WORKSHEET 01 · FOR THE PSYCHOLOGIST

I’m having the thought that…

Stepping back from anxious thoughts (defusion)

AIM

Help the person observe their anxious thoughts as thoughts, not as facts or orders, to reduce their influence without trying to get rid of them.

WHO IT IS FOR

Generalised anxiety, repetitive worries, self-critical thoughts. Adults and older adolescents.

DURATION

10-15 min in session, then 2 min a day

HOW TO RUN IT

1. Ask for a frequent anxious thought, in a few words (e.g. “I’m going to fail”). Rate from 0 to 10 how much it hooks them.
2. Ask them to repeat it with the prefix “I’m having the thought that…”, then “I notice I’m having the thought that…”. Ask what changes.
3. Variant: repeat the key word out loud for 30 seconds, until it loses its meaning (Titchener’s technique).
4. Rate the hook again. The aim is not for the thought to disappear, but for it to carry less weight in the person’s choices.
5. Suggest the worksheet on page 2 as homework between sessions.

POINTS TO WATCH

> Don’t present the exercise as a way of getting rid of thoughts: that reinforces the struggle. If the person feels mocked by the repetition, go back to the simple prefix.

REFERENCES

Hayes, S. C., Strosahl, K. D. & Wilson, K. G. (2012). Acceptance and Commitment Therapy: The Process and Practice of Mindful Change (2nd ed.). Guilford.

Masuda, A., Hayes, S. C., Sackett, C. F. & Twohig, M. P. (2004). Cognitive defusion and self-relevant negative thoughts: Examining the impact of a ninety year old technique. Behaviour Research and Therapy, 42(4), 477-485.

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WORKSHEET 01 · WORKSHEET TO HAND OUT

I notice my thoughts

Thoughts are not facts. They are words passing through your head. This exercise is not about silencing them, but about looking at them from a little further away.

1. Write the thought down as it comes.
2. Rewrite it starting with “I’m having the thought that…”.
3. Then with “I notice I’m having the thought that…”.
4. Rate from 0 to 10 how much it hooks you, before and after.

Thought	“I’m having the thought that…”	Before /10	After /10

What did you notice when you held the thought a little further away?

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WORKSHEET 02 · FOR THE PSYCHOLOGIST

My worry appointment

Postponing worries to a chosen time

AIM

Reduce the time spent worrying during the day by grouping it into a short, fixed slot, and learn that a worry can be put off until later.

WHO IT IS FOR

Worries that take over the day (generalised anxiety), difficulty falling asleep because of thoughts.

DURATION

10 min to introduce; a daily 15-min slot for 2-3 weeks

HOW TO RUN IT

1. Choose a fixed 15-min slot with the person (same time, same place, not in bed and not just before going to sleep).
2. During the day, when a worry comes: jot it down in a few words and go back to what they were doing.
3. At the appointment: reread the list. For each worry, ask whether there is something to do. If there is, plan it; if not, let it go.
4. Stop after 15 min, even if not everything is “sorted”.
5. At the next session, review together: how many worries were still important at the time of the appointment?

POINTS TO WATCH

> This is not about forbidding worries, but about postponing them. If the appointment becomes a source of anguish, shorten it to 10 min and add a pleasant activity straight afterwards.

REFERENCES

Borkovec, T. D., Wilkinson, L., Folensbee, R. & Lerman, C. (1983). Stimulus control applications to the treatment of worry. Behaviour Research and Therapy, 21(3), 247-251.

Watkins, E. R. (2008). Constructive and unconstructive repetitive thought. Psychological Bulletin, 134(2), 163-206.

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WORKSHEET 02 · WORKSHEET TO HAND OUT

My appointment with my worries

You don’t have to worry all day long. You can give your worries an appointment a little later, at a time you choose.

1. My appointment: at __ : __ , for 15 minutes, in this place: _____ .
2. During the day, when a worry comes, I jot it down below in a few words and carry on with what I was doing.
3. At the appointment, for each worry: is there something to do? If so, what and when? If not, I let it go.
4. After 15 minutes, I stop.

Worry noted	Does it still matter at the appointment? (yes/no)	Possible action	When

How many of these worries still mattered at the time of the appointment?

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WORKSHEET 03 · FOR THE PSYCHOLOGIST

Helpful or going round in circles?

Telling helpful reflection apart from rumination

AIM

Learn to spot when you are “going round in circles” (abstract questions, “why…?”) and switch to concrete thinking, focused on the next action.

WHO IT IS FOR

Anxious or depressive rumination, a tendency to analyse endlessly, rumination after a mistake or a conflict.

DURATION

15 min in session, then at each episode of rumination

HOW TO RUN IT

1. Explore a recent episode: what the thoughts were about, how long it lasted, how the person felt afterwards.
2. Introduce the two modes: abstract (“Why does this happen to me? What does it say about me?”) and concrete (“What exactly happened? What is the next small step?”).
3. Try the three-question test on page 2 with the chosen episode.
4. Practise the switch: rephrase a “why” question as a “how” or “what” question.
5. Identify the triggers (time, place, mood) to plan an alternative activity.

POINTS TO WATCH

> Reflecting is not bad in itself: the point is to spot the reflection that leads nowhere. Avoid letting the person blame themselves for ruminating, as that feeds a new loop.

REFERENCES

Watkins, E. R. (2016). Rumination-Focused Cognitive-Behavioral Therapy for Depression. Guilford.

Watkins, E. R. (2008). Constructive and unconstructive repetitive thought. Psychological Bulletin, 134(2), 163-206.

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WORKSHEET 03 · WORKSHEET TO HAND OUT

Helpful or going round in circles?

Thinking can help. Going round in circles, much less so. These three questions help you see the difference.

1. Am I moving towards a solution or a decision? (yes / no)
2. Am I understanding something new? (yes / no)
3. Do I feel a little better or worse? (better / worse)
4. Two “no”s and “worse”: it is probably a loop. I switch to the concrete question: “What is the next small step, and when?”

Question going round in circles (“why…?”)	Concrete version (“how / what…?”)	Next small step	When

What helps me get out of the loop (activity, place, person)?

