PEACEFUL LIVING: INTERVENTION MANUAL

COGNITIVE BEHAVIORAL TREATMENT FOR OLDER MEDICAL PATIENTS WITH GENERALIZED ANXIETY DISORDER, WITH OR WITHOUT DEPRESSION

(Adapted from Stanley, Deifenbach, & Hopko, 2004;

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**TREATMENT OF ANXIETY (WITH AND WITHOUT DEPRESSION) IN OLDER**

**MEDICAL PATIENTS**

#### Introduction

This CBT intervention is presented in a modular format to customize treatment to meet patients’ individual needs. There are a total of ten sessions (4 core, 6 elective) that teach coping skills and address the symptoms commonly found among older adults with GAD in primary care. The treatment sessions were selected based on lessons learned from previous trials, clinical observation, and patient feedback. The manual is designed to be used by clinicians with expertise in anxiety, CBT, and /or late-life mental health expertise (Anxiety Clinic Specialists, or ACS) or by non-expert providers (Counselors) who receive training and supervision from experts. Training guidelines for both types of providers are available in Appendix A. The use of non-expert counselors can provide advantages of lower costs, increased availability, and decreased stigma of treatment. This manualized treatment for anxiety aims to provide flexibility and incorporate attention to individual preferences with the provision of modular treatment and availability of telephone-based sessions.

## **Peaceful Living Intervention**

**Overview**

The Peaceful Living intervention is provided over 6 months. During the first 3 months, patients receive 10 skills-based sessions, each with brief telephone check-in, over a 12 week period. Two additional sessions are allowed to adjust the pace of treatment or manage immediate stressors (e.g., diagnosis of serious illness, death of a family member). These sessions are conducted on an individual basis. The first two sessions are completed in-person and the subsequent sessions can be completed in-person or on the telephone based on patient preferences (with the exception of the Learn to Relax II sessions which must be completed in-person). See Appendix B for outline of first 3 months of treatment. During the subsequent 3 months, patients receive continued telephone contact (booster sessions, weekly for 4 weeks and biweekly for 8 weeks) to review skills, encourage continued practice, and facilitate consolidation of treatment gains.

## **In-Person Sessions**

In-person sessions will be conducted in the primary care clinic where the patient receives his/her regular medical services or in the patient’s home, if necessary. The first treatment session requires 60 – 75 minutes, and the following sessions last approximately 30-40 minutes. Practice exercises will be assigned at the end of each face-to-face meeting, with forms included in the patient’s workbook to record daily practice.

##### Telephone Contacts

The integration of telephone contacts into a collaborative treatment program for anxiety and depression is an attempt to incorporate user-friendly interventions to increase access, reduce attrition, and increase satisfaction. Telephone contacts eliminate travel and waiting time and allows for flexible scheduling. They also reduce barriers such as stigmatization and transportation. Telephone-based CBT may be particularly useful for older adults given physical and logistic barriers to in-person care, although careful attention needs to be given to potential difficulties with hearing and comprehension/learning of the material presented only by phone. Telephone management and psychotherapy have been utilized for the treatment of depression and sleep. Telephone administered cognitive-behavioral therapy and medication management are effective in reducing depression in a collaborative primary care setting (Simon, Ludman, Tutty, Operskalski, & Von Korff, 2004). Telephone contact can be utilized effectively for older adults. Older adults who were treated with bibliotherapy that included a brief weekly telephone contact reported decreased depression (Scogin, Jamison, & Gochneaur, 1989).

The Peaceful Living Project uses telephone contacts in three ways:

1. A brief telephone check-in (10-15 minutes) is scheduled 2-3 days following face-to-face or telephone sessions. This contact reviews skills, allows for the patient to work on his/her assignment for that day with the counselor over the phone, clarifies any problems or difficulties with homework completion, reviews concepts of motivational interviewing as needed, and encourages communication with PCP if problems with physical health are discussed. Telephone Check-in forms are located in Appendix C (session 1) and Appendix D (sessions 2 – 10).
2. Telephone administered CBT is offered to the patient in sessions 3-10, excluding “Learn to Relax II.” When patients choose telephone-based sessions, all written materials are either mailed the week prior or given during the pre-ceding in-person session. Specific instructions are included in the manual prior to each session to facilitate rapport and skills training during telephone sessions.
3. Telephone booster calls are conducted during the 2nd 3 months of treatment (weekly for 4 weeks and then bi-weekly for 8 weeks) to provide additional review of CBT skills, encourage continued practice, and facilitate maintenance or enhancement of the gains made in treatment.

## **Additional Sessions and Modifications**

Up to two additional sessions may be added to the treatment program, if needed. In addition to adjusting the pace of treatment, these sessions may be used to manage immediate stressors experienced during treatment (e.g., death of a significant other). A replacement session should be scheduled aft the crisis session, with return to a focus on specified treatment skills as much as possible. General checks on crisis management can be made as needed. After a clinical or life changing event, (e.g. hospitalization, death of a close friend or family member, notification of a significant illness) and potential time away from the treatment**,** the patient may need to be reoriented to the program.

Adjustments to the intervention may be required in the process of therapy for patients with sensory impairments. For example, alternative ways of monitoring practice exercises may be necessary (e.g., use of audiotapes, enlarged homework forms, simplified checklists). Tailoring the protocol to patients who are medically compromised may require reviewing material at a slower pace and with less intensive homework assignments (e.g., checklists, practicing only one skill each day, decreased awareness training after the first week). Finally, it may be useful to modify terms to fit the patient’s educational background, cognitive skills, and preferences (e.g., “nervous” or “concerned” instead of “worry”).

**Intervention Components**

The treatment intervention consists of two components: a) core sessions, and b) elective sessions. Core sessions are taught to all patients at the beginning (3 sessions) and at the end of treatment (1 session). There are a total of four core sessions.

#### Core Sessions

The intervention core sessions are the following:

1. “Anxiety Education and Becoming Aware of Your Anxiety” (education about anxiety, with or without depression, and increasing the patient’s self-awareness);
2. “Learn How to Relax” (reducing anxiety with deep breathing);
3. “Changing Your Thoughts to Manage Anxiety” (managing anxiety by developing coping self-statements or “calming thoughts”); and
4. “Maintaining a Peaceful Life” (review of the skills learned and how to maintain them).

#### Elective Sessions

Elective sessions are to be selected by the patient in collaboration with the ACS/Counselor during sessions two and three. Elective sessions follow the first three core sessions and are selected based upon the patient’s perception of his/her anxiety-related problems and the ACS’/Counselor’s assessment of the patient’s anxiety-related problems and symptoms. The ACS/Counselor makes recommendations to the patient based on the algorithm (Appendix F) and allows the patient to choose skills based on recommendations and preference. No patient will receive all elective sessions, as most require two sessions (see Table of Contents). The ACS/Counselor and patient will work together to choose the skills that best fit the patient’s needs, although the ultimate choice of skills is based upon the patient’s preference. There is no particular order that the elective sessions must follow, however the skills in which the patient feels he/she may need more time to practice should be taught earlier. The elective sessions are the following:

* “Changing Your Behavior: For Depression (behavioral activation for depression);
* “Changing Your Behavior: For Anxiety (exposure-based treatment for anxiety);
* “Sleep Skills” (effective management of insomnia);
* “Problem-Solving” (solving problems through effective steps);
* “Learn How to Relax II” (releasing muscle tension with progressive muscle relaxation);
* “Changing Your Thoughts to Manage Anxiety II” (managing unproductive thoughts and worries).

**Selecting Elective Sessions to Customize Treatment**

# CHANGING BEHAVIOR: For Depression Session

 Anxiety disorders and depression co-occur frequently among older adults (23-48%; Beekman et al., 2000; Lenze et al., 2001). To address the needs of patients with coexistent depression, a behavioral activation (BA) skill will be available. This skill will be recommended to patients with a diagnosis of depression or a PHQ-9 score of ≥ 10. Late-life GAD with co-existent depression is associated with increased functional disability and greater use of healthcare services (Lenze et al. 2005; Schoevers et al., 2005). A depressive disorder and/or depressive symptoms are a reliable predictor of GAD severity (Hopko et al., 2000). GAD often precedes the onset of depression, suggesting it may be a risk factor(Lenze et al., 2000; Schoevers et al., 2005; Wetherell et al., 2001).

Although coexistent depression does not consistently predict poorer outcomes following CBT for GAD, it occurs often and has a significant impact on functional status and symptom severity. In order to provide a more patient-centered approach that increases the possibility for sustained improved outcomes, a behavioral activation (BA) skill is offered to target depressive symptoms more specifically. BA and exposure (Changing Behavior for Anxiety Skill, below) may have overlapping outcomes insomuch as avoidance behaviors associated with anxiety and depressed mood reflect both fear of an aversive situation and restricted engagement in positively reinforcing behaviors and as they are both associated with negative affect. Nevertheless, BA and exposure strategies rely on different theoretical mechanisms and therapeutic techniques, suggesting the need for two separate (but overlapping) sessions. Evidence exists for the utility of BA to treat coexistent anxiety and depression (Hopko et al., 2004) as well as depression in the context of serious medical illness and with young-old adults(Hopko et al., 2005; Hopko, Robertson, & Lejuez, 2006). The BA skill here will be used to increase environmental reinforcement and reduce depressed mood. The PHQ-9 cutoff of 10 selected here is indicative of significant depressive symptoms in older adults (Kroenke, et al., 2001). The PHQ-9 is reliable and valid with older adults (Kroenke, et al., 2001).

# 2. CHANGING BEHAVIOR: For Anxiety Session

Exposure treatment is used frequently in the context of integrated CBT programs to treat GAD (Brown, O’Leary, Barlow, 2001; Gould, Safren, Washington, & Otto, 2004; Orsillo, Roemer & Barlow, 2003; Zinbarg, Craske, & Barlow, 2006). This component of the treatment is used to modify anxiety-related avoidance behaviors that are common in GAD (e.g., checking, procrastination, etc.; Schut, Castongoay, & Borkovec, 2001; Townsend et al, 1999). However, not all patients with GAD have significant avoidance. Here, a score of ≥ 3 on question 5 or 6 of the GADSS will indicate that the “Changing Behavior for Anxiety” skill may be of value. These scores indicate severe or substantial anxiety-related impairment on the completion and maintenance of activities within important life areas. More impaired psychosocial functioning related to anxiety (e.g., in employment, housework, interpersonal relationships, and overall social adjustment) is predictive of not achieving recovery from GAD (Rodriguez et al, 2006), suggesting that direct attention to increasing activity in these areas may enhance outcomes. Question 5 of the GADSS assesses impairment from anxiety in work and home-related responsibilities, querying specifically about anxiety-related avoidance and requests for assistance to get things done. Question 6 assesses for the amount of interference from anxiety on social functioning, with specific probes related to avoidance of social activities due to anxiety. Thus, scores ≥ 3 on these items represent significant behavioral avoidance that may benefit from anxiety-based exposure treatment.

# 3. Sleep Skills Session

 Sleep difficulties are common, but not ubiquitous, in GAD (Mennin, Heimberg, & Turk, 2004). Problems in sleep quality among patients with GAD are associated with increased visits to primary care (Belanger, Morin, Langlois & Ladouceur, 2004). Thus, sleep management skills training is an appropriate intervention for some patients with GAD. CBT in recent and ongoing clinical trials of late-life GAD includes attention to this issue (Gorenstein et al., 2005; Wetherell, et al, under review; Stanley, et al., 2003). Here, the Sleep Skills Session will be recommended for patients with an Insomnia Severity Index (ISI) score ≥ 15 (15-21 = moderate insomnia, and 22-28 = severe insomnia). This 7 item assessment measures the severity of distress, concern or impairment caused by sleep problems, satisfaction with current sleep patterns, interference with daily functioning, and any sleep onset or sleep-maintenance difficulties (Pollack, et al., 2008) The ISI has adequate internal consistency and reliability in measuring sleep difficulties, and is considered to be a valid method to assess effects of treatment (Bastein, Vallières & Morin 2001).

 4. Progressive Muscle Relaxation (PMR) Session

Progressive Muscle Relaxation (PMR) is a key component of effective treatment for late-life anxiety (Ayers et al., 2007). Although all patients will receive simple relaxation training (i.e., breathing skills) as part of the core sessions, patients with more severe anxiety (particularly those with increased somatic symptoms) will most likely benefit from more intensive relaxation procedures. PMR will be offered to patients with a SIGH-A score of ≥ 17, which is representative of significant anxiety (Allgulander et al., 2004; Lenze et al., 2005) and corresponds to the average level of anxiety symptoms for older adults with GAD (Wetherell, Gatz, & Craske, 2003). The SIGH-A is also heavily loaded with somatic items; in fact, the somatic factor accounts for 42-46% of the total SIGH-A severity (Dahl et al., 2005). The SIGH-A has demonstrated convergent validity with the BAI, another measure of anxiety that is heavily weighted toward somatic symptoms (Shear et al., 2001; Wetherell & Gatz, 2005), and the instrument can be used reliably with older primary care patients (Skopp et al., 2006).

 5. Problem Solving (SOLVED) Session

Problem solving training has been incorporated into recent and ongoing multi-component interventions for late-life anxiety (Gorenstein et al. 2005; Wetherell et al., under review; Stanley, et al., 2003). This approach has been used effectively to treat depression in older medical patients (Arean, Hegal, & Reynolds, 2001). Problem-solving deficits are viewed as a central feature of GAD (Ladouceur et al., 1999), and this skill will be recommended for a patient with a score of 33 or greater on the problem solving confidence scale on the Problem Solving Inventory (PSI; Heppner, 1988). This score represents one standard deviation above the average obtained by a community sample of older adults (age 65-96; Hanson & Mintz, 1997) and indicates low belief in ability to effectively cope with problems. The problem solving confidence scale consists of 11 items rated on a 6-point scale. The PSI has acceptable internal consistency and construct validity (Heppner, Witty, & Dixon, 2004).

 6. Changing Your Thoughts: II

 Cognitive therapy is a key component of CBT for GAD (given the centrality of worry). Calming self-statements are one simple technique within this domain that will be offered to all patients as part of the core sessions. Two other skills that are typically offered as part of cognitive therapy for GAD include thought stopping and cognitive restructuring. These procedures will be considered for patients with more severe worry, as indicated by a Penn State Worry Questionnaire - Abbreviated (PSWQ-A) score at or above 22. This score is one standard deviation above the mean for primary care patients with GAD (Stanley, 2003). Training in thought stopping and/or cognitive restructuring will be recommended for all patients whose PSWQ-A score reaches this cut-off value. The patient can choose either one or both of the additional cognitive skills to pursue during treatment.

**Decision Tree**

After the first CBT session, use the decision tree to choose at least three appropriate skills to recommend. A decision tree has been formulated based on the Module Decision Form (Appendix E) to provide assistance with selecting the best elective treatment skills for each patient. By the third session the skills that the patient has chosen will be finalized.

1. Does the patient have co-existent depression or a PHQ-9 at or above 10?

IF YES

CHANGING BEHAVIOR: For Depression

 IF NO, CONTINUE

2. Does the patient have a score of 3 or above on questions 5 or 6 of the GADSS?

IF YES\*

CHANGING BEHAVIOR: For Anxiety

 IF NO, CONTINUE

3. Does the patient endorse at or greater than a 15 on the ISI?

IF YES

SLEEP SKILLS

 IF NO, CONTINUE

4. Does the patient endorse a SIGH-A score at or above 17?

IF YES

PROGRESSIVE MUSCLE RELAXATION

 IF NO, CONTINUE

5. Does the patient have a score at or above 33 on the PSI: Confidence Subscale?

IF YES

PROBLEM SOLVING

 IF NO, CONTINUE

 6. Does the patient have a PSWQ-A score at or above a 22?

 IF YES

THOUGHT STOPPING

 I

 IF NO, END.

COGNITIVE RESTRUCTURING

Motivational Interviewing Tips

A significant discussion of motivational interviewing (MI) occurs in session 1. After this session, the ACS/Counselor should utilize MI techniques during the sessions and/or during the phone check-ins when the patient is not completing homework or does not feel confident about the treatment. MI is based on the assumptions that accurate empathy is a more effective strategy for increasing motivation. So, rather than trying to convince patients to change (e.g. to record daily practice exercise), the ACS/Counselor works to try to understand the patient’s perspective (e.g. pros/cons of changing vs. not changing).

Explore the importance of reducing anxiety in the patient’s life:

Some may think it is important to decrease anxiety but not feel confident to do it. Others may feel confident but do not see it as important. Ask questions such as:
“On a scale of 1-10 how important is it for you to decrease your anxiety?”

“On a scale of 1-10 how confident are you in your ability to change?”

Use scaling to help quickly identify the most important areas to work on:
“Why is it a 5 and not a 3?” (Even if a ‘1’ “Why is it a 1 and not a 0?” Always ask why not a *lower* number).
“What will help keep you at this level?”
“What will help you move to an 8?” (Ask about a specific higher number.)

“How would your life be better if anxiety (and maybe depression) were reduced?”

“How high does it have to be before you make an attempt to change?”

“What can I do to help?”

#### Review the Pros and Cons of change:

“There are good things and not so good things about staying the same, and there are usually good things and less good things of change as well. Sometimes it can be helpful to re-examine the pros and cons of not only change but of staying the same. I would like to spend a few minutes talking about these issues with you. Would that be okay?

What are some good things about staying the same? (e.g. it’s known; don’t have to spend extra time thinking about anxiety; don’t have to change any behaviors.)What are some not so good things about staying the same?”

“Are there short term versus long term pros/cons?” For example, sometimes a strategy may seem helpful because it allows you to avoid more anxiety in the short-term, but is actually not helpful because it just creates more anxiety in the long-term.

Summarize the situation:

 The summary should include a summary of the patient’s perception of the problem, including what remains positive or negative about the problem behavior and any indications the patient has stated about wanting, intending or planning to change.

Tell the patient that changing behavior can be very difficult, and that confronting change and working on anxiety is very courageous.

Ask if there is anything that you can do to help make it easier.

Ask about any barriers that may keep them from completing homework and brainstorm possible solutions. Ask them what has worked in the past to remember tasks. Review resources that might be available for help (e.g. social support, reminders, etc.)

Re-examine the goals**.**

Review the goals developed in session 1. “How do you see the connection between your anxiety and accomplishing these goals?”

