**An Anxiety Treatment Approach That Empowers Through Skill Development**

**The Adaptive Anxiety Therapy Program**

The Adaptive Anxiety Therapy program is an advanced CBT anxiety treatment program that focuses on helping clients to confidently adapt to the experience of anxiety rather than chase an endless cycle of anxiety symptom relief.

**Stage 1: Cognitive Restructuring**

Module 2: Current Scary Assumptions



**Current Anxious Situation Tracking: Example**

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| **Instructions:** Track a situation today that made you anxious. This anxious situation should be related to 1 of your 3 reasons for seeking anxiety help.  |



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| **Re-Document Reasons for Seeking Anxiety Help** (shorthand) |
| 1. Get nervous around people
 |
| 1. I feel trapped & panic
 |
| 1. worry a lot
 |

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| **Current Anxious Situation Today Related to 1 of your 3 reasons** |
| I was sitting in the middle of a group of people at a meeting and felt like I could not escape |



**Current Anxious Situation Tracking: Example**

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| **Instructions:** **A:** Guess 5 scary assumptions you think you might have had during this situation. **B:** Next, rate how much you think you believed in each scary assumption during the anxious moment.  |



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| **Scary Catastrophic Assumptions** |
| **Scary Assumption Question:**Based on how you felt during this past anxious situation**,** what is it I thought I knew in this situation? (What Were your ***Scary Catastrophic Assumptions*** about this situation)? **Emotional Guess** rather than analyzing what you thought you knew. |
| **A:** Answer: |  **B:** Ratings |
|  | I can’t calm down  | 9 |
|  | My anxiety will get worse  | 6 |
|  | I’m going to freak out  | 8 |
|  | Everyone can see I am turning red.  | 6.5 |
|  | I need to excuse myself before I panic  | 8.2 |
| **Ratings:** Believability: How much did I think I believed each assumption in the moment: 0-10**0 =** Not at all: **10 =** Absolutely: ***No two assumptions can be rated the same, but you can use decimal points.*** |

**Stop!**

**Quality is better than quantity. Wait 24 hours before moving to next Activity Day**

**Current Anxious Situation Tracking: Activity Day 1**

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| **Instructions:** Track a situation today that made you anxious. This anxious situation should be related to 1 of your 3 reasons for seeking anxiety help.  |



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| **Re-Document Reasons for Seeking Anxiety Help** (shorthand) |
| 1. Enter reason for seeking help #1.
 |
| 1. Enter reason for seeking help #2.
 |
| 1. Enter reason for seeking help #3.
 |

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| **Current Anxious Situation Today Related to 1 of your 3 reasons** |
| Click or tap here to enter situation. |



**Current Anxious Situation Tracking: Activity Day 1 *Continued***

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| **Instructions:** **A:** Guess 5 scary assumptions you think you might have had during this situation. **B:** Next, rate how much you think you believed in each scary assumption during the anxious moment.  |



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| **Scary Catastrophic Assumptions** |
| **Scary Assumption Question:**Based on how you felt during this past anxious situation**,** what is it I thought I knew in this situation? (What Were your ***Scary Catastrophic Assumptions*** about this situation)? **Emotional Guess** rather than analyzing what you thought you knew. |
| **A:** Answer: |  **B:** Ratings |
|  | Scary Assumption 1. | Enter # |
|  | Scary Assumption 2. | Enter # |
|  | Scary Assumption 3. | Enter # |
|  | Scary Assumption 4. | Enter # |
|  | Scary Assumption 5. | Enter # |
| **Ratings:** Believability: How much did I think I believed each assumption in the moment: 0-10**0 =** Not at all: **10 =** Absolutely: ***No two assumptions can be rated the same, however, you can use decimal points.*** |



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| **Therapist/Client Notes:**Click or tap here to enter notes. |

**Stop!**

**Quality is better than quantity. Wait 24 hours before moving to next Activity Day**

**Current Anxious Situation Tracking: Activity Day 2**

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| **Instructions:** Track a situation today that made you anxious. This anxious situation should be related to 1 of your 3 reasons for seeking anxiety help.  |



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| **Re-Document Reasons for Seeking Anxiety Help** (shorthand) |
| 1. Enter reason for seeking help #1.
 |
| 1. Enter reason for seeking help #2.
 |
| 1. Enter reason for seeking help #3.
 |

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| **Current Anxious Situation Today Related to 1 of your 3 reasons** |
| Click or tap here to enter situation. |



**Current Anxious Situation Tracking: Activity Day 2 *Continued***

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| **Instructions:** **A:** Guess 5 scary assumptions you think you might have had during this situation. **B:** Next, rate how much you think you believed in each scary assumption during the anxious moment.  |



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| **Scary Catastrophic Assumptions** |
| **Scary Assumption Question:**Based on how you felt during this past anxious situation**,** what is it I thought I knew in this situation? (What Were your ***Scary Catastrophic Assumptions*** about this situation)? **Emotional Guess** rather than analyzing what you thought you knew. |
| **A:** Answer: |  **B:** Ratings |
|  | Scary Assumption 1. | Enter # |
|  | Scary Assumption 2. | Enter # |
|  | Scary Assumption 3. | Enter # |
|  | Scary Assumption 4. | Enter # |
|  | Scary Assumption 5. | Enter # |
| **Ratings:** Believability: How much did I think I believed each assumption in the moment: 0-10**0 =** Not at all: **10 =** Absolutely: ***No two assumptions can be rated the same, however, you can use decimal points.*** |



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| **Therapist/Client Notes:**Click or tap here to enter notes. |

**Stop!**

**Quality is better than quantity. Wait 24 hours before moving to next Activity Day**

**Current Anxious Situation Tracking: Activity Day 3**

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| **Instructions:** Track a situation today that made you anxious. This anxious situation should be related to 1 of your 3 reasons for seeking anxiety help.  |



