Trial of Sertraline versus Cognitive behaviour therapy for generalised Anxiety (ToSCA)

Cognitive Behavioural Treatment Manual for Generalised Anxiety Disorder

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Typical Sequence of Treatment

Module	Typical number of sessions
1. Psycho-education and Worry Awareness Training	1-2
2. Re-evaluation of the Usefulness of Worry	1-2
3. Uncertainty Recognition and Behavioural Exposure*	3-4
4. Problem-Solving Training	3-4
5. Written Exposure	3-4
6. Relapse Prevention	1-2
Length of treatment	14-16 sessions

* Exposure to uncertainty exercises should continue until the end of therapy.

Principles of Cognitive Behaviour Therapy

The present manual is designed to supplement cognitive behaviour therapy for generalised anxiety disorder (GAD). Because the therapy is based on an educational model, the client will need to remember and apply a number of important principles. The manual is divided into different modules, each one adding to the client's ability to deal with worry and anxiety. In order to help the client prepare for therapy, there are a number of basic principles about cognitive behaviour therapy that he should be aware of. The following paragraphs present and discuss these principles.

At the beginning of therapy, the therapist should present and discuss the principles of cognitive behaviour therapy (CBT) with the client. This is very important because the client may not know what to expect from this type of therapy. By discussing the principles of CBT with the client, the therapist will be in a position to help the client have realistic expectations with regards to therapy and to correct any misconceptions about the therapy process and what it involves. The therapist should address these principles right from the first therapy session.

Cognitive behaviour therapy (CBT) is based on a model of the emotional disorders that emphasizes the relationship between our thoughts, behaviours, and emotions. In other words, when we change the way we think, this will have an effect on the way we behave and feel. Likewise, when we change the way we behave, this will have an effect on the way we think and feel. And as you might expect, when we change the way we feel, this will have an effect on the way we think and behave. CBT relies on the bi-directional relationship between your thoughts, behaviours and feelings to help you feel less worried and anxious, and attain a better quality of life. The first principle of CBT that you need to know about is that CBT will provide you with a new way of understanding your problem. When you have been living with your problem for some time, you may have developed ways of understanding it and dealing with it that end up maintaining the problem or even making it worse. CBT will help you to see your problem in a new light and this will point to other ways of understanding your problem and dealing with it on a daily basis.

CBT will also help you develop new skills to address your problem. We know that understanding a problem is one thing, but actually changing it is quite another. To change your problem, I will help you to develop new skills and use these skills to change the thoughts, behaviours and emotions that are contributing to your worry and anxiety. For example, you will learn to generate new ideas about your problem and tests these ideas in your day-to-day activities. In this way, you will be able to make up your own mind about what is causing your worry and anxiety. Because CBT relies on the active collaboration between the client and therapist, you will not be put in a position where you feel out of control. You will be actively involved in the therapy process and your input will be extremely valuable right from the start of therapy. After all, you are the expert

when it comes to your problem and I am the expert when it comes to understanding your problem in a new light. By working together, it stands to reason that we will be able to find better ways of helping you feel better. As a matter of fact, the more therapy progresses, the more you will take the lead in finding ways to deal with your worry and anxiety. This is because CBT aims to help you become your own therapist. It is very important that you not feel overly dependent on therapy because therapy cannot go on forever. When therapy ends, if you have not become your own therapist, you will be at greater risk for relapse. However, if you have become your own therapist, you will be in a better position to face the obstacles that might come your way. In fact, we know that having confidence in your ability to face adversity is one of the best predictors of maintaining therapeutic gains. By having an active role throughout therapy, you will be able to develop the confidence you will need once our sessions are over.

Another way that CBT will help you become your own therapist is by being brief and time limited. As a general rule, CBT typically lasts 10 to 20 sessions. We know that when therapy last for many months (and sometimes many years), it is easier for the client to begin to feel dependent on the therapist. Once you have gained a new understanding of your problem, developed new skills, and used these skills to successfully deal with the problem, it will be important for you to try out these skills on your own. By dealing with your problem without having the security of our weekly sessions, you will be able to further develop your confidence in your ability to be your own therapist. CBT is also structured and directive; that is, it relies on guided discovery. By setting up "experiments" together, you will be able to test out new ideas and see if they are more accurate reflections of your reality. In a sense, in CBT the therapist is the guide and the client makes the discoveries. I will not try to convince you that I am right; however, I will help you to come up with new ideas and ways of testing these ideas.

Another important principle is that CBT is primarily based on the here and now. Although there is no doubt that our developmental history has contributed to who we are today, CBT distinguishes between what may have contributed to the development of a problem and what is maintaining that problem today. In most cases, the factors that maintain a problem are not the same ones that originally contributed to the development of the same problem. To use a well-worn example, if I fall off a horse, I may develop a fear of horses. However, my fear will be maintained if I begin to avoid horses and refuse to "get back in the saddle." In this example, the fall caused my fear but my avoidance of horses is maintaining my fear. I cannot change the fact that I fell off the horse; however, I can change my avoidance behaviour. CBT primarily addresses the factors that are maintaining the problem because these are the factors that are directly accessible in the here and now. Finally, in CBT, between-session exercises are a central element of therapy. There is no doubt that a weekly 50 minute session is not sufficient to change ingrained patterns of thinking, behaving and feeling. In CBT, the client is encouraged to apply new skills on a daily basis. Even if the client finds the therapy session extremely interesting, if therapy does not lead to change in his life, then the client and therapist are wasting their time. In

summary, CBT aims at helping the client attain change in the here and now by using new skills on a daily basis.

Therapy Session Format

Following the presentation and discussion of the principles of CBT, the therapist should present the format for the therapy sessions. Specifically, the sessions will be divided into four parts. The first part of each session will be devoted to reviewing the between-session exercise for the past week. During this time, the client and therapist discuss the new information obtained while doing the exercise, as well as the client's conclusions. In the second part of each session, the therapist presents new information to the client. For example, information about the principles of CBT was provided in the current session. In the third part of each session, the client and therapist discuss how the new information relates to the client's worry and anxiety, and how it can translate into concrete changes in the client's life. In the final part of the session, the therapist and client agree on a between-session exercise for the following week. The exercise should integrate the new information and should gently "nudge" the client to reach a new level of improvement. At the end of each session, the therapist provides the forms for the exercise if forms are required.

The Symptoms of GAD

Before trying to change a symptom, the client should have a very clear idea of how the symptom is experienced. This is especially important in GAD given that its main feature, excessive and uncontrollable worry, is a covert event that cannot be observed by the therapist. In this part of therapy, the therapist presents the "symptoms" of GAD. These symptoms include "What if...?" questions, worry, anxiety, demoralization, and fatigue. As therapy progresses, the therapist will present the factors that contribute to the symptoms of GAD.

Situational Variables

There is often a "situation" (in the broad sense) that triggers the chain of symptoms. This situation can be any event, or even any memory of an event, that elicits a "What if...?" question. For example, having a difficult personal encounter, becoming aware of a physical sensation, reading a newspaper article, or watching a television newscast may all trigger the worry cycle.

"What if...?" Questions

"What if...?" questions are thoughts that begin with "What if..." or the equivalent (for example, "Wouldn't it be terrible if..."). These questions are not the sole source of the problem, but they provide an opening for excessive worries to begin.