Tips for Combining Changing Your Behavior for Depression and Anxiety

If the patient meets criteria for both Changing Behavior modules, the two skills can be incorporated into one session. The clinician should first identify which module to follow, using PHQ-9 and GADSS scores at Baseline, patient preference, and clinical judgment to determine which type of avoidance is most prominent.

For example, if awareness practice exercises have indicated the patient engages in a great deal of anxiety-related avoidance, the clinician should first present the module for Changing Behavior for Anxiety (pages 27-30). In this case, the clinician will start by explaining how avoidance and repetitive behaviors perpetuate the cycle of anxiety. However, if depression is also present, the clinician will briefly explain the relation between increasing activity and improving mood. In choosing activities for practice exercises, the clinician will help the patient identify not only anxiety-producing situations to face and/or repetitive behaviors to stop, but also pleasant or meaningful activities.

On the other hand, if depression is prominent, the clinician should first present the module for Changing Behavior for Depression (pages 20-26). In this case, the clinician will explain that increasing pleasant activities or activities that give a sense of accomplishment will help to improve one’s mood. In addition, the clinician will also review how avoidance and repetitive behaviors contribute to anxiety, as was discussed in session 1, and help the patient to identify examples of these behaviors. In discussing pros and cons of adding these activities into one’s life, the clinician will make sure to note an initial increase in anxiety as a potential con when facing anxiety-producing situations that have been avoided. In choosing activities for practice exercises, the clinician will help the patient identify not only pleasant or meaningful activities, but also anxiety-producing situations to face and/or repetitive behaviors to stop.

Text to assist the clinician with incorporating one module into the other is in RED. This text should be used as needed with each individual patient.

**Talking with Your Doctor about Anxiety (if necessary)**

If the counselor becomes aware, directly or indirectly, that the patient may need further treatment, he/she should recommend that the patient discuss their anxiety with their primary care physician. Discuss the “How to Talk to Your Doctor About Anxiety and Depression” handout (see Appendix F) with the patient noting the spaces to record their medication, problems, side effects, and doctor recommendations.

Procedure for Crisis Intervention/Suicide Risk Protocol

Assessment of depression and suicidal ideation should be completed throughout treatment. If the patient has been diagnosed with depression, continue to monitor for any signs of ideation.

**If the patient endorses suicidal ideation, use the guidelines listed on the Suicidal Ideation Form (Appendix G) to evaluate the severity of the situation and to determine what steps should be taken. If you have any questions, call your supervisor.**

ANXIETY EDUCATION AND

BECOMING AWARE OF YOUR ANXIETY

#### Session I: Core Session

#### (In-Person)

Goals for the initial session:

1. Introduce the patient to the Peaceful Living Project and the treatment process.
2. Discuss the patient’s own motivation for change and important personal values, goals and priorities as well as the pros and cons of change.
3. Teach: a) what the symptoms of anxiety are and the different treatment options available b) how to identify his/her anxiety through self-monitoring exercises.

1. Introduction to the Peaceful Living Project

* Introduction. Explain the purpose of the meetings. Let the patient know that handouts will be given for their home reference during the meetings.
	+ “The purpose of the meetings is for you to become more aware of your anxiety symptoms and to learn calming skills to manage these symptoms, with the ultimate goal of increasing your physical health and overall well-being.”
* Suicide Assessment. If pretreatment assessment indicated the presence of significant depression or suicidal ideation query the patient with regard to these symptoms. Follow the Suicidal Ideation Form (Appendix G).
* Confidentiality. Explain confidentiality and limits of confidentiality, including for supervision purposes (e.g. supervisor, team psychiatrist, other study consultants, etc.), if they are in imminent harm to themselves or others, medical emergency, elder or child abuse or a court issued subpoena.
* Audiotaping. Explain that each meeting will have certain information to be covered, and to make sure the meetings are being conducted correctly (i.e., to provide training for the therapist), all meetings will be audiotaped for review by a psychologist on the project staff. After review, all tapes will be erased.
* Meeting Schedule. Explain that the program includes 10 meetings that take place over a 10-12 week period.
* “The sessions are conducted in person and/or over the telephone (depending on your preference) and will focus on learning calming skills for anxiety and depression. In-person sessions will be conducted in your primary care clinic where you receive your regular medical services. Treatment sessions should last approximately 30 – 40 minutes, except this first session, which will be 60 – 75 minutes. As much as possible, we will try to keep the same session time each week, but there is room for flexibility if your schedule requires. If you need to cancel or reschedule a meeting, or have any questions or concerns, please call the number located on the cover of the binder.”
* Focused Meetings. Explain that your work together will be *more effective* if it stays focused. Alert the patient that you may at times change the topic and redirect the conversation if it is “getting off track.”
* “It is my job to keep the meetings focused so that you will obtain the maximum benefit from this program. Your job is to keep appointments, participate in the session (by providing information, asking questions etc.), and complete daily practice exercises.”
* Patient Workbook. Provide the patient with a binder that can be used to hold session outlines, handouts, and summaries. These workbooks can be used as a resource to help enhance memory for skills between meetings and after completion of the study. When providing this workbook to patients, indicate that if reading various sections is difficult for them, adjustments can be made (e.g., highlight particular words that will be easy to recognize; write simple, summary words in the margins). Practice exercises can also be modified to facilitate completion (e.g., ask patients to use check marks to indicate whether various symptoms of anxiety were identified; create a less structured practice form, etc.). Ask that the patient bring the workbook to each in-person session and have available for phone sessions.
* Practice Exercises: Practice exercises will be assigned at the end of each meeting, with forms included to record daily practice. Emphasize the importance of daily practice of skills in order to incorporate them into life and experience maximum benefit (more on this later).

2. Understanding the patient’s life values and goals.

* Handout **Workbook pages 1-4**
* Emphasize that you and the patient will be working together to reduce their anxiety symptoms in this program, so it’s important that you understand their motivation for change. Promote a brief discussion on the reasons why the patient has sought help for managing their anxiety and have the patient record them on **Workbook page 1** (Assessing Your Motivation for Change).
* Pros/Cons

 Use **Workbook page 1** (Pros and Cons of Change) to discuss with the patient the pros (e.g., function better, less negative emotion, health benefits from decreased stress, sleep better) and cons (takes time to practice, takes time to come to meetings, becoming aware of symptoms may increase anxiety and depression temporarily) of change. Ask the patient: “What are some good things about changing your behavior? What are some not so good things about changing your behavior?” Record his/her responses on **Workbook page 1** (Pros and Cons of Change).

* Work with patients to identify specific obstacles that may affect participation in treatment and compliance with practice exercises (e.g., work schedules, transportation problems), and brainstorm possible solutions.

* Let the patient know that it is very important that you also understand what are the most important to him/her. Use **Workbook page 2** (Life Values & Goals)and ask the patient to record important life areas (e.g. intimate, friend, and family relationships; health and fitness; work/volunteering; spirituality; recreation and hobbies, etc).
* “Now, let’s focus on some life values. I’d like for you to help me understand what you consider to be important areas of your life. For example, for some people, friendships are very important, while for others, their hobbies may be very valuable to them.”
* Discuss with the patient how you can work together to create goals to focus on throughout the treatment.
	+ “Next, let’s talk about any goals that you may have. These goals can be related to these life values or just general goals.
	+ “For example, some people truly value friendship, but feel this is an area that is affected by anxiety. Maybe they would like tovisit friends more often, or maybe there is one particular relationship that they would like to work on – this would be an example of a goal that we could work on. Although we may not have time to touch directly on every goal we discuss, this discussion lets me know what the important areas in your life are, so we can establish treatment goals that will be relevant to you.”
* Record realistic goals on **Workbook page 2** (Life Values & Goals)**.** If there are life values with which they do not identify any need to change, suggest a few ideas based on what you know. If they still cannot think of anything, suggest maybe “maintaining consistency within that life value” as a goal.

“In the coming weeks, I will be teaching you new ‘calming tools’ to help achieve these goals. However, it is up to you to practice and implement these calming tools into your daily life. Change is not easy because it takes time/effort, and change, even positive change, can be stressful because you’ll be doing things in a new way.”

3. How to reduce or manage anxiety

* Step 1: Becoming aware.

 “The first step in reducing or managing anxiety is *becoming more aware*of situations that create anxiety and symptoms that indicate for *you* when anxiety is present (physical, thoughts, behaviors).”

* “Anxiety is a natural emotion experienced by everyone and is part of b**e**ing human. It can even be adaptive, or a good thing, in certain situations, e.g. getting ready for a game, when someone sneaks up behind us and scares us, taking tests, etc. However, anxiety can become a problem when it is experienced:
	+ too frequently
	+ too intensely
	+ for periods of time long past a frightening situation
	+ when it is uncontrollable (can’t stop it once it starts)
	+ when it prevents you from accomplishing desired behaviors or life goals.”
* Use **Workbook page 3** (My Experience of Anxiety)

 “Anxiety is comprised of 3 types of symptoms:

* + physical (how the body reacts)

 -Have the patient check off and discuss their physical symptoms.

* + thoughts (what’s going on in the mind, worries, concerns)

 -Have the patient check off and discuss their anxious thoughts.

* + behaviors (actions that occur along with anxiety such as avoiding feared situations or doing something unhealthy or time consuming to reduce anxiety).”

 -Have the patient check off and discuss their anxious behaviors.

* Overview of Treatment Options
* “Anxiety, if not managed, can significantly interfere with a person’s behaviors, health and thoughts. There are two primary types of treatment that research supports as useful.”
	+ “The first form of treatment for anxiety involves teaching a person how to better manage and understand anxiety. That is what we are offering in these meetings. Many professionals including psychologists, social workers, and mental health counselors can help people individually or in groups to develop new ways of coping with their anxiety. These types of counseling services are also useful for the treatment of depression.”
	+ “The second form of treatment for anxiety (and depression) is medication. Although we are not offering medication through this program, you may be prescribed medication by your PCP. If you would like to learn more about how to talk about this type of treatment with your doctor, we have worksheets available.”
* Handout **Workbook page 4** (How To Reduce Anxiety)

**Discuss with the patient:**

* + “To increase your awareness of situations that create anxiety for you and increase your ability to notice symptoms of anxiety, we want you to record at least once per day some experience with anxiety. It doesn’t have to be overwhelming anxiety, but some kind of experience with even a slight increase in stress. The goal is to describe the situation and your feelings, noting any physical signs, thoughts or worries, and actions or behaviors that you don’t do (i.e., avoid) or those you do too much.”
* **Point out on form where to record what. Do at least one example either from material previously discussed or ask the patient to produce another example from prior week.**
* Step 2: Learning new calming skills

“The second step in reducing anxiety is *to learn new calming skills* to use when you’re about to face an anxiety-provoking situation or when you first notice changes in your body that signal anxiety (give example from earlier discussion). You’ll learn a number of skills over the next 9-11 weeks that will give you a ‘toolbox’ of skills that you can pull from whenever you see anxiety coming your way. You may choose to use the same skills most of the time, or you may choose different skills depending on the situation or the symptoms you’re experiencing at the time.”

“Next week we will go over which skills you may benefit the most from. By our third session, we will have a plan for which skills/tools we’ll be discussing in the weeks ahead.”

4.Handout **Workbook pages 5 & 6** (Becoming Aware of Your Anxiety and Becoming Aware of Your Anxiety Practice Exercises)

5. **Schedule the session’s check-in phone call.** Answer any questions and schedule a time within the next 2-3 days to check on their progress and answer any further questions. Remind them to have their binders nearby so that you can discuss their completed practice exercises and work together on that day’s practice exercise over the phone.

6. **Set next appointment.** (Must be done in person.)

7. Check-in call: Refer to CBT Check-in Call form (Appendix C)

LEARN HOW TO RELAX

**Session 2: Core Session**

**(In-Person)**

Goals for this session:

1. Review: Becoming Aware of Your Anxiety Home Practice Exercises.

2. Discuss the elective skills that may be best suited for addressing the patient’s anxiety, with or without depression.

3. Teach: Learn How to Relax.

1. Review Awareness Practice Exercises

* **Briefly review practice exercises.** Check whether patient can identify thoughts, feelings, and behaviors associated with anxiety. Was this exercise useful in increasing awareness of anxiety? When monitoring, did the patient experience more or less anxiety than anticipated? Provide any necessary feedback and additional instruction.
* **If patient did not complete practice exercises:** Use motivational interviewing skills (Manual pages 9-10) and/or problem solve to determine the best way to accomplish practice exercises. Ask if they felt the practice exercises are worth the time it takes to complete them.
* **Suicide Assessment**. If pretreatment assessment indicated the presence of significant depression or suicidal ideation query the patient with regard to these symptoms. Follow the Suicidal Ideation Form (Appendix G).

2. Discussing Sessions and Recommending Appropriate Electives

* Handout **Workbook page 7** (Developing Your Peaceful Living Program) and review with the patient the different skills available. Let the patient know what skills/tools the team recommends (based on their Module Decision Form – Appendix E) by placing a star next to the recommended topics. Reflect back on what you know about the patient and try to use examples from their practice exercises and/or discussion topics to help him/her understand the topics better by connecting their experience with anxiety to the skills taught in the sessions.
* While reviewing each skill, be sure to clarify differences between the cognitive skills (e.g. one requires more practice and is more complex to learn). Ask them to read about the skills/tools during the next week, and to think about which ones interest them and would benefit their needs.Make them aware that PMR must be done in person.

3. Learn How to Relax

* Handout **Workbook page 8** (Learn How to Relax).
	+ “One of the easiest ways to change the physical symptoms of anxiety is to change the way you breathe. Often when you’re anxious, your breathing gets rapid and shallow. By attending to your breathing and changing the rate and way you breathe, you can actually make your entire body more ‘relaxed.’ There are 2 key things you need to do –
1. Take long, deep breaths, and
2. Make sure the action of breathing occurs in your diaphragm, not in your lungs.”
* “First, I would like for you to feel more comfortable (uncross legs, sit comfortably). Then, put one hand on your abdomen, with your little finger about 1 inch from your navel and place one hand on your chest. Next, begin to notice your breathing (pause for several seconds) – which hand is doing more of the moving? Your hand on your diaphragm should move out as you inhale and in as you exhale.”
* “Let’s practice, I want you to begin to breathe a bit more slowly, evenly, and deeply, then breathe out slowly. Inhale through your nose and exhale through mouth. As you exhale purse your lips by imagining that you are blowing on hot soup or about to give a kiss. This controlled breathing helps you exhale the most used air and inhale clean air.”
* “As soon as you finish inhaling, begin to exhale – do not pause at the ‘top’ of your breathing cycle since this will create tension in your chest & stomach. The duration of inhaling also should take approximately the same amount of time as your exhaling. Blow at a rate that would make a candle flame flicker.”
* “Now I’d like you to close your eyes and breathe with me while I count – counting up to 5 to inhale and again up to 5 to exhale. Inhale–2 –3 –4 –5. Exhale–2 –3 –4 –5. Good. Let’s try again.”
* Repeat the same procedure about 3 times. After practicing, ask the participant to indicate if he/she notices feeling any more relaxed after using this procedure. Ask for any general feedback about how this skill seemed to work. Note that this is a very simple, “portable” skill to be used whenever the participant notices any physical symptoms of anxiety –ask him/her to think of an anxiety-producing situation where this skill might be useful.
* “To practice this skill, think about the last time you felt anxious or stressed – some time this morning, yesterday, the day before, or last week – close your eyes and try to picture yourself back in that situation. Imagine where you were, what you were doing, think about what was stressing you out. (Pause) Do you have a situation in your mind? Now, pay attention to your breathing – Inhale– 2 – 3 – 4 – 5, Exhale– 2 – 3 – 4 – 5.” (Repeat).
* Ask the patient about effectiveness of this exercise, review the patient’s ability to use this skill, and perceptions of the potential effects of the skill on decreasing anxiety/stress.

4.Instructions for Practice Exercises

* Handout **Workbook page 9** (Learn How to Relax: Instructions for Practice Exercises and Selecting Your Meeting Topics).
* Continue to record anxiety awareness practice. Practice breathing at least twice a day.
* Handout **Workbook page 10** (Learn How to Relax: Practice Exercises) and explain how it is to be filled out.
* “Use your new breathing tool during the week as it might be useful. When you are doing your practice, just record whether or not you used the breathing outside of this practice time. If you did, please check that skill on the form and also check whether or not it was helpful.”
* Ask patient to think a little more about life goals and values and take some time to review the tools that can be taught in the upcoming weeks.

5. **Schedule the session’s check-in phone call.** Answer any questions and schedule a time within the next 2-3 days to check on their progress and answer any further questions. Remind them to have their binders nearby for the follow up call so that you can discuss their completed practice exercises and work together on that day’s practice exercise over the phone.

6. **Set next appointment. Remember to talk with patient about whether they would be like to hold the next session by phone.** Review the pros and cons of telephone sessions (e.g. easier access, comfort and ease of hearing on phone).

7.Check-in call: Refer to CBT Check-in Call form (Appendix D)

CALMING THOUGHTS

**Session 3: Core Session**

**(In-Person or Telephone)**

Goals for this session:

 1. Review: Home Practice Exercises from the previous session.

2. Teach: Calming Thoughts and Reinforcement.

* Bring note cards to record the calming/reinforcing statements. If the session is done over the phone, either bring the cards to the previous session or mail them along with the session’s materials.

3. Decide treatment sessions/skills.

Instructions relating to telephone session:

* + 1. Ask the patient if he/she is still available and has time for today’s session.
		2. The patient should have received all the necessary forms by mail or from the previous session. Ensure that they still have them.
		3. Tell them how long the session will be (30 – 40 minutes) and remind that if they need to use the restroom, or become tired, they should not hesitate to ask for a break. Also should something more than a brief pause be necessary there is always the option of rescheduling to complete the session.
		4. Let the patient know when to turn the page.

