



SELF HELP RESOURCE LIBRARY

The Anxiety Operating Manual

A practical, evidence-informed system for running your life with less background hum, built for people who can't take Wednesday off to feel their feelings.

Course Guide · selfhelpresourcelibrary.com

Contents

Welcome

Module 1: Understanding Your Anxiety Patterns

Lesson 1.1: What Anxiety Actually Is

Lesson 1.2: Mapping Your Personal Anxiety Triggers

Lesson 1.3: The Difference Between Productive Worry and Anxiety Spirals

Lesson 1.4: Tracking Anxiety Patterns Across a Full Week

Module 2: The Physiology of Stress and Anxiety

Lesson 2.1: How the Nervous System Creates the Anxiety Response

Lesson 2.2: Understanding Adrenaline, Cortisol, and the Body's Alarm System

Lesson 2.3: Working With Your Breath to Signal Safety

Lesson 2.4: The Somatic Toolkit: 12 Brief Body-Based Resets

Lesson 2.5: Lifestyle Levers: Sleep, Caffeine, Alcohol, Movement, and Food

Module 3: Cognitive Patterns and Thought Work

Lesson 3.1: Identifying Catastrophic Thinking Patterns

Lesson 3.2: Challenging Anxious Thoughts With Evidence: The Four-Question Check

Lesson 3.3: Reframing Uncertainty as a Skill You Can Practice

Lesson 3.4: Worry Scheduling and the Spiral Interruption Guide

Module 4: Building Your Personal Toolkit

Lesson 4.1: The Real-Time Toolkit: What to Do Mid-Meeting, Mid-Anything

Lesson 4.2: Assembling a Grounding Technique Toolkit

Lesson 4.3: Progressive Muscle Relaxation Step by Step

Lesson 4.4: When Panic or Hard Feelings Hit: The Wave Protocol

Lesson 4.5: Creating a Personalized Anxiety Response Plan

Module 5: Applying the Manual Across Life Domains

Lesson 5.1: Avoidance and Gentle Exposure: Building Your Ladder

Lesson 5.2: Managing Anxiety at Work and in Meetings

Lesson 5.3: Navigating Relationship Anxiety and Reassurance Seeking

Lesson 5.4: Calming an Anxious Mind Before Sleep

Module 6: Sustaining Your Practice Long-Term

Lesson 6.1: Values-Based Action: Moving Toward What Matters

Lesson 6.2: Building a Weekly Anxiety Maintenance Routine

Lesson 6.3: Recognizing and Responding to Setbacks

Lesson 6.4: When to See a Professional

Lesson 6.5: Designing Your Long-Term Resilience Plan

Closing: Your Manual, Your Operating System

Welcome

Welcome. This course is built for people who function well on the outside and run a constant background hum on the inside.

Please read this first. This course is education and structured self-help. It is not therapy, and it does not diagnose, treat, or cure any anxiety disorder or other mental health condition. It does not replace care from a licensed clinician or your doctor. If you have a diagnosed anxiety disorder, experience panic attacks, or are working with a professional, talk with them about how to use this material alongside your care. **If you're in crisis or thinking about harming yourself, call or text 988 (US) or your local emergency number.** Lesson 6.4 covers, in detail, when to bring in a professional.

How the course is built

There are six modules and 27 lessons, in a deliberate order: understand your patterns, calm your body, work with your thoughts, build your toolkit, apply it to real life, and sustain it. Every lesson ends with an **Action Step** that points to a matching page in the companion workbook (Lesson 2.3 goes with Worksheet 2.3, and so on). Start with the Start-Here Self-Assessment in the workbook before Lesson 1.1.

The 12 protocols

Along the way you will build twelve named protocols, which are short, repeatable procedures you can run without thinking hard:

#	Protocol	Lesson
1	Notice, Name, Navigate	1.1
2	The Trigger Map	1.2
3	The Worry Sort	1.3
4	Long-Exhale Breathing	2.3
5	The Somatic Reset (12 interventions)	2.4
6	The Four-Question Check	3.2
7	Uncertainty Reps	3.3
8	The Worry Window and Spiral Interruption Guide	3.4

#	Protocol	Lesson
9	The Real-Time Toolkit	4.1
10	The Wave Protocol	4.4
11	The Exposure Ladder	5.1
12	Your Personal Protocol (morning, evening, and in-the-storm rituals)	6.2

How to get the most out of it

- **Go one module a week.** About six weeks is a good pace. Practicing beats bingeing.
- **Practice when you're calm.** Skills you rehearse at a 3 out of 10 are the ones you can reach at a 7.
- **Keep your expectations realistic.** The goal isn't zero anxiety. Some anxiety is useful. The goal is a smaller, shorter, less bossy version.

