future Goals**

*What are my goals for the next few weeks? The next few months? The next 6-12 months?*

**Wellbeing Check In**

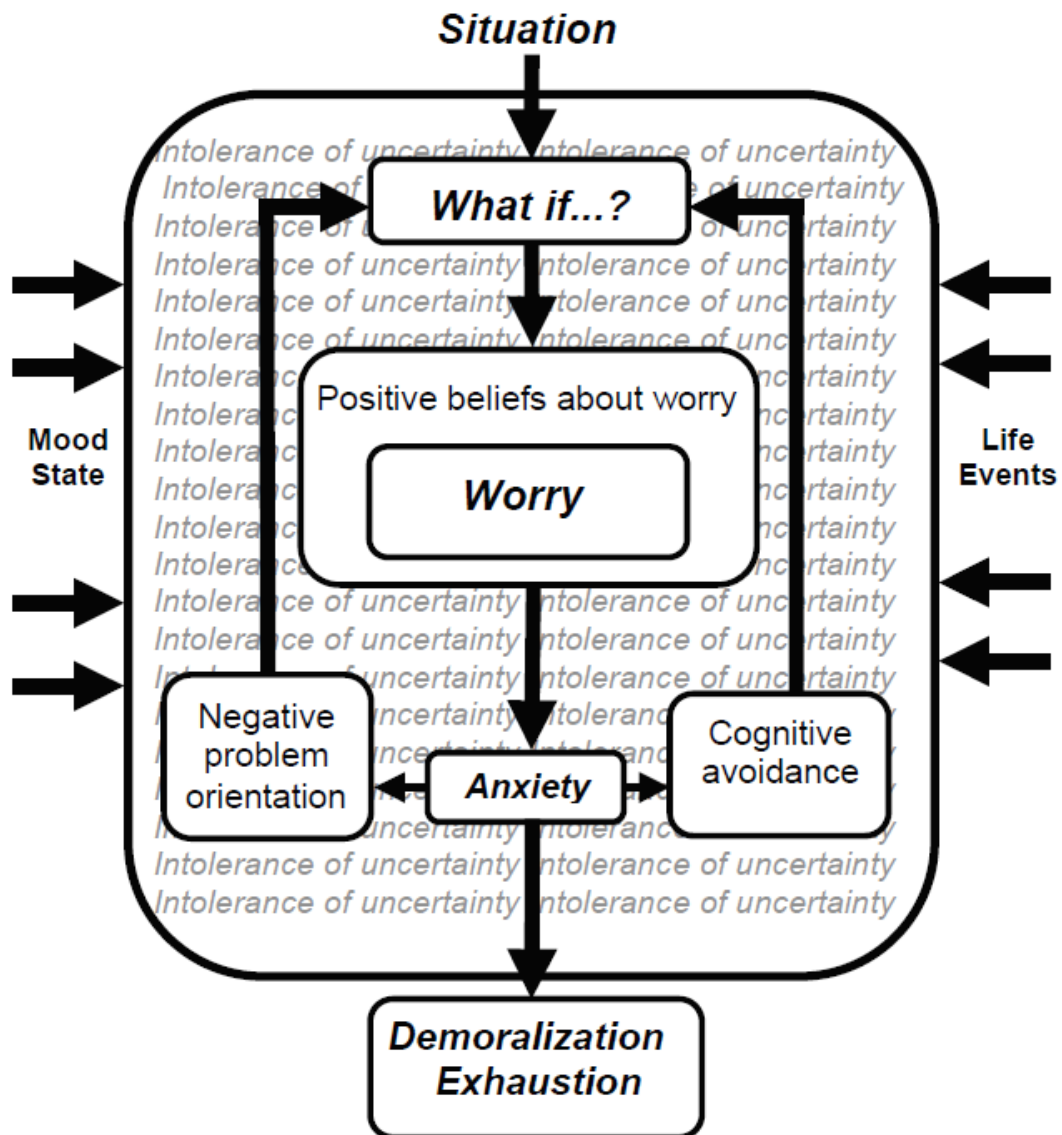
*When and how often will I plan this for? E.g. I will book 30 minutes with myself every Sunday morning, in order to reflect on how my worry is, what I have been practicing and what worry management goal I can set myself moving forwards.*

**Sources of Support**

The people / organisations to help keep me well are:

Name	Contact Details

**Taking a break from therapy:** It is recommended that you take a break of at least 3-6 months from therapy, in order to give you a chance to consolidate the techniques you have learned. Daily practice is recommended to get the most benefit from this course. If you require help again in future, you are welcome to re-refer to Steps 2 Wellbeing again.



## **Thank you for taking part in this course!**

Well done for completing the course, and thank you for all your helpful feedback and contributions throughout.

We would be so grateful if you could please complete the **feedback form** (Patient Experience Questionnaire) we will be emailing you shortly. We use this to review the course itself, and also if you had any messages you would give to anyone feeling unsure about attending this course.