1. Review Practice Exercises

* **Briefly review Practice Exercise adherence, awareness, relaxation and breathing exercises – practice again if necessary.** Provide any necessary feedback and additional instruction.
* **If patient did not complete practice exercises:** Use motivational interviewing skills (Manual pages 9-10) and/or problem solve to determine the best way to accomplish practice exercises. Ask if they feel the practice exercises are worth the time it takes to complete them.
* **Suicide Assessment**. If pretreatment assessment indicated the presence of significant depression or suicidal ideation query the patient with regard to these symptoms. Follow the Suicidal Ideation Form (Appendix G).
* **Review the list of elective skills** with the patient and discuss which calming skills they think would be most helpful in reducing their anxiety. Answer any questions the patient might have regarding the different sessions. Discuss the choices that were recommended by the treatment team and provide an explanation for any of these skills that the patient did not identify. \*Remember, if the patient qualifies for both Changing Your Behavior: For Depression AND Changing Your Behavior: For Anxiety, use the knowledge you have gathered in session 1 & 2 to choose one or combine the sessions. Decide on skills and record on **Workbook page 9** as well as on their Module Decision Form (Appendix E) for the therapist’s record**.**

2. Calming Thoughts

* Handout Workbook pages 11 & 12 (Changing Your Thoughts to Manage Anxiety) Explain that this is a second tool to help manage anxiety.
* “A **calming thought** is a statement that you make to yourself that helps to decrease your anxiety about certain situations. You can also think of it as a strategy for providing ‘instructions’ to yourself. A few examples might be to say to yourself something like:
* ‘I can continue working even if I am anxious.’
* ‘Even if I don’t do this perfectly, I can handle it well enough.’
* ‘A few symptoms of anxiety aren’t really going to hurt me.’”
* **Use Workbook page 11 to review the list of self-statements and apply these to examples from the patient’s awareness monitoring/experiences.**

* Explain: The major focus of calming thoughts is to remind patients that they can manage their own anxiety. Self-talk can help the patient to enter difficult situations:
	+ “The use of calming statements may help you to manage fears and anxiety about certain situations – or they may help you perceive an anxiety-producing situation in a new way. The goal of using calming statements is to help you realize that you can manage and are often in more control of your anxiety than you feel you are. By using or practicing this skill often you may begin to realize you have much more control over anxiety than you feel you do.”
* Suggest that the patient develop a set of 2-3 calming thoughts (either taken from the list that you’ve reviewed or from their own ideas) that are likely to be helpful and germane to his/her anxiety symptoms. Ask him/her to write relevant statements on **Workbook page 12** and on index cards (which you will provide) for the patient to refer to when noticing any increases in anxiety. Note that calming thoughts may be more effective if the patient actually talks to him or herself, either aloud or covertly, as opposed to simply reading the statements. In some instances, people have found it helpful to record the statements on tape and listen to the tape when necessary**.**

3. Reinforcing Thoughts

* “A **reinforcing** **thought** is something that you tell yourself after you have been through an anxiety-producing situation. These statements can help you to recognize and remember that you managed your anxiety or that the situation wasn’t as bad as expected.”
* Ask him/her to write relevant statements on **Workbook page 12** and on index cards (which you will provide) so that the patient can refer to these when he/she has been able to face and/or overcome an anxiety-provoking situation successfully.

4. Practice In – Session

* “To practice this skill, think about the last time you felt anxious or stressed – maybe some time this morning, yesterday, the day before, or last week – do you have something in mind? Ok, now think of a statement you would like to use… close your eyes and try to picture yourself back in that situation. Imagine where you were… what you were doing… who was nearby… how you felt… and what was stressing you out. (Pause) Do you have a situation in your mind? Now, using the calming statement we just discussed and say it out loud. (Pause) Think about what you just said for a moment and if necessary, repeat. Do you feel more confident in handling the situation? Think for a moment about a reinforcing statement and say it out loud. How do you feel about including that reinforcing statement? Does it help you feel calmer after imaging yourself having handled being back in that situation?”

5. Instructions for Practice Exercises

* Handout Workbook page 13 (Instructions for Practice Exercises).
* Continue awareness training to identify feelings, physical symptoms, thoughts, and behaviors associated with anxiety.
* Continue to practice relaxation tools/skills using deep breathing. Remind patients to use the breathing in naturally occurring stressful situations.
* Handout **Workbook pages 14** (Practice Exercises).
* Ask them to check box on form (point out location) to indicate if breathing tools/skills were used that day and whether they were helpful.
* Practice using calming thoughts and reinforcing thoughts.

6**. Schedule the session’s check-in phone call.** Answer any questions and schedule a time within the next 2-3 days to check on their progress and answer any further questions. Remind them to have their binders nearby for the follow up call so that you can discuss their completed practice exercises and work together on that day’s practice exercise over the phone.

7**. Set next appointment. Remember to talk with patient about whether they would like to hold the next session by phone (unless the next session is How to Relax II, which must be done in person).** Review the pros and cons of telephone sessions (e.g. easier access, comfort and ease of hearing on phone).

8**.** Check-in call: Refer to CBT Check-in Call form (Appendix D).

CHANGING YOUR BEHAVIOR FOR DEPRESSION

**Elective Session: Session #1 (of 2)**

**(In-Person or Telephone)**

Goals for this session

 1. Review: Home Practice Exercises from the previous session.

 2. Teach: (a) Relationship between mood and behaviors.

 (b) Monitoring daily activities and recording mood.

Instructions relating to telephone session:

* + 1. Ask the patient if he/she is still available and has time for today’s session.
		2. The patient should have received all the necessary forms by mail or from the previous session. Ensure that they still have them.
		3. Tell them how long the session will be (30 – 40 minutes) and remind that if they need to use the restroom, or become tired, they should not hesitate to ask for a break. Also should something more than a brief pause be necessary there is always the option of rescheduling to complete the session.
		4. Let the patient know when to turn the page.

1. Review Practice Exercises

* **Briefly review breathing, calming thoughts, and any other previously learned calming tools/skills – practice again if necessary**. Provide any necessary feedback and additional instruction.
* **If patient did not complete practice exercises:**  Use motivational interviewing skills (Manual pages 9-10) and/or problem solve to determine the best way to accomplish practice exercises. Ask if they feel the practice exercises are worth the time it takes to complete them.
* **Suicide Assessment**. If pretreatment assessment indicated the presence of significant depression or suicidal ideation query the patient with regard to these symptoms. Follow the Suicidal Ideation Form (Appendix G).

2. Introduction to Behavior Activation

 Changing behavior for depression part 1 (mood rating) and part 2 (behavior activation) can be

 done in several different ways using your clinical judgment:

1)      Separately: with part 1 (mood rating) completed in session 1 and part 2 (behavior activation) in session 2.

2)     Separately: with part 1 (mood rating) completed in session 1, part 2 (behavior activation) introduced during the check-in call, and both reviewed in session 2.

3)      Combined: with part 1 (mood rating) and part 2 (behavior activation) combined in session 1, reviewing both in session 2.

* Handout **Workbook page 15** (Changing Your Behavior for Depression Part I)
* **Promote understanding of behavioral activation** and how it can be useful for improving depression and anxiety. The next step is to provide a general rationale for another tool to improve mood that involves the patient’s own behavior.
* Using the diagram on **Workbook page 15**, explain:
	+ “This skill was selected because you have depressed mood that goes along with anxiety. When we feel down or a life change happens (e.g. a move, friend moves or passes away), we may stop doing many activities that we used to enjoy. When this happens, we can actually begin to feel worse. One of the ways that we can help ourselves is by making sure we take time on a regular basis toidentify andparticipate in activities that fit within our life goals and values and that help us to feel better. Even if we don’t want to or don’t think we really have the energy, adding these activities back into our lives can help to make us feel better and less sad or blue.
	+ Can you think of activities that you may have stopped doing or decreased due to feeling sad or depressed? Are you avoiding anything because of depression or anxiety? Remember to think about your life values and what is important to you.” (Refer back to **Workbook page 2**)
* **If the patient has significant anxiety-related behaviors (avoidance or doing too much), Handout Workbook page 24 and discuss the following:**
	+ Just like depressed mood can affect your behavior, so can anxiety. Part of your awareness practice has been to identify these behaviors. Anxiety behaviors sometimes simply show up in procrastination or avoidance – i.e., some activity just needs to be *done* – even with no real problem to solve (e.g., the check book needs to be balanced or you need to make an appointment with a doctor).
	+ Discuss examples of avoidance or procrastination.
	+ Sometimes, anxiety behaviors show up in the checking or repetitive behaviors you do that really serve no useful purpose and simply need to be *stopped* – again, there’s no real problem to solve (e.g., repetitive checking with others for reassurance that you’ve done the right thing, repetitive reading and re-reading of medical information, repetitive snacking or smoking).”

* + Discuss examples of repetitive behaviors from the patient’s records over the past few weeks, or obtain any new information that might be useful.
	+ “Remember from session 1, that the goal of both types of behaviors is to reduce anxiety. In the short-term, anxiety behaviors take you away from the situations that disturb you. For example, procrastination can often make it so you don’t have to face anxiety-producing situations or you do something repeatedly so you don’t have to face the fear of not knowing that something is ok. However, in the long run, these behaviors actually help to maintain (and sometimes even intensify) your anxiety, since they don’t give you the chance to face anxiety-producing situations and learn how to handle them. The skill you will learn in this session and our next session will help you to change your behaviors in meaningful ways to manage both depression and anxiety.”
* Handout **Workbook page 16** (Pros and Cons of Adding Activities to Your Life). Review and record the pros and cons of integrating activities back into life. Explain that adding some pleasurable or satisfying activities back into our lives will take some time and effort at first.
* “We get used to not doing these activities, and then it is sometimes hard to start them again. Sometimes we have to find new ways to do things that we used to enjoy if we’re having physical problems. However, we know that if we are able to work hard at putting some rewarding activities back into our lives, our mood and quality of life (and sometimes even physical symptoms) get better.”
* Review any specific limitations that might get in the way of participation (e.g., fatigue or physical and sensory limitations), and note these so you can help address barriers as you continue to help the patient.

3. Assess current levels of activity and rate mood.

* Handout **Workbook page 17** (Recording Daily Activities and Rating your Mood) and use the chart to record daily activities and rate mood. Explain that the first step toward positive change is identifying how time is currently spent and how much pleasure is derived from various activities. This will make it easier to figure out what new activities patients may want to add as they go on.
* Fill out the form with the patient, reviewing what activities took place yesterday, in the morning, afternoon, and evening, and what feelings they had during each period. Try to focus with the patient on behaviors that most represent the time period (i.e., how they spent most of their time – in the morning, afternoon, and/or evening). Also be sure that you are recording events, not thoughts.
* Handout **Workbook page 18** (Changing Your Behavior Part One Practice Exercises). Ask patients to complete this form for two or three days out of the next week. Help the patient determine how they will be able to record their activities, especially if someone else needs to be involved.

4. **Schedule the session’s check-in phone call.** Answer any questions and schedule a time within the next 2-3 days to check on their progress and answer any further questions. Remind them to have their binders nearby for the follow up call so that you can discuss their completed practice exercises and work together on that day’s practice exercise over the phone.

5. **Set next appointment. Remember to talk with patient about whether they would like to hold the next session by phone.** Review the pros and cons of telephone sessions (e.g. easier access, comfort and ease of hearing on phone).

6.Check-in call: Refer to CBT Check-in Call form (Appendix D)

CHANGING YOUR BEHAVIOR FOR DEPRESSION

**Elective Session: Session #2 (of 2)**

**(In-Person or Telephone)**

Goals for this session:

1. Review: (a) Daily Behavior Monitoring Home Practice Exercises.

 (b) Life Values and Goals.

1. Teach: Activity Planning.

Instructions relating to telephone session:

* + 1. Ask the patient if he/she is still available and has time for today’s session.
		2. The patient should have received all the necessary forms by mail or from the previous session. Ensure that they still have them.
		3. Tell them how long the session will be (30 – 40 minutes) and remind that if they need to use the restroom, or become tired, they should not hesitate to ask for a break. Also should something more than a brief pause be necessary there is always the option of rescheduling to complete the session.
		4. Let the patient know when to turn the page.

1. Review of practice exercises.

* **Briefly review breathing, calming thoughts, and any other previously learned calming tools/skills – practice again if necessary**. Provide any necessary feedback and additional instruction.
* **If patient did not complete practice exercises:** Use motivational interviewing skills (Manual pages 9-10) and/or problem solve to determine the best way to accomplish practice exercises. Ask if they feel the practice exercises are worth the time it takes to complete them.
* **Suicide Assessment**. If pretreatment assessment indicated the presence of significant depression or suicidal ideation query the patient with regard to these symptoms. Follow the Suicidal Ideation Form (Appendix G).

2. Review Self-monitoring of Daily Activities and Mood Ratings.

* Review the Daily Activities and Mood Ratings (**Workbook page 18)** the patient completed since his/her last visit.
* If patient did not complete Mood Ratings, discuss why not. Complete 1-2 days worth of Mood Ratings with patient during session.
* If Mood Ratings were completed, provide positive reinforcement and promote a discussion of what might contribute to a patient’s sad mood:
* What behaviors were/are more enjoyable for the patient?
* Which are least enjoyable? What makes it this way? How could they be more enjoyable?
* Are they avoiding anything by engaging in the identified behaviors? What? Why?
* How is this helpful/possibly hurtful to him/her?
* Point out examples of avoidance or doing too much and discuss the relation to patient mood.

3. Identify pleasant events and meaningful activities.

* Help the patient share what gives him/her a sense of purpose in life or identify which particular goal is important at the present. Draw on your knowledge of the patient. Review Life Values & Goals (**Workbook page 2**) from session one.
* Have a general discussion about activities they would like to do, but have not been able to do and any activities they already do but would like to do more often. (Keep these activities within the context of values or goals that are important to him/her.)
* Ask the patient if there is something they need to do that they have been avoiding or unable to do.
* Some patients may want to accomplish something rather than focus on doing something pleasant. Be sure to positively reinforce the patient for making a personal choice of something meaningful or pleasant.
* Handout **Workbook page 19** (Identify Pleasant Events and Meaningful Activities) to record the activities they are currently doing and activities they are not currently doing, as well as what may be interfering with doing them. If necessary, use the examples on **Workbook page 20** (Checklist of Life Activities or Events) to extend this discussion. Suggest some of the activities on this list and ask the patient which ones might make them feel better. Don’t worry at this point about whether or not the patient thinks he or she can do the activity. For now, just create a master list of activities that might provide increased reinforcement and pleasure.

4. Choose an activity using SMART

* Handout **Workbook page 21** (Changing Your Behavior For Depression Part Two continued) and help the patient choose 1-2 activities that are pleasant, help solve a problem (even if the activity itself is unpleasant), or give a sense of accomplishment. Activities should be consistent with life values and lead to positive outcomes, although the activity itself does not have to be pleasant.

* New activities should follow the SMART guideline, and they should be ones that can:
	+ bring pleasure and/or a sense of accomplishment
	+ be something new that the patient has not been doing
	+ be something that he or she already does but would like to do more often (e.g., exercise, talk to friends)
	+ address negative feelings
	+ help solve a problem
	+ decrease avoidance or stop repetitive behavior
* “Setting goals can be a skill that can help you motivate yourself to accomplish important achievements. A guideline for setting goals is SMART. The goals should be:

 **S**pecific

 **M**easurable (you can tell when it is accomplished)

 **A**chievable

 **R**elevant (important to you life) and

 **T**imed (have a concrete beginning and end).”

5.Complete Activity Schedule Log and Assign Practice Exercises

* Handout **Workbook pages 22-23** (Activity Schedule Log) and record each activity the patient chose at the top of the page. Have the patient identify steps and record them on the handout.
* Discuss any possible barriers and help the patient overcome them to a preferred activity. If necessary, make activities more manageable by brainstorming ways to break down more difficult activities into smaller steps. Ask the patient to rate his or her confidence in being able to do the activity. If they rate their confidence lower than a “7,” suggest that the activity and steps may be too ambitious. Help the patient identify smaller steps or a more modest activity.
* Explain that their practice exercise this week will be to work on accomplishing these 2 activities. Show where to indicate when they have completed the activity and ask the patient to rate his/her mood at the end of the week. Remind them to continue practicing previous learned skills, and to use them to help reduce their anxiety when attempting to complete the activity.

6. **Schedule the session’s check-in phone call.** Answer any questions and schedule a time within the next 2-3 days to check on their progress and answer any further questions. Remind them to have their binders nearby for the follow up call so that you can discuss their completed practice exercises and work together on that day’s practice exercise over the phone.

7. **Set next appointment. Remember to talk with patient about whether they would like to hold the next session by phone (unless the next session is How to Relax II, which must be done in person).** Review the pros and cons of telephone sessions (e.g. easier access, comfort and ease of hearing on phone).

8.Check-in call: Refer to CBT Check-in Call form (Appendix D)

CHANGING YOUR BEHAVIOR FOR ANXIETY

**Elective Session: Session #1 (of 2)**

**(In-Person or Telephone)**

Goals for this session

1. Review: Home Practice Exercises from the previous session.

1. Teach: (a) The relationship between anxiety and behavior.

(b) Ways to change your behavior.

 (c) How to develop an activity list.

Instructions relating to telephone session:

* + 1. Ask the patient if he/she is still available and has time for today’s session.
		2. The patient should have received all the necessary forms by mail or from the previous session. Ensure that they still have them.
		3. Tell them how long the session will be (30 – 40 minutes) and remind that if they need to use the restroom, or become tired, they should not hesitate to ask for a break. Also should something more than a brief pause be necessary there is always the option of rescheduling to complete the session.
		4. Let the patient know when to turn the page.

1. Review Practice Exercises

* **Briefly review Practice Exercise adherence, relaxation, calming statements and any previously learned coping tools/skills - practice again if necessary.** Provide any necessary feedback and additional instruction.
* **If patient did not complete practice exercises:** Use motivational interviewing skills (Manual pages 9-10) and/or problem solve to determine the best way to accomplish practice exercises. Ask if they feel the practice exercises are worth the time it takes to complete them.
* **Suicide Assessment**. If pretreatment assessment indicated the presence of significant depression or suicidal ideation query the patient with regard to these symptoms. Follow the Suicidal Ideation Form (Appendix G).

2. Education about Anxiety Behaviors

* Handout **Workbook page 24** (Changing Your Behavior: For Anxiety Behaviors: Part One)
* Review the 2 types of anxiety behaviors: avoidance and doing too much.
	+ “Today we will discuss other ways to change anxiety behaviors. As you remember from session 1 and from the anxiety awareness exercises, anxiety behaviors sometimes simply show up in procrastination or avoidance – i.e., some activity just needs to be *done* – even with no real problem to solve (e.g., the check book needs to be balanced or you need to make an appointment with a doctor).
	+ Here, take a few minutes to ask the patient if they have examples of avoidance or procrastination.
	+ Sometimes, anxiety behaviors show up in the checking or repetitive behaviors you do that really serve no useful purpose and simply need to be *stopped* – again, there’s no real problem to solve (e.g., repetitive checking with others for reassurance that you’ve done the right thing, repetitive reading and re-reading of medical information, repetitive snacking or smoking).”

