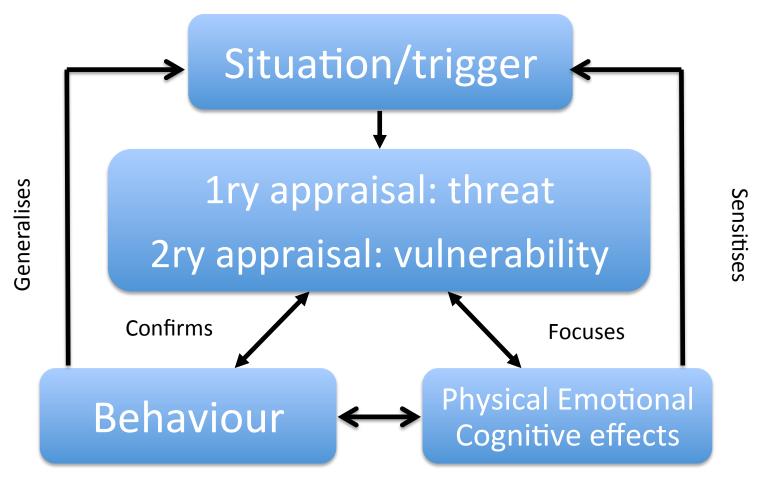
## Assessment of anxiety

| 5Ws         | Impact                 |  |
|-------------|------------------------|--|
| • What      | Occupational/financial |  |
| • When      | Domestic/self-care     |  |
| • Where     | • Social               |  |
| • Why       | Personal interests     |  |
| With whom   | Relationships          |  |
|             |                        |  |
| FIDO        | Features               |  |
| • Frequency | Physiological          |  |
| • Intensity | Cognitive              |  |
| Duration    | Behavioural            |  |
| • Onset     | Affective              |  |
|             |                        |  |

### **Anxiety diary**

| Day | Time | Anxiety (0-10) | Thoughts, concerns or worries | Behaviour (avoidance & safety-seeking) | Consequences (+ & -) |
|-----|------|----------------|-------------------------------|--|----------------------|
|     |      |                |                               |  |                      |
|     |      |                |                               |  |                      |
|     |      |                |                               |  |                      |
|     |      |                |                               |  |                      |
|     |      |                |                               |  |                      |
|     |      |                |                               |  |                      |
|     |      |                |                               |  |                      |
|     |      |                |                               |  |                      |

# Anxiety feedback loops



**Amplifies** 

## **Anxiety equation**

Probability x Awfulness

Anxiety =

Coping + Rescue

#### **Exposure hierarchy**

| Briefly describe the anxious/avoided situation, object, sensation or intrusive thought/image |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

#### **Exposure diary**

| <u>Day/time</u> | Exposure task | Duration. (mins) | Start<br>(anxiety<br>0-100) | Mid<br>(anxiety<br>0-100) | End<br>(anxiety<br>0-100) |
|-----------------|---------------|------------------|-----------------------------|---------------------------|---------------------------|
|                 |               |                  |                             |                           |                           |
|                 |               |                  |                             |                           |                           |
|                 |               |                  |                             |                           |                           |
|                 |               |                  |                             |                           |                           |
|                 |               |                  |                             |                           |                           |
|                 |               |                  |                             |                           |                           |
|                 |               |                  |                             |                           |                           |
|                 |               |                  |                             |                           |                           |
|                 |               |                  |                             |                           |                           |
|                 |               |                  |                             |                           |                           |

## **Behavioural experiment**

| Thought to be tested: "Ifthen" (Rate credibility of belief: 0-100%) | Experiment (what, when, where, with whom) |   | Prediction (if belief is true)    |
|---|---|---|-----------------------------------|
| Obstacles/barriers to overcome                                      |   | Solutions/strategies to overcome barriers |                                   |
| What happened?  |   | What did I learn                          | (about the thought to be tested)? |

#### Theory A vs. Theory B

| Theory A  | Theory B  |
|---|---|
| The problem is                                    | The problem is I <u>worry</u> that                |
| Evidence for Theory A                             | Evidence for Theory B                             |
| Implications: what do I need to do if Theory A is | Implications: what do I need to do if Theory B is |
| correct?  | correct?  |

### P3R Plan (after Christine Padesky)

What have you been avoiding?

How anxious does the thought of doing it make you feel (0-10)?

| Predict: what bad things might happen if you did this? | Prepare coping responses: what could you do when this happens? |
|--|--|
| Practise your responses (when, where, how, with whom)  | Reflect: what have you learned about your vulnerability?       |

## Uncertainty and change in behaviour (<u>Dugas</u>)

| Date:                                    |
|--|
|  |
| Description of the action chosen:        |
|  |
|  |
| Discomfort during the action             |
|  |
|  |
| Thoughts during the action               |
|  |
|  |
| Observations after performing the action |
|  |
|  |

## **Worry questions**

| What are you worrying about?                                     |  |
|--|--|
| What is it about it that concerns you?                           |  |
| What is the very worst that could happen?                        |  |
| And what makes that so awful?                                    |  |
| What is the realistic likelihood of it occurring?                |  |
| How much would you bet on it?                                    |  |
| Make a specific prediction (worry hates specifics)               |  |
| How confident are you (out of 10)?                               |  |
| How anxious does that make you feel (out of 10)?                 |  |
| If your prediction came true, what could you do to deal with it? |  |
| How would it look in 5 years?                                    |  |
| Who could you turn to for help?                                  |  |
| How practically would they help you?                             |  |
| Is there anything you can or should do about your concern?       |  |
| If yes, when should you do it?                                   |  |