Worries

Worries are thoughts set in motion by "what if...?" questions. They usually involve a chain of several ideas, such as "What if my work contract doesn't get

renewed, I don't know how I will pay all my debts, I won't have a penny to spare, I won't be able to keep my head above water, I might not be able to keep my car, etc." In order to avoid any misunderstandings, and to ensure a thorough understanding of worry, it is important that the client and therapist agree on a definition of the concept. A simple and useful definition that we use is the following: Worry is a cognitive phenomenon (a thought process), which 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.

Some worries are triggered by external, observable situations (for example, an argument with a friend). Others are triggered by internal events (for example, a physical sensation that might be the first sign of a serious illness). Many worries can even trigger other worries (this is referred to as the *chaining* of worries). For different individuals at different times, worrisome thoughts can last from a few minutes to several hours. Worries can encompass a wide variety of subjects; however, each person will have recurring worry themes. Worries always concern something negative that may happen in the future. Although a worry may be related to some past event, it actually has most to do with the future implications of the event ("after that argument, our relationship will go downhill"). Worry is seldom experienced without discomfort; it is usually accompanied by feelings of anxiety. Often, greater levels of anxiety accompany more severe worries. As a matter of fact, your level of anxiety may be a good way to identify your most important worries.

Worries can be separated into two major types: (1) those that concern current problems (the problem already exists); and (2) those that concern potential problems (the problem doesn't exist yet, and in many cases, never will). This distinction will serve as a guide in choosing the intervention. It stands to reason that different ways of coping may apply to different types of worries (hint: you can't solve a problem that doesn't exist yet!). Some worries are more difficult to classify than others. Sometimes you may feel that there's not enough information to decide with any certainty whether the worry is about a current problem or if it is about a potential problem, but this is normal. The important thing is to choose the category that seems to fit the best, and continue with the appropriate strategy (it's an important part of therapy to make decisions in spite of uncertainty).

Anxiety

Generally speaking, anxiety is the emotional discomfort that accompanies worry. In other words, chronic worry coincides with anxiety (so that if worries decrease, so will anxiety). Anxiety may take the form of physical responses (for example, muscle tension, fatigue, and insomnia) or psychological responses (for example, irritability, nervousness, or difficulty concentrating). It is important to keep in mind that worry is a type of thought whereas anxiety is a type of emotion. We know that thought influences emotion and emotion influences thought. So it follows that if you are able to better control your worrisome thoughts, you will also feel less anxious. Furthermore, if you feel less anxious, it

will be easier for you to control your worry (and so on). Later on in therapy, we will see how your behaviours fit into this equation.

Demoralization and Fatigue

States of demoralization and fatigue often occur when worry and anxiety become chronic and excessive. Such states are often the long-term consequences of the following sequence: Occurrence of problem situation → "What if...?" questions → worry → anxiety. The loss of energy that this process entails can provoke states of demoralization and fatigue. These states often make it more difficult to be actively engaged in therapy. For this reason, therapy will progress at a gradual pace and as you begin to feel less demoralized and fatigued, you will be able to take bigger steps in therapy.

Between-Session Exercise

The client's exercise involves taking note of everyday worries. This requires that the client take note of his worries three times a day, at predetermined times, and indicate the type of each worry on the Worry Diary form.

Worry Diary

Name: Date: Therapist:

Date and time (3 times/day)		Worry	Anxiety 0 to 10 (None to Extreme)	Worry type (current or potential problem)
Date	Time			

In Module 2, the therapist helps the client to examine his beliefs about the usefulness of worrying. Interestingly, research shows that beliefs about the usefulness of worrying are quite variable in GAD clients. Although most GAD clients believe that worrying is highly useful (and that it might be dangerous to worry less), a minority of GAD clients do not hold many of these beliefs. Thus the therapist should not assume that all GAD clients believe that worrying is highly useful. Nonetheless, given that beliefs about the usefulness of worrying may interfere with all treatment phases (e.g., a client who believes that worrying less would be dangerous may be inclined to avoid fully engaging in therapy), it is crucial that the therapist assess (and in most cases, address) these beliefs early on in therapy.

It is now well established that most people with GAD believe that worrying is more useful than do people who are moderate worriers. Although worry is often a negative experience that is associated with feelings such as anxiety and stress, you may think that worrying is useful for some reason or another. For example, you might believe that the act of worrying actually helps you find solutions, or protects you or nurtures you in some way. Identifying the beliefs you hold about the usefulness of your worries is necessary in order to be able to verify the foundation of these beliefs, and to put them to the test. The adjustment of these beliefs will help you to reduce your tendency to worry. I am not saying that worrying is never useful; however, I am saying that people with GAD tend to overestimate the actual usefulness of worrying. So the question you must ask yourself is the following: "Is worry really that useful; if I worried less, would that really lead to bad things happening?"

Types of Beliefs

There are many types of beliefs that a person can have about the usefulness of worrying. Research has identified at least five types of beliefs about the usefulness of worrying. People with GAD tend to endorse each one of these beliefs to a greater extent than do moderate worriers.

1. <u>The belief that worrying helps one to find solutions to their problems</u>. This has to do with any belief about the usefulness of worrying in helping to solve problems, helping to find better solutions, increasing vigilance, increasing preparedness, contributing to a more well thought out or efficient reaction, or even helping to prevent or avoid problems. Although low levels of worry may at times be helpful in thinking of solutions to problems, high levels of worry actually interfere with the problem-solving process. This is because worry makes us see all the ways our solutions might fail. So worry, in many cases, actually makes solving problems more difficult.

2. <u>The belief that worrying motivates one to get things done</u>. You may believe that if you worried less, you would not get things done. Many people with GAD think that worrying about something is a good way to motivate them to do something about it. In this case, worrying about something appears to get

confused with caring about something. If a person worries less, this does not mean that they will become complacent; it simply means that they will be less stressed about the situation while getting things done. In fact, being highly worried about something often leads to inactivity because of the negative emotional reactions that are associated with worry.

3. <u>The belief that worrying protects one from negative emotions</u>. These are beliefs that worrying will shield you from difficult emotional reactions; that being worried "ahead" of some event occurring will protect you against disappointment, sadness, and guilt. Many people with GAD believe that worrying is like "putting money in the bank" for later. They believe that if the said event takes place, they will have already invested in their negative reaction in advance, thereby allowing them to be less affected by the event. Some of our GAD clients have told us the following: "If something happens to someone I love and I haven't worried about it in advance, I will feel very guilty." This way of thinking puts the person in a position where they must worry constantly, just in case.

4. <u>The belief that worrying, in and of itself, can prevent negative outcomes</u>. The fourth type of belief states that worrying, on its own, can have an effect on the outcome of events; that our worries are directly responsible for the non-occurrence of negative events. This type of belief is sometimes referred to as "thought-action fusion." An example of this type of belief might be "I've always worried about my child being involved in a serious car accident. It has never happened, so my worrying must be working. I have to keep it up."

5. <u>The belief that worrying represents a positive personality trait</u>. "I'm the worrier in my family. If I worried less, my family would be disappointed in me. They would think that I just don't care about them anymore. By worrying, I show them that I care, that I am a good person." This example illustrates the fifth belief about the usefulness of worrying. In this case, worrying is confused with caring. Do people who worry less really care less about the ones they love? It might be a good idea to ask others about this... would your loved ones look down on you if you worried less?