* + Here, take a few minutes to review examples of both avoidance and repetitive behaviors from the patient’s records over the past few weeks – or to obtain any new information that might be useful.
	+ “Remember also from session 1, that the goal of both types of behaviors is to reduce anxiety. In the short-term, anxious behaviors take you away from the situations that disturb you. For example, procrastination can often make it so you don’t have to face anxiety-producing situations or you do something repeatedly so you don’t have to face the fear of not knowing that something is ok. However, in the long run, these behaviors actually help to maintain (and sometimes even intensify) your anxiety, since they don’t give you the chance to face anxiety-producing situations and learn how to handle them. In this session today and the session next week, we are going to talk about changing behaviors in meaningful ways to manage anxiety.”
* **If patient has depressed mood, handout Workbook page 15 and discuss the following:**
	+ Feeling down or sad can also affect your behavior. When we feel down or a life change happens (e.g. a move, friend moves or passes away), we may stop doing many activities that we used to enjoy. When this happens, we can actually begin to feel worse. One of the ways that we can help ourselves is by making sure we take time on a regular basis toidentify andparticipate in activities that fit within our life goals and values and that help us to feel better. Even if we don’t want to or don’t think we really have the energy, adding these activities back into our lives can help to make us feel better and less sad or blue.
	+ Can you think of activities that you may have stopped doing or decreased due to feeling sad or depressed? Are you avoiding anything because of depression or anxiety? Remember to think about your life values and what is important to you.”

3. Ways to Change your Behavior

* **Discuss how to reduce anxiety:**
	+ “One way to decrease anxiety actually seems counterintuitive – to decrease anxiety, it is sometimes useful first to stop your avoidance or stop your unnecessary “doing too much” behavior and face the anxiety-producing situation. For example, if you are afraid of speaking in public, one way to reduce your anxiety is to raise your hand and contribute to a group discussion. If you are afraid that your checkbook isn’t balanced exactly right, it may be useful to stop over-checking the calculations you’ve made. Does that make sense?
	+ Answer any questions.
	+ “If you’re going to start doing some things that you previously have avoided, you need some new tools to help you when your anxiety starts to rise (which it will when you face situations that you’ve avoided or have done too much for a long time). That is why you have already learned some other tools/skills to help lower your anxiety symptoms when attempting to chance these behaviors (relaxation, calming statements, etc.)”

4. Activity List

* Review list. Look at **Workbook page 25** and explain SMART.
* “Setting goals, including ones to help reduce anxiety, is a skill that can help you motivate yourself to accomplish important achievements. A guideline for setting goals is SMART. The goals should be:

 **S**pecific

 **M**easurable (you can tell when it is accomplished)

 **A**chievable

 **R**elevant (important to you life) and

 **T**imed (have a concrete beginning and end).”

* + “Let’s begin by thinking of 1or 2 situations you’ve been avoiding that you’d like to face and/or 1 or 2 ‘doing too much behaviors’ that you’d like to stop and create some goals to help overcome these.”
* Keep in mind that the situations need to be specific since the ultimate goal will be to practice these situations. Have the patient list the behaviors they would like to change, and the goals they would like to achieve by facing these situations. Record these in the second column.
* Include pleasant activities or activities that give the patient a sense of accomplishment as needed.
* “Ok, can you now think of some goals that follow the SMART technique that you could work toward this week?” Help the patient to develop relevant goals.
* Next, discuss how he/she might begin to safely enter the situation or stop the repetition, and which previously learned strategies might be most helpful in keeping anxiety under control (i.e., Which strategies do they feel they’ve learned the best? Which ones seem most portable to them? etc.). Record these in the third column.
* “Are there any calming skills you’ve learned in these sessions that would help you to face your anxiety and achieve these goals that either you have avoided due to anxiety or have not accomplished because of ‘doing too much’ anxiety behaviors?”

5. Instructions for Practice Exercises

* Review instructions on **Workbook page 26** and handout **Workbook page 27 & 28.** Record the 1-2 behaviors from the list on **Workbook page 25** on each Activity Schedule Logfor practice this week.
* Have patient review the practice exercise and the selected activities for the following week. Practice completing an activity schedule log. Remind the patient to utilize previously learned skills in anxiety producing situations. Note that it may take completing the activity several times before the patient notices a change in their mood or anxiety. The important thing is to keep doing the behaviors, even if you are not sure it’ll make you feel better that day. Indicate where the patient can check off and record the date, once they complete the activity.

6. **Schedule the session’s check-in phone call.** Answer any questions and schedule a time within the next 2-3 days to check on their progress and answer any further questions. Remind them to have their binders nearby for the follow up call so that you can discuss their completed practice exercises and work together on that day’s practice exercise over the phone.

7. **Set next appointment. Remember to talk with patient about whether they would be like to hold the next session by phone.** Review the pros and cons of telephone sessions (e.g. easier access, comfort and ease of hearing on phone).

8.Check-in call: Refer to CBT Check-in Call form (Appendix D)

CHANGING YOUR BEHAVIOR FOR ANXIETY

**Elective Session: Session #2 (of 2)**

**(In-Person or Telephone)**

Goals for this session:

1. Review: Activity Schedule Log (Home Practice Exercise).
2. Teach: Goal Setting and Activity Planning.

Instructions relating to telephone session:

* + 1. Ask the patient if he/she is still available and has time for today’s session.
		2. The patient should have received all the necessary forms by mail or from the previous session. Ensure that they still have them.
		3. Tell them how long the session will be (30 – 40 minutes) and remind that if they need to use the restroom, or become tired, they should not hesitate to ask for a break. Also should something more than a brief pause be necessary there is always the option of rescheduling to complete the session.
		4. Let the patient know when to turn the page.

1. Review Practice Exercises:

* **Discuss the activities that were chosen last week.** Was the patient able to complete the 1-2 behaviors assigned for prior week? Which tools/skills were used? How did it go? Was anxiety reduced? Did the situation get easier if it came up more than once?

* **Briefly review Practice Exercise adherence, relaxation, calming statements and any previously learned coping tools/skills - practice again if necessary.** Provide any necessary feedback and additional instruction.

* **If patient did not complete practice exercises:** Use motivational interviewing skills (Manual pages 9-10) and/or problem solve to determine the best way to accomplish practice exercises. Ask if they feel the practice exercises are worth the time it takes to complete them.
* **Suicide Assessment**. If pretreatment assessment indicated the presence of significant depression or suicidal ideation query the patient with regard to these symptoms. Follow the Suicidal Ideation Form (Appendix G).

2. Goal Setting and Activity Planning:

* “Last week we discussed behaviors that people do when feeling anxious. Do you remember why avoidance seems helpful in the short run but is not helpful in the long run?
* Review the importance of facing your fears in stopping the cycle of anxiety.

* Now, let’s set new goals for the next week to reduce anxiety related avoidance or ‘doing too much’ behaviors.”
* Handout **Workbook page 29** (Changing Your Behavior For Anxiety Part Two). Identify a few more goals (they can be continuations of the current goals or new goals). Choose one or two more activities and design a plan that includes (as applicable) when to start, when it is accomplished, and how many times to complete the activity.
* Include pleasant activities or activities that give the patient a sense of accomplishment as needed.)

3. Instructions for Practice Exercises:

* Handout **Workbook pages 29 & 30** (Changing Your Behavior for Anxiety Part Two Practice Exercises: Activity Schedule Log)
* Have patient review the practice exercise and the selected activities for the following week. Practice completing the activity schedule log. Remind the patient to utilize previously learned skills when in anxiety producing situations. Note that it may take completing the activity several times before the patient notices a change in their mood or anxiety. The important thing is to keep doing the behaviors even if you are not sure it’ll make you feel better that day. Indicate where the patient can check off and record the date, once they complete the activity.

4. **Schedule the session’s check-in phone call.** Answer any questions and schedule a time within the next 2-3 days to check on their progress and answer any further questions. Remind them to have their binders nearby for the follow up call so that you can discuss their completed practice exercises and work together on that day’s practice exercise over the phone.

5. **Set next appointment. Remember to talk with patient about whether they would like to hold the next session by phone (unless the next session is How to Relax II, which must be done in person).** Review the pros and cons of telephone sessions (e.g. easier access, comfort and ease of hearing on phone).

6.Follow up call: Refer to Follow Up Call – Session 2-10 form (Appendix D)

SLEEP SKILLS

Elective Session

**(In-Person or Telephone)**

**Like the other skills, sleep skills cannot be given as a handout.**

Goals for this session:

1. Review: Home Practice Exercises from the previous session.
2. Teach: a) Provide information about the relationship between anxiety and sleep.

 b) Discuss the patient’s existing sleep patterns and teach sleep hygiene skills.

Instructions relating to telephone session:

* + 1. The patient should have received all the necessary forms by mail or from the previous session. Ensure that they still have them.
		2. Tell them how long the session will be (30 – 40 minutes) and remind that if they need to use the restroom, or become tired, they should not hesitate to ask for a break. Also should something more than a brief pause be necessary there is always the option of rescheduling to complete the session.
		3. Let the patient know when to turn the page.

1. Review Practice Exercises and Prior Skills

* **Briefly review Practice Exercise adherence, relaxation, calming statements and any previously learned coping tools/skills - practice again if necessary.** Provide any necessary feedback and additional instruction.
* **If patient did not complete practice exercises:** Use motivational interviewing skills (Manual pages 9-10) and/or problem solve to determine the best way to accomplish practice exercises. Ask if they feel the practice exercises are worth the time it takes to complete them.
* **Suicide Assessment**. If pretreatment assessment indicated the presence of significant depression or suicidal ideation query the patient with regard to these symptoms. Follow the Suicidal Ideation Form (Appendix G).

2. The relationships between anxiety and sleep

* **Explain the normal sleep patterns of older adults:**
	+ “It is important to understand that there are individual differences in the amount of sleep required to feel rested as well as normal age-related changes in sleep patterns. On average, younger adults require about 8 hours of sleep per night while older adults on average require about 7 hours of sleep. Overall, as we age, we tend to require less sleep as when we were younger to feel rested. “
* **Explain the relationship between sleep and anxiety:**
* **“**Anxiety can affect the amount and quality of sleep which in turn, significantly affects how rested you feel in the morning. For example, feeling anxious about something that happened during the day can make it difficult to fall and/or stay asleep and may also cause disruptions in sleep.”

3. Review the patient’s existing sleep patterns and teach sleep skills

* “Sleep is a behavior that can get quite disrupted when people are stressed. To help improve your ability to sleep well and feel more rested throughout the day, there are some pretty simple ‘rules’ about how to behave differently at nighttime as well as during the day.”
* Use the italicized questions from the Sleep Assessment (modified from Stepanski, Rybarczyk, Lopez, & Stephens, 2003) that precede each skill to evaluate their current sleep regimen as you teach them about Sleep Skills.
* General questions about their sleep pattern:

*Do you feel rested in the morning?*

*How much total sleep do you get?*

*How much total sleep time do you think you need to feel rested?*

*What have you tried to do to help your sleep problem?*

*When is your sleep better?*

*Do you fall asleep more easily somewhere other than in bed?*

*What would you like to see changed about your sleep?*

*What time do you go to bed? What time do you get up in the morning?*

*Do you sleep later on some days than others? Do you go to bed at different times?*

*Do you and your bed partner have similar bedtimes?*

Nighttime Skills:

 **1.** **Go to sleep and wake up at the same time everyday.**

“Going to sleep and waking up at the same time every day can help you get in a good habit of setting yourself up to get a full 7 hours of sleep.”

 **2. Develop a routine or habit when it is time to get ready for bed.**

“A routine will help calm you and prepare your body for sleep. This may include brushing your teeth, taking medications, calling someone, and/or listening to calming music. Try to do all activities in the same order and at the same time every night. It is best not to do energizing activities before bed (e.g. exercise, drinking caffeine).”

 **3. Stretch legs or soak legs in a hot bath just before bed.**

“Stretching your legs and/or soaking them in a hot bath just before bed can help calm your muscles and stop them from moving at night.”

*What do you think about while trying to get to sleep or when waking up in the middle of the night?*

 **4. Relax before bedtime or when waking up at night.**

“Relaxation before bed (or when waking up at night) can help reduce and calm anxious thoughts. Relaxation may include different calming skills (such as deep breathing or practicing calming thoughts), certain meditation strategies, listening to calming music, or putting a calming picture in your mind. Some even find it helpful to post calming thoughts somewhere close by to help calm their mind before they go to sleep or in case they wake up (i.e. on the nightstand or on a wall in the bedroom).”

*What do you do in bed besides sleep? Do you watch TV, read, work, or eat in bed?*

 **5. Limit the use of the bed for sleep or intimacy with your partner.**

“Do not do anything else in bed except sleep or be intimate with your partner. This includes reading, talking, eating, or watching TV. Do these other activities prior to going into the bedroom. This allows your bed to be a cue for sleep instead of other behaviors.”

*How long does it take you to fall asleep?*

*Do you awaken during the night? If yes, how many times? For how long?*

*What do you do while awake at night?*

 **6. Get out of bed if you are not asleep in 15 to 20 minutes.**

“When you don’t fall asleep within 15 to 20 minutes, or you wake up in the middle of the night and can’t get back to sleep, you should leave the bedroom and do something calming or relaxing (such as reading, breathing deeply, or listening to calming music) until you feel sleepy again.”

*Are you easily awakened by noise or light?*

 **7. Make your bed and bedroom as conducive to sleep as possible**

“Try to minimize any distractions, such as light, noise, or movements that might be keeping you awake at night. You may even consider moving around your bed or bedroom, putting curtains up, sleeping separately from your partner, sleeping with earplugs on, or anything else to minimize things that keep you awake.”

*Do you have any pain at night?*

 **8. Decrease pain.**

“If you are experiencing any pain, relax the area of the body in which you feeling pain. Distract yourself from pain by doing enjoyable things just before bed and by using calming thoughts when in bed.”

Daytime Skills:

 **1. Do not get into bed at all during the day.**

“This includes reading, worrying, talking, or watching TV. Do these activities prior to getting into bed at night.”

*Do you take naps during the day? When are these naps? How long do they last? Where do you take naps?*

 **2. Do not nap.**

“All naps can be disruptive to nighttime sleep, so it is best not to take one. If you are unable to avoid a nap mid-day, limit the nap to one hour and do not sleep after 3:00 pm. It is also best to nap somewhere other than in your bedroom to decrease your nap time. Napping elsewhere may also help you to associate your bed with longer sleep times.”

*How much coffee, soda, or tea (or alcohol) do you drink and when do you drink it? How about cigarettes?*

 **3. Do not drink caffeinated drinks in the afternoon or evening.**

 **“**Caffeine can keep you awake for up to 8 hours, so do not drink caffeine within 8 hours *before normal bedtime.* Studies have also shown that smoking cigarettes can alsoaffect how rested you feel the next morning due to nicotine dependence, associations with snoring, and the potential risk of also partaking in other unhealthy behaviors.” (Phillips, B.A. & Danner, F. J., 1995)

*Do you exercise? When and how often?*

 **4. Exercise at least 3 or 4 days per week** (not within 4 hours before bedtime).

“Exercising in the morning or afternoon can help make you tired later in the day, but if you exercise too close to bedtime, it can raise your heart rate and body temperature and cause you to have more trouble falling asleep. Talk with your physician for exercise ideas that are safe and fit your needs.”

 **5. Drink more fluids in the morning and less in the evening.**

“You may be able to decrease getting up to go to the restroom at night by decreasing the amount you drink in the evening. Be sure to drink more in the morning so that you are still able to get enough fluids to maintain your health.”

 **6. Try spending a few minutes each morning in natural sunlight.**

 “Spending some time in natural light has been shown to help a person feel better overall and actually improve sleep.”

4. Evaluate the patient’s current sleep hygiene

* Handout **Workbook page 31** (Getting to Sleep)and talk with the patient about his/her sleep patterns here. Which of these “rules” does he/she already follow? Positively reinforce those. Which other “rules” might help to make them feel more rested during the day?
* Use **Workbook page 32** (Getting to Sleep) and discuss a realistic time in which the patient could go to sleep and wake up every day and night, so that their body can begin to get in the habit (mentally and physically) of getting a full 7 hours of sleep each night. Choose about 5 other skills (day or night) that the patient can use this week to help improve their sleep hygiene. Encourage them to review the other skills to use in the future, if necessary.

5. Instructions for Practice Exercises.

* Review Instructions for Practice Exercises on **Workbook page 32** and handout **Workbook page 33** (Getting to Sleep Practice Exercises). Work together on an example of the Awareness Practice exercise based on the previous night and that morning.
* Remind the patient to utilize previously learned skills when in anxiety producing situations.

6. Schedule the session’s check-in phone call. Answer any questions and schedule a time within the next 2-3 days to check on their progress and answer any further questions. Remind them to have their binders nearby for the follow up call so that you can discuss their completed practice exercises and work together on that day’s practice exercise over the phone.

7. **Set next appointment. Remember to talk with patient about whether they would like to hold the next session by phone (unless the next session is How to Relax II, which must be done in person).** Review the pros and cons of telephone sessions (e.g. easier access, comfort and ease of hearing on phone).

8. Check-in call: Refer to CBT Check-in Call form (Appendix D)

PROBLEM SOLVING

Elective Session

(In-Person or Telephone)

Goals for this session:

1. Review: Home Practice Exercises from the previous session.

2. Teach: a) How anxiety interferes with problem solving.

 b) Effective problem solving technique.

Instructions relating to telephone session:

* + 1. Ask the patient if he/she is still available and has time for today’s session.
		2. The patient should have received all the necessary forms by mail or from the previous session. Ensure that they still have them.
		3. Tell them how long the session will be (30 – 40 minutes) and remind that if they need to use the restroom, or become tired, they should not hesitate to ask for a break. Also should something more than a brief pause be necessary there is always the option of rescheduling to complete the session.
		4. Let the patient know when to turn the page.

