ANXIETY

BEHAVIORAL DEFINITIONS

1. Excessive and/or unrealistic worry that is difficult to control occurring more days than not for at least 6 months about a number of events or activities.
2. Motor tension (e.g., restlessness, tiredness, shakiness, muscle tension).
3. Autonomic hyperactivity (e.g., palpitations, shortness of breath, dry mouth, trouble swallowing, nausea, diarrhea).
4. Hypervigilance (e.g., feeling constantly on edge, experiencing concentration difficulties, having trouble falling or staying asleep, exhibiting a general state of irritability).

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LONG-TERM GOALS

1. Reduce overall frequency, intensity, and duration of the anxiety so that daily functioning is not impaired.
2. Stabilize anxiety level while increasing ability to function on a daily basis.
3. Resolve the core conflict that is the source of anxiety.
4. Enhance ability to effectively cope with the full variety of life's worries and anxieties.
5. Learn and implement coping skills that result in a reduction of anxiety and worry, and improved daily functioning.

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SHORT-TERM OBJECTIVES

1. Describe situations, thoughts, feelings, and actions associated with anxieties and worries, their impact on functioning, and attempts to resolve them. (1, 2)
2. Complete psychological tests designed to assess worry and anxiety symptoms. (3)
3. Complete a medical evaluation to assess for possible contribution of medical or substance-related conditions to the anxiety. (4)

THERAPEUTIC INTERVENTIONS

1. Focus on developing a level of trust with the client; provide support and empathy to encourage the client to feel safe in expressing his/her GAD symptoms.
2. Ask the client to describe his/her past experiences of anxiety and their impact on functioning; assess the focus, excessiveness, and uncontrollability of the worry and the type, frequency, intensity, and duration of his/her anxiety symptoms (consider using a structured interview such as *The Anxiety Disorders Interview Schedule-Adult Version*).
3. Administer psychological tests or objective measures to help assess the nature and degree of the client's worry and anxiety and their impact on functioning (e.g., *The Penn State Worry Questionnaire*; *OQ-45.2*; the *Symptom Checklist-90-R*.
4. Refer the client to a physician for a medical evaluation to rule out general medical or substance-related causes of the GAD.

4. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a *DSM* diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (5, 6, 7, 8)

5. Assess the client's level of insight (syntonic versus dystonic) toward the "presenting problems" (e.g., demonstrates good insight into the problematic nature of the "described behavior," agrees with others' concern, and is motivated to work on change; demonstrates ambivalence regarding the "problem described" and is reluctant to address the issue as a concern; or demonstrates resistance regarding acknowledgment of the "problem described," is not concerned, and has no motivation to change).

6. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD, depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).

7. Assess for any issues of age, gender, or culture that could help explain the client's currently defined "problem behavior" and factors that could offer a better understanding of the client's behavior.

8. Assess for the severity of the level of impairment to the client's functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess this severity of impairment as well as the efficacy of treatment

(e.g., the client no longer demonstrates severe impairment but the presenting problem now is causing mild or moderate impairment).

5. Cooperate with a medication evaluation by a physician. (9, 10)

9. Refer the client to a physician for a psychotropic medication consultation.

10. Monitor the client's psychotropic medication compliance, side effects, and effectiveness; confer regularly with the physician.

6. Verbalize an understanding of the cognitive, physiological, and behavioral components of anxiety and its treatment. (11, 12, 13)

11. Discuss how generalized anxiety typically involves excessive worry about unrealistic threats, various bodily expressions of tension, overarousal, and hypervigilance, and avoidance of what is threatening that interact to maintain the problem (see *Mastery of Your Anxiety and Worry: Therapist Guide* by Zinbarg, Craske, and Barlow; *Treating Generalized Anxiety Disorder* by Rygh and Sanderson).

12. Discuss how treatment targets worry, anxiety symptoms, and avoidance to help the client manage worry effectively, reduce overarousal, and eliminate unnecessary avoidance.

13. Assign the client to read psychoeducational sections of books or treatment manuals on worry and generalized anxiety (e.g., *Mastery of Your Anxiety and Worry: Workbook* by Craske and Barlow; *Overcoming Generalized Anxiety Disorder* by White).

7. Learn and implement calming skills to reduce overall anxiety and manage anxiety symptoms. (14, 15, 16)

14. Teach the client calming/relaxation skills (e.g., applied relaxation, progressive muscle relaxation, cue controlled relaxation; mindful breathing; biofeedback) and how to discriminate better between relaxation and tension; teach the client how to apply these skills to his/her daily life (e.g., *New Directions in Progressive Muscle Relaxation* by Bernstein, Borkovec, and Hazlett-Stevens; *Treating Generalized Anxiety Disorder* by Rygh and Sanderson).