To help the client re-evaluate his or her beliefs about the usefulness of worry, the therapist can use the <u>lawyer/prosecutor role-play</u>. In this role-play, the therapist first asks the client to identify a specific worry (e.g., "worrying about my children shows that I care about them"). The client then takes on the role of a lawyer who must convince the members of a jury that the specific worry is useful. Once the client has finished arguing for the usefulness of the worry, he then takes on the role of a prosecutor who must convince the members of the jury that the worry is in fact not useful. This role-play allows the client to consider "both sides of the coin" in a non-threatening context. Consistent with the principles of motivational interviewing, the therapist can use Socratic questioning to help the client query the actual usefulness of worrying when playing the role of the prosecutor. In this case, examples of questions include: "Is there anything else you do that shows you are a caring parent? Do you know any caring parents who don't worry excessively?" The ultimate goal of the role-play is to help the client increase his motivation for change by questioning the actual usefulness of worrying.

Between-Session Exercises

There are two exercises that accompany this module. The first exercise asks the client to review the different types of beliefs about the usefulness of worrying, write down personal examples for each belief, and identify other beliefs that he has about the usefulness of worrying. The second exercise asks the client to list the advantages and disadvantages of worrying in general. This last exercise can be seen as a complement to the lawyer-prosecutor role-play, which addresses the usefulness of specific worries. These exercises are not meant to completely change the client's beliefs about the usefulness and advantages of worrying, but simply to get the client thinking about the possibility that worrying is not as useful and advantageous as previously believed.

Beliefs About Worry

Name: Date: Therapist:

Below are a number of beliefs that people can have about worry. They have been grouped into different categories. First, indicate by checking off "YES" or "NO" whether you have experienced each type of belief about worry; if "YES", write down a personal example for each.

1. 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, that worrying can help you find better solutions, become more aware of problems, be better prepared to face them, react better when problems occur, and foresee potential problems and avoid them.

    YES: _____   NO: _____

    Personal example: _____

2. 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 things you would otherwise avoid. These beliefs can relate to responsibilities at work, household tasks, social activities, or leisure activities.

    YES: _____   NO: _____

    Personal example: _____

3. Beliefs about worry as protection from negative emotions. This means all beliefs that convey the idea that by worrying, you can protect yourself from negative emotions, that the fact of worrying about something beforehand can protect you from deception, disappointment, or guilt.

    YES: _____   NO: _____

    Personal example: _____

4.   Beliefs that the act of worrying can have an effect on events. This means <u>all beliefs that convey the idea that the act of worrying itself can have an effect on events</u>, that worries have power over the occurrence or non-occurrence of positive or negative events.

      YES: ____   NO: ____

      Personal example: _____

5.   Beliefs about worry as a positive personality trait. This means <u>all beliefs that convey the idea that a person who worries is considerate, prudent, and cares about the well-being of other people</u>. These beliefs also imply that worrying about someone is proof of love or caring.

      YES: ____   NO: ____

      Personal example: _____

Can you think of any other examples of beliefs about worry, that don't fit into the preceding categories?

      YES: ____   NO: ____

      If YES, please describe: _____

Advantages and Disadvantages of Worry

Name: Date: Therapist:

Please list all of the advantages and disadvantages of worrying that you can think of.
Remember to include how your worry affects you emotionally, how it affects your
personal and professional life, and how it affects those around you.

ADVANTAGES OF WORRYING	DISADVANTAGES OF WORRYING

Intolerance of Uncertainty

In Module 3, the therapist introduces the notion of intolerance of uncertainty to the client, helps the client see how intolerance of uncertainty leads to worry, and guides the client in beginning to change some behaviours that result from intolerance of uncertainty. <u>*Because increasing tolerance for uncertainty is the cornerstone of treatment, the therapist should strive to integrate tolerance for uncertainty into every therapy module.*</u>

Research has clearly shown that the way in which a person deals with uncertainty predicts how much they will worry. In other words, a person who is intolerant of uncertainty will worry more than a person who is not. What is intolerance of uncertainty? It is a type of "psychological allergy" to uncertainty. In medical terms, a person with an allergy to a given substance would have a strong reaction to a very small quantity of that substance while most others would not react in the same way. Intolerance of uncertainty is similar to an allergy, in that a person who is intolerant of uncertainty will have a strong reaction (excessive worry and anxiety) to a very small quantity of uncertainty. Thus if something is very unlikely (like one's plane crashing), someone who is intolerant of uncertainty may worry about it nonetheless because there is still a chance (albeit, very small) that it might happen.

How does intolerance of uncertainty lead to excessive and uncontrollable worry? First, intolerance of uncertainty leads to a greater quantity of "What if...?" questions for any given situation. This is because a person who is intolerant of uncertainty tends to focus on all the bad things that might happen. Even if most of these bad things have almost no chance of happening, that person will worry about them because there is no ironclad guarantee that they will not happen. Unfortunately, life holds few guarantees... In addition to this, the "What if...?" questions generated by one's intolerance of uncertainty are not fleeting or temporary. Actually, such intolerance leads to stronger reactions than those of people who are more tolerant. This occurs, in part, because of an increase in the tendency to make mistakes when estimating the probability and consequences of various possible outcomes. Therefore, all these possible outcomes and their consequences are imagined. Such events set into motion a series of thoughts that eventually lead to excessive and uncontrollable worrying.

A person who is intolerant of uncertainty will try to avoid, get around or eliminate uncertainty in a variety of ways. This can be extremely difficult. Why? Because uncertainty is an unavoidable part of everyday life. Uncertainty, or at least some degree of uncertainty, is impossible to avoid. For example, we can never be certain that we will be in good health in the coming year even if we are presently healthy. Also, we cannot know for certain if we will always have a job or if our relationships will always be congruous (this is partially due to the fact that these things depend on several factors that are beyond our control). Once

we recognize that intolerance of uncertainty plays a role in worrying, we can ask: "I know that I am intolerant to uncertainty, but how can I change?"

First of all, we should identify the "target." In other words, what do we want to change? Is it preferable to aim at increasing our level of certainty or increasing our level of tolerance? Of course, the answer to this question is increasing our level of tolerance. However, there is an important difference between acknowledging our intolerance of uncertainty and changing it. It is a big step to understand our intolerance, but it is difficult to change our ideas or attitudes simply by thinking about them. At this point, it is important to add action to ideas. We often hear about people who have the intention of changing certain attitudes; however, the attitude doesn't change because the person doesn't take any action that would bring about the change. It follows that personal conduct is a special means to modify one's attitudes and ways of thinking. Given examples like wanting to stop chewing nails or wanting to lose weight, it is clear that just acknowledging a problem is not sufficient; we must also change our behaviour. This is also true of attitudes, which are not readily observable. For example, we can be conscious of why we are nervous when speaking in public (because we are afraid of being scrutinized by others), but this is insufficient to diminish our anxiety. However, if a person repeatedly practices speaking in public, they will eventually come to believe others will not harshly criticize them if their speech is not perfect. Research has shown that the best way to change deeply rooted thoughts is through action. This is referred to as *experiential learning.*

In order to increase your tolerance of uncertainty, you must follow a course of action, as you would to change any other attitude. At first, you must act as though you are tolerant. Although this may not feel "right" because you are not yet tolerant of uncertainty, it is the best way to start. Specifically, you must ask yourself the following question: "If I were tolerant of uncertainty, what would I do in this situation?" You may often have a good idea of what you should do, but you may not think you can do it. This is normal, especially if you have had to struggle with uncertainty for a long time. The following suggestions will help you to face uncertainty.