1. Review Practice Exercises

* **Briefly review Practice Exercise adherence, relaxation, calming statements and any previously learned coping tools/skills - practice again if necessary.** Provide any necessary feedback and additional instruction.
* **If patient did not complete practice exercises:** Use motivational interviewing skills (Manual pages 9-10) and/or problem solve to determine the best way to accomplish practice exercises. Ask if they feel the practice exercises are worth the time it takes to complete them..
* **Suicide Assessment**. If pretreatment assessment indicated the presence of significant depression or suicidal ideation query the patient with regard to these symptoms. Follow the Suicidal Ideation Form (Appendix G).

2. How Anxiety Interferes with Problem Solving

* Explain: “Many people who are anxious believe that worry helps to identify or solve problems. However,identifying and thinking about possible problems is not the same as identifying solutions to problems. Others believe that worrying about problems will help them to control what happens or help them to avoid a particular problem.” **Ask if/how they think that worrying might have prevented their situations (example: brain tumor, car accident, problems with adult children, etc.).**
	+ “Sometimes people get stuck in a rut of thinking the same things over and over, or they may think that nothing can be done when it really can. And sometimes, people have good ideas about how to solve problems, but never take the real steps to make it happen.”

3. Strategies for Effective Problem Solving

* Handout **Workboo**k **page 34** (Problem Solving)**.** Have the patient select a problem, and work with the patient during the session to identify a solution using the steps using SOLVED. Record steps on the handout after reviewing the instructions for the steps.
* **S = select a problem**
	+ “The first step is to evaluate the situation that creates anxiety and select a specific problem to be solved. Use an example from the patient’s previous monitoring and clinical discussions and identify a relevant problem to be solved.”
* **O = OPEN YOUR MIND TO ALL POSSIBLE SOLUTIONS**
	+ “When opening your mind to all possible solutions, it is important to be very BROAD – Do what is called ‘**brainstorming.’** Write down every possible solution that comes to mind, without consideration of the consequences.”
* Give examples for the problem you and the patient have already identified and ask the patient for input. Use a range of suggestions choosing some that are clearly not optimal or ideal (i.e. robbing a bank to fix financial problems) and others that could be useful.

* + “When trying to come up with different strategies or solutions, think about what advice you would give someone else with this problem. Look at the ways you and others have handled similar situations. Talking to a close friend or relative, who you think might be able to offer potential solutions, can be helpful as well.”
* **Remember** that at this stage, it is important to think of a large, broad list of potential solutions – without considering the consequences of ANY.
* **L – LIST THE PROS/CONS OF EACH POTENTIAL SOLUTION**
* “For each potential solution that you have listed, let’s consider the consequences or outcomes of what will happen if you enact it. By evaluating the **pros/cons** of each and putting them on paper, it’s much more helpful and easier to reduce the time spent ruminating. Plus, it may also help identify additional thoughts that might benefit from changes.”
* Help the patient to identify potential pros/cons of the abovementioned problem. In some cases, identification of pros/cons may require information from other people – e.g., lawyers, financial advisors, etc. You can help the patient to identify where such information might be obtained.
* **V = VERIFY THE BEST SOLUTION AND CREATE A PLAN**
* “By evaluating the outcomes of each solution and weighing the pros/cons, it is often relatively simple to “rank order” the solutions. Which solutions are most practical and/or desirable?”
* **E = ENACT THE PLAN**
* “Next, it is important to think about the best solution and identify the steps needed to carry it out.”
* Help the patient break the actions down into steps small enough to facilitate achievement of the goals.

* Obviously, the next step is to carry out the plan – take the steps specified in the prior phase.
* **D= DECIDE IF THE PLAN WORKED**
* “Finally, it is time to **evaluate how well the chosen solution actually worked**. Here, you can assess outcome in terms of expected pros/cons. If the solution was effective, pat yourself on the back for a problem that has been solved using the **SOLVED** technique. If the solution was not effective, go back to “S” and specify a new problem – or move to “O” or “L” to identify other goals or potential solutions for the same problem. Repeat other steps to identify an alternative solution.”

4. Handout **Workbook pages 35** (Problem Solving: Instructions for Practice Exercises) and **Workbook page 36** (Problem Solving: Practice Exercises). Tell patient to “enact the plan” that was discussed, plus beginning on one SOLVED strategy for a problem that occurs during the week.

5. **Schedule the session’s check-in phone call.** Answer any questions and schedule a time within the next 2-3 days to check on their progress and answer any further questions. Remind them to have their binders nearby for the follow up call so that you can discuss their completed practice exercises and work together on that day’s practice exercise over the phone.

6. **Set next appointment. Remember to talk with patient about whether they would be like to hold the next session by phone (unless the next session is How To Relax II, which must be done in person).** Review the pros and cons of telephone sessions (e.g. easier access, comfort and ease of hearing on phone).

7.Check-in call: Refer to CBT Check-in Call form (Appendix D)

LEARN HOW TO RELAX II

Elective Session: Session #1 (of 2)

(In-Person)

Goals for this session:

1. Review: Home Practice Exercises from the previous session.

2. Introduce the concept of Progressive Muscle Relaxation (PMR) as a tool for alleviating the physical signs of anxiety.

3. Teach: The 7-muscle group procedure for PMR.

1. Review Practice Exercises

* **Briefly review Practice Exercise adherence, relaxation, calming statements and any previously learned coping tools/skills - practice again if necessary.** Provide any necessary feedback and additional instruction..
* **If patient did not complete practice exercises:** Use motivational interviewing skills (Manual pages 9-10) and/or problem solve to determine the best way to accomplish practice exercises. Ask if they feel the practice exercises are worth the time it takes to complete them.
* **Suicide Assessment**. If pretreatment assessment indicated the presence of significant depression or suicidal ideation query the patient with regard to these symptoms. Follow the Suicidal Ideation Form (Appendix G).

2. Introduce progressive muscle relaxation (PMR) as a tool for alleviating the physical signs of anxiety

* “In session 2 you learned a deep breathing strategy to help cope with physical symptoms associated with anxiety. Today we are going to focus on trying to further alleviate some of the physical symptoms of anxiety with progressive muscle relaxation (PMR). PMR is a skill that involves tensing and then relaxing groups of muscles all through the body in a sequential fashion, while paying very close attention to the feelings associated with both tension and relaxation. With this procedure, you will not only be learning how to relax, you also will be learning to recognize and pinpoint tension and relaxation in your body during everyday situations as well as in our sessions here.”
* “You may be wondering why, if we want to produce relaxation, we start off by producing tension. The reason for using this procedure is that the tension exercises serve as a contrast with relaxation, so that you learn to discriminate very clearly between the feelings associated with tension and the feelings associated with relaxation. Sometimes tension builds gradually without our being aware of it. Learning to detect the initial signs of an increase in tension will put you in a better position to use relaxation early on as opposed to waiting for anxiety to reach a very high level.”
* **“Remember** that the tensing part of the exercise is not intended to produce pain. In fact, if you experience chronic pain in any part of your body, it is best to avoid the tensing component for the muscles in that area; just do the relaxing component when you get to those muscle groups.”
* **Check that the patient understands the rationale for tension-relaxation cycle. Initiate a brief discussion of areas of chronic pain that might interfere with tension-relaxation procedure so therapist can avoid giving instructions to tense that part of the body.**
* “The procedure asks you to tense and release different muscle groups in sequence, moving from the arms to the face, neck, chest and shoulders, torso, and legs. For each specific muscle group, it’s important to try to tense only that muscle group during the tensing part of the exercise. Throughout the procedure, it is important to concentrate on the sensations produced by the different exercises. Other thoughts may wander into your mind, particularly worrisome thoughts. **Two benefits occur from directing your attention to the physical sensations you’re experiencing: First, you will learn a method to cope with worrisome thoughts. Second, you will develop a mental representation of the feeling of deep relaxation.”**
* “At first, it will be important for you to practice the 20-minute procedure at least once per day. As you become more skilled at using PMR, you may find that you can relax without having to actively tense your muscles. You should use a regularly scheduled practice time, preferably in a non distracting environment. When you have learned to relax in a calm environment, it will be easier for you to relax in more distracting situations, whenever you notice tension developing. It is helpful to use a high-backed chair to support your neck, but lying on the bed also is okay, as long as you don’t fall asleep. Also, it is helpful to loosen tight clothing, remove shoes/belts, and keep your arms and legs uncrossed. If you wear glasses or contact lenses, it might be helpful to remove them before practice.”

3. Explain the steps of the 7-muscle group procedure for PMR

* Breathing Instructions. First, review deep breathing (from session 2); **repeat the skill with the patient as necessary.** Take long, deep breaths, breathing from the diaphragm. Have the patient place a hand on his/her abdomen with the little finger about 1 inch from the navel and practice breathing. As taught during the previous session, the patient should feel his/her hand moving out with the inhalation and in during the exhalation. Have them practice taking several long, even, deep, and slow breaths, breathing in to the count of 5 and out to the count of 5 (let them determine their own counting speed).
	+ **Instruct the patient** - “Do not hesitate between inhaling and exhaling so as not to hyperventilate. As you continue through the relaxation process, inhale as you tense muscles and exhale as you relax them.”
* Tensing Instructions. Next, model each tension procedure, holding each for 5-10 seconds. Ask the patient to practice and provide feedback. Check to be sure that the patient can identify tension in each muscle group before moving on to the next. **Remind patient that this information will be included in the handout that they will receive at the end of the session (Workbook page 37).**
1. Right arm. Make a fist and tense biceps, pull wrist upward while pushing elbow down against the arm of chair or bed.
2. Left arm. Same as above.
3. Forehead, lower cheeks and jaw. Lift eyebrows as high as possible and bite teeth together and pull corners of mouth tightly.
4. Neck and throat. Pull chin down toward chest, and at the same time, try to prevent it from actually touching the chest. Counterpose muscles in front part of neck against those in the back part of neck. (If the patient has trouble: imagine a string is pulling their head back.)
5. Shoulders, chest, and upper back/Abdomen. Take deep breath and hold it. At the same time, pull the shoulder blades back and together, trying to make them touch. Try to keep your arms as relaxed as possible while tensing this muscle group. At the same time make stomach hard by pressing it out, as if someone were going to hit you in the stomach.
6. Right leg. Lift foot off the floor and push down on the chair with thigh.
7. Left leg. Same as above.

4. Full Practice procedure of PMR – use breathing instructions.

* Ask the patient to remove his/her glasses, use the restroom if necessary, and loosen any restrictive clothing (jackets, shoes, etc.). Dim lights, if possible. Usethe **Progressive Muscle Relaxation** cue cards **(Appendix H)** and conduct the procedure. Make sure to discriminate your voice to sound tenser when instructing to tense muscles, and saying “now,” and to sound more soothing when saying “and relax.” Hold each tension for 5-10 seconds and relax for 20 seconds.
* Review procedure: Did the patient become more relaxed? Any signs of residual tension? Were there any noticeable sensations that the patient wants to discuss? Remind here of appropriate expectations - that patients may not see treatment effects immediately.

5. Handout **Workbook page 37** (Learning How to Relax II: Part One) and the CD. Handout **Workbook pages 38** and **39,** andreview instructions for home practice. Remind patient to continue practicing previously learned skills when placed in anxiety-provoking situations.

6. **Schedule the session’s check-in phone call.** Answer any questions and schedule a time within the next 2-3 days to check on their progress and answer any further questions. Remind them to have their binders nearby for the follow up call so that you can discuss their completed practice exercises and work together on that day’s practice exercise over the phone.

7. **Set next appointment. Remind patient that the next session must also be done in person.**

8.Check-in call: Refer to CBT Check-in Call form (Appendix D)

 LEARN HOW TO RELAX II

**Elective Session: Session #2 (of 2)**

(In-Person)

Goals for this session:

1. Review: Home Practice Exercises from the previous session.

2. Decrease the number of muscles groups to 4 in PMR.

3. Teach: Discrimination training in order to recognize anxiety at lower levels.

1. Review Practice Exercises

* **Briefly review Practice Exercise adherence, 7-group relaxation procedure, calming statements and any previously learned coping tools/skills - practice again if necessary.** Provide any necessary feedback and additional instruction.
* **If patient did not complete practice exercises:** Use motivational interviewing skills (Manual pages 9-10) and/or problem solve to determine the best way to accomplish practice exercises. Ask if they feel the practice exercises are worth the time it takes to complete them.
* **Suicide Assessment**. If pretreatment assessment indicated the presence of significant depression or suicidal ideation query the patient with regard to these symptoms. Follow the Suicidal Ideation Form (Appendix G).

2. Rationale for Continued Relaxation Exercise

* “Today we are going to decrease the number of muscle groups, so that ultimately this skill will be portable and useful in anxiety-producing situations. We'll be practicing with four muscle groups, and we will change the procedure slightly to help make you become more aware of the different levels of tension you may experience. After practicing with the current skills, you will begin to be able to notice tension before it reaches high levels.”

3. Explain the steps of 4-muscle group Progressive Muscle Relaxation

* **Explain Basic Instructions:**

First, model each muscle group before explaining discrimination. Remind the patient to take long deep breaths.

* 1. Both arms: Make a first with both hands and tense biceps, pull wrist upward while pushing elbows down against the chair.
	2. Face and neck: Lift eyebrows as high as possible, clench jaws, and pull corners of mouth back tightly. At the same time, pull the chin down toward the chest while trying to prevent it from actually touching the chest.
	3. Torso: Take a deep breath, hold it, and at the same time, pull the shoulder blades together, trying to make them touch, and make stomach hard, as if someone were going to hit you.
	4. Both legs: Lift feet off the floor and push down on the chair with thighs.

4. Explain Discrimination Training

* **“This new skill that we will discuss today is called discrimination training because it helps you to discriminate different levels of tension.** It is much easier to counteract tension when it is at a low level; thus, recognizing low levels of tension is another step toward dealing effectively with muscle tension. Recognizing when tension is increasing can be especially important in the face, neck and torso because this is usually where tension is first felt.”
* **Initial Practice - Discrimination Instruction:**

Ask the patient to close his/her eyes and tense both arms in the usual fashion and then relax it. Then, ask him/her to tense the arm only half as much as the time before, to concentrate on these half-tensed muscle sensations, and then to relax the arm completely. Then, ask him/her to tense half as much as the last time, or one-fourth of the usual level, to concentrate on these sensations, and then to relax the arm completely.

* Ask the patient to open his/her eyes and ask if he/she understands the idea that there are different levels of muscle tension and that these levels feel differently.
	+ If they understand, proceed.
	+ If not, explain that tension can sometimes build gradually and this method can help you to recognize tension before it reaches a high level. Repeat steps as necessary and inquire if understood again. Tell patients that during the practice today you will be asking them to engage in discrimination training with the neck, facial, and torso muscles because it is in these muscle groups that tension is often first noticed.

5. Full Practice Discrimination Training – use breathing instructions.

* Practice procedure, use breathing instructions. Ask the patient to remove his/her glasses, use the restroom if necessary, and loosen any restrictive clothing (jackets, shoes, etc.). Dim lights, if possible. Let the patient know that you will be guiding them to use the discrimination procedures on some of the muscle groups but not all. Use the **Discrimination Muscle Relaxation** cue cards **(Appendix I)** and conduct the procedure. Make sure to discriminate your voice to sound tenser when instructing to tense muscles, and saying “now” and more soothing when saying “and relax.” Hold each tension for 5-10 seconds.
* When patients have returned to an alert state, explain:
	+ “Now, being in an alert state, I would like for you to just focus on breathing – taking deep breaths, and think the word ‘relax’ as you exhale. Try putting your body into a state of relaxation.” Repeat this procedure several times, pairing the word “relax” with exhalation.
	+ “With practice, just thinking the word ‘relax’ when you are beginning to feel tense can be a cue for the tension in your muscles to become relaxed.”
* Review procedure: Did the patient become more relaxed? Any signs of residual tension? Were there any noticeable sensations that the patient wants to discuss? Remind here of appropriate expectations – that patients may not see treatment effects immediately.
* Handout **Workbook pages 40 and 41** (Learn How to Relax II: Part Two) and the **Discrimination Training CD**.

6.Review **Workbook pages 42** (Learn How to Relax II: Part Two Practice Exercises). Remind the patient to continue practicing previously learned skills when in anxiety provoking situations**.**

7. **Schedule the session’s check-in phone call.** Answer any questions and schedule a time within the next 2-3 days to check on their progress and answer any further questions. Remind them to have their binders nearby for the follow up call so that you can discuss their completed practice exercises and work together on that day’s practice exercise over the phone.

8. **Set next appointment. Remember to talk with patient about whether they would like to hold the next session by phone.** Review the pros and cons of telephone sessions (e.g. easier access, comfort and ease of hearing on phone).

9. Check-in call: Refer to Check-in Call form (Appendix D)

CHANGING YOUR THOUGHTS TO MANAGE ANXIETY II

THOUGHT STOPPING

Elective Session: Session #1 (of 3)

(In-Person or Telephone)

Goals for this session:

1. Review: Home Practice Exercises from the previous session.

2. Provide patient education about the purpose of managing repetitive worry.

3. Teach: Thought Stopping.

Instructions relating to telephone session:

* + 1. Ask the patient if he/she is still available and has time for today’s session.
		2. The patient should have received all the necessary forms by mail or from the previous session. Ensure that they still have them.
		3. Tell them how long the session will be (30 – 40 minutes) and remind that if they need to use the restroom, or become tired, they should not hesitate to ask for a break. Also should something more than a brief pause be necessary there is always the option of rescheduling to complete the session.
		4. Let the patient know when to turn the page.

1. Review Practice Exercises

* **Briefly review Practice Exercise adherence, relaxation, calming statements and any previously learned coping tools/skills - practice again if necessary.** Provide any necessary feedback and additional instruction.
* **If patient did not complete practice exercises:** Use motivational interviewing skills (Manual pages 9-10) and/or problem solve to determine the best way to accomplish practice exercises. Ask if they feel the practice exercises are worth the time it takes to complete them.
* **Suicide Assessment**. If pretreatment assessment indicated the presence of significant depression or suicidal ideation query the patient with regard to these symptoms. Follow the Suicidal Ideation Form (Appendix G).

2. Explain the purpose of Thought Stopping.

 Changing your Thoughts to Manage Anxiety II part 1 (thought stopping) and part 2 (cognitive restructuring) can be covered in different ways using your clinical judgment. The two parts of this module can be covered as follows:

1)     Using part 1 (thought stopping) OR using part 2 (cognitive restructuring).

2)     Using both part 1 (thought stopping) covered in a session and then using part 2 (cognitive restructuring) covered in the following 2 sessions.