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WORKSHEET 04 · FOR THE PSYCHOLOGIST

Dropping anchor

Coming back to the present moment when anxiety rises

AIM

Offer a brief exercise for staying in contact with the present during a wave of anxiety, without fighting it, and regaining control of what you do.

WHO IT IS FOR

Anxiety peaks, emotional overwhelm, intrusive rumination. In session and on your own.

DURATION

2-5 min

HOW TO RUN IT

1. Explain the image: an anchor doesn't stop the storm, it stops the boat from drifting.
2. Guide the three steps on page 2 (acknowledge, come back to the body, open up to the surroundings), slowly, 3 or 4 times in a row.
3. Then ask: "What matters to you right now? What small action can you take?"
4. Practise it first when anxiety is low, so that it is available when anxiety is high.

POINTS TO WATCH

> The exercise does not aim to reduce anxiety (sometimes it does, but that is not the goal). If there are intrusive traumatic memories, prioritise a longer sensory grounding and fit it into the treatment plan (stabilisation in EMDR).

REFERENCES

Harris, R. (2019). ACT Made Simple: An Easy-to-Read Primer on Acceptance and Commitment Therapy (2nd ed.). New Harbinger.

Hayes, S. C., Strosahl, K. D. & Wilson, K. G. (2012). Acceptance and Commitment Therapy: The Process and Practice of Mindful Change (2nd ed.). Guilford.

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WORKSHEET 04 · WORKSHEET TO HAND OUT

Dropping anchor

When anxiety rises, you can't stop the storm. But you can drop anchor so that it doesn't carry you away. Do these three steps slowly, 3 or 4 times.

1. Acknowledge: "Right now I notice anxiety, thoughts like…" (say it, without judging).
2. Come back to your body: press your feet into the floor, straighten your back, feel your hands, breathe at your own pace.
3. Open up: look around and name 5 things you can see and 3 you can hear. Where are you? What are you doing?
4. Then: what small action that matters to me can I take now?

When? (situation)	Anxiety before /10	Anxiety after /10	Small action I took

What helps me most to "drop anchor"?

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WORKSHEET 05 · FOR THE PSYCHOLOGIST

My compass

Choosing an action guided by your values, despite anxiety

AIM

Help the person identify what matters to them in one area of their life and choose a small committed action, even with anxiety, instead of waiting for it to go away.

WHO IT IS FOR

Avoidance due to anxiety, life “on hold”, loss of meaning. Useful after the defusion and anchoring worksheets.

DURATION

20 min in session, follow-up over 1-2 weeks

HOW TO RUN IT

1. Choose an area of life in which anxiety leads the person to give things up (work, relationships, health, leisure…).
2. Explore values: “What kind of person do you want to be in this area?” A value is a direction, not a goal you reach.
3. Identify what anxiety pushes them to do (avoid, put off, seek safety) and what the value invites them to do.
4. Choose a small, concrete, dated action, making room for the anxiety that will come with it.
5. At the next session, review what happened without judging the outcome: moving towards the value counts more than the anxiety felt.

POINTS TO WATCH

> Don’t confuse values with obligations (“I should”). Keep the action really small: the aim is to get the person moving again, not to confront them with their greatest fear.

REFERENCES

Wilson, K. G. & Murrell, A. R. (2004). Values work in Acceptance and Commitment Therapy: Setting a course for behavioral treatment. In S. C. Hayes, V. M. Follette & M. M. Linehan (Eds.), Mindfulness and Acceptance: Expanding the Cognitive-Behavioral Tradition (pp. 120-151). Guilford.

Harris, R. (2019). ACT Made Simple: An Easy-to-Read Primer on Acceptance and Commitment Therapy (2nd ed.). New Harbinger.

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WORKSHEET 05 · WORKSHEET TO HAND OUT

My compass

Anxiety often says “wait until you feel better”. Your values, on the other hand, point in a direction. You can move forward with anxiety in your pocket.

1. The area of my life that matters most to me right now: _____.
2. In this area, I would like to be someone who is… (3 words): _____ · _____ · _____.
3. What anxiety pushes me to do: _____.
4. One small step towards my compass this week (what, when, where): _____.

Day	Did I do it? (yes/no)	Anxiety during /10	What I learnt

What changed with this small step, even a little?

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WORKSHEET 06 · FOR THE PSYCHOLOGIST

Understanding my anxiety

The cycle of trigger, thoughts, body, behaviours (psychoeducation)

AIM

Build a simple model of the person's anxiety with them from a real episode, to show how thoughts, sensations and behaviours keep each other going.

WHO IT IS FOR

Start of treatment for any anxiety disorder. Adults and adolescents.

DURATION

20-30 min in session

HOW TO RUN IT

1. Choose a recent, specific episode (where, when, with whom).
2. Fill in the five boxes together: trigger, thoughts, sensations, behaviours, short-term and long-term consequences.
3. Show the arrows: how behaviours (avoiding, checking, seeking safety) bring immediate relief but keep the anxiety going afterwards.
4. Normalise: anxiety is a useful protective reaction that is being triggered too often or too strongly here.
5. Ask them to fill in page 2 with two more episodes before the next session.

POINTS TO WATCH

> Stick to a specific episode, not "my anxiety in general". The model is for understanding, not judging: don't present protective behaviours as "mistakes".

REFERENCES

Clark, D. A. & Beck, A. T. (2010). Cognitive Therapy of Anxiety Disorders: Science and Practice. Guilford.

Barlow, D. H., Sauer-Zavala, S., Farchione, T. J. et al. (2018). Unified Protocol for Transdiagnostic Treatment of Emotional Disorders: Therapist Guide (2nd ed.). Oxford University Press.

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WORKSHEET 06 · WORKSHEET TO HAND OUT

How my anxiety works

Anxiety is an alarm that protects you. Sometimes it goes off too often or too loudly. To understand it better, look at one specific moment when it appeared.

1. The trigger: where were you, what was happening?
2. The thoughts: what went through your mind?
3. The body: what did you feel (heart, breathing, stomach, muscles)?
4. What you did, and what happened straight away and later.