Suggestions When Facing Uncertainty

As you probably know, when we try out a specific behaviour for the first time, we often feel uncomfortable. This is not a sign that the behaviour is inappropriate or that we should not do it again. Actually, it is quite normal to feel discomfort during initial attempts at new behaviours. The problem is that we might "use" this discomfort as a reason to not undertake challenging new behaviours. If we expect to feel perfectly comfortable when we engage in new and challenging behaviours, we will not engage in them because a certain amount of discomfort or uneasiness is quite normal. Think of the first time you rode a bicycle or drove an automobile, chances are that you felt some discomfort because of the novelty of the situation.

In order to follow a realistic course of action, it is important to pre-determine an ascending degree of difficulty for the action; that is to say, we should start with

something small and attainable. Then, we will continue to choose increasingly difficult actions. You might also think of this as setting *proximal goals* for yourself. Research has shown that when our goal is far away, it seems unattainable and our motivation to change may disappear. By setting small goals that are clearly attainable (proximal goals), you will be able experience success and build on this success to attain larger goals.

The final principle that will help you to face uncertainty is one that few people know about. Despite what we might think, motivation does not usually precede action – it follows it. In fact, once we have started to act differently, and we have accomplished the initial behaviour change (even if it is a very small change), the satisfaction of having accomplished the behaviour increases our motivation to continue. The realization that we were capable of carrying out this new behaviour and attaining our goal increases our self-confidence. The new abilities that we have begun to develop stimulate us to continue. That is to say, the more you get the more you want.

What type of actions will allow you to increase your tolerance of uncertainty? There is an unlimited supply of actions that can bring about a greater tolerance toward uncertainty. For things of minor importance, you might try the following actions: calling a friend just to say hello when you're not sure of their reaction; ordering a meal in a restaurant that you have never tried before; going to see or renting a movie that you know nothing about; or buying a present for someone without asking any questions to the person the present is for.

Between-Session Exercises

There are two exercises that will help the client become aware of his way of dealing with uncertainty and actually begin to develop a greater tolerance for uncertainty. The first exercise involves completing the Manifestations of Intolerance of Uncertainty form. By filling out this form, the client will begin to get a better idea of how intolerance of uncertainty affects his way of dealing with day-to-day activities. The second exercise involves facing uncertainty and taking note of observations on the Uncertainty and Behaviour form. The goal of this task is not so much the action itself, but more the development of new ways of dealing with uncertainty.

Manifestations of Intolerance of Uncertainty

Name: Date: Therapist:

Below are a number of manifestations of intolerance of uncertainty that have been reported by individuals with GAD. These examples illustrate how a person may act when faced with different kinds of situations. First, indicate by checking off "YES" or "NO" whether each of these manifestations of intolerance of uncertainty applies to you; if "YES", write down a personal example for each.

1.   Avoiding doing certain things. YES: _____   NO: _____

        For example:

        Avoid investing in a friendship or romantic relationship.

        Avoid committing to therapy, because the outcome is uncertain.

        Personal example: _____

2.   Finding imaginary obstacles not to do certain things. YES: _____   NO: _____

        For example:

        Finding excuses not to take steps to move out of the family home.

        Not doing exercise that you know is good for you, by telling yourself beforehand that you might not be able to stand the discomfort of exercising.

        Personal example: _____

3.   Procrastinating (putting off what you could do right away). YES: _____   NO: _____

        For example:

        Putting off a phone call because you're not certain how the person will react.

        Not doing anything in the end, because you are not certain that you made the best choice (e.g., choice of film or restaurant).

        Personal example: _____

4. Wanting to do everything yourself, and not delegating tasks to anyone else.

   YES: _____   NO: _____

   For example:

   Doing all the housework yourself because otherwise you can't be certain that it will be done right.

   Personal example: _____

5. Only partially committing to a relationship, a job, or a project. YES: _____   NO: _____

   Personal example: _____

6. Getting a great deal of information before doing something. YES: _____   NO: _____

   For example:

   Reading a lot of documentation.

   Shopping for a very long time before choosing a present for someone close to you.

   Personal example: _____

7. Questioning a decision you have already made, because you're no longer certain that it is the best decision. YES: _____   NO: _____

   What type of decision? _____

8. Looking for reassurance (asking others to reassure you). YES: _____   NO: _____

   Who do you ask? _____

   In what kind of situation? _____

9. Reassuring yourself with exaggerated optimism, or by always trying to explain everything rationally. YES: _____   NO: _____

    Personal example: _____

10. Double-checking things by re-doing them, because you're no longer sure you did them in the first place (i.e., things that you usually do automatically). YES: _____   NO: _____

    What kind of things? _____

11. Over-protecting others, doing things for them. YES: _____   NO: _____

    Who, for example? _____

    Concerning what type of thing? _____

12. Are there any other ways in which you are intolerant of uncertainty that don't fit into the   11 categories above? YES: _____   NO: _____

    What are these behaviours? _____

Exposure to Uncertainty

Name: Date: Therapist:

What is my chosen behaviour?

_____

_____

_____

What, if any, discomfort did I feel while doing it?

_____

_____

_____

What were my thoughts while doing it?

_____

_____

_____

Now that I have done it, what do I think?

_____

_____

_____

Module 4 is devoted to helping the client improve his or her problem-solving ability. Problem-solving training addresses the client's worries about current problems. Although research indicates that GAD clients do not necessarily have deficits in all problem-solving skills, all components of the problem-solving process should be addressed in order to maximize treatment benefits. In this way, the client and therapist may address the interactions between the different problem-solving components. The therapist should keep in mind that the primary goal of problem-solving training is not necessarily to solve the client's immediate problem; rather, the main goal is to help the client develop sound attitudes and skills that will be helpful in dealing with many of life's small and large problems. Stated differently, the procedures presented in this module are not "full-proof" – they are however "state-of-the-art."

Worries about current problems are addressed by applying sound problem-solving principles to the problem situation. Research shows that people with GAD sometimes have difficulty solving everyday problems for a number of reasons. The most important of these reasons is referred to as negative problem orientation. Problem orientation essentially refers to how a person sees and reacts to problem situations. A person with a negative problem orientation tends to recognize problems when it is "too late", to see problems as an abnormal part of life, and to see problems as threats to be avoided rather than challenges to be met. A person with a negative problem orientation will have great difficulty applying their problem-solving skills and actually solving their everyday problems. And if problems remain unsolved, the person will continue to worry about them…

But having a positive problem orientation is only the first step in the problem-solving process. In order to become an expert at problem solving, one needs to master all steps of the problem-solving process. The five steps to sound problem solving are the following:

1. Problem orientation
2. Problem definition and goal formulation
3. Generation of alternative solutions ("brainstorming")
4. Decision making
5. Solution implementation and verification

Improving Problem Orientation

We will begin by examining ways to improve your problem orientation and then move on to the other problem-solving steps. As mentioned above, problem orientation involves how we see and react to problems. Research shows that people with GAD often see their problems and react to them differently than do people who are moderate worriers. This negative problem orientation can manifest itself in many ways. We will examine three common manifestations of a

negative problem orientation: (a) the failure to recognize a problem before it is too late; (b) believing that it is not normal to have a problem; and (c) seeing the problem as a threat rather than a challenge.