* **“The goal of the skill we are learning today is to stop dwelling on anxiety-related thoughts and images.** Although everyone experiences some amount of worry at some points in their life, spending hours worrying can get in the way of you using calming skills or even completing fun activities. Do you find that worry ever interferes with your life?”

* **“One strategy to reduce feelings of anxiety is to STOP the thoughts when they’re interfering in our life**. The basic idea is to stop dwelling on anxiety-provoking thoughts and images through self-control.”
* **“Thought stopping consists of two important parts:**
	+ The first is to use anxiety-provoking thoughts and images as cues to stop ruminating. The second part is to *immediately* redirect your attention to relevant ongoing activities and your surroundings. For example, you can use an image such as a "big red stop sign" or a big pink eraser to stop dwelling on the thoughts and images, then quickly focus on what’s around you (such as what’s happening outside or the details your surroundings).
	+ “What you want to do is to turn your attention outward by becoming more fully engaged in the surrounding situation (direct attention to details of the task in which you are engaged). The idea here is that since the anxiety-related thoughts are not productive, is it often helpful to just STOP the anxiety-related thoughts when they’re interfering in your life.”

## 3. Teach Thought Stopping

* **First**,have the patient identify an anxiety-producing situation aloud, and clarify what the anxious thoughts will be.
	+ Next ask the patient to close his/her eyes and think the anxiety-producing thoughts: “Now that you have a situation in mind, I want you to imagine yourself actually in the anxiety producing situation. Tell me out loud about the situation… Where are you? Who is with you? What are you feeling?”
* Ask the patient to think about the thoughts for a brief period. Then, as the therapist, say **“STOP!”** loudly, tell the patient to imagine the stop sign, and then to immediately open his/her eyes and divert his/her attention to what’s going on in room – who’s there, where are they, how light/dark it is, what is hanging on the walls, etc.).
* After practice, ask the patient for feedback about how he/she thinks this strategy might be useful in his/her daily life**.**

4.Handout **Workbook page 43** (Changing Your Thoughts to Manage Anxiety II: Part One: Thought Stopping)and review instructions for practice exercises**.** Hand out practice exercises on **Workbook page 44**.

5. **Schedule the session’s check-in phone call.** Answer any questions and schedule a time within the next 2-3 days to check on their progress and answer any further questions. Remind them to have their binders nearby for the follow up call so that you can discuss their completed practice exercises and work together on that day’s practice exercise over the phone.

6. **Set next appointment. Remember to talk with patient about whether they would be like to hold the next session by phone.** Review pros and cons or telephone sessions (e.g. easier access, comfort and ease of hearing on phone).

7.Check-in call: Refer to CBT Check-in Call form (Appendix D)

CHANGING YOUR THOUGHTS TO MANAGE ANXIETY II

COGNITIVE RESTRUCTURING

Elective Session: Session #2 and 3 (of 3)

(In-Person or Telephone)

Goals for the sessions:

1. Review: Home Practice Exercises from the previous session.

2. Provide patient education about the purpose of changing thoughts.

3. Teach: a) Recognizing and evaluating anxious thoughts.

 b) Alternative thoughts.

Instructions relating to telephone session:

* + 1. Ask the patient if he/she is still available and has time for today’s session.
		2. The patient should have received all the necessary forms by mail or from the previous session. Ensure that they still have them.
		3. Tell them how long the session will be (30 – 40 minutes) and remind that if they need to use the restroom, or become tired, they should not hesitate to ask for a break. Also should something more than a brief pause be necessary there is always the option of rescheduling to complete the session.
		4. Let the patient know when to turn the page.

1. Review Practice Exercises

* **Briefly review Practice Exercise adherence, relaxation, calming statements and any previously learned coping tools/skills - practice again if necessary.** Provide any necessary feedback and additional instruction.
* **If patient did not complete practice exercises:** Use motivational interviewing skills (Manual pages 9-10) and/or problem solve to determine the best way to accomplish practice exercises. Ask if they feel the practice exercises are worth the time it takes to complete them.
* **Suicide Assessment**. If pretreatment assessment indicated the presence of significant depression or suicidal ideation query the patient with regard to these symptoms. Follow the Suicidal Ideation Form (Appendix G).

 2. Explain the Purpose of Changing Thoughts

* **Explain:** “We have previously discussed three components of anxiety – physical symptoms, thoughts, and behaviors. We have discussed techniques to help with the physical symptoms, such as breathing. We have also discussed techniques to help with anxiety related thoughts, such as calming statements and thought stopping. Today we are going to learn a new skill that can help to reduce thoughts that can lead to and maintain anxiety. Today’s calming skill focuses on learning how to change your thinking in anxiety provoking situations. This is important because anxious thoughts will influence how you feel about things – and how you feel about things will influence what you think and how you react. How you think about things can also affect your behaviors, actions, and physical responses.”
* Review Example:

Situation: Sitting in the doctor’s office waiting for lab results.

Thoughts: “Why am I waiting so long? I’ll bet there is something wrong and the doctor does not want to tell me. I must be really sick. I can’t stand this any more, I have to leave.”

Physical Signs: Muscle tension, sweaty palms, “butterflies in the stomach.”

Behaviors: You may leave the doctor’s office and later call for your results or remain and wait for your lab results with great distress. In the future you may be less likely to go to the doctor’s office because the stress of going was so high.

Feelings: Fear, worry, and anxiety.

* **Explain:** “Changing your thoughts can affect how you respond physically and how you act in different situations, which will help to change your feelings. What do you think the person in the example would feel if he thought “The doctor is really busy. This must be a really good doctor?”

3. Teach the patient to identify and evaluate their underlying assumptions

* Handout **Workbook page 45** (Changing Your Thoughts To Manage Anxiety)
* There are three steps to Changing Thoughts

 a) Identifying Thoughts

* “The first step is to **recognize** the thoughts associated with anxiety. You have already begun to do this through the anxiety awareness practice exercises.”

 b) Evaluate your thoughts

* “The next step is to **evaluate how realistic** these thoughts are – many times our thoughts are just not realistic. For example, sometimes we misinterpret situations to mean that something terrible is happening when it actually isn’t. (e.g., refer to the previous example). **So it is important to recognize your anxious thoughts and then take time to evaluate how realistic the thoughts are – to assess as objectively as possible whether thoughts are realistic or not.** Sometimes they will be realistic – sometimes not. When they are not, the goal will be to change the thoughts to something more realistic, with the idea that more realistic thinking will lead to less stress. Learning how to change your thoughts is not easy because your anxious thoughts may come to you immediately or automatically. Learning how to change anxious thoughts to more realistic thoughts is a skill that takes time and practice.”

 c) Generate alternative thoughts

* **“Identify an alternative thought** - simply put, try to find a different way to think about the situation that is more realistic. It’s important to open your mind to other possibilities since we often tend to assume that the first thought that comes into our head is the ‘truth.’ Sometimes it is, but sometimes it isn’t. There are always alternative thoughts to the ones you’re having.”

* **Explain the difference from “positive thinking”:** “This is **NOT** the same as simple ‘positive thinking.’ Instead, when you evaluate your thoughts, decide if they are realistic or not – not just ideal. ‘Too positive’ thinking can be unrealistic as well, and can possibly set the stage for being let down.”

4. Handout **Workbook page 46** (Examples of Negative Beliefs)

* “This is a list of common examples of negative beliefs which people often engage in when they feel anxious. It is as important to not be overly optimistic as it is to not allow negative thoughts to overwhelm you. This list may help you to evaluate your thoughts and decide if they are realistic or not.”
* **FOR SURES:**
* “Sometimes a negative event is possible, but not probable, i.e., not very likely (e.g., child could have an accident, but it is unlikely). If you are thinking a negative event will absolutely, FOR SURE happen, you may be overestimating the probability of danger, risk, or threat, and increased anxiety can result.

* This type of error includes believing that you *know* how an event is going to turn out and looks only at the extremes of a situation, allowing no room for ‘middle ground’. This can be a danger when it is applied to oneself, because it can lead to feeling anxious (e.g., ‘If I disagree with someone, then I am a horrible, mean person,’ or ‘If I am not brilliant, then I must be stupid,’ or ‘People either support and love me, or they are against me.’)
* **KEY WORDS**: “definite”, absolutely, “going to,” “will,” “either this or that,” and “if not this, then that.”
* **KEY QUESTIONS**:
	+ - * “What is the actual probability of this event?”
			* “Am I only looking at the extremes of a situation?”
* Discuss examples of patient’s thoughts that fit in this error category.
* TIPS FOR CREATING ALTERNATIVE THOUGHTS:
* Try to think more realistically about the actual likelihood that the negative event will occur. If you are looking at the extremes of a situation, try to seek some “middle ground” for an alternative thought.
* Adjust the thought by changing the wording to make it more realistic such as,
* “It is more likely that…”
* “The actual chance of…is…”
* “This may be… but…”
* “Even if…then…”
* Ask the patient if there is an alternative thought they can come up with for a previous example.
* SHOULD STATEMENTS**:**
* “Telling yourself that you or others ‘should’ act a certain way – or thinking that things ‘should’ turn out a specific way creates expectations or ‘rules’ about your or others’ behaviors that are often inflexible. It’s important to stop and think whether the ‘rule’ makes sense in every case – sometimes it will, but sometimes it won’t. Sometimes people with anxiety also blame themselves for past events or worry too much about their ability to control future events that they really can do nothing about (e.g., ‘I should have been a better mother,’ or ‘I should be able to help my son get a job.’)
* “This type of common negative belief can involve taking on too much responsibility, or believing that you have more control over situations than is possible, or imposing your rules or beliefs about how things should be on others.”
* Discuss examples of patient’s thoughts that fit in this error category.
* **KEY WORDS or PHRASES:**  “ought,” “must,” “if only I hadn’t,” or “if only I had.”
* “I **should** know and understand,” or “I **should** always be generous and unselfish.” “Other people **should** always keep perfect order and cleanliness.” “If only I could (or should be able to) convince my daughter to divorce her husband.” “If only I had set a better example, my son might be able to keep a job.”
* **KEY QUESTIONS**:
	+ “Does my thought include the word ‘should’?
	+ “How much control do I *really* have in this situation?”
	+ “Is this expectation reasonable at all times?”
	+ “Am I blaming my past actions for current events?”
* TIPS FOR CREATING ALTERNATIVE STATEMENTS: “Try to think of what are the exceptions there are to the rule. Is this a rule of a personal preference? People have other ways of handling problems that may work for them. For example: “I do not have to be generous if I believe the person is taking advantage of me.” “It is not unselfish to say no sometimes to take care of myself.” “I cannot make choices for my child about his/her marriage/job/childrearing.”
* Adjust the thought by changing the wording to make it more realistic such as,
* “It would be nice if… but…”
* “Unfortunately… but thankfully…”
* Ask the patient if there is an alternative thought they can come up with for a previous example.
* BIG DEALS**:**
* **“**People with anxiety sometimes get very anxious about things that, even if they did occur, would not be a very big deal. For example, someone may become very anxious about being late for an appointment, sending birthday or holiday greetings late, etc. In these cases the anxiety is very extreme and out of proportion for the situation.”
* Discuss examples of the patient’s thoughts that fit in this error category.
* **KEY WORDS:** “terrible,” “awful,” and “horrible.”
* **KEY QUESTIONS:**
	+ - * “What is the worst that can happen?”
			* “Would this *really* be the worst thing in the world”
* TIPS FOR CREATING ALTERNATIVE STATEMENTS: Know that many times you will find that even the worst think that could happen is something that you could cope with. “It is not the end of the world if I am late for this meeting.” “My grandson won’t hate me if his Christmas present arrives a few days late.”
* Discuss alternative thought for the example situation the patient discussed.

5. Practice recognizing and evaluating anxious thoughts and generating alternative thoughts.

* Handout **Workbook pages 47 and 48** (Practice Exercises) and review instructions for practice exercises. Work together to complete that day’s practice exercise together. Have the patient identify an anxiety-producing situation aloud and clarify what the anxious thoughts are. (The patient can use a previous example discussed in the session.) Next, have the patient evaluate their anxious thoughts for distorted thinking. Then, have the patient generate some alternative thoughts

6. **Schedule the session’s check-in phone call.** Answer any questions and schedule a time within the next 2-3 days to check on their progress and answer any further questions. Remind them to have their binders nearby for the follow up call so that you can discuss their completed practice exercises and work together on that day’s practice exercise over the phone.

7. **Set next appointment. Remember to talk with patient about whether they would like to hold the next session by phone (unless the next session is How to Relax II, which must be done in person).** Review the pros and cons of telephone sessions (e.g. easier access, comfort and ease of hearing on phone).

8.Check-in call: Refer to CBT Check-in Call form (Appendix D)

9. **The second Cognitive Restructuring session reviews the purpose and practices identifying alternative thoughts.** The second sessions has a flexible structure to allow for any further explanations or practice to achieve the elective goals. Hand out additional copies of **Workbook page 48**.

REVIEW PROGRESS AND MAINTAIN A PEACEFUL LIFE

Goals for this session:

 1. Review: a) Home Practice Exercises from the previous session.

 b) Progress and skills learned in the Peaceful Living program.

2. Develop a Peaceful Living Maintenance plan.

3. Remind about upcoming assessments and begin transition process.

Instructions relating to telephone session:

* + 1. Ask the patient if he/she is still available and has time for today’s session.
		2. The patient should have received all the necessary forms by mail or from the previous session. Ensure that they still have them.
		3. Tell them how long the session will be (30 – 40 minutes) and remind that if they need to use the restroom, or become tired, they should not hesitate to ask for a break. Also should something more than a brief pause be necessary there is always the option of rescheduling to complete the session.
		4. Let the patient know when to turn the page.

1. Review progress and skills learned in the Peaceful Living program

* Handout **Workbook page 49** (Maintaining a Peaceful Life)**.**

* “Since this is our last session, it is time to review all the skills you have learned.” As the patient follows along with the handout, list and review each skill that the patient has learned and ask the patient to practice each with you.
* To change physical symptoms associated with anxiety:
* **Use relaxation skills**

 - deep breathing

 - PMR or Discrimination Training if applicable

* Briefly practice skill and review instructions as needed.
* Have the patient give examples of times in which relaxation skills would be beneficial to use.
* To change thoughts associated with anxiety:
* **Use skills for changing thoughts:**

 - calming statements and reinforcing statements

 - thought stopping, if applicable

 - alternative thinking skills, if applicable

* Briefly practice skill and review instructions as needed.
* Have the patient give examples of thoughts, and times in which they would be helpful.
* To change behaviors associated with anxiety:
* **Use behavioral skills**

 - behavioral activation for depression and/or anxiety, if applicable

 - problem solving skills, if applicable

 - sleep skills, if applicable

* Briefly practice skill and review instructions as needed.
* Have the patient give examples of thoughts, and times in which they would be helpful.
* **Allow plenty of time to assess what is going well and what other practice or explanations may be required.**
* **Get feedback about effects of skills so far** – the patient will probably have “favorite” skills that seem to work best for him/her. Some situations also may call for certain types of skills.

2. Develop a Peaceful Living Maintenance plan

* “There may be times in the future when things don’t go as well as you’d like them to. Because you’re learning to recognize the situations and the symptoms associated with anxiety, we can plan for those tough times and do something to manage your anxiety before it gets out of control in the next 3-months.”
* Handout **Workbook page 50** (Maintaining a Peaceful Life)**.**
* **Have the patient identify anxiety- provoking situations**.
* “Based on your past experience, what are some situations that might make you anxious in the future?”
* **Have the patient identify and write down the different calming skills they will use when they are in anxiety-provoking situations.**
* “What skills or calming skills will you use?”
* **Have the patient identify their thoughts, physical symptoms and behavioral reactions associated with anxiety.**
* “How will you know if you’re getting anxious?”
* **Have the patient identify and write down the different calming skills they will use when feeling anxious.**
* **“**What skills or calming strategies will you use?”

* Handout **Workbook page 51** and encourage the patient to continue practicing:
* “With continued practice most people typically keep getting better, even after they finish this first phase of weekly meeting. In fact, studies have shown that with practice, progress continues for as long as one year after sessions has ended. The next 3-months of phone emphasize continued practice of the skills and integration of the new tools into your daily routine. You may find that your anxiety and your ability to manage it will continue to improve.”

3. Remind about upcoming assessments and begin transition to booster phase

* Review what gains have been made and what sections were most useful.
* Review what skills will be helpful to review during the booster phase of treatment (next 3 months).
* Request feedback about changing procedures, and discuss feelings about finishing this phase of treatment (pride in changes, sadness in not meeting in-person, etc.).
* **Remind** the patient about upcoming Independent Evaluator assessments and boosters. Booster phone calls will occur once a week for 4 weeks and every other week for 8 weeks. For the IE assessments, remind the patient to have their prescription bottles nearby when the IE calls, since they will be asked about their current medications.
* **Schedule** first booster phone call.

BOOSTER PHASE OF TREATMENT

The chronicity and complexity of GAD, as well as the need for older adults to have more time to process information, support the potential value of a longer treatment interval. Using telephone check-ins after each skills training session is one way to facilitate learning, memory, motivation, and practice of new skills. An extended phase of telephone follow-up or “booster calls” after a more intensive skills training phase is likely to enhance gains through continued practice and consolidation of learning.

## Telephone Booster Sessions (Approximate 15 minutes)

1. **Introduce yourself and ask if the patient has a moment to answer a few questions about how things have been going in general.**
2. **Ask about the patient’s status of anxiety and worry symptoms.** Ask about the status of their depressive symptoms and follow suicide protocol, if applicable. Refer to the Suicidal Ideation Form (Appendix G) as necessary.
3. **Review the skills that the patient learned in treatment.**

Ask patient if they are able to or have been using each of the skills.