Trigger	Thoughts	Sensations	What I did	Effect afterwards

What repeats from one episode to the next?

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WORKSHEET 07 · FOR THE PSYCHOLOGIST

The observation diary

Noting moments of anxiety and rumination throughout the week

AIM

Collect concrete data on the frequency, intensity and contexts of anxiety, to identify triggers and track progress.

WHO IT IS FOR

Any anxiety or rumination, at the start of treatment and to measure progress.

DURATION

5 min in session; a few minutes a day for 1-2 weeks

HOW TO RUN IT

1. Explain what it is for: memory summarises badly (“I’ve been anxious all week”); the diary shows the variations.
2. Show a completed example and explain that entries are made as close to the moment as possible, in a few words.
3. Agree on the 0-10 scale (0 = no anxiety, 10 = the strongest imaginable).
4. At the next session, look together for what repeats: times, places, people, thoughts.

POINTS TO WATCH

> If writing things down increases anxiety (checking, rumination), reduce it to one entry a day. Value the diary even if it is incomplete: perfection is not the aim.

REFERENCES

Beck, J. S. (2020). Cognitive Behavior Therapy: Basics and Beyond (3rd ed.). Guilford.

Clark, D. A. & Beck, A. T. (2010). Cognitive Therapy of Anxiety Disorders: Science and Practice. Guilford.

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WORKSHEET 07 · WORKSHEET TO HAND OUT

My diary for the week

Note the moments when anxiety or looping thoughts appear, as soon as possible and in a few words. This diary is not an exam: even if it is incomplete, it is already useful.

1. The day and time.
2. The situation: where, with whom, doing what.
3. The main thought, in one sentence.
4. The intensity from 0 to 10 and what you did afterwards.

Day / time	Situation	Main thought	Intensity /10	What I did

Rereading the week, what do I notice?

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WORKSHEET 08 · FOR THE PSYCHOLOGIST

The map of my avoidances

Spotting avoidance and safety behaviours

AIM

Identify what the person avoids or does “to be safe” (checking, seeking reassurance, going with someone…) and understand how these strategies stop anxiety from going down in the long term.

WHO IT IS FOR

Generalised anxiety, social anxiety, panic, health anxiety. A step before the exposure worksheets (09 and 10).

DURATION

20 min in session

HOW TO RUN IT

1. Distinguish visible avoidance (not going) from subtle safety behaviours (going, but with protection: phone in hand, exit located, asking for reassurance, preparing every sentence…).
2. Make the list with the person from specific situations.
3. For each one: what do they fear would happen without that protection? What does it cost them (time, freedom, relationships)?
4. Explain the mechanism: the protection prevents them from discovering that what they fear doesn’t happen, or that they could cope with it.
5. Identify the behaviours that are easiest to reduce: they will be the first rungs (worksheet 09).

POINTS TO WATCH

> Don’t ask them to drop all safety behaviours at once. Some are legitimate (real caution): the ones that matter are those that are disproportionate and costly.

REFERENCES

Salkovskis, P. M. (1991). The importance of behaviour in the maintenance of anxiety and panic: A cognitive account. Behavioural Psychotherapy, 19(1), 6-19.

Clark, D. A. & Beck, A. T. (2010). Cognitive Therapy of Anxiety Disorders: Science and Practice. Guilford.

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WORKSHEET 08 · WORKSHEET TO HAND OUT

What I do to avoid anxiety

Avoiding or protecting yourself brings relief in the moment. But in the long run it stops you from finding out that you can cope. Making the list is the first step to getting your freedom back.

1. The situations I avoid completely.
2. What I do to feel safe when I go anyway (checking, asking for reassurance, going with someone…).
3. What I fear would happen if I didn't.
4. What it costs me (time, freedom, relationships).

Situation	I avoid or protect myself by…	What I fear	What it costs me	Difficulty giving it up /10

Which of these behaviours could I reduce a little first?

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WORKSHEET 09 · FOR THE PSYCHOLOGIST

The ladder of small steps

Building a gradual exposure plan

AIM

Organise a series of feared situations with the person, from the easiest to the hardest, so that they can face them gradually and repeatedly.

WHO IT IS FOR

Avoidance due to anxiety (social anxiety, panic, phobias, health anxiety). After worksheet 08.

DURATION

20-30 min in session; repeated practice between sessions

HOW TO RUN IT

1. From the avoidance map, list 8 to 10 situations, varying the contexts (place, duration, presence of other people, with or without protection).
2. Note the expected anxiety level for each from 0 to 10 and put them in order.
3. Choose a manageable first rung (around 3-4 out of 10) and plan when, where and how many times.
4. Clarify the aim: staying in the situation long enough to learn something new, without safety behaviours.
5. Move up a rung when the previous one has become manageable, without waiting for anxiety to disappear.

POINTS TO WATCH

> Exposure is decided with the person, never under pressure. Vary the situations and the order rather than following a rigid ladder: it strengthens learning. Adapt if there is a medical issue (panic with a heart condition, etc.).

REFERENCES

Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T. & Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. Behaviour Research and Therapy, 58, 10-23.

Clark, D. A. & Beck, A. T. (2010). Cognitive Therapy of Anxiety Disorders: Science and Practice. Guilford.

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WORKSHEET 09 · WORKSHEET TO HAND OUT

My ladder of small steps

Best done with your psychologist

You don’t climb a ladder in one jump. Write down the situations that frighten you, from the easiest (at the bottom) to the hardest (at the top), and go up one rung at a time.

1. List the situations you avoid or that frighten you.
2. Give each one an expected anxiety rating from 0 to 10.
3. Put them in order from the easiest to the hardest.
4. Start with a manageable rung, repeat it several times, then move on to the next one.

Rung	Situation	Expected anxiety /10	Done on (dates)

My first rung, and when I will do it: _____

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WORKSHEET 10 · FOR THE PSYCHOLOGIST

What I fear, what happened

Testing an anxious prediction (behavioural experiment)

AIM

Turn a fear into a testable prediction, test it in reality and compare the result with what was expected, so that the belief is revised through experience rather than argument.