Recognizing a Problem Before It Is Too Late

When a person does not want to have to deal with problems, they sometimes avoid seeing the problems that come up in day-to-day life. Often, problems begin small, and if nothing is done to solve them, they begin to grow and become more complex. Unfortunately, a person who does not want to deal with problems often ends up having much more serious problems to deal with. Imagine that you had a misunderstanding with someone at work and decide to not think about it. That person may begin to hold a grudge and believe that you just don't care. They may then begin to tell your co-workers about the problem and the problem may begin to grow and become more complex as others are brought into the situation. By the time you decide to deal with the problem, it may have become a minor crisis at work with many people involved. So by trying to avoid dealing with the problem, you have gotten yourself into a position where you have to deal with something much more difficult and complex. This example clearly shows the importance of dealing with problems as soon as they arise and "nipping them in the bud." We suggest two ways of helping you recognize problems before it is too late.

The first strategy is to use your emotions as cues that there may be a problem. When you are feeling anxious, stressed, or demoralized, you may want to ask yourself "Is there a problem I am not seeing that is leading to these emotions?" Our emotions, when we are attentive to them, can be very useful for recognizing problems. This strategy has two advantages. First, as previously stated, it will allow you to recognize your problems more quickly. Second, it will help you to see your negative emotions in a more positive light. Negative emotions are not all bad as they serve a utilitarian purpose: they provide you with important information and can help you to recognize your problems. This might help you to feel less stressed about being anxious or less demoralized about being discouraged.

The second strategy to help you recognize your problems is to make up a Recurrent Problems Checklist. We all have problems that tend to re-occur. Every time the problem "goes away", we may believe that it will not return. But it invariably does at some later time. Examples of recurrent problems include problems with a work colleague, problems with your spouse, problems with your children, and end-of-month financial problems. Every time these problems re-occur, we tend to react to them as if they were occurring for the first time; it may take us a long time to recognize them and we may be surprised and disappointed. By preparing a personal Recurrent Problem Checklist, you will be able to recognize these recurrent problems more quickly. Furthermore, you might find that you will be less surprised and disappointed when the problems occur because you "knew they would."

Seeing Problems as a Normal Part of Life

If a person believes that it is not normal to have problems, they may try very hard to avoid all problems. But this is simply not possible. Having to deal with problems (sometimes small, sometimes large) is a normal and unavoidable part of life. Try to find someone who has no problems and you will come to the same conclusion. If a person believes that it is not normal to have problems, they will spend more time feeling annoyed by the problem than trying to solve it. It is much more useful to put that energy into solving the problem and not worrying about it anymore. In order to see problems as a normal part of life, you can try the following suggestions.

If a person attributes a problem to personal incompetence or deficiencies, they will have difficulty seeing the problem as a normal part of life. If you believe that you have problems because you are flawed in some way ("I just don't have it when it comes to getting along with people"), you will tend to see your problems as being abnormal. Remember that everyone has problems no matter how intelligent, sociable, good looking, or skilful they may be. It may seem that some people do not have problems, but this is probably because they deal with them quickly and efficiently. So by not attributing your problems to "who you are", you will be able to see your problems as a normal part of life and you will be able to deal with them more efficiently.

Sometimes people see the problem as a normal part of life but believe that all problems can be solved quickly and completely. In other words, they believe that it is not normal that some problems take time and effort to solve. This could not be further from the truth. Some problems are very complex and require much time and effort to solve. In fact, many problems cannot be solved right away. For example, if you have a problem with your boss and he is away on holidays, you will have to wait to address the problem. Likewise, if you have health problems that can be improved by changing your lifestyle, it will take time for the change in lifestyle to have positive effects on your health. In today's "quick fix" world, it is easy to forget that some things, including solving problems, take time. So by remembering that it is quite normal that solving some problems takes time and effort, you will be in a better position to solve your problems efficiently.

Seeing Problems as Challenges Rather Than Threats

There is quite a difference between a threat and a challenge (or opportunity). Most notably, we usually try to avoid threats whereas we often try to take on challenges. So seeing a problem as a threat rather than a challenge will have quite an impact on how we deal with it. It is well established that people with GAD tend to see problems as threats to be avoided rather than challenges to be met. You may be thinking: "Yes, but my problems ARE threatening." And of course, you are correct. However, if you could see your problems a little less like threats and a little more like challenges, this would make quite a difference. In order to help change your perception of your problems, you can consider the perception of threat and challenge as two extremes on a continuum:

Threat ←--→Challenge

Seeing a problem completely as a threat or completely as a challenge are both extreme ways to view a problem. There are a multitude of points between the two extremes. The idea is not to regard the problem as a 100 % challenge, nor to see the problem as a 100 % threat. You may have the tendency to view many problems as 100 % threats. Some problems are more difficult than others; therefore, it can seem more difficult to see them as challenges to be taken advantage of (at least partially). The idea is to ask yourself: "What is the challenge for me in this situation?" Here are three examples of how perceptions of threat can be moved towards perceptions of challenge:

Example 1: A job interview

Initial reaction: "I hate interviews. Why do I have to go through this agony? I never do well in these types of situations. I will make a fool of myself just like the last time. I just wish it was over."

Then try: "I'm really nervous before going to an interview. What is the opportunity for me in this situation? Well, maybe I need to learn to show what I am capable of doing. Interviews are not easy, but it would be great if I could learn to sell myself. That is a skill that I will need many times in my life. I guess I could try to look at this as an opportunity to get experience interviewing and to get better each time."

Example 2: A Conflict with your Boss

Initial reaction: "What a jerk. I can't believe he doesn't understand that I have too many responsibilities. Why does he keep giving me more? I can't take this. I'm probably going to burnout and have to take two months off. This is terrible."

Then try: "I really have too much work. I'm feeling stressed out and I don't think I can continue like this much longer. It's really difficult for me to tell my boss that I have too much work. What is the challenge for me in this situation? I guess I need to develop the ability to speak frankly with my superiors or else they will never know how I feel. In a way, I could see this problem as an opportunity to develop those skills. No matter what happens, it is important that I sit down and speak with my boss."

Example 3: The illness of a loved one

<u>Initial reaction</u>: "My father is suffering from a serious illness that requires expensive treatment. Why does this have to happen to our family? It's awful to have to spend so much money on this medication; one day he won't be able to afford it any longer. This is so unfair."

<u>Then try</u>: "What is the challenge for me in this situation? It is certainly difficult to see how illness can be a challenge. I guess I could see this situation as an opportunity to show my father just how much I really care. I could help out as much as possible and show him that I am with him all the way. Although I am certainly distressed, I see this as an opportunity to be strong for someone I love."

In summary, the way we perceive and react to our problems has a considerable impact on our ability to deal with them. By improving your problem orientation, you will be in a much better position to use your problem-solving skills for your problems, big and small.

Between-Session Exercises

Many exercises can be carried out to help the client improve his problem orientation. One specific exercise is suggested here but the client and therapist may wish to develop other exercises. A relatively easy and effective way to improve one's problem orientation is to prepare a list of recurrent problems. The client can complete the Recurrent Problems Checklist and keep the checklist with him at all times. In this way, the client will be able to recognize problems more quickly and react to them with less anger and disappointment.