15. Assign the client homework each session in which he/she practices relaxation exercises daily, gradually applying them progressively from non-anxiety-provoking to anxiety-provoking situations; review and reinforce success while providing corrective feedback toward improvement.

16. Assign the client to read about progressive muscle relaxation and other calming strategies in relevant books or treatment manuals (e.g., *Progressive Relaxation Training* by Bernstein and Borkovec; *Mastery of Your Anxiety and Worry: Workbook* by Craske and Barlow).

8. Learn and implement a strategy to limit the association between various environmental settings and worry, delaying the worry until a designated "worry time." (17, 18)

17. Explain the rationale for using a worry time as well as how it is to be used; agree upon and implement a worry time with the client.

18. Teach the client how to recognize, stop, and postpone worry to the agreed upon worry time using skills such as thought

stopping, relaxation, and redirecting attention (or assign "Making Use of the Thought-Stopping Technique" and/or "Worry Time" in the *Adult Psychotherapy Homework Planner* by Jongsma to assist skill development); encourage use in daily life; review and reinforce success while providing corrective feedback toward improvement.

9. Verbalize an understanding of the role that cognitive biases play in excessive irrational worry and persistent anxiety symptoms. (19, 20, 21)

19. Discuss examples demonstrating that unrealistic worry typically overestimates the probability of threats and underestimates or overlooks the client's ability to manage realistic demands (or assign "Past Successful Anxiety Coping" in the *Adult Psychotherapy Homework Planner* by Jongsma).

20. Assist the client in analyzing his/her worries by examining potential biases such as the probability of the negative expectation occurring, the real consequences of it occurring, his/her ability to control the outcome, the worst possible outcome, and his/her ability to accept it (see "Analyze the Probability of a Feared Event" in the *Adult Psychotherapy Homework Planner* by Jongsma; *Cognitive Therapy of Anxiety Disorders* by Clark and Beck).

21. Help the client gain insight into the notion that worry may function as a form of avoidance of a feared problem and that it creates acute and chronic tension.

10. Identify, challenge, and replace biased, fearful self-talk with positive, realistic, and empowering self-talk. (22, 23)

22. Explore the client's schema and self-talk that mediate his/her fear response; assist him/her in challenging the biases; replace the distorted messages with reality-based alternatives and positive, realistic self-talk that will increase his/her self-confidence in coping with irrational fears (see *Cognitive Therapy of Anxiety Disorders* by Clark and Beck).

23. Assign the client a homework exercise in which he/she identifies fearful self-talk, identifies biases in the self-talk, generates alternatives, and tests through behavioral experiments (or assign "Negative Thoughts Trigger Negative Feelings" in the *Adult Psychotherapy Homework Planner* by Jongsma); review and reinforce success, providing corrective feedback toward improvement.

11. Undergo gradual repeated imaginal exposure to the feared negative consequences predicted by worries and develop alternative reality-based predictions. (24, 25, 26, 27)

24. Direct and assist the client in constructing a hierarchy of two to three spheres of worry for use in exposure (e.g., worry about harm to others, financial difficulties, relationship problems).

25. Select initial exposures that have a high likelihood of being a success experience for the client; develop a plan for managing the negative effect engendered by exposure; mentally rehearse the procedure.

26. Ask the client to vividly imagine worst-case consequences of worries, holding them in mind until anxiety associated with them weakens (up to 30 minutes);

generate reality-based alternatives to that worst case and process them (see *Mastery of Your Anxiety and Worry: Therapist Guide* by Zinbarg, Craske, and Barlow).

27. Assign the client a homework exercise in which he/she does worry exposures and records responses (see *Mastery of Your Anxiety and Worry: Workbook* by Craske and Barlow or *Generalized Anxiety Disorder* by Brown, O'Leary, and Barlow); review, reinforce success, and provide corrective feedback toward improvement.

12. Learn and implement problem-solving strategies for realistically addressing worries. (28, 29)

28. Teach the client problem-solving strategies involving specifically defining a problem, generating options for addressing it, evaluating the pros and cons of each option, selecting and implementing an optional action, and reevaluating and refining the action (or assign "Applying Problem-Solving to Interpersonal Conflict" in the *Adult Psychotherapy Homework Planner* by Jongsma).

29. Assign the client a homework exercise in which he/she problem-solves a current problem (see *Mastery of Your Anxiety and Worry: Workbook* by Craske and Barlow or *Generalized Anxiety Disorder* by Brown, O'Leary, and Barlow); review, reinforce success, and provide corrective feedback toward improvement.

13. Identify and engage in pleasant activities on a daily basis. (30)

30. Engage the client in behavioral activation, increasing the client's contact with sources of reward,

identifying processes that inhibit activation, and teaching skills to solve life problems (or assign "Identify and Schedule Pleasant Activities" in the *Adult Psychotherapy Homework Planner* by Jongsma); use behavioral techniques such as instruction, rehearsal, role-playing, role reversal as needed to assist adoption into the client's daily life; reinforce success.