Module 1: Understanding Your Anxiety Patterns

Before you change anything, you need a clear, non-judgmental picture of what's happening. This module explains what anxiety is and gives you a simple operating system for it. Then it helps you map your triggers, tell useful worry from spirals, and track your patterns over a real week.

Lesson 1.1: What Anxiety Actually Is

Anxiety is not a character flaw, and it's not a sign that something is broken. It's your brain's threat-prediction system doing its job, sometimes too eagerly. Understanding the mechanism is the first step toward operating it instead of being operated by it.

Fear versus anxiety

Psychologists usually draw a simple distinction:

- **Fear** is a response to a threat that is here now. A car swerves toward you, and you jump back.
- **Anxiety** is a response to a threat that *might* happen. The board meeting is Thursday, the test results come back next week, your teenager is late and not answering.

Both run on the same hardware: a fast alarm system in the brain and body, built to keep you alive. Anxiety is that alarm triggered by prediction instead of by something in front of you. Because humans are extremely good at predicting, imagining, and rehearsing the future, we can set the alarm off from a desk chair at 2pm on a Tuesday.

The anxiety loop

Most anxious episodes follow a four-stage loop:

1. **Trigger.** Something external (an email from your boss, a news alert) or internal (a heartbeat you notice, a memory).
2. **Interpretation.** Your mind gives it meaning, often a threat meaning: "She's unhappy with my work." "Something is wrong with my heart."
3. **Body response.** Your nervous system responds to that meaning. Your heart rate goes up, your breathing gets shallow, your jaw or stomach tightens.
4. **Behavior.** You do something to make the feeling stop, like checking, reassurance-seeking, avoiding, over-preparing, or distracting yourself.

The fourth stage is the sneaky one. Behaviors like avoiding and checking bring short-term relief, and that relief teaches your brain that the threat was real and that the behavior saved you. Next time, the loop runs faster. This is why anxiety often grows even in people who are handling their lives well.

Useful anxiety versus unhelpful anxiety

Some anxiety helps you. It sharpens focus before a presentation and gets you to prepare. Researchers Robert Yerkes and John Dodson described in 1908 a relationship, later popularized as an inverted U, in which moderate arousal tends to support performance and very high arousal tends to degrade it. That's a simplification, but a useful one. **You're not trying to get rid of anxiety. You're trying to keep it in the useful zone and to recover faster when it spikes out of it.**

Signs anxiety has moved from useful to unhelpful:

- It's out of proportion to the actual situation.
- It lasts long after the situation has passed.
- It leads you to avoid things that matter to you.
- It eats sleep, attention, or relationships.

The operating system: Notice, Name, Navigate (Protocol 1)

Everything in this course fits one simple sequence. You'll use it for the rest of the course.

Notice. Catch the loop early, ideally within the first minute or two. Your body is usually faster than your thoughts, so scan physically first. Is your jaw tight? Are you holding your breath? Are your shoulders up? Is your stomach fluttering?

Name. Put it into words, silently, out loud, or on paper: "This is the anxiety loop, triggered by the budget email." Naming does more than it seems to. In a 2007 brain-imaging study, UCLA psychologist Matthew Lieberman and colleagues found that putting feelings into words ("affect labeling") was linked to reduced activity in the amygdala, a region involved in threat detection. Naming gives you a small but real bit of distance.

Navigate. Choose *one* move you decided on in advance. This could be a breathing pattern, a thought check, a grounding exercise, or simply continuing with the task while the feeling rides along. Deciding in advance matters, because an anxious brain is bad at designing plans on the fly. Over the next five modules you'll fill your "Navigate menu" with tested options.

What this looks like in practice

Imagine Priya, an operations director. At 10:40 she sees a calendar invite from the CEO titled "Quick chat" with no agenda. Her chest tightens.

- **Notice:** “Chest tight, breath high, I’ve reread the invite four times.”
- **Name:** “Anxiety loop. Trigger: vague invite. Interpretation: I’m in trouble.”
- **Navigate:** She does three long exhales and writes one sentence: “Most ‘quick chats’ this year were about projects, not problems.” Then she goes back to her spreadsheet.

The anxiety didn’t disappear. It dropped from a 7 to a 4, and it stopped running her morning. That’s the target.