Recurrent Problems Checklist

Name: Date: Therapist:

The purpose of this list is to help you identify certain problems that recur most often in your life, and also to help you recognize these problems more quickly and easily. These problems can arise in different aspects of your life (e.g., relationships with loved ones, friends or strangers; at work or at school; during your leisure time; while you carry out your day-to-day tasks).

List of problems

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Improving Problem-Solving Skills

As mentioned at the outset of this module, there are four other components to the problem-solving process. These four components, which are referred to as the problem-solving skills, are the following: problem definition and goal formulation, generation of alternative solutions ("brainstorming"), decision making, and solution implementation and verification. The skills will be presented in turn along with suggestions for improving the application of each one.

Problem Definition and Goal Formulation

Before trying to solve a problem, one must properly define it. Although this may seem obvious, our clinical experience has taught us that many people try to find solutions to problems that are vague and confusing. We have also observed that many of our clients do not separate their problems and end up trying to solve many problems at once! Needless to say that when a person tries to solve many problems at once, the solution turns out to be disappointing. When one becomes aware of a problem, it is necessary to define it in a clear and concise way in order to generate effective solutions. A problem that is not well defined will lead to ineffective solutions, or even worse, to behaviours that will make the problem worse. For example, if you are experiencing problems at work and you define the problem in a very vague way ("My boss is an insensitive person who takes advantage of me"), you will have difficulty generating solutions to the problem ("How can I make my boss more sensitive?"). If, on the contrary, you define the problem clearly and specifically ("My boss gives me too many files to work on"), you will increase the chances of generating effective solutions ("I will set up a meeting to discuss this issue and ask for a 5 % reduction in the number of files I handle"). In order to adequately define a problem, you can ask yourself the following questions:

1. "Who is involved in the problem?"
2. "What is happening that disturbs me?"
3. "When does the problem occur?"

Generally speaking, the same principles apply to goal formulation; our problem-solving goals should be clear and concise. If your problem-solving goals are vague and confusing, how will you know if you have reached your goals? Only clear and concise goals will allow you know if you have successfully solved your problem. A second set of principles also applies to goal formulation: your goals should be realistic and attainable. The formulation of unrealistic or unattainable goals almost always leads to disappointment and loss of confidence in our problem-solving ability. Therefore, if your problem-solving goals are clear and concise as well as realistic and attainable, you will increase your chances of becoming an expert in the art of problem solving.

Generation of Alternative Solutions

The generation of alternative solutions is often referred to as the brainstorming stage of the problem-solving process. The object of this problem-solving step is

to generate as many alternative solutions as possible so as to increase your chances that the best solution will have been generated. Although this notion may appear very simple at first glance, we know that very few people actually generate multiple solutions before making their decision. Most people generate only one solution and then apply this solution without considering other possibilities. Why is this so? Because there are many obstacles to generating multiple solutions. The first obstacle is habit. Although our habits can sometimes speed up the problem-solving process, they can also keep us from finding the best solution. For example, if you apply old reflexes to new problems, your solution may not be adaptive and effective. The second obstacle is convention. By doing things in a conventional way, you may have the impression of doing the "right thing", even when this is not the case. In order to generate as many solutions as possible, the following principles have proven to be extremely useful.

1. <u>Quantity principle</u>: This principle states that the more solutions you generate, the more quality solutions you will have to choose from.

2. <u>Deferment-of-judgment principle</u>: According to this principle, you will generate a greater number of quality solutions if you suspend judgment of the solution ideas until a later stage of the problem-solving process. As a matter of fact, it is very important to generate all kinds of solutions, even those that seem a little "crazy." You may not end up applying these crazy solutions, but they may make you think of other solutions that aren't so far-fetched…

3. <u>Variety principle</u>: This principle states that the greater the variety of solutions generated, the more good quality ideas will be made available. This principle underscores the importance of being creative when generating solutions so that a wide range of solutions will be available.

If these principles do not allow you to generate many alternative solutions (after having made a considerable effort), you may want to try again with the help of someone else. The goal of this problem-solving step is to generate many (at least 10) alternative solutions that include a wide variety of ideas. Do not forget to include a few "far-fetched" solutions just for good measure! One final suggestion: you may want to combine different solutions to generate new ones that are more complex. In our clinical experience, we have seen many clients combine two far-fetched solutions to make one excellent solution.

Decision Making

Once you have generated many potential solutions, you will be in a position to make a decision as to the solution of choice. The goal of this problem-solving step is to select the best solution among the available options. This is quite different from looking for the perfect solution. The search for a perfect solution is an important obstacle to decision making because the perfect solution probably does not exist! Generally speaking, you

must assess the arguments for and against each alternative solution. At this stage, it is a good idea to proceed by using the "process of elimination." First of all, you should eliminate all solutions that are clearly inappropriate and inferior (they have already served their purpose). Next, you can ask yourself the following questions for each remaining solution.

1. "What are the chances that this solution will work?"

2. "What are the short-term and long-term implications of this solution?"

3. "What are the implications of this solution for me and for others?"

By asking yourself these questions, you will increase your chances of selecting a solution that brings about a desirable outcome for you and for others in both the short and long term.

Solution Implementation and Verification

The final step of the problem-solving process involves the application of the chosen solution and the assessment of its impact. In other words, did this solution allow you to attain the goals you formulated at the start of the process? The application of a solution is influenced by our behavioural skills; therefore, it may be necessary for you to practice certain skills before applying the solution in the actual problem situation. For example, before asking a person to change a specific behaviour, it may be useful to practice with someone close to you. In this way, you will receive valuable feedback about your way of asking a potentially delicate question. Once you have implemented your solution, you can assess its impact on the problem situation and on your mood. Because the problem-solving process is closely related to your distress (problems are problems because they are distressing), an effective solution should help you to feel better. If the solution does not allow you to reach your problem-solving goals, then you can return to the decision-making stage and select another solution. However, if you have reached your goals, then the problem-solving process is over. You can reward yourself for a job well done by doing something that you really enjoy.

Between-Session Exercises

Problem-solving skills can be improved by solving a current problem and taking notes on each step using the Resolution of a Problem form. The form will help the client to pay attention to each step of the problem-solving process and improve their chances of successfully solving the target problem.

Resolution of a Problem

Name: Date: Therapist:

Description of the problem:

_____

_____

Possible solutions:

_____

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_____

_____

Chosen solution:

_____

Application of the solution, evaluation of the results:

_____

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Observations, comments:

_____

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Written exposure is used to address worries about potential problems. These worries often concern major life events that are very threatening and that relate to the client's main fears. Examples of these worries include worrying about becoming seriously ill, worrying about a loved one being involved in a serious accident, worrying about going bankrupt, and worrying about being alone and isolated. Although exposure is very effective for the treatment of worries about potential problems, it can also be intimidating for clients. Therefore, before engaging in written exposure, it is very important that clients understand and accept the theory behind exposure. The following paragraphs present the key constructs underlying written exposure for worry, and provide an example of how these constructs can be presented to the client.

We will now begin to address your worries about potential problems. Have you ever wondered why some people worry constantly about terrible things that could happen someday, like losing someone they love, whereas others do not necessarily spend a lot of time dwelling on these things? The answer to this question may surprise you: it has to do with how a person *reacts* to their worries. However, before discussing how our reactions can lead to more or less worry, there are certain principles of fear that you should know about. In order to better understand these principles, we will start with an example of a specific and concrete fear: the fear of flying. Once you understand how the fear of flying can be extinguished, we will return to your worries and see if we can apply the same principles.

