**The Adaptive Anxiety Therapy Program *(AAT)***

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

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

***Stage 1: Belief Tracking & Cognitive Exposure***

**M**odule 1: **P**ast Scary Assumptions – (Between Session Homework)

**Identifying Chronic Anxiety Issues: Therapy Session (In-Session Activity)**

*Instructions:* List below, 3 reasons for seeking anxiety help. Not goals, but rather chronic 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.  |

**-----------------------------Homework Starts Here------------------------**

**Identifying Past Anxious Situations: Week 1: Activity Day 1 (Homework)**

*Instructions:* Identify below two highly distressing and memorable past anxious situations for each chronic anxiety issue listed above. The past memorable anxious situations should be memories that come to mind easily when thinking back on them. Briefly document your situation below.

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| Past Anxious Situations Related to Reasons for Seeking Help |
| 1A: Briefly document situation. **T**herapy Session  |
| 1B: Briefly document situation. |
| 2A: Briefly document situation. |
| 2B: Briefly document situation. |
| 3A: Briefly document situation. |
| 3B: Briefly document situation. |

**Past Anxious Situation Tracking: Therapy Session (In-Session Activity)**

*Instructions:* Briefly re-document past anxious situation **1A** that is related to reason **#1** for seeking help

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

*Instructions:* **1:** Close your eyes and put yourself back in the situation documented above. **2:** Imagine what you were seeing visually and feeling emotionally during the situation. **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**. C:** Wait until your next therapy session to complete this section with Dr. Nabors.

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| Scary Catastrophic Assumptions |
| **A:** Answer: | Is this an assumption? |  **B:** Ratings | **C:** Theme In Assumptions **Therapy Session Review** |
| **1** | Scary Assumption 1. | [ ]  | Enter # | Notes. |
| **2** | Scary Assumption 2. | [ ]  | Enter # | Notes. |
| **3** | Scary Assumption 3. | [ ]  | Enter # | Notes. |
| **4** | Scary Assumption 4. | [ ]  | Enter # | Notes. |
| **5** | Scary Assumption 5. | [ ]  |  Enter # | Notes. |
| **B: 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.*** |

**Stop!**

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

**Past Anxious Situation Tracking: Week 1: Activity Day 2 (Homework)**

*Instructions:* Briefly re-document past anxious situation **1B** that is related to reason **#1** for seeking help

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

*Instructions:* **1:** Close your eyes and put yourself back in the situation documented above. **2:** Imagine what you were seeing visually and feeling emotionally during the situation. **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**. C:** Wait until your next therapy session to complete this section with Dr. Nabors.

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| Scary Catastrophic Assumptions |
| **A:** Answer: | Is this an assumption? |  **B:** Ratings | **C:** Theme In Assumptions **Therapy Session Review** |
| **1** | Scary Assumption 1. | [ ]  | Enter # | Notes. |
| **2** | Scary Assumption 2. | [ ]  | Enter # | Notes. |
| **3** | Scary Assumption 3. | [ ]  | Enter # | Notes. |
| **4** | Scary Assumption 4. | [ ]  | Enter # | Notes. |
| **5** | Scary Assumption 5. | [ ]  |  Enter # | Notes. |
| **B: 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.*** |

**Stop!**

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**Past Anxious Situation Tracking: Week 1: Activity Day 3 (Homework)**

*Instructions:* Briefly re-document past anxious situation **2A** that is related to reason **#2** for seeking help

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

*Instructions:* **1:** Close your eyes and put yourself back in the situation documented above. **2:** Imagine what you were seeing visually and feeling emotionally during the situation. **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**. C:** Wait until your next therapy session to complete this section with Dr. Nabors.

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| Scary Catastrophic Assumptions |
| **A:** Answer: | Is this an assumption? |  **B:** Ratings | **C:** Theme In Assumptions **Therapy Session Review** |
| **1** | Scary Assumption 1. | [ ]  | Enter # | Notes. |
| **2** | Scary Assumption 2. | [ ]  | Enter # | Notes. |
| **3** | Scary Assumption 3. | [ ]  | Enter # | Notes. |
| **4** | Scary Assumption 4. | [ ]  | Enter # | Notes. |
| **5** | Scary Assumption 5. | [ ]  |  Enter # | Notes. |
| **B: 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.*** |

**Stop!**

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**Past Anxious Situation Tracking: Week 2: Activity Day 4 (Homework)**

*Instructions:* Briefly re-document past anxious situation **2B** that is related to reason **#2** for seeking help

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

*Instructions:* **1:** Close your eyes and put yourself back in the situation documented above. **2:** Imagine what you were seeing visually and feeling emotionally during the situation. **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**. C:** Wait until your next therapy session to complete this section with Dr. Nabors.

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| Scary Catastrophic Assumptions |
| **A:** Answer: | Is this an assumption? |  **B:** Ratings | **C:** Theme In Assumptions **Therapy Session Review** |
| **1** | Scary Assumption 1. | [ ]  | Enter # | Notes. |
| **2** | Scary Assumption 2. | [ ]  | Enter # | Notes. |
| **3** | Scary Assumption 3. | [ ]  | Enter # | Notes. |
| **4** | Scary Assumption 4. | [ ]  | Enter # | Notes. |
| **5** | Scary Assumption 5. | [ ]  |  Enter # | Notes. |
| **B: 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.*** |

**Stop!**

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**Past Anxious Situation Tracking: Week 2: Activity Day 5 (Homework)**

*Instructions:* Briefly re-document past anxious situation **3A** that is related to reason **#3** for seeking help

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

*Instructions:* **1:** Close your eyes and put yourself back in the situation documented above. **2:** Imagine what you were seeing visually and feeling emotionally during the situation. **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**. C:** Wait until your next therapy session to complete this section with Dr. Nabors.

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| Scary Catastrophic Assumptions |
| **A:** Answer: | Is this an assumption? |  **B:** Ratings | **C:** Theme In Assumptions **Therapy Session Review** |
| **1** | Scary Assumption 1. | [ ]  | Enter # | Notes. |
| **2** | Scary Assumption 2. | [ ]  | Enter # | Notes. |
| **3** | Scary Assumption 3. | [ ]  | Enter # | Notes. |
| **4** | Scary Assumption 4. | [ ]  | Enter # | Notes. |
| **5** | Scary Assumption 5. | [ ]  |  Enter # | Notes. |
| **B: 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.*** |

**Stop!**

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**Past Anxious Situation Tracking: Week 2: Activity Day 6 (Homework)**

*Instructions:* Briefly re-document past anxious situation **3B** that is related to reason **#3** for seeking help

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

*Instructions:* **1:** Close your eyes and put yourself back in the situation documented above. **2:** Imagine what you were seeing visually and feeling emotionally during the situation. **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**. C:** Wait until your next therapy session to complete this section with Dr. Nabors.

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| Scary Catastrophic Assumptions |
| **A:** Answer: | Is this an assumption? |  **B:** Ratings | **C:** Theme In Assumptions **Therapy Session Review** |
| **1** | Scary Assumption 1. | [ ]  | Enter # | Notes. |
| **2** | Scary Assumption 2. | [ ]  | Enter # | Notes. |
| **3** | Scary Assumption 3. | [ ]  | Enter # | Notes. |
| **4** | Scary Assumption 4. | [ ]  | Enter # | Notes. |
| **5** | Scary Assumption 5. | [ ]  |  Enter # | Notes. |
| **B: 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.*** |

**Stop!**

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

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