Action Step

Open **Worksheet 1.1: Your Anxiety Loop**. Pick one recent anxious moment and break it into the four stages: trigger, interpretation, body response, and behavior. Then write what Notice, Name, Navigate could have looked like. Keep it short. The point is to see the loop, not to judge it.

Lesson 1.2: Mapping Your Personal Anxiety Triggers

Everyone’s anxiety has a signature. Some people spike around health, others around performance, money, conflict, or being out of control. Once you know your signature, anxiety stops ambushing you, because you can see it coming.

What counts as a trigger

A trigger is anything that reliably starts the loop. Triggers fall into five broad categories:

Category	Examples
Situations	Meetings with senior leaders, driving on highways, social events, medical appointments
People	A critical parent, a certain client, an ex, a demanding boss
Body sensations	Racing heart after coffee, dizziness, a stomach twinge, fatigue
Thoughts and images	“What if I lose my job?”, a flash image of an accident, replaying a conversation
Conditions	Poor sleep, hunger, hangovers, too much caffeine, too much news, Sunday evenings

The last category matters more than most people realize. Conditions don’t cause anxiety by themselves. They lower your threshold, so a normal Tuesday email lands like an emergency. Many people discover that their “work anxiety” is really “work anxiety after five hours of sleep and three coffees.”

Primary triggers and amplifiers

As you map, sort triggers into two types:

- **Primary triggers** start the loop on their own. For example: “My manager says ‘Can we talk?’”
- **Amplifiers** make everything else hit harder. For example: sleep under six hours, skipping lunch, or checking the news before 8am.

Amplifiers are often the easiest to change. You may not be able to stop your manager from sending vague messages, but you can move your news check to after lunch.

Themes underneath triggers

Once you’ve listed eight to fifteen triggers, look for the theme underneath them. Common themes include:

- **Being judged or found inadequate.** This often shows up as performance and social triggers.
- **Losing control or being trapped.** This often shows up with travel, crowds, and health.
- **Something bad happening to people I love.** This often shows up as checking and reassurance-seeking.
- **Uncertainty itself.** Not knowing is the trigger, whatever the topic.
- **Physical danger or illness.** This often shows up as body-sensation triggers.

Your theme points to which tools will help most. Someone whose theme is uncertainty will get a lot out of Lesson 3.3. Someone whose theme is body sensations will lean on Module 2.

How to map without spiraling

Some people worry that listing triggers will make them more anxious. A few guardrails help:

1. **Write, don’t ruminate.** Put each trigger down in a few words and move on. You’re making an inventory, not reliving anything.
2. **Rate intensity, not importance.** Use a 0–10 scale for how much anxiety each trigger usually brings, where 0 is none and 10 is the most you’ve ever felt.
3. **Set a timer for 15 minutes.** When it goes off, stop.
4. **End with something steady.** Take a short walk, have a glass of water, or do three long exhales (you’ll learn these properly in Lesson 2.3).

If mapping brings up memories that feel overwhelming, such as trauma, that’s important information, not a failure. Stop the exercise, and consider working through that material

with a professional (see Lesson 6.4).

Early warning signs

Along with triggers, map your **early warning signs**, the first physical, mental, or behavioral signs that the loop has started. For example:

- **Physical:** tight jaw, shallow breathing, clenched hands, a knot in the stomach
- **Mental:** “what if” thoughts speeding up, trouble concentrating, rereading the same line
- **Behavioral:** refreshing email, snacking, snapping at people, going quiet, over-planning

These are your Notice cues. The sooner you notice, the less effort Navigate takes.

Imagine this

Marcus, a founder and father of two, maps his triggers and finds three themes. Investor updates and board meetings trigger *judgment*. His kids being sick triggers *harm to loved ones*. And almost everything feels worse on nights he sleeps less than six hours. The amplifier was the surprise. He moves his laptop out of the bedroom, and within two weeks his baseline anxiety noticeably drops, without any change to his board or his kids.

Action Step

Complete **Worksheet 1.2: Your Trigger Map (Protocol 2)**. List triggers in each of the five categories, rate their usual intensity from 0 to 10, and mark each one as a primary trigger or an amplifier. Then circle your top two themes and list your three earliest warning signs.

Lesson 1.3: The Difference Between Productive Worry and Anxiety Spirals

Not all worry is the enemy. Some of it is planning in disguise. The trouble starts when worry stops producing anything and just loops. This lesson teaches you to tell the two apart in real time.