Imagine three different people with the fear of flying. The first person (Robert) has decided to *avoid* taking the plane altogether. Why? Because he knows that *avoidance* is the quickest way to decrease his anxiety. It is not surprising, therefore, that we are "programmed" to avoid the things that scare us. In other words, our natural reaction to something we fear is simply to avoid it. By never going near an airplane, Robert does not have to deal with the uncomfortable feelings of anxiety or any scary thoughts about the plane crashing. The down side of course is that he will never be able to get over his fear of flying; in fact, his fear will most likely increase with time. Research has clearly shown that although avoidance leads to an immediate decrease in anxiety ("I feel much better since I decided to take the train instead"), it also leads to an increase in fear in the longer term ("I couldn't do it last time, so I certainly won't be able to do it this time"). This is referred to as the *avoidance trap*. Although avoidance works very well in the short term and is our natural reaction to fear, it almost always creates a serious problem in the long term as our fear begins to increase and generalise to other situations. Another problem with avoidance is that it often robs us of our quality of life. Someone who constantly avoids new situations can end up leading a life with fewer and fewer opportunities to learn new things. In summary, although Robert does not have to deal with anxiety in the short term, his fear will increase and his quality of life will likely decrease with time.

Imagine that the second person (Patrick) has read a book on the negative long-term effects of avoidance. Knowing that avoidance will not be helpful, he decides to try taking a plane for a brief trip. Two hours before departure, however, Patrick begins to feel more and more anxious and to experience repetitive thoughts about the plane crashing. He then decides to buy a novel at the airport bookstand and begins reading at a furious pace to get his mind off the flight. Much to his relief, the strategy is helpful: he is now feeling less anxious. This is referred to as *neutralisation* (or *safety behaviour)*. Specifically, Patrick has decided to read a novel in order to decrease his anxiety and negative thoughts. The key point here is that Patrick did not buy a book because he felt like reading; rather, he bought the book to decrease his anxiety. *Neutralisation* can involve anything one does (or thinks) to manage feelings of anxiety when facing a fearful situation. One hour before departure, at boarding time, Patrick must put away his book. Once he does so, the anxiety immediately returns and continues to increase while on the plane. Patrick then decides to close his eyes and imagine that he is at home, in his living room. Although it is difficult to keep this image in his mind, his anxiety is now slightly less elevated. Again, Patrick is using neutralisation to keep his anxiety under control while facing his fear. Unfortunately, although he has been very courageous in facing his fear (i.e., getting on the plane), he does not notice any benefits after the flight. In other words, his fear of flying seems unaffected. Why? Because he used neutralising strategies to manage his anxiety before and during the trip. We know now that neutralisation interferes with the extinction of fear when a person is confronted with a fearful situation. In a nutshell, when we neutralise, we cannot learn that the feared situation is perhaps not as dangerous as it seems. In addition, we do not learn whether we can cope with being in the situation without using all sorts of "tricks" to manage our anxiety. In summary, although Patrick has worked very hard to face his fear, he is not reaping any benefits from the experience because his neutralising behaviour is getting in the way of new learning about the situation and about his anxiety.

Finally, let's imagine a third person (Elaine); she has learned that avoidance and neutralisation are not effective strategies to decrease her fear of flying. Like Patrick, she decides to book a flight for a brief trip. Two hours before departure, Elaine notices that she is feeling more anxious and is beginning to have thoughts about the plane crashing. Elaine then decides to do something she has never done before in response to her anxiety: *nothing*. She simply remains seated at the departure gate without trying to control her anxiety or her thoughts. Although her anxiety level remains high, it does not seem to be constantly getting worse. Moreover, after a while, her anxiety actually seems to come down a bit (and the thoughts about the plane crashing are less frequent). Once on the plane, Elaine begins to feel more anxious. Rather than trying to imagine herself elsewhere, she simply decides to "ride out the storm" and experience the anxiety and negative thoughts during the flight. After a while, however, her anxiety begins to gradually decrease, and she is able to endure the last part of the flight with considerably less anxiety. What Elaine has done is referred to as *functional exposure*. Simply put, *functional exposure* refers to facing one's fear without neutralising. As you may have guessed by now, exposure is the best way to decrease fear. Why? Because exposure allows us to learn new things about a feared situation and

about our anxiety. By avoiding or neutralising, we are not able to learn that we are in fact capable of fully facing a feared situation – and the anxiety that comes with it. Exposure allows us to clearly see what we fear and to learn that, just maybe, it is not as dangerous as we previously thought. But if you cannot see something clearly, it is very difficult to learn to think about it differently. Obviously, Elaine will have to take a plane on many occasions before her fear of flying can be completely *processed* (or "digested"): when it comes to exposure, once is clearly not enough. But by repeatedly taking the plane without neutralising, she is well on her way to extinguishing her fear and enjoying a greater quality of life.

In the previous example, we examined the effects of avoidance, neutralisation and functional exposure on a concrete fear, the fear of flying. Do these same principles apply to your worries? The short answer to that question is yes, they do. So returning to our original question: Why do some people worry constantly about terrible things that could happen, whereas others do not spend a lot of time dwelling on these possibilities? Because some people try to avoid or neutralise their worries, whereas others do not. How many times have you been told: "Just don't think about it." How many times have you tried to avoid thoughts about bad things that could happen? For many people with GAD, trying to avoid scary thoughts (and anxiety) is almost a way to life. As you now know, however, trying to avoid difficult emotions or thoughts does not work. In fact, trying to avoid worrisome thoughts can actually lead to an increase in these very same thoughts. This phenomenon is known as the *rebound effect*. Simply put, the rebound effect states that if you try to avoid or suppress an unwanted thought, you will tend to have this thought more often over the next few days. Think of throwing a ball against the wall. The harder you throw it, the faster it comes back to you. Trying to avoid or suppress an unwanted thought, like a worry, is much the same: the harder you try, the quicker and the more often it can come back to you.

The neutralisation of thoughts is a little more complex. We now know that people with GAD often tend to worry in "fuzzy ways." In other words, when they worry, they tend to do so without having clear and concrete thoughts about what they fear. This is a form of neutralisation (like reading a book to "forget" that one is waiting to board a plane). As we have seen previously, the best way to learn something new – and less threatening – about a feared situation is to see it clearly in all its detail. The clearer the picture, the more new learning can occur. What this implies is that by worrying in a fuzzy way (or on a superficial level), you will not be able to decrease your fear; rather, you will continue to worry without reaping any benefits from your "worrying work." A final point that needs to be addressed here is that people with GAD tend to not only worry in fuzzy ways, but also to jump from one worry to another. This is referred to as *chaining*. The problem with chaining is that it does not give you the opportunity to learn to think differently about what worries you. By constantly jumping from one worry topic to another ("I won't be able to retire at 65… my daughter will fail at school… my spouse will leave me"), you are not in a position to learn to think differently about your worries (in part because you simply do not have enough time to reflect on each topic). In summary, we know that people with GAD often

try to avoid their worries, and when they cannot, they tend to jump from one worry to another without clearly seeing what they are afraid of. Because of this, it is difficult for them to *re-evaluate* their fears. Hence the worrying continues…

As you may have guessed by now, the solution to this conundrum lies with functional exposure. By systematically and repeatedly exposing yourself to clear and concrete thoughts of what you fear, you will be in a position to develop new ways of thinking about your fears. In our experience, the best way to do this is to use writing to assist you in making your fears more concrete, detailed and imaginable. Thus, we will use written exposure to help you with your worries about potential problems. How does that sound?