* **If YES:**
	+ How often do they use the skills? Do these skills help to relieve their anxiety? Have they found it become easier and/or more automatic to use their new skills since they’ve been practicing them?
* **If NO:**
* Ask, “Why not”? Are there any skills that they have questions about or have had difficulty practicing?
	1. Brainstorm possible solutions to barriers that hinder utilization of skills (e.g. written reminders/index cards, modification of instructions).
	2. Review any of the skills if they’ve had trouble remembering how to apply the skills to their daily lives. Remind them that the Peaceful Living number is available if they have any questions.
	3. Ask them to describe an anxiety provoking situation in the past week or in the near future and discuss possible skills they can use to manage their anxious feelings.
	4. Set goals for next session as appropriate. (e.g. utilizing practiced skill before the next telephone contact.)
1. **Confirm date and time for next telephone appointment.**
2. **Send certification of completion at the end of 6 months of treatment.**

# **Appendix A**

**Training Guidelines**

**Counselor Training**

A. Readings (30 hours) – Counselor is provided with a list of Project Team Members, their project responsibilities and contact numbers, and the following readings:

* Stanley, M.A., Hopko, D.R., Diefenbach, G.J., Bourland, S.L., Rodriguez, H., & Wagener, P. (2003). Cognitive behavior therapy for late-life generalized anxiety disorder in primary care (CBT-GAD/PC): Preliminary findings. The American Journal of Geriatric Psychiatry, *11*, 92-96.
* Wetherell, J.L., Lenze, E.J., Stanley, M.A. (2005). Evidence-based treatment of geriatric anxiety disorders. Psychiatric Clinics of North America, *28*, 871-896.
* Heimberg, Turk, & Mennin (Eds.), (2004) Generalized Anxiety Disorder: Advances in Research and Practice
	+ Chapter 11: Leahy, RL. *Cognitive-Behavioral Therapy*
	+ Chapter 16: Beck JG & Averill PM. *Older Adults*
* Barlow D.H. et. al. (2001). *Clinical Handbook of Psychological Disorders*, *3,* 155-207. New York: Guilford Press.
* Stanley, M.A., & Beidel, D.C. Behavior Therapy. (Draft chapter to appear in B.J. Sadock & V.A. Sadock, (Ed), Comprehensive Textbook of Psychiatry, Lippercott Williams & Williams.)
* Peaceful Living Grant
* Peaceful Living Treatment Manual and Patient Workbook
* Ch 4: Anxiety Disorders, Ch 13: Aging and Cognitive Disorders (Abnormal Psychology textbook draft)

B. Didactic Training (4 hours)

* Introduction to CBT for late-life anxiety and depression (Stanley, 75 minutes)
	+ Theoretical overview of CBT principles as applied to anxiety and depression
	+ Overview of empirical literature related to CBT for late-life anxiety and depression
	+ Lessons learned from prior projects that led to development of goals for Peaceful Living
* Peaceful Living Design Overview and Intervention (Paula, 75 minutes)
	+ Brief description of patient recruitment, selection, screening and diagnostic processes. Description of course of treatment, core and elective sessions.
	+ Discuss highlights and answer questions from readings.

C. Review of Audiotapes (20 hours)

* Counselor listens to 2 sets of CBT tapes from an expert provider conducting protocol treatment and discusses with supervisor

D. Role-playing (5 hours)

* Role-play Core Modules with vignettes
	+ Answer questions about instructions
	+ Practice eliciting and recording anxious situations on the Awareness Exercises.
	+ Demonstrate and practice breathing skills
	+ Emphasize the importance of using patient examples to discuss anxiety and practice skills
	+ Practice Motivational Interviewing skills for patients not completing homework
* Instruction on Elective Module Selection
	+ Discuss the recommendation of modules and how to incorporate patient preference.
* Review and Role Play Each Elective Module
	+ Practice filling out the practice exercises.
	+ Review how to integrate Changing Your Behavior for anxiety and depression when patients receive both
	+ Review examples of avoidance and “doing too much” behavior.
	+ Practice selecting problems for Problem Solving that are concrete and specific.
	+ Review goals of cognitive restructuring and discuss examples of negative beliefs and alternative thoughts.

* Instruction on procedures and paperwork.

E. Electronic Medical Record Training at Study Sites (2.5 hours on-site, 1 hour Jessica training/observation)

F. Supervisor reviews audio for all sessions of 2 practice patients and provides weekly supervision meeting

G. Supervisor reviews audio for all sessions of first 2 study patients and provides weekly supervision meeting

 - Supervisor may review future sessions if warranted

**ACS Training**

ACS (Anxiety Clinic Specialists) are PH.D.-level individuals with at least 5 years of clinical experience, at least 1 year of experience in our clinic, and experience in 3 key areas (CBT, anxiety, and aging). If new expert providers need to be hired, they will be Ph.D.-level clinicians with at least 5 years clinical experience and expertise in at least 2 of 3 key areas. New experts will be trained as in the ongoing clinical trial and pilot studies.

A. Readings (8 hours) – ACS is provided with a list of Project Team Members, their project responsibilities and contact numbers, and the following readings:

* Stanley, M.A., Hopko, D.R., Diefenbach, G.J., Bourland, S.L., Rodriguez, H., & Wagener, P. (2003). Cognitive behavior therapy for late-life generalized anxiety disorder in primary care (CBT-GAD/PC): Preliminary findings. The American Journal of Geriatric Psychiatry, *11*, 92-96.
* Wetherell, J.L., Lenze, E.J., Stanley, M.A. (2005). Evidence-based treatment of geriatric anxiety disorders. Psychiatric Clinics of North America, *28*, 871-896.
* Heimberg, Turk, & Mennin (Eds.), (2004) Generalized Anxiety Disorder: Advances in Research and Practice
	+ Chapter 16: Beck JG & Averill PM. *Older Adults*
* Barlow D.H. et. al. (2001). *Clinical Handbook of Psychological Disorders*, *3,* 155-207. New York: Guilford Press.
* Stanley, M.A., & Beidel, D.C. Behavior Therapy. (Draft chapter to appear in B.J. Sadock & V.A. Sadock, (Ed), Comprehensive Textbook of Psychiatry, Lippercott Williams & Williams.)
* Peaceful Living Grant
* Peaceful Living Treatment Manual and Patient Workbook
* Ch 4: Anxiety Disorders, Ch 13: Aging and Cognitive Disorders (Abnormal Psychology textbook draft)

B. Didactic Training (1.5 hours)

* Peaceful Living Design Overview and Intervention (Paula)
	+ Brief description of patient recruitment, selection, screening and diagnostic processes. Description of course of treatment, core and elective sessions and selection of elective sessions.
	+ Discuss highlights and answer questions from readings.
	+ Instruction on procedures and paperwork

C. Review of Audiotapes (10 hours)

* ACS listens to 1 set of CBT tapes from an expert provider conducting protocol treatment and discusses with supervisor

D. Electronic Medical Record Training at Study Sites (2 hours)

E. Supervisor reviews audio for all sessions of first study patient and reliability sessions for 2nd patient

 - Supervisor may review future sessions if warranted

# **Treatment integrity**

* All CBT sessions will be audio taped for assessment of treatment integrity
* After each session, the counselor/ACS will note the subject areas covered during the session on the reliability form
* Counselors and ACS will meet weekly with supervisor to review CBT sessions and telephone check-ins
* Supervisor will listen to audio taped treatment sessions as necessary
* 20% of all CBT tapes (a random 2 sessions for each patient) will be sent to Gretchen Diefenbach or Derek Hopko for independent rating of adherence and competence
* If therapist adherence or competence falls below 4 for 2 consecutive tapes
	+ Counselor or ACS will receive additional supervision
	+ Supervisor will listen to all treatment sessions until the appropriate rating is achieved for 2 consecutive sessions
	+ If counselor is unable to attain integrity rating within a reasonable period of time, treatment team will decide on best course of action (e.g., additional training, treatment of 2 additional non-study patients, dismissal from project, etc.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 |
| **Timeline** | Session 1 | Follow-up | Session 2 | Follow-up | Session 3 | Follow-up | Session 4 | Follow-up | Session 5 | Follow-up |
| **Telephone or In-person** | In-person | Telephone | In-person | Telephone | In-personorTelephone | Telephone | In-personorTelephone | Telephone | In-personorTelephone | Telephone |
| **Time in Session** | 60-75 min | 10 min | 30-40 min | 10 min | 30-40 min | 10 min | 30-40 min | 10 min | 30-40 min | 10 min |
|  |
| **Core Component** | Orientation &Motivational exercisesIncreasing Awareness | Review monitoring | Review AwarenessDeep Breathing | Review monitoring | Review Deep BreathingCalmingSelf-StatementsDecide on Elective Sessions | Review monitoring | ReviewContinuationorNew session | Reviewpracticeexercises  | ReviewContinuationorNew session  | Review practice exercises |

Appendix B

**Treatment Session Outline**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Week 6 | Week 7 | Week 8 | Week 9 | Week 10 |
| **Timeline** | Session 6 | Follow-up | Session 7 | Follow-up | Session 8 | Follow-up | Session 9 | Follow-up | Session 10 |
| **Telephone or** **In-person** | In-personorTelephone | Telephone | In-personorTelephone | Telephone | In-personorTelephone | Telephone | In-personorTelephone | Telephone | In-person |
| **Time in Session** | 30-40 min | 10 min | 30-40 min | 10 min | 30-40 min | 10 min | 30-40 min | 10 min | 30-40 min |
|  |
| **Core Component** | ReviewContinuationorNew session | Reviewpracticeexercises | ReviewContinuationorNew session | Review practice exercises | ReviewContinuation orNew session | Review practice exercises | ReviewContinuationorNew session | Reviewpracticeexercises | ReviewMaintenanceplan |

Elective Skills: Sessions 4-9

* Changing Your Behavior: For Depression
* Changing Your Behavior: For Anxiety Behaviors
* Problem-Solving
* Sleep Skills
* Changing Your Thoughts to Manage Anxiety II (Thought Stopping)
* Changing Your Thoughts to Manage Anxiety III (Cognitive Restructuring)
* Learn How to Relax II

**Appendix C**

**CBT Check-in Call (Session 1)**

Patient Number: Date:

Interviewer: Length of call:

**Make sure you have the 1st session workbook pages with you before calling the patient.**

Hello, (name). This is (Counselor/ACS’s name) calling from the Peaceful Living Project. We recently met for our first session and I would like to ask a few questions to see how things are going. Do you have a few minutes now?How are you doing today?

PRACTICE EXERCISES

First I would like to ask if you had a chance to start filling out the practice exercises from out last session.

[ ] yes [ ] no

**If *yes*:**

Great! Do you have the forms with the exercises in front of you right now? How many times you completed the exercises? Did you find any difficulty in completing it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If *no:***

Why not? Did anything in particular prevent you from completing the practice exercises? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Brainstorm possible solutions to barriers that hinder their completion of the practice exercises. For example, written reminders(i.e. index cards), writing down on calendar, set new time of day for practice, simplify practice, and etc.*

“Remember, just like with anything new you are learning, it is very beneficial for you to practice these exercises. It’s like learning how to ride a bicycle or play the piano. The more you practice awareness, the more you will be able to recognize stressful situations and eventually, the easier it will become to use the skills that we will be covering in the next 9-11 weeks when you need them”.

WORK TOGETHER ON COMPLETING THEIR CURRENT DAY’S PRACTICE EXERCISE

“Let’s do today’s practice exercise together.”

“Please try to fill out a practice exercise each day until our next appointment. In our next session we will begin working together on deep breathing relaxation and discuss the different types of skills you can choose from to learn throughout this treatment.”

**Confirm next appointment.**

**Write chart note only if pt reported significant symptoms.**

**Appendix D**

**CBT Check-in Call (Sessions 2-10)**

Session Number: \_\_\_\_\_\_

Patient Number: Date:

Interviewer: Length of call:

**Make sure you have the most recent session workbook pages with you before calling the patient.**

Hello, (name). This is (Counselor/ACS’s name) calling from the Peaceful Living Project. We recently met for our #\_\_\_ session and I would like to ask a few questions to see how things are going. Do you have a few minutes now?

PRACTICE EXERCISES

First I would like to ask if you had a chance to start filling out the practice exercises from out last session.

[ ] yes [ ] no

**If *yes*:**

Great! Do you have the forms with the exercises in front of you right now? From the practice exercises you have completed so far, can you give me an example of a situation that created stress?

Were you able to identify situations, thoughts, feelings and behaviors associated with anxiety and use the skill we reviewed in our last session?

How many times you completed the exercises? Did you find any difficulty in completing it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If *no:***

Why not? Did anything in particular prevent you from completing the practice exercises? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRACTICING SKILLS

Have you been able to use the skill since the last session?

[ ] yes [ ] no

*If* ***yes****,*

Great! Do you have the forms with the exercises in front of you right now? How many times you practice the skill? Did you find any difficulty in practicing it?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We will be reviewing your progress with the skills at our next meeting.

**If *no:***

Why not? Did anything in particular prevent you from completing the practice exercises? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF THE PATIENT SAID NO TO EITHER/BOTH QUESTIONS:

*Brainstorm possible solutions to barriers that hinder their completion of the practice exercises and/or skills practicing. For example, written reminders (index cards?), writing down on calendar, set new time of day for practice, simplify practice, etc.*

“Remember, just like with anything new you are learning, it is very beneficial for you to practice these exercises. It’s like learning how to ride a bicycle or play the piano. The more you practice the skill the easier it will become to remember to you the skill when you need them.”

WORK TOGETHER ON COMPLETING THEIR CURRENT DAY’S PRACTICE EXERCISE

\*excluding PMR

“Let’s do today’s practice exercise together.”

Please try to fill out a practice exercise each day until our next appointment. In our next sessions we will begin working together on .”

**Confirm next appointment.**

**Write chart note only if pt reported significant symptoms.**

 Appendix E

Module Decision Form

Study ID \_\_\_\_\_\_\_\_ Date of Baseline: \_\_\_\_\_\_\_\_

Date of Module Recommendations:

Date of Module Decision:

Consensus Module Choices (at least 3):

# Changing Your Behavior: Depression

# **PHQ-9**\_\_\_\_\_ **Meets Criteria: YES NO**

# Decision criteria: PHQ-9 ≥ 10

# Changing Your Behavior: Anxiety

# **GADSS:** question 5 question 6 **Meets Criteria: YES NO**

Decision criteria: GADSS, question 5 or 6 ≥ 3

# Sleep Skills

# **ISI**\_\_\_\_\_ **Meets Criteria: YES NO**

# Decision criteria: ISI > 15

# Relaxation II (PMR & Discrimination)

# **SIGH-A**\_\_\_\_\_ **Meets Criteria: YES NO**

# Decision criteria: SIGH-A ≥ 17

Problem Solving

**PSI-C \_\_\_\_\_ Meets Criteria: YES NO**

Decision criteria: PSI-C ≥ 33

Changing Your Thought**s** (Thought Stopping & Cognitive Restructuring)

**PSWQ-A \_\_\_\_\_ Meets Criteria: YES NO**

PSWQ-A ≥ 32

Please describe reason for patient choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix F

Talking With Your Doctor About

**Anxiety and Depression**

Asking people for help can be hard, so talking to your doctor about anxiety and depression is a courageous step toward getting well.

**Preparing for the appointment with the doctor**

Below is a form to help you plan your communication with your doctor. Consider completing this form and taking it with you or ask a family member or someone to help you.

|  |  |
| --- | --- |
| NA01062_ | *I will let my doctor know I am experiencing these symptoms and feelings of anxiety and/or depression and how long I have felt this way.* |

|  |  |
| --- | --- |
| **Symptoms/Feelings** | **How Long****These Symptoms****Have Been Experienced** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Name of Medicine, Over-the-Counter Drug, Vitamin, or Remedy** | **Dose** | **Times Taken Per Day** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| NA01062_ | *Because I know anxiety and depression can be a side effect of medication, I will prepare a list of medicines I take, including medicines I buy with a prescription, medicine I buy without a prescription, vitamins, and herbal remedies.* |

|  |  |
| --- | --- |
| NA01062_ | *I will be certain my doctor is aware of other physical problems I have. I will list them below*. |

|  |  |
| --- | --- |
| **Physical Problems** | **Physical Problems** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| NA01062_ | *Because I know medication for anxiety, depression and other conditions can sometimes cause side effects, I will let my doctor know about them by listing them below. These may include dizziness, dry mouth, weight gain, and others.* |

|  |  |
| --- | --- |
| **Side Effects** | **Side Effects** |
|  |  |
|  |  |
|  |  |

**At the appointment with the doctor**

While you are talking to your doctor, don’t forget to ask questions so that you can understand

1. what the doctor is telling you about your symptoms and treatment,
2. what to expect from any prescribed drugs (including side effects), and
3. how long it will take before you feel better.

 Taking notes on what the doctor tells you or having the doctor write things down for you will help you remember and give you information to review with others.

|  |  |
| --- | --- |
| NA01062_ | *I will write my doctor’s recommendations below or ask that they be written down for me. When I get home, I will have this list to remind me.* |

|  |  |
| --- | --- |
| **Doctor’s Recommendations** | **Duration****(hours, days, months)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Appendix G**

**Suicidal Ideation Form**

Participant Number: Date:

Interviewer:

1. Ideation

“Have you had any thoughts that you would be better off dead, or wishing you were dead? Have you had any thoughts about hurting or killing yourself?”

 Passive thoughts that he/she would be better off dead.

 Passive wishes to be dead (e.g. go to sleep and not wake up).

 Thoughts about hurting, but not killing, self.

 Thoughts about killing self.

[ ] No 🡪 Stop here. Remind them of confidentiality. Tell supervisor after session.

[ ] Yes 🡪 Continue if participant endorses any of the above thoughts. \*

“Have you discussed these thoughts with your primary care provider?”

 Yes

 No

# **2. Intent:**

# “Do you think that you might actually do something to hurt or kill yourself?”

 Definitely not

 Uncertain, can agree not to

 Maybe; will not agree not to

 Probably or definitely

## **3. Plan:**

## “Have you thought about how you might do it? What do you think you would do?”

 No plan for hurting or killing self

 Has a plan with low lethality (e.g. not seeking treatment for a

 Medical illness)

 Has a plan with moderate lethality (e.g. overdose, cutting wrists)

 Has a plan with high lethality (e.g. shooting or hanging self)

IF THE PARTICIPANT HAS ANY INTENT OR PLAN, CONTINUE WITH ITEM 4.

IF THE PARTICIPANT HAS NO INTENT OR PLAN, SKIP ITEMS 4 AND 5 AND CONTINUE WITH ITEM 6.

**4. Means:**

Assess means to carry out plan. For example, if an overdose plan is noted: “Do you have pills that you could use to overdose with?” If a shooting plan is noted: “Do you have access to a gun?”

 Does not have means, and it would be difficult to obtain means.

 Does not have means, but could obtain them without great

 difficulty.