Two kinds of worry

Productive worry is focused on a problem you can actually act on, fairly soon. It leads to a decision or a next step, and it ends once you’ve taken the step.

An anxiety spiral is focused on possibilities rather than problems. It asks “what if” over and over, jumps from topic to topic, rarely lands on an action, and doesn’t end when you

take a step. It just finds a new “what if.”

	Productive worry	Anxiety spiral
Focus	A specific, current problem	Possibilities, hypotheticals, “what if”
Control	At least partly within your influence	Mostly outside your influence
Output	A next action	More questions
Time horizon	Today, this week	Vague, far future, or “forever”
How it ends	You act, and it quiets	It moves on to a new worry
Feeling afterward	More prepared	More drained

The Worry Sort (Protocol 3)

When a worry shows up, run it through three questions:

1. **Is this a real problem right now, or a hypothetical one?** “My presentation is Thursday and I haven’t made slides” is real. “What if everyone thinks I’m a fraud?” is hypothetical.
2. **Can I do something about it?** Even partly, even something small?
3. **Is there something I can do in the next 24 hours?**

If the answers are *real*, *yes*, *yes*, it’s productive worry. Turn it into a next action and put that action somewhere trustworthy, like your calendar or task list. Then let the worry go until the action is done.

If the answers are *hypothetical* or *no*, it’s a spiral. Don’t try to solve it. You’ll learn three ways to handle spirals: the Four-Question Check (Lesson 3.2), Uncertainty Reps (Lesson 3.3), and the Worry Window (Lesson 3.4). For now, just **label it**: “This is a spiral, not a problem.”

Turning productive worry into action

Productive worry only helps if it becomes a next step. Use this formula:

Worry → Specific problem → Smallest next action → When

Example:

- **Worry:** “I’m behind on everything at work.”

- **Specific problem:** The Q3 report is due Friday and I have no draft.
- **Smallest next action:** Open a document and write the five section headings.
- **When:** 9:00–9:25 tomorrow, before email.

You don't need to solve the whole problem. The brain calms down when it sees that a problem has an owner and a time.

Why spirals feel productive

Spirals are persuasive because they *feel* like work. Your mind is busy and it seems to be preparing. But research on generalized worry, including work by Thomas Borkovec at Penn State, suggests that worry can work partly as a mental avoidance strategy. Staying in abstract verbal “what ifs” can dampen some of the emotional and physical intensity of the vivid fear underneath. That brings short-term relief and keeps the pattern going over the long term. A spiral isn't preparation. It's a loop.

Catching spirals in real time

Signs you've crossed from worry into spiral:

- You've had the same thought three or more times in the last ten minutes.
- You're asking questions no one can answer (“What if it's cancer?” before any test).
- Each answer produces a new “what if.”
- You've been “thinking about it” for twenty minutes and have no written next step.
- You're seeking reassurance, googling, or rereading the same message.

When you notice these signs, you can say to yourself, “Spiral. I'm not going to solve this by thinking harder.” Naming it is often enough to loosen the loop's grip.

Imagine this

Dana, a nurse manager, lies awake at 11pm thinking about a staffing gap next month. She runs the Worry Sort: *Real?* Yes. *Can I act?* Yes. *In 24 hours?* Yes, she can email her director tomorrow. She writes “7:30am: email director re: March gap, propose two options” on the notepad by her bed. Then another thought comes: “What if they blame me for turnover?” Sort: hypothetical, not in her control. She labels it a spiral and moves to the sleep tools you'll learn in Lesson 5.4.

Action Step

Use **Worksheet 1.3: The Worry Sort** for three days. Each time a worry shows up, run the three questions. For productive worries, write the smallest next action and when you'll do it. For spirals, simply label them. At the end, count how many were productive and how many were spirals. Most people are surprised by the ratio.

Lesson 1.4: Tracking Anxiety Patterns Across a Full Week

Memory is an unreliable narrator, especially when you're anxious. You might remember "I was anxious all week" when the data shows two hard afternoons and five fine mornings. A week of simple tracking gives you facts to work with instead of impressions.

Why track?

Tracking gives you four things:

1. **Accuracy.** You'll see your real baseline, your peaks, and your quiet times.
2. **Patterns.** Time of day, day of week, people, and conditions that line up with spikes.
3. **Leverage.** You'll see which small changes might have the biggest effect.
4. **A baseline to compare against.** When you track again in week six, you'll be able to see your progress instead of guessing at it.