WHO IT IS FOR

Any anxiety based on predictions (“I’ll stumble over my words and everyone will laugh”, “if I don’t check, something will happen”).

DURATION

15 min of preparation in session; 10 min of review at the next session

HOW TO RUN IT

1. Phrase the prediction precisely and observably: what exactly will happen? How will we know?
2. Note how strongly the person believes it (0-100%).
3. Design the experiment: what to do, when, without which safety behaviour.
4. Anticipate obstacles and plan what to do if the fear partly comes true.
5. At the review: what really happened? What does it teach? How strongly do they believe it now?

POINTS TO WATCH

> Choose an experiment whose outcome is not entirely predictable: the point is to learn, not to “prove” the person wrong. If the fear partly comes true, work on their ability to cope with it.

REFERENCES

Bennett-Levy, J., Butler, G., Fennell, M., Hackmann, A., Mueller, M. & Westbrook, D. (Eds.) (2004). Oxford Guide to Behavioural Experiments in Cognitive Therapy. Oxford University Press.

Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T. & Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. Behaviour Research and Therapy, 58, 10-23.

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WORKSHEET 10 · WORKSHEET TO HAND OUT

What I fear, what happened

Best done with your psychologist

Anxiety makes predictions. Instead of arguing with them in your head, you can test them, like a researcher.

1. My prediction (what will happen, precisely): _____
2. I believe it ___ %. My experiment (what, when, without which protection): _____
3. What really happened: _____
4. What I learn. Now I believe it ___ %.

Prediction	I believe it % (before)	What happened	I believe it % (after)

What has this experiment taught me about the way I predict things?

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WORKSHEET 11 · FOR THE PSYCHOLOGIST

The traps of anxious thinking

Spotting the most common thinking errors

AIM

Help the person recognise the typical forms their anxious thoughts take, so that they can spot them sooner and step back from them.

WHO IT IS FOR

Anxiety, rumination, self-criticism. Adults and adolescents.

DURATION

15-20 min in session

HOW TO RUN IT

1. Introduce the six traps on page 2 with an example from the person's life.
2. Go back over thoughts noted in the diary (worksheet 07) and look for the trap or traps together.
3. Emphasise: one thought can contain several traps, and everyone falls into them.
4. Suggest noting the traps spotted during the week, with a more balanced wording.

POINTS TO WATCH

> This is not about "correcting" every thought or swapping a negative thought for a positive one. If the person uses the list to criticise themselves ("another trap!"), go back to an attitude of curiosity.

REFERENCES

Beck, J. S. (2020). Cognitive Behavior Therapy: Basics and Beyond (3rd ed.). Guilford.

Clark, D. A. & Beck, A. T. (2010). Cognitive Therapy of Anxiety Disorders: Science and Practice. Guilford.

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WORKSHEET 11 · WORKSHEET TO HAND OUT

The traps of anxious thinking

Anxiety often uses the same shortcuts. Recognising them helps you not to confuse them with reality. Here are the six most common ones.

1. Catastrophising: imagining the worst (“this is going to end badly”). “What if…?”: stringing scenarios together.
2. Mind reading: “she thinks I’m useless”. Fortune telling: “I’m going to fail”.
3. All or nothing: “if it isn’t perfect, it’s a failure”. “Musts”: rigid rules for yourself.
4. For each thought, note the trap and a more balanced version, not necessarily a positive one.

Thought	Trap(s)	More balanced version

The trap I fall into most often:

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WORKSHEET 12 · FOR THE PSYCHOLOGIST

Examining a worry

Probability, severity, resources: bringing the fear back to its real size

AIM

Help the person assess a worry more realistically: the probability of the worst happening, its real severity and the means to cope with it if it did happen.

WHO IT IS FOR

Catastrophic worries, generalised anxiety, health anxiety.

DURATION

15-20 min in session

HOW TO RUN IT

1. Start from a specific worry and ask them to describe the worst scenario they imagine.
2. Estimate its probability (0-100%) together and list the evidence for and against.
3. Describe the most likely scenario and the best scenario.
4. If the worst happened: what could the person do? Who could help them? How would they be in a week, a month, a year?
5. Rate the probability and the anxiety again.

POINTS TO WATCH

> Avoid reassuring on the person's behalf: they are the one doing the examining. In some cases (OCD, severe health anxiety), examining can become a form of checking; then prioritise defusion (worksheet 01) or postponement (worksheet 02).

REFERENCES

Clark, D. A. & Beck, A. T. (2010). Cognitive Therapy of Anxiety Disorders: Science and Practice. Guilford.

Beck, J. S. (2020). Cognitive Behavior Therapy: Basics and Beyond (3rd ed.). Guilford.

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WORKSHEET 12 · WORKSHEET TO HAND OUT

Examining a worry

A worry often seems more likely and more serious than it is. Take it seriously, but look at it closely.

1. My worry: _____. The worst I imagine: _____
2. Probability that it will happen: ___ %. Anxiety: ___ /10.
3. The most likely: _____. The best: _____
4. If the worst happened, I could: _____. Who could help me: _____

What supports my fear	What goes against it

After examining it: probability ___ %, anxiety ___ /10. What I take away:

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WORKSHEET 13 · FOR THE PSYCHOLOGIST

Living with doubt

Living with uncertainty instead of seeking certainty

AIM

Help the person identify what they do to get certainty (checking, searching online, asking for opinions, planning everything) and practise acting without complete certainty.

WHO IT IS FOR

Generalised anxiety, need for control, difficulty making decisions. Adults.

DURATION

20 min in session; small daily exercises for 2 weeks

HOW TO RUN IT

1. Explore the idea that uncertainty is unbearable: what happens when the person doesn't know?
2. List their certainty-seeking behaviours and what they cost them.
3. Suggest small exercises in which they deliberately act without knowing everything (choosing a restaurant without reading reviews, sending a message without rereading it three times…).
4. After each exercise: what happened? How did they handle the doubt?
5. Gradually increase the importance of the situations.