 Has means: Record below.\*\*

**5. Steps:**

“Have you done anything so far to start this process?” You might have to give any appropriate prompts from statements below. (For example, if they have access to a gun ask if they have given away possessions or written a suicide note or if they have a prescription for pills ask if they have been saving pills).

 No

 Has begun to obtain means (e.g., buying a gun, saving pills)

 Has given away possessions or written a suicide note.

 Has already engaged in self-destructive behaviors (e.g., has taken

 pills)

**6. History**

“Have you ever tried to hurt or kill yourself in the past?”

 No attempts

 Yes. Inquire about how (e.g., overdose, shooting) and when (e.g.,

 last year or in their 20s)

**7. Prevention:**

**“**What has kept you from hurting yourself?” (e.g. children, spouse, religion)

\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the participant has **no intent**, **no plan**, **no means** and **can agree not to hurt self**: Schedule a follow-up call and provide suicide hotline number/VA crisis number. Call supervisor immediately following session.

 \*\*If the participant has **means**, **intent**, **a plan** or the **clinician feels discomfort with the situation** or feels that **the participant’s safety is in danger**: Please call supervisor before patient leaves the session. The supervisor and clinician will decide in collaboration the next steps necessary for the participant’s safety.

**MHMRA Crisis Hotline: 713-228-1505**

**VA Suicide Hotline: 1-800-273-TALK (8255) – Press 1.**

 **Appendix H**

**Progressive Muscle Relaxation**

1

First, get into a comfortable position, either lying down or sitting in a comfortable chair. The quieter the place the better. Close your eyes. Erase all thoughts from your mind, as if erasing a blackboard, making the mind empty. Take several long, even, deep, and slow breaths. Breathe in to the count of 5 and breathe out to the count of 5. Do not hesitate between inhalation and exhalation so as not to hyperventilate. As you continue through the relaxation process, inhale as you tense muscles and exhale as you relax them.

Now I’m going to take you through the 7-muscle groups. Listen while I describe the tensing process, waiting until I say **now** before you tense those muscles. Be sure to release your tensed muscles immediately when I say “**and relax.”** As we go through the tensing and relaxing process, concentrate on the sensations produced by the different exercises and notice the difference between tension and relaxation.

**2**

Focus all your attention on your right arm. Notice the way it feels. You’re going to make a fist and tense your biceps, pull your wrist upward while pushing your elbow down. **Tense those muscles… NOW** – feel the tension, the muscles pull. ***And relax*** those muscles… just let your arm go limp…and notice the difference in the way it feels…notice the difference between tension and relaxation…feel the warm, heavy sensations of relaxation.

Continue to focus on your right arm. Again by making a fist, tensing your biceps, pulling your wrist up while pushing your elbow down, **tense your arm** **NOW** – feel the tightness. ***And******rela*x …**let it go…just relax…feel the difference between tension and relaxation… enjoy the pleasant feeling of relaxation. Signal to me if there remains tension in your arm by lifting your index finger.

**3**

Turn your attention to your left arm. You’re going to make a fist and tense your biceps, pull your wrist upward while pushing your elbow down. **Tense those muscles NOW** – feel the tension – the muscles pull. ***And relax*** those muscles…just let your arm go limp…let it go…and feel the difference…feel the warm, heavy sensation of relaxation…notice the relaxation flowing into your arm.

Continue to focus on your left arm. Again by making a fist, tensing your biceps, pulling up at your wrist while pushing down with your elbow, **tense your arm NOW** – feel the tightness. ***And******relax*** let it go…just relax…feel the difference between tension and relaxation…enjoy the pleasant feeling of relaxation as you allow those muscles to become more and more relaxed…deeper and deeper into relaxation. Signal to me if there remains tension in your arm by lifting your index finger.

**4**

Now focus your attention on your face. Notice the way it feels. You’re going to clench your teeth together while pulling the corners of your mouth back tightly, and lift your eyebrows as high as possible. **Tense those muscles NOW** – feel the tension. ***And relax…*** let it go…feel the tension drifting away…just allow these muscles to become more deeply relaxed…deeper and deeper…as you enjoy the pleasant feeling of relaxation.

Continue to focus on your face, and again, clench your teeth together while pulling the corners of your mouth back tightly and lift your eyebrows as high as possible. **Tense those muscles NOW** – feel the muscles pull. ***And relax*** your face…focus on these muscles as they relax completely…feel the difference between tension and relaxation…as you relax more and more…moving deeper and deeper into a peaceful state of relaxation. Signal to me if there remains tension in your face by lifting your index finger.

**5**

Now turn your attention to your neck and throat. Notice the tightness and the tension there. You’re going to pull your chin down toward your chest, while at the same time, trying to prevent it from actually toughing your chest. You’ll counterpose the muscles in the front part of your neck against those in the back part. **Tense those muscles NOW** – feel the tension. ***And******relax***… let it go…let it go… feel the difference between tension and relaxation…just allow those muscles to become more and more relaxed…feel the warm, heavy sensations of relaxation.

Continue to focus on your neck and throat. Again pull your chin down toward your chest, while at the same time, trying to prevent it from actually touching your chest. **Tense those muscles NOW** – feel the tension. ***And relax***… feel the tension drifting away…focus on these muscles as they relax completely…more and more…deeper and deeper…into a peaceful state of relaxation. Signal to me if there remains tension in your neck or throat by lifting your index finger.

**6**

Now I want you to focus on your chest, shoulders, upper back, and stomach. Notice how these muscles feel. You’re going to take a deep breath and hold it while you pull your shoulder blades together, trying to make them touch while making your stomach hard. **Tense those muscles NOW** **– feel the tightness**. ***And relax***… let it go…allow those muscles to relax… just feel the difference… feel the relaxation flowing into the muscles… making them feel warm and more and more relaxed… deeper and deeper… as you enjoy the pleasant feeling of relaxation.

Continue to focus your attention on your chest, shoulders, upper back, and stomach. Again, take a deep breath and hold it while you pull your shoulder blades together, trying to make them touch while making your stomach hard. **Tense those muscles NOW. Feel the tension. And relax…** just let it go… notice the difference between tension and relaxation… allow these muscles to become more deeply relaxed…relaxing more and more… deeper and deeper into a peaceful state of relaxation. Signal to me if there remains tension in your chest, shoulders, upper back, or stomach by lifting your index finger.

**7**

Now focus your attention on your right leg. Notice the way it feels. You are going to lift your foot off of the floor and push down on the chair with your thigh. **Tense those muscles NOW – feel the tension.** ***And relax***…feel the heaviness and warmth flowing into your leg as it goes limp…notice the difference between tension and relaxation…just allow those muscles to become more and more relaxed…relaxing more and more…deeper and deeper into a peaceful state of relaxation.

Continue to focus on your right leg. Again, lift your foot off of the floor and push down on the chair with your thigh. **Tense those muscles NOW – feel the tightness.** ***And relax***…let it go…just let it go…feel the tension drifting away…feel the relaxation flowing into the muscles…making them feel warm…and more and more relaxed. Signal to me if there remains tension in your leg by lifting your index finger.

**8**

Now focus your attention on your left leg. Notice the way it feels. You are going to lift your foot off of the floor and push down on the chair with your thigh. **Tense those muscles NOW – feel the tension**. ***And relax***… let it go…just let go and focus on the feeling of relaxation…feel the warm, heavy sensation…as you go deeper and deeper into a state of relaxation.

Continue to focus on your left leg. Again, lift your foot off of the floor and push down on the chair with your thigh. **Tense those muscles NOW – feel the tightness.** ***And relax*** let it go…just let it go…feel the tension drifting away…feel the relaxation flowing into the muscles…making them feel warm…and more and more relaxed. Signal to me if there remains tension in your leg by lifting your index finger.

**9**

Now I want you to relax all the muscles of your body more deeply…just let them become more and more relaxed. I am going to help you to achieve a deeper state of relaxation by counting from one to five. As I count, you will feel yourself becoming more and more deeply relaxed…farther and farther down into a deep restful state of complete relaxation. One…you are going to become more deeply relaxed…Two…deeper and deeper into a very relaxed state…Three…deeper and deeper…Four…more and more relaxed…Five…completely relaxed. Now, as you remain in a very relaxed state…I want you to begin to attend just to your breathing. Breathe through your nose. Notice the cool air as you breathe in (pair with inhalation)…and the warm moist air as you exhale (pair with exhalation)…just continue to attend to your breathing…inhale, exhale…inhale, exhale…notice the feelings of relaxation.

**10**

Now I am going to help you to return to your normal state of alertness. Shortly, I will begin counting backwards from five to one. When I do, you will gradually become more alert. When I reach two, I want you to open your eyes. When I get to one, you will be entirely roused to your normal state of alertness. Ready? Five…move your feet a little…four…move your legs some…three…move your arms…two…now your eyes are opened and you begin to feel very alert. Returning completely to your normal state…one (pause for 10 seconds).

**Appendix I**

Discrimination

Muscle Relaxation

1

First, get into a comfortable position, either lying down or sitting in a comfortable chair. The quieter the place the better. Close your eyes. Erase all thoughts from your mind, as if erasing a blackboard, making the mind empty. Take several long, even, deep, and slow breaths. Breathe in to the count of 5 and breathe out to the count of 5. Do not hesitate between inhalation and exhalation so as not to hyperventilate. As you continue through the relaxation process, inhale as you tense muscles and exhale as you relax them.

Now I’m going to take you through the 4-muscle groups. Listen while I describe the tensing process, waiting until I say **now** before you tense those muscles. Be sure to release your tensed muscles immediately when I say “**and relax.”** As we go through the tensing and relaxing process, concentrate on the sensations produced by the different exercises and notice the difference between tension and relaxation.

**2**

Focus all your attention on both arms. Notice the way they feel. You’re going to make a fist and tense your biceps, pull your wrists upward while pushing your elbows down. **Tense those muscles NOW – feel the tension, the muscles pull.** ***And relax*** those muscles…just let your arms go limp…and notice the difference in the way it feels…notice the difference between tension and relaxation…feel the warm, heavy sensations of relaxation.

Continue to focus on your arms. Again by making a fist, tensing your biceps, pulling your wrists up while pushing your elbows down, **tense your arms NOW – feel the tightness.** ***And******relax* …**let it go…just relax…feel the difference between tension and relaxation…enjoy the pleasant feeling of relaxation.

**3**

Now focus your attention on your face and neck. Notice the way they feel. You’re going to clench your teeth together while pulling the corners of your mouth back tightly, and lift your eyebrows as high as possible and at the same time pull your chin down toward your chest – try to prevent it from actually touching the chest. **Tense those muscles NOW – feel the tension.**  ***And relax***…let it go…feel the tension drifting away…just allow these muscles to become more deeply relaxed…deeper and deeper…as you enjoy the pleasant feeling of relaxation.

Continue to focus on your face and neck, and tense those muscles *half* as much as the time before, clench your teeth together while pulling the corners of your mouth back tightly and lift your eyebrows as high as possible and at the same time pull your chin down toward the chest while preventing it from actually touching the chest. **Tense those muscles**, **NOW** **– feel the muscles half-tensed.** ***And relax*** your face…focus on these muscles as they relax completely…feel the difference between tension and relaxation…as you relax more and more…moving deeper and deeper into a peaceful state of relaxation.

Continue to focus on your face and neck, and tense those muscles half as much as the last time or one-fourth of the usual level, clench your teeth together while pulling the corners of your mouth back tightly and lift your eyebrows as high as possible and at the same time pull your chin down toward the chest while preventing it from actually touching the chest, **NOW – feel the muscles half-tensed.** ***And relax*** your face…focus on these muscles as they relax completely…feel the difference between one-fourth tense and relaxation…as you relax more and more…moving deeper and deeper into the warm heavy sensations of relaxation.

**4**

Now I want you to focus on your chest, shoulders, upper back, and stomach. Notice how these muscles feel. You’re going to take a deep breath and hold it while you pull your shoulder blades together, trying to make them touch while making your stomach hard. **Tense those muscles NOW – feel the tightness.** ***And relax*** let it go…allow those muscles to relax…just feel the difference…feel the relaxation flowing into the muscles…making them feel warm and more and more relaxed…deeper and deeper…as you enjoy the pleasant feeling of relaxation.

Continue to focus your attention on your chest, shoulders, upper back, and stomach. You’re going to tense those muscle half as much as the time before. Take a deep breath and hold it while you pull your shoulder blades together, trying to make them touch while making your stomach hard. **Tense those muscles half as much as the time before NOW**. ***And relax***…just let it go…notice the difference between half of the tension and relaxation…allow these muscles to become more deeply relaxed.

Continue to focus your attention on your chest, shoulders, upper back, and stomach. You’re going to tense those muscle half as much as the time before or one-fourth as much as usual. Take a deep breath and hold it while you pull your shoulder blades together, trying to make them touch while making your stomach hard. **Tense those muscles half as much as the time just before NOW**. ***And relax***…just let it go…notice the difference between tension and relaxation…allow these muscles to become more deeply relaxed…relaxing more and more…deeper and deeper into a peaceful state of relaxation.

**5**

Now focus your attention on your legs. Notice the way they feel. You are going to lift your feet off of the floor and push down on the chair with your thighs. **Tense those muscles NOW – feel the tension.** ***And relax***…feel the heaviness and warmth flowing into your leg as it goes limp…notice the difference between tension and relaxation…just allow those muscles to become more and more relaxed…relaxing more and more…deeper and deeper into a peaceful state of relaxation.

Continue to focus on your legs. Again, lift your feet off of the floor and push down on the chair with your thighs. **Tense those muscles NOW – feel the tightness.** ***And relax***…let it go…just let it go…feel the tension drifting away…feel the relaxation flowing into the muscles…making them feel warm…and more and more relaxed.

**6**

Now I want you to relax all the muscles of your body more deeply…just let them become more and more relaxed. I am going to help you to achieve a deeper state of relaxation by counting from one to five. As I count, you will feel yourself becoming more and more deeply relaxed…farther and farther down into a deep restful state of complete relaxation. One…you are going to become more deeply relaxed…Two…deeper and deeper into a very relaxed state…Three…deeper and deeper…Four…more and more relaxed…Five…completely relaxed. Now, as you remain in a very relaxed state…I want you to begin to attend just to your breathing. Now each time you exhale, mentally repeat the word "relax” as I say it aloud. Inhale…exhale, relax. Inhale…exhale, relax. Inhale…exhale, relax…notice the feelings of relaxation.

**7**

Now I am going to help you to return to your normal state of alertness. Shortly, I will begin counting backwards from five to one. When I do, you will gradually become more alert. When I reach two, I want you to open your eyes. When I get to one, you will be entirely roused to your normal state of alertness. Ready? Five…move your feet a little…four…move your legs some…three…move your arms…two…now your eyes are opened and you begin to feel very alert. Returning completely to your normal state…one (pause for 10 seconds).

**Appendix J**

**Telephone Booster Calls**

**(Treatment Phase)**

Participant Number: \_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_ Length of call: \_\_\_\_\_\_\_\_\_

Booster Call (circle one): 1 2 3 4 5 6 7 8

1. Introduce yourself and ask patient how things are going in general.

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2. Ask about status of anxiety and worry symptoms. Ask about status of depressive symptoms and conduct suicide assessment if needed.

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3. Ask patient if they have used any of the skills learned in the program to help cope with stressful situations. (Complete Learned column before call.) If so, record approximate number of days per week the skill is used and whether or not the skill is helpful in reducing anxiety.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Learned?** | **Using?** | **Days/week** | **Helpful?** |
| **Breathing** |  |  |  |  |
| **Calming Thoughts** |  |  |  |  |
| **Changing Bx Depression** |  |  |  |  |
| **Changing Bx Anxiety** |  |  |  |  |
| **Sleep** |  |  |  |  |
| **Problem Solving** |  |  |  |  |
| **PMR** |  |  |  |  |
| **Thought Stopping**  |  |  |  |  |
| **Cognitive Restructuring** |  |  |  |  |

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4. If they have not used any skills, why not? Do they have any questions regarding use of skills? Brainstorm possible solutions to barriers (e.g. written reminders/index cards, modification of instructions). Review any skill as needed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Ask patient to describe an anxiety provoking situation in the past week or in the near future and discuss possible skills they can use to manage anxiety in that situation. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Set goals for next session as appropriate (e.g. use specific skill before the next booster call).

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\_\_\_\_\_ Confirm date and time of next booster call.

\_\_\_\_\_ Remind patient to call **713-794-8519** if they have an emergency or any questions.

\_\_\_\_\_ Provide closure at Booster 8 and remind patient of next IE Assessment.

**\_\_\_\_\_ Patient requested additional treatment referrals**

**Telephone Follow-Up Calls**

Study ID: \_\_\_\_\_\_\_\_\_\_ Deadline: \_\_\_\_\_\_\_\_\_\_\_

Interviewer: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Length of call: \_\_\_\_\_\_

Follow-up Month (circle one): 7 8 10 13 16

1. Introduce yourself and ask patient how things are going in general.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Ask about status of anxiety and worry symptoms. Ask about status of depressive symptoms and conduct suicide assessment if needed.

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3. Ask patient if they have used any of the skills learned in the program to help cope with stressful situations. (Complete Learned column before call.) If so, record approximate number of days per week the skill is used and whether or not the skill is helpful in reducing anxiety.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Learned?** | **Using?** | **Days/week** | **Helpful?** |
| **Breathing** |  |  |  |  |
| **Calming Thoughts** |  |  |  |  |
| **Changing Bx Depression** |  |  |  |  |
| **Changing Bx Anxiety** |  |  |  |  |
| **Sleep** |  |  |  |  |
| **Problem Solving** |  |  |  |  |
| **PMR** |  |  |  |  |
| **Thought Stopping**  |  |  |  |  |
| **Cognitive Restructuring** |  |  |  |  |

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4. If they have not used any skills, why not? Do they have any questions regarding use of skills? Brainstorm possible solutions to barriers (e.g. written reminders/index cards, modification of instructions). Review any skill as needed.

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5. Ask patient to describe an anxiety provoking situation in the past week or in the near future and discuss possible skills they can use to manage anxiety in that situation.

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\_\_\_\_\_ Remind patient of next IE assessment and next Booster call.

\_\_\_\_\_ Remind patient to call **713-794-8519** if they have an emergency or any questions.

\_\_\_\_\_ Provide closure at 15-month call.

**\_\_\_\_\_ Patient requested additional treatment referrals**

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