**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 1: Past Scary Assumptions



**Past Anxious Situation Tracking: Example**

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| **Instructions:** List below, 3 reasons for seeking anxiety help. Not goals, but rather anxiety issues that you experience. For example, panic attacks, social anxiety, fear of specific things, worrying too much, etc.. |



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| **Reasons For Seeking Anxiety Help** |
| 1: I get very nervous around people I don’t know that well |
| 2: I feel trapped in big places and often feel like I am going to panic |
| 3: I tend to worry a lot |



**Past Anxious Situation Tracking: Example**

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| **Instructions:** Track below 1 memorable distressing past anxious situations related to reason #1 for seeking anxiety help. The past memorable anxious situations should be a memory that comes to mind easily when thinking back on distressing situations related to your reason #1 for seeking help. Once you have the situation briefly document it below. |



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| **Past Anxious Situation** |
| **Situation:**I was at a work party and stayed off to my self |



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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 |
|  | If I spoke to someone, I would say something stupid | 9 |
|  | I would make a fool of myself  | 6 |
|  | People could tell I was anxious  | 8 |
|  | People thought I look awkward  | 6.5 |
|  | They could tell that I was not confident  | 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.*** |



**Past Anxious Situation Tracking: Therapy Session**

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| **Instructions:** List below, 3 reasons for seeking anxiety help. Not goals, but rather anxiety issues that you experience. For example, panic attacks, social anxiety, fear of specific things, worrying too much, etc.. |



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| **Reasons For Seeking Anxiety Help** |
| 1: Enter reason for seeking help #1. |
| 2: Enter reason for seeking help #2. |
| 3: Enter reason for seeking help #3.  |



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

**Past Anxious Situation Tracking: Therapy Session**

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| **Instructions:** Track below 1 memorable distressing past anxious situations related to reason **#1** for seeking anxiety help. The past memorable anxious situations should be a memory that comes to mind easily when thinking back on distressing situations related to your reason **#1** for seeking help. Once you have the situation briefly document it below.  |



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| **Past Anxious Situation** |
| **Situation 1a:**Click or tap here to enter situation. |



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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**

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

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| **Instructions:** Track below 1 memorable distressing past anxious situations related to reason **#1** for seeking anxiety help. The past memorable anxious situations should be a memory that comes to mind easily when thinking back on distressing situations related to your reason **#1** for seeking help. Once you have the situation briefly document it below.  |



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| **Past Anxious Situation** |
| **Situation 1b:**Click or tap here to enter situation. |



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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**

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

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| **Instructions:** Track below 1 memorable distressing past anxious situations related to reason **#2** for seeking anxiety help. The past memorable anxious situations should be a memory that comes to mind easily when thinking back on distressing situations related to your reason **#2** for seeking help. Once you have the situation briefly document it below.  |



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| **Past Anxious Situation** |
| **Situation 2a:**Click or tap here to enter situation. |



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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**

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

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| **Instructions:** Track below 1 memorable distressing past anxious situations related to reason **#2** for seeking anxiety help. The past memorable anxious situations should be a memory that comes to mind easily when thinking back on distressing situations related to your reason **#2** for seeking help. Once you have the situation briefly document it below.  |



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| **Past Anxious Situation** |
| **Situation 2b:**Click or tap here to enter situation. |



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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**

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

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| **Instructions:** Track below 1 memorable distressing past anxious situations related to reason **#3** for seeking anxiety help. The past memorable anxious situations should be a memory that comes to mind easily when thinking back on distressing situations related to your reason **#3** for seeking help. Once you have the situation briefly document it below.  |



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| **Past Anxious Situation** |
| **Situation 3a:**Click or tap here to enter situation. |



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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**

**Past Anxious Situation Tracking: Activity Day 5**

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| **Instructions:** Track below 1 memorable distressing past anxious situations related to reason **#3** for seeking anxiety help. The past memorable anxious situations should be a memory that comes to mind easily when thinking back on distressing situations related to your reason **#3** for seeking help. Once you have the situation briefly document it below.  |



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| **Past Anxious Situation** |
| **Situation 3b:**Click or tap here to enter situation. |



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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!**

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**Collecting Top Scary Assumptions: Activity Day 6**

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| **Instructions:** Next, 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. |



**Past Anxious Situation Tracking: *Week 1*: Therapy Session**

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

**Past Anxious Situation Tracking: *Week 1*: Activity Day 1**

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

**Past Anxious Situation Tracking: *Week 1*: Activity Day 2**

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

**Past Anxious Situation Tracking: *Week 1*: Activity Day3**

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

**Past Anxious Situation Tracking: *Week 1*: Activity Day 4**

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

**Past Anxious Situation Tracking: *Week 1*: Activity Day 5**

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

**Stop!**

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**Documenting Anxious Situations: Activity Day 7**

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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.  |



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