POINTS TO WATCH

> This is not about taking real risks, but about letting go of excessive checking in everyday situations. Start with low-stakes situations.

REFERENCES

Dugas, M. J. & Robichaud, M. (2007). Cognitive-Behavioral Treatment for Generalized Anxiety Disorder: From Science to Practice. Routledge.

Freeston, M. H., Rhéaume, J., Letarte, H., Dugas, M. J. & Ladouceur, R. (1994). Why do people worry? Personality and Individual Differences, 17(6), 791-802.

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WORKSHEET 13 · WORKSHEET TO HAND OUT

Practising living with doubt

Nobody can be sure of everything. Seeking certainty calms you in the moment, but makes doubt harder and harder to bear. You can learn to tolerate it, little by little.

1. What I do to be sure (checking, searching, asking, planning everything): _____
2. Choose a small situation in which you will act without knowing everything.
3. Do it, without extra checking.
4. Note what happened and how you handled the doubt.

Situation	What I didn't check	Discomfort /10	What happened

What do I learn about my ability to bear doubt?

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WORKSHEET 14 · FOR THE PSYCHOLOGIST

What does worrying do for me?

Beliefs about worry and rumination

AIM

Identify what the person believes about their worries, whether “useful” (“they prepare me”) or “dangerous” (“I’ll go mad, I can’t stop”), because these beliefs keep the loop going.

WHO IT IS FOR

Generalised anxiety, persistent rumination, people who say they can’t “stop thinking”.

DURATION

20 min in session

HOW TO RUN IT

1. Ask: “What advantages do you see in worrying?” Then: “What could happen if you worried too much?”
2. Note both types of belief and the degree of conviction (0-100%).
3. Examine the positive beliefs: has worrying really prepared for or prevented anything? At what cost?
4. Examine the belief in uncontrollability with an experiment: deliberately postpone worrying (worksheet 02) and observe what happens.
5. Rate the conviction again.

POINTS TO WATCH

> First welcome the beliefs without arguing with them: they often have a history. Don’t let the person conclude that they are “to blame” for worrying.

REFERENCES

Wells, A. (2009). Metacognitive Therapy for Anxiety and Depression. Guilford.

Freeston, M. H., Rhéaume, J., Letarte, H., Dugas, M. J. & Ladouceur, R. (1994). Why do people worry? Personality and Individual Differences, 17(6), 791-802.

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WORKSHEET 14 · WORKSHEET TO HAND OUT

What I believe about my worries

We often believe that worrying helps (“it prepares me”) or that it is dangerous (“I can’t stop”). These ideas keep thoughts looping. Take time to look at them.

1. What I think worrying gives me (advantages).
2. What I fear about my worries (dangers, loss of control).
3. How much I believe it, from 0 to 100%.
4. What my real experience shows, when I look closely.

What I believe about my worries	I believe it %	What experience shows	I believe it % (after)

What could I test to check one of these beliefs?

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WORKSHEET 15 · FOR THE PSYCHOLOGIST

Slow breathing

Slow breathing to accompany anxiety

AIM

Learn slow, regular breathing (about 6 breaths a minute, with a slightly longer out-breath) to reduce physiological activation and regain a sense of control.

WHO IT IS FOR

Tension, physical anxiety, difficulty falling asleep. Adults and adolescents.

DURATION

5 min in session; 5 min twice a day

HOW TO RUN IT

1. Ask them to observe their usual breathing for a minute, without changing it.
2. Guide: breathe in through the nose for about 4 seconds, letting the abdomen rise, and breathe out gently for about 6 seconds.
3. Keep the breathing calm, without breathing in deeply: the aim is to slow down, not to breathe more.
4. Suggest regular practice at calm moments, so that it is available when there is anxiety.
5. Note the anxiety before and after.

POINTS TO WATCH

> In panic disorder, breathing must not become a safety behaviour (“if I don’t breathe like this, something will happen to me”): present it as a practice, not as protection. Stop if there is dizziness or tingling (breathing too deeply).

REFERENCES

Zaccaro, A., Piarulli, A., Laurino, M. et al. (2018). How breath-control can change your life: A systematic review on psycho-physiological correlates of slow breathing. Frontiers in Human Neuroscience, 12, 353.

Clark, D. A. & Beck, A. T. (2010). Cognitive Therapy of Anxiety Disorders: Science and Practice. Guilford.

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WORKSHEET 15 · WORKSHEET TO HAND OUT

Slow breathing

Breathing slowly sends the body a signal of calm. You don't need to breathe hard: the point is to slow down. Practise when you feel fine, so that it comes easily when anxiety rises.

1. Sit with one hand on your abdomen.
2. Breathe in gently through your nose for about 4 seconds, letting your abdomen rise.
3. Breathe out slowly for about 6 seconds, as if blowing on a candle without putting it out.
4. Carry on for 5 minutes. If you feel dizzy, breathe less deeply.

Day	Moment	Tension before /10	Tension after /10

What do I notice in my body after the exercise?

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WORKSHEET 16 · FOR THE PSYCHOLOGIST

The three-minute breathing space

A brief mindfulness exercise to step out of autopilot

AIM

Offer a brief exercise, usable several times a day, for noticing what is going on inside, focusing on the breath and then widening attention to the whole body.

WHO IT IS FOR

Rumination, diffuse anxiety, very busy people. Adults and adolescents.

DURATION

3 min; 2-3 times a day and when anxiety rises

HOW TO RUN IT

1. Introduce the image of the hourglass: wide (what is there), narrow (the breath) and wide again (the whole body).
2. Guide the breathing space in session, one minute per step, and ask what the person noticed.
3. Suggest three fixed times a day (linked to a habit: coffee, the commute, the end of a meeting).
4. Also encourage an “on demand” pause when anxiety or rumination appears.

POINTS TO WATCH

> Mindfulness is not a relaxation technique: feeling restless during the exercise is not a failure. With people who have traumatic experiences, keep the eyes open and offer an external anchor (sounds, feet on the floor).

REFERENCES

Segal, Z. V., Williams, J. M. G. & Teasdale, J. D. (2013). Mindfulness-Based Cognitive Therapy for Depression (2nd ed.). Guilford.