The first step of written exposure involves the identification of a target worry. The therapist should encourage the client to select his most distressing worry. If the client is not willing to do so, he should select a slightly less distressing worry. Once the target worry has been identified, the client will be asked to write about his feared outcome for 30 minutes. It is of the outmost importance that the first written exposure session takes place at the clinic. The therapist will need to manage session time to ensure that the client has sufficient time to write for 30 minutes and be debriefed following the exposure session. Before the first exposure session, the therapist should present the following guidelines for written exposure:

- *The scenario should be written in the first person, present tense (to increase the client's "proximity" to the feared outcome).*
- *The scenario should depict the client's worst-case scenario (e.g., loved one dying in a car accident).*
- *The scenario should be devoid of avoidance and neutralisation.*
- *The scenario should include as many sensory elements (e.g., sights, sounds, smells) as possible (to increase the scenario's vividness, concreteness and "imaginability").*
- *The scenario should include a description of the client's emotional reaction to the feared situation (to foster emotions during the writing session).*
- *The scenario should be "frightening", but believable.*
- *The scenario should aim to primarily provoke feelings of anxiety (and not sadness).*

In addition to the above guidelines, the therapist will want to mention that there is only one procedural rule for written exposure: to write continuously for 30 minutes at a moderate pace. The client should not be concerned about grammar or spelling mistakes; in fact, concern about writing form will only make the scenario less emotionally evocative. Rather, the client should describe the scenario as it comes to mind, as he would describe it verbally to someone else. The therapist will also want to remind the client that the first exposure session is a learning experience. The client should keep in mind that writing about a worst-case scenario without neutralising is not an easy thing to do at first. With practice, however, he should be able to fully develop this new skill.

Following the initial written exposure session, the therapist should expect to take 10-15 minutes to debrief with the client. The therapist will first want to review the general exposure procedures to identify any problems that may have come up. For example, if the client did not experience any anxiety while writing about the feared outcome, the scenario may need to be modified in some way. Next, the therapist and client should review the written scenario and look for signs of avoidance or neutralisation ("Is there anything in your scenario that makes it less threatening?"). Finally, the therapist will want to consolidate any new learning made during the writing session by asking the client if the scenario now seems less probable, less catastrophic or more manageable. In some cases, the therapist may also want to ask the client if the meaning ascribed to the feared outcome has changed (e.g., can the client begin to integrate the feared outcome into his "philosophy of life?").

Between-Session Exercises

Following the initial exposure session, the client is ready to begin conducting written exposure at home, as a between-session exercise. The client should conduct at least three sessions per week for the remainder of this treatment module. Obviously, the greater the number of exposure sessions, the greater the potential benefit. Each home written exposure session involves writing about the feared outcome for 30 minutes, following the guidelines described above. Exposure at home is ideally carried out in the early evening, not too close to bedtime so as not to interfere with sleep onset. The client should continue to target the same feared outcome until it no longer provokes an anxious response. Of note, each writing session provides an opportunity for the client to delve deeper into the scenario and to incorporate new elements that may increase its vividness, concreteness and imaginability.

There are two forms that accompany home exposure. The first is the Scenario for Exposure form, which the client can use to write the scenario (and be reminded of the principles of written exposure). The second is the Exposure Summary form. This second form allows the client to consolidate new learning by estimating the probability, cost and manageability of the feared outcome after each written exposure session.

Scenario for Exposure

Name: Date: Therapist:

Please keep in mind the following principles when writing your exposure scenario:

- The scenario should be written in the first person, present tense.
- It should depict your worst-case scenario.
- It should not contain elements of avoidance and neutralisation.
- It should include as many sensory elements (e.g., sights, sounds, smells) as possible.
- It should include a description of your emotional reaction.
- It should be frightening, but believable.
- It should provoke feelings of anxiety.

Worst-case Scenario

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Exposure Summary

Name: Date: Therapist:

Theme of scenario: _____

To complete before exposure:

1.   Time:

2.   What is your current level of anxiety about your worst-case scenario?

       Rate from 0 (no anxiety) to 100 (extreme anxiety):   _____

To complete after exposure:

1.   Time:

2.   What is your current level of anxiety about your worst-case scenario?

       Rate from 0 (no anxiety) to 100 (extreme anxiety):   _____

3.   What is the probability that your worst-case scenario will actually happen?

       Rate from 0 (no probability) to 100 (extreme probability):   _____

4.   How catastrophic would it be if your worst-case scenario actually happened?

       Rate from 0 (not catastrophic) to 100 (extremely catastrophic):   _____

5.   To what extent would you be able to deal with (or manage) your worst-case scenario if it actually happened?

Module 6
Relapse Prevention

Following therapy it will be important to become your own therapist in order to maintain your gains; in this way you can prevent your worries from diminishing your quality of life. Becoming your own therapist signifies correcting your beliefs that relate to worry. This also involves the application of strategies like imaginal exposure or problem solving as soon as you experience worry that you consider excessive. Being your own therapist also implies regularly evaluating your method of reacting to worries, encouraging yourself to persevere even when it's difficult, and congratulating yourself for both your large and small successes.

It is important to keep in mind that there is a significant difference between a *lapse* (normal fluctuations in anxiety levels) and a *relapse*. To experience an increase in worrying from time to time is normal, and is not necessarily a relapse. An individual's reaction to an increase in worry is an important factor. In fact, experiencing a slight increase in worrying for a few days can be seen as a "problem", but the problem is not dramatic and the reaction that you have in response to this problem has a good chance of influencing the duration of the worry period being experienced. For example, two individuals worry a lot during a three-day period. In the middle of the week, the first individual realizes that an accumulation of work has been causing his stress and worry. He tells himself that he will try to finish his excess workload as soon as possible, within reason, and will relax on the weekend. He can always work for two hours on Sunday morning if he hasn't finished by Friday. By the end of the week he is finished his work and is satisfied and relaxed. The second individual is also stressed and worried because of an accumulation of work. He does all that he can to finish but is not very optimistic about finishing by Friday. By Friday at 5 o'clock the individual has finished his work and says: "What a crazy week! I am never able to get through a surplus of work without worrying about it all week! It took all my energy. What will it be like the next time? I won't be able to do it!"

Obviously there will be moments when you will be more susceptible to high levels of worry and anxiety. Remember that many situations have this effect on most people. These situations include periods when you have many responsibilities, when you are tired, when you feel "down", or simply at different times of the week or year. It is important that you identify these situations so that you will not be caught off guard when you begin to feel more worried and anxious. By having realistic expectations, you will be in a position to deal with difficult situations as they come up. These difficult periods can be seen as an opportunity to try the new strategies you learned during your therapy. The fact that you continue to experience worry from time to time simply gives you the opportunity to try the newly learned strategies that will give you a better chance at long-term protection against excessive worrying that can drain your quality of life.

One final point should be emphasized. Moderate levels of worry and anxiety are a normal part of life. Everyone worries and feels anxious from time to time, including therapists. The goal of this therapy was to help you to alter certain thoughts, behaviours and emotions so that you would no longer constantly experience excessive and uncontrollable worry and anxiety. If you feel that your worry and anxiety are now manageable, you have made wonderful progress. Congratulations!