What to track

Keep it light. If tracking takes more than three minutes a day, you'll stop. Track:

- **Three check-ins a day** (morning, midday, evening): your anxiety from 0 to 10.
- **Notable spikes:** any time anxiety jumped 3 or more points, with a quick note on the trigger and what you did.
- **Conditions:** hours of sleep, caffeine (number of drinks and the time of the last one), alcohol, movement (yes or no), and time outdoors.
- **One line at night:** "The hardest moment today was . ***What helped was*** ."

How to rate from 0 to 10

Anchors keep your ratings consistent:

Rating	What it feels like
0-1	Calm, at ease
2-3	Background hum; fully functional
4-5	Noticeable; attention partly pulled away
6-7	Strong; hard to focus; strong urge to escape or check
8-9	Very intense; hard to function
10	The most intense you have ever felt

Don't overthink it. Your first guess is fine. Consistency matters more than precision.

Reading your week

At the end of seven days, set aside 20 minutes and look for:

- **Your average baseline.** If your typical rating is a 4, your nervous system is running warm most of the time. Module 2 and the lifestyle levers in Lesson 2.5 will matter a lot for you.
- **Time-of-day patterns.** Morning spikes can be linked to things like checking your phone in bed, early caffeine on an empty stomach, or dread about the day ahead. Late-evening spikes are often about fatigue, screens, and rumination.
- **Day-of-week patterns.** The “Sunday scaries” are common. So are spikes before recurring meetings.
- **Condition links.** Compare days with less than six hours of sleep to days with seven or more. Compare three coffees to one.
- **What helped.** Look at your nightly lines. What actually brought a spike down? That’s the start of your Navigate menu.
- **What you avoided.** Note anything you skipped, delayed, or asked someone else to do because of anxiety. This becomes important in Lesson 5.1.

A caution about tracking

For a small number of people, especially those who tend to monitor their body closely, tracking can turn into its own form of checking. If you notice yourself rating every twenty minutes or feeling anxious about the tracking, stick to the three fixed check-ins and nothing more. The goal is information, not surveillance.

Imagine this

Leo, a sales lead, tracks for a week. His ratings average 3.5, which is lower than he expected. His four biggest spikes all happen between 3pm and 5pm, and three of those days he’d skipped lunch and had a third coffee around 2pm. He also notices he’d put off one difficult client call all week. The plan almost writes itself: eat lunch, have no coffee after 1pm, and make the client call first thing in the morning. He also adds a short walk after his 3pm meeting. These are small changes with leverage.

Action Step

Start **Worksheet 1.4: The 7-Day Anxiety Pattern Tracker**. Do three check-ins a day, note spikes and conditions, and write the nightly line. On day seven, complete the “Reading My Week” questions on the same worksheet. Keep this page, because you’ll compare it with a second tracking week in Module 6.

Module 2: The Physiology of Stress and Anxiety

Anxiety shows up in the body, often before you’ve had a single conscious thought about it. This module explains the nervous system, the stress hormones, and the alarm system in plain language. Then it gives you fast, practical physical tools, including breathing, a 12-part somatic toolkit, and the lifestyle levers that set your baseline.

Lesson 2.1: How the Nervous System Creates the Anxiety Response

When you understand what your body is doing during anxiety, the sensations become less frightening. A pounding heart goes from “something is wrong with me” to “my alarm system is doing its job a bit too enthusiastically.” That shift in interpretation is a tool in its own right.

The two branches

Your **autonomic nervous system** runs the functions you don’t consciously control: heart rate, breathing, digestion, sweating, and pupil size. It has two main branches that work like an accelerator and a brake:

	Sympathetic (“accelerator”)	Parasympathetic (“brake”)
Nickname	Fight or flight	Rest and digest
Heart	Speeds up, beats harder	Slows down
Breathing	Faster, higher in the chest	Slower, deeper
Muscles	Tense, ready to move	Relaxed
Digestion	Slows down (hence “butterflies”)	Resumes
Attention	Narrows toward threat	Widens

Both branches are always somewhat active. Anxiety is what happens when the accelerator is pressed harder than the situation calls for, or pressed and then left down.

The alarm sequence

Here’s a simplified version of what happens when your brain detects a possible threat:

1. **Detection.** Brain regions involved in threat and salience, including the amygdala, flag something as possibly dangerous. This can happen before you're consciously aware of it, which is why you sometimes feel anxious "out of nowhere."
2. **