Kabat-Zinn, J. (1990). Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness. Delacorte.

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WORKSHEET 16 · WORKSHEET TO HAND OUT

The three-minute breathing space

Three minutes to step out of autopilot. It is not about relaxing, but about noticing what is there. You can keep your eyes open.

1. Minute 1: notice what is there. What thoughts? What emotions? What sensations? Without changing anything.
2. Minute 2: bring your attention to your breath, in your abdomen. When your mind wanders, gently come back.
3. Minute 3: widen your attention to your whole body, your posture, the space around you.
4. Then carry on with what you were doing.

Day	Pause 1	Pause 2	Pause 3	What I noticed

What changes, even a little, after a pause?

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WORKSHEET 17 · FOR THE PSYCHOLOGIST

The short body scan

Living in your body rather than your head (mindfulness)

AIM

Train attention to rest on bodily sensations, area by area, with curiosity, to step out of rumination and tolerate the sensations of anxiety better.

WHO IT IS FOR

Rumination, physical anxiety, chronic tension, difficulty falling asleep.

DURATION

10 min; once a day for 2 weeks

HOW TO RUN IT

1. Introduce the exercise: it is not about relaxing, but about noticing, including unpleasant sensations.
2. Guide a 10-minute scan: feet, legs, pelvis, back, abdomen, chest, hands, arms, shoulders, face.
3. In each area: notice what is there (warmth, contact, tension, nothing) and move on to the next.
4. Then discuss the experience, without looking for a “right” answer.
5. Suggest daily practice, with a recording if possible (you can record your voice in session).

POINTS TO WATCH

> Some people feel more anxious when they attend to their body (panic, health anxiety, trauma): shorten it, keep the eyes open, start with the feet and hands, and always leave the option of stopping.

REFERENCES

Kabat-Zinn, J. (1990). Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness. Delacorte.

Segal, Z. V., Williams, J. M. G. & Teasdale, J. D. (2013). Mindfulness-Based Cognitive Therapy for Depression (2nd ed.). Guilford.

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WORKSHEET 17 · WORKSHEET TO HAND OUT

The short body scan

For 10 minutes, move your attention through your body, like a torch. There is nothing to achieve: just notice what is there, even if it is unpleasant or there is nothing.

1. Get comfortable, sitting or lying down. Feel the points of contact with the floor or the chair.
2. Bring your attention to your feet, then your legs, pelvis, back, abdomen, chest.
3. Then to your hands, arms, shoulders, neck, face. About a minute per area.
4. When your mind wanders (it will), come back without judging yourself to the area you were on.

Day	Duration	What I noticed	What I found difficult

What do I discover when I listen to my body?

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WORKSHEET 18 · FOR THE PSYCHOLOGIST

Leaves on a stream

Letting thoughts pass without following them (defusion)

AIM

Train the ability to observe thoughts coming and going, without holding on to them or pushing them away, by placing them on leaves floating downstream.

WHO IT IS FOR

Rumination, repetitive worries, intrusive thoughts. After worksheet 01.

DURATION

5-10 min in session; 5 min a day

HOW TO RUN IT

1. Guide the image: sitting on the bank of a stream, leaves are floating past on the water.
2. Each thought that appears (words, images, memories) is placed on a leaf and allowed to go at the pace of the current.
3. If the person notices they have "followed" a thought, they notice it and come back to the bank.
4. After 5 minutes, explore: what was easy, what was difficult? Which thoughts "stuck"?
5. Emphasise that getting carried away and coming back is part of the exercise.

POINTS TO WATCH

> The aim is not for thoughts to go away faster (that becomes a struggle again). If the image doesn't work, offer a variant: clouds in the sky, carriages of a train, subtitles in a film.

REFERENCES

Hayes, S. C., Strosahl, K. D. & Wilson, K. G. (2012). Acceptance and Commitment Therapy: The Process and Practice of Mindful Change (2nd ed.). Guilford.

Harris, R. (2019). ACT Made Simple: An Easy-to-Read Primer on Acceptance and Commitment Therapy (2nd ed.). New Harbinger.

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WORKSHEET 18 · WORKSHEET TO HAND OUT

Leaves on a stream

Imagine you are sitting on the bank of a stream. Leaves are floating past on the water. Your thoughts can travel on those leaves, without you having to follow them or push them along.

1. Close your eyes or fix your gaze on a point. Imagine the stream and the leaves.
2. Each thought that comes (words, images, memories): put it on a leaf and watch it float by.
3. If you got carried away, just notice it and come back to the bank.
4. Carry on for 5 minutes. Pleasant thoughts go on the leaves too.

Day	Thoughts that “stuck”	Ease of letting them pass /10

What do I notice when I watch my thoughts go by instead of following them?

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WORKSHEET 19 · FOR THE PSYCHOLOGIST

Making room for the sensation

Welcoming anxious sensations instead of fighting them (acceptance)

AIM

Help the person observe a sensation of anxiety with curiosity, breathe around it and give it space, to reduce the struggle that amplifies it.

WHO IT IS FOR

Physical anxiety (knot in the stomach, tight throat, chest tightness), avoidance of emotions. Adults and adolescents.

DURATION

5-10 min in session; 3-5 min on your own

HOW TO RUN IT

1. Start from a sensation that is present or evoked by a situation of moderate anxiety.
2. Observe: where is it? What size, what shape, what temperature? Is it still or moving?
3. Breathe: direct the breath towards the sensation, as if to surround it.
4. Make room: let the sensation be there, without liking it or wanting it, letting go of the struggle around it.
5. Expand: notice that it only takes up part of the body and of the experience.

POINTS TO WATCH

> “Accepting” does not mean resigning oneself or liking the sensation. Check that the exercise is not being used as a technique to make it go away. Dose the intensity: start with a moderate sensation.

REFERENCES

Harris, R. (2019). ACT Made Simple: An Easy-to-Read Primer on Acceptance and Commitment Therapy (2nd ed.). New Harbinger.