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| **Re-Document Reasons for Seeking Anxiety Help** (shorthand) |
| 1. Enter reason for seeking help #1.
 |
| 1. Enter reason for seeking help #2.
 |
| 1. Enter reason for seeking help #3.
 |

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| **Current Anxious Situation Today Related to 1 of your 3 reasons** |
| Click or tap here to enter situation. |



**Current Anxious Situation Tracking: Activity Day 3 *Continued***

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| **Instructions:** **A:** Guess 5 scary assumptions you think you might have had during this situation. **B:** Next, rate how much you think you believed in each scary assumption during the anxious moment.  |



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| **Scary Catastrophic Assumptions** |
| **Scary Assumption Question:**Based on how you felt during this past anxious situation**,** what is it I thought I knew in this situation? (What Were your ***Scary Catastrophic Assumptions*** about this situation)? **Emotional Guess** rather than analyzing what you thought you knew. |
| **A:** Answer: |  **B:** Ratings |
|  | Scary Assumption 1. | Enter # |
|  | Scary Assumption 2. | Enter # |
|  | Scary Assumption 3. | Enter # |
|  | Scary Assumption 4. | Enter # |
|  | Scary Assumption 5. | Enter # |
| **Ratings:** Believability: How much did I think I believed each assumption in the moment: 0-10**0 =** Not at all: **10 =** Absolutely: ***No two assumptions can be rated the same, however, you can use decimal points.*** |



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| **Therapist/Client Notes:**Click or tap here to enter notes. |

**Stop!**

**Quality is better than quantity. Wait 24 hours before moving to next Activity Day**

**Current Anxious Situation Tracking: Activity Day 4**

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| **Instructions:** Track a situation today that made you anxious. This anxious situation should be related to 1 of your 3 reasons for seeking anxiety help.  |



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| **Re-Document Reasons for Seeking Anxiety Help** (shorthand) |
| 1. Enter reason for seeking help #1.
 |
| 1. Enter reason for seeking help #2.
 |
| 1. Enter reason for seeking help #3.
 |

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| **Current Anxious Situation Today Related to 1 of your 3 reasons** |
| Click or tap here to enter situation. |



**Current Anxious Situation Tracking: Activity Day 4 *Continued***

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| **Instructions:** **A:** Guess 5 scary assumptions you think you might have had during this situation. **B:** Next, rate how much you think you believed in each scary assumption during the anxious moment.  |



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| **Scary Catastrophic Assumptions** |
| **Scary Assumption Question:**Based on how you felt during this past anxious situation**,** what is it I thought I knew in this situation? (What Were your ***Scary Catastrophic Assumptions*** about this situation)? **Emotional Guess** rather than analyzing what you thought you knew. |
| **A:** Answer: |  **B:** Ratings |
|  | Scary Assumption 1. | Enter # |
|  | Scary Assumption 2. | Enter # |
|  | Scary Assumption 3. | Enter # |
|  | Scary Assumption 4. | Enter # |
|  | Scary Assumption 5. | Enter # |
| **Ratings:** Believability: How much did I think I believed each assumption in the moment: 0-10**0 =** Not at all: **10 =** Absolutely: ***No two assumptions can be rated the same, however, you can use decimal points.*** |



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| **Therapist/Client Notes:**Click or tap here to enter notes. |

**Stop!**

**Quality is better than quantity. Wait 24 hours before moving to next Activity Day**

**Collecting Top Scary Assumptions: Activity Day 5**

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| **Instructions:** Finally, go back through each activity day of tracking and pick **two** scary assumptions from each situation you feel impacted you the most. The two scary assumption you pick do not have to be the highest rated assumptions but rather scary assumptions you felt triggered you the most. |



**Current Anxious Situation Tracking: *Week 1*: Activity Day 1 Continued**

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| --- | --- |
| **A:** Answer: |  **B:** Ratings |
|  | Scary Assumption. | Enter # |
|  | Scary Assumption. | Enter # |

**Current Anxious Situation Tracking: *Week 1*: Activity Day 2 Continued**

|  |  |
| --- | --- |
| **A:** Answer: |  **B:** Ratings |
|  | Scary Assumption. | Enter # |
|  | Scary Assumption. | Enter # |

**Current Anxious Situation Tracking: *Week 1*: Activity Day 3 Continued**

|  |  |
| --- | --- |
| **A:** Answer: |  **B:** Ratings |
|  | Scary Assumption. | Enter # |
|  | Scary Assumption. | Enter # |

**Current Anxious Situation Tracking: *Week 1*: Activity Day 4 Continued**

|  |  |
| --- | --- |
| **A:** Answer: |  **B:** Ratings |
|  | Scary Assumption. | Enter # |
|  | Scary Assumption. | Enter # |

 **Stop!**

**Quality is better than quantity. Wait 24 hours before moving to next Activity Day**

**Documenting Anxious Situations: Activity Day 6**

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| **Instructions:** **A**: Finally, you will document below all your identified situations used for your homework tracking. B: you will then rate/guess how distressing each situation was to you on a distress scale of 0-10, 0=not distressing at all, 10=absolutely distressing. Documenting these situations will help you and Dr. Nabors create exposures later in the treatment program.  |



|  |  |
| --- | --- |
| **A:** Situation: |  **B:** Distress Level0 = Not Distressing: 10 = Absolutely Distressing |
|  | Situation. | Enter # |
|  | Situation. | Enter # |
|  | Situation. | Enter # |
|  | Situation. | Enter # |



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| **Therapist/Client Notes:**Click or tap here to enter notes. |

**Stop!**

**Excellent job! You have completed this module. Be prepared to discuss this module**

**in depth with Dr. Nabors during your next therapy appointment.**