14. Learn and implement personal and interpersonal skills to reduce anxiety and improve interpersonal relationships. (31, 32)

31. Use instruction, modeling, and role-playing to build the client's general social, communication, and/or conflict resolution skills.

32. Assign the client a homework exercise in which he/she implements communication skills training into his/her daily life (or assign "Restoring Socialization Comfort" in the *Adult Psychotherapy Homework Planner* by Jongsma); review, reinforce success, and provide corrective feedback toward improvement.

15. Learn and implement relapse prevention strategies for managing possible future anxiety symptoms. (33, 34, 35, 36, 37)

33. Discuss with the client the distinction between a lapse and relapse, associating a lapse with an initial and reversible return of worry, anxiety symptoms, or urges to avoid, and relapse with the decision to continue the fearful and avoidant patterns.

34. Identify and rehearse with the client the management of future situations or circumstances in which lapses could occur.

35. Instruct the client to routinely use new therapeutic skills (e.g.,

relaxation, cognitive restructuring, exposure, and problem-solving) in daily life to address emergent worries, anxiety, and avoidant tendencies.

36. Develop a "coping card" on which coping strategies and other important information (e.g., "Breathe deeply and relax," "Challenge unrealistic worries," "Use problem-solving") are written for the client's later use.

37. Schedule periodic "maintenance" sessions to help the client maintain therapeutic gains.

16. Learn to accept limitations in life and commit to tolerating, rather than avoiding, unpleasant emotions while accomplishing meaningful goals. (38)

38. Use techniques from Acceptance and Commitment Therapy to help client accept uncomfortable realities such as lack of complete control, imperfections, and uncertainty and tolerate unpleasant emotions and thoughts in order to accomplish value-consistent goals.

17. Utilize a paradoxical intervention technique to reduce the anxiety response. (39)

39. Develop a paradoxical intervention (see *Ordeal Therapy* by Haley) in which the client is encouraged to have the problem (e.g., anxiety) and then schedule that anxiety to occur at specific intervals each day (at a time of day/night when the client would be clearly wanting to do something else) in a specific way and for a defined length of time.

18. Complete a Cost Benefit Analysis of maintaining the anxiety. (40)

40. Ask the client to evaluate the costs and benefits of worries (e.g., complete the Cost Benefit Analysis exercise in *Ten Days to Self-Esteem!* by Burns) in which he/she lists the advantages and disadvantages of the negative

thought, fear, or anxiety; process the completed assignment.

19. Identify the major life conflicts from the past and present that form the basis for present anxiety. (41, 42, 43)

41. Assist the client in becoming aware of key unresolved life conflicts and in starting to work toward their resolution.

42. Reinforce the client's insights into the role of his/her past emotional pain and present anxiety.

43. Ask the client to develop and process a list of key past and present life conflicts that continue to cause worry.

20. Maintain involvement in work, family, and social activities. (44)

44. Support the client in following through with work, family, and social activities rather than escaping or avoiding them to focus on anxiety.

21. Reestablish a consistent sleep-wake cycle. (45)

45. Teach and implement sleep hygiene practices to help the client reestablish a consistent sleep-wake cycle; review, reinforce success, and provide corrective feedback toward improvement.

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DIAGNOSTIC SUGGESTIONS

Using DSM-IV/ICD-9-CM:

Axis I:	300.02	Generalized Anxiety Disorder
	300.00	Anxiety Disorder NOS
	309.24	Adjustment Disorder With Anxiety
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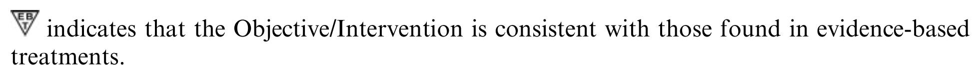
Using DSM-5/ICD-9-CM/ICD-10-CM:

ICD-9-CM	ICD-10-CM	*DSM-5* Disorder, Condition, or Problem
300.02	F41.1	Generalized Anxiety Disorder
300.09	F41.8	Other Specified Anxiety Disorder
300.00	F41.9	Unspecified Anxiety Disorder
309.24	F43.22	Adjustment Disorder, With Anxiety

Note: The ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014. Some ICD-9-CM codes are associated with more than one ICD-10-CM and *DSM-5* Disorder, Condition, or Problem. In addition, some ICD-9-CM disorders have been discontinued resulting in multiple ICD-9-CM codes being replaced by one ICD-10-CM code. Some discontinued ICD-9-CM codes are not listed in this table. See *Diagnostic and Statistical Manual of Mental Disorders* (2013) for details.


indicates that the Objective/Intervention is consistent with those found in evidence-based treatments.