Hayes, S. C., Strosahl, K. D. & Wilson, K. G. (2012). Acceptance and Commitment Therapy: The Process and Practice of Mindful Change (2nd ed.). Guilford.

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WORKSHEET 19 · WORKSHEET TO HAND OUT

Making room for the sensation

The more you fight a sensation of anxiety, the more space it takes up. This exercise suggests the opposite: looking at it with curiosity and letting it be there while it passes.

1. Observe: where is the sensation? What size, what shape, hot or cold? Does it move?
2. Breathe: imagine your breath going towards it and surrounding it.
3. Make room: let it be there. You don't have to like it, just stop fighting it.
4. Expand: notice the rest of your body, the sounds, the room. The sensation is only part of what is there.

Situation	Where and what the sensation was like	Struggle before /10	Struggle after /10

What changes when I stop fighting the sensation?

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WORKSHEET 20 · FOR THE PSYCHOLOGIST

STOP: not acting in the heat of the moment

A distress tolerance skill (DBT)

AIM

Offer a simple reflex for moments when emotion is very intense: stop, step back, observe and act mindfully instead of reacting impulsively.

WHO IT IS FOR

Emotional overwhelm, impulsivity with anxiety, conflicts. Adults and adolescents.

DURATION

10 min to introduce; to use in the situation

HOW TO RUN IT

1. Identify with the person a recent situation in which they reacted “in the heat of the moment” and what it cost them.
2. Introduce the four letters of STOP and rehearse them in imagination with that situation.
3. Identify the personal warning signs (sensations, thoughts, urges) that say it is time to “do STOP”.
4. Prepare one or two concrete actions for stepping back (leaving the room, drinking a glass of water, waiting 10 minutes before replying).

POINTS TO WATCH

> STOP is for not making the situation worse, not for suppressing the emotion. If there are suicidal thoughts or self-harm, this worksheet does not replace a safety plan.

REFERENCES

Linehan, M. M. (2015). DBT Skills Training Manual (2nd ed.). Guilford.

Linehan, M. M. (2015). DBT Skills Training Handouts and Worksheets (2nd ed.). Guilford.

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WORKSHEET 20 · WORKSHEET TO HAND OUT

STOP

When an emotion is very strong, you feel like acting straight away, and sometimes you regret it. STOP helps you gain a few seconds to choose what you do.

1. S for “Stop”: freeze. Don’t move, don’t reply yet.
2. T for “Take a step back”: step away, leave the room, breathe.
3. O for “Observe”: what is happening inside me and around me? What are the facts?
4. P for “Proceed mindfully”: what would really help me, now and later?

Situation	Emotion /10	Did I do STOP? (yes/no)	What I did next

My warning signs, the ones that tell me it is time to do STOP:

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WORKSHEET 21 · FOR THE PSYCHOLOGIST

Doing the opposite of what fear dictates

Opposite action (DBT)

AIM

When fear is not justified by the facts or is out of proportion, learn to act in the opposite way to what it pushes you to do (approaching instead of avoiding), fully and repeatedly.

WHO IT IS FOR

Avoidance due to fear or shame, social isolation. Adults and adolescents.

DURATION

15 min in session; practice between sessions

HOW TO RUN IT

1. Identify the emotion and what it pushes the person to do (flee, avoid, hide).
2. Check the facts: does the situation justify the fear? Is its intensity proportionate?
3. If not: define the opposite action (approaching, staying, speaking), including posture, eye contact and tone of voice.
4. Do it fully (not half-heartedly) and repeat it until the fear goes down.
5. If the fear is justified, work on problem solving instead.

POINTS TO WATCH

> Opposite action does not apply when fear signals a real danger. It resembles exposure: proceed in steps (worksheet 09) rather than going straight to the hardest situation.

REFERENCES

Linehan, M. M. (2015). DBT Skills Training Manual (2nd ed.). Guilford.

Barlow, D. H., Sauer-Zavala, S., Farchione, T. J. et al. (2018). Unified Protocol for Transdiagnostic Treatment of Emotional Disorders: Therapist Guide (2nd ed.). Oxford University Press.

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WORKSHEET 21 · WORKSHEET TO HAND OUT

Doing the opposite of what fear dictates

Best done with your psychologist

Fear pushes you to run away or avoid. When the facts don't justify it, doing the opposite (approaching, staying) is often what brings it down.

1. My emotion and what it pushes me to do: _____
2. The facts: is the fear justified? Is it proportionate? _____
3. If not, the opposite action (what I do, how I hold myself, how I speak): _____
4. I do it fully and repeat it.

Situation	What fear pushed me to do	What I did instead	Fear afterwards /10

What did I discover by doing the opposite?

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WORKSHEET 22 · FOR THE PSYCHOLOGIST

Talking to myself as I would to a friend

The self-compassion break for anxiety

AIM

Replace the self-criticism that often comes with anxiety and rumination ("I'm pathetic for worrying about this") with a kind attitude towards oneself, without complacency.

WHO IT IS FOR

Self-criticism, perfectionism, shame about anxiety. Adults and adolescents.

DURATION

10 min in session; 2-3 min on your own

HOW TO RUN IT

1. Identify the self-critical voice: what does the person tell themselves when anxious? In what tone?
2. Ask what they would say to a close friend in the same situation, and in what tone.
3. Guide the three steps of the break: acknowledging the suffering, remembering that it is part of human experience, saying a kind sentence to oneself.
4. Help them find their own sentence, one that rings true for them.
5. Suggest a soothing gesture (hand on the chest or the arm) if it suits them.

POINTS TO WATCH

> Self-kindness may at first bring up sadness or resistance ("I don't deserve it"): this is common, welcome it. Don't present it as self-indulgence: you can be kind and demanding at the same time.

REFERENCES

Neff, K. D. & Germer, C. K. (2013). A pilot study and randomized controlled trial of the Mindful Self-Compassion program. Journal of Clinical Psychology, 69(1), 28-44.

Neff, K. D. (2011). Self-Compassion: Stop Beating Yourself Up and Leave Insecurity Behind. William Morrow.

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WORKSHEET 22 · WORKSHEET TO HAND OUT

Talking to myself as I would to a friend

When we are anxious, we often speak to ourselves harshly. Yet we would speak differently to a friend in the same situation. This break invites you to speak to yourself as you would to someone you love.

1. Acknowledge: “This is a difficult moment. Right now it hurts / I’m afraid.”
2. Remember: “I’m not alone. Everyone goes through moments like this.”
3. Support myself: “What do I need to hear?” Say a kind, true sentence to yourself.
4. If it helps, put a hand on your chest or on your arm.

What I tell myself when I’m anxious	What I would say to a friend	My own sentence

My kind sentence, the one that rings true for me:

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WORKSHEET 23 · FOR THE PSYCHOLOGIST

Filling my week again

Planning activities that matter (behavioural activation)

AIM

Reduce the free time taken up by rumination by planning chosen activities that bring pleasure, achievement or connection, and observe their effect on mood.

WHO IT IS FOR

Rumination, isolation, low mood linked to anxiety.

DURATION

20 min in session; follow-up over 1-2 weeks

HOW TO RUN IT

1. Use the diary (worksheet 07) to identify when rumination is strongest (often alone, inactive, in the evening).
2. List activities of three kinds: pleasure, achievement, connection with other people.
3. Schedule a few at specific times in the week, starting small.
4. After each activity, note mood and level of rumination.
5. Review in session: what helped? What got in the way?

POINTS TO WATCH

> Act “according to the plan, not according to mood”: motivation often comes after action. Watch out for activities during which rumination continues (walking alone while going over things): those that absorb attention are better.

REFERENCES

Martell, C. R., Dimidjian, S. & Herman-Dunn, R. (2010). Behavioral Activation for Depression: A Clinician's Guide. Guilford.

Watkins, E. R. (2016). Rumination-Focused Cognitive-Behavioral Therapy for Depression. Guilford.

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WORKSHEET 23 · WORKSHEET TO HAND OUT

Filling my week again

Looping thoughts settle in above all when you are alone with nothing to do. Planning activities that matter leaves them less room. Start small, and act according to the plan, not according to your mood.

1. Write down activities that give you pleasure, that make you feel you are achieving something or that connect you with other people.
2. Put some of them into your week, at a specific time.
3. Do them, even if you don't feel like it.
4. Afterwards, note your mood (0 to 10) and how much room looping thoughts took up (0 to 10).

Day / time	Planned activity	Done? (yes/no)	Mood /10	Rumination /10

Which activities did me most good this week?

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WORKSHEET 24 · FOR THE PSYCHOLOGIST

When thoughts keep you awake

Preparing for the night and getting out of bed when ruminating

AIM

Reduce mental activation at bedtime (worries, rumination, monitoring sleep) and strengthen the association between bed and sleep.

WHO IT IS FOR

Difficulty falling asleep or night-time waking because of thoughts. Does not replace an assessment in the case of chronic insomnia or a sleep disorder.

DURATION

15 min in session; follow-up over 2 weeks

HOW TO RUN IT

1. Explore what happens at bedtime: thoughts, checking the time, efforts to sleep.
2. Suggest “emptying your head” in the early evening, 1-2 hours before bed: noting worries and the next action (link with worksheet 02).
3. Plan a calm transition time, without screens.
4. If wakefulness drags on (about 20 minutes, without checking the time), get up, do something calm in soft light and go back to bed when sleepiness returns.
5. Track progress with the table on page 2.

POINTS TO WATCH

> Don’t try to “force” sleep, as that increases activation. If there is chronic insomnia, refer to structured CBT for insomnia (CBT-I); if there is snoring, marked daytime sleepiness or night-time movements, refer to a doctor.

REFERENCES

Harvey, A. G. (2002). A cognitive model of insomnia. Behaviour Research and Therapy, 40(8), 869-893.

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PSYCHOLOGIST’S NOTES

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WORKSHEET 24 · WORKSHEET TO HAND OUT

When thoughts keep me awake

Best done with your psychologist

Bed can become the place where you worry. These habits help give it back to sleep. Sleep can't be forced: you prepare the ground for it.

1. In the early evening, 1-2 hours before bed: I write down my worries and, for each one, the next possible action.
2. I take some calm time without screens before going to bed.
3. If I'm not sleeping and I'm going over things (about 20 minutes, without checking the time): I get up and do something calm somewhere else.
4. I go back to bed when I feel sleepy again.

Night of	Did I empty my head?	Did I get up? (yes/no)	Sleep quality /10

What helps my nights most?

These exercises do not replace therapy. If you are in distress or having suicidal thoughts: 112 (European Union), 3114 (France) or the emergency number of the country where you live.

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WORKSHEET 25 · FOR THE PSYCHOLOGIST

My toolbox

Maintaining progress and planning for difficult times

AIM

At the end of treatment, gather what the person has learnt and what helps them, identify their warning signs and prepare a plan for periods when anxiety returns.

WHO IT IS FOR

End of treatment or when sessions become less frequent.

DURATION

20-30 min in session

HOW TO RUN IT

1. Review the journey: what has changed? What helped most?
2. List the tools that worked (worksheets, exercises, habits) and when to use them.
3. Identify personal warning signs (avoidance returning, disrupted sleep, rumination) and upcoming risk situations.
4. Normalise ups and downs: a harder period is neither a relapse nor a failure.
5. Clarify when and how to get back in touch if needed.

POINTS TO WATCH

> Let the person fill in the worksheet, in their own words: it is their plan. Remember to include emergency resources and check that they know how to contact you again.

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PSYCHOLOGIST'S NOTES

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WORKSHEET 25 · WORKSHEET TO HAND OUT

My toolbox

You have learnt things that help you. Gather them here so you can find them easily if anxiety comes back. A difficult period doesn't erase what you have learnt.

1. What has changed since the beginning: _____
2. My warning signs (what tells me anxiety is taking up space again): _____
3. Upcoming situations that could be difficult: _____
4. If I need help, I contact: _____

My tool	When to use it	What it gives me

What I want to remember at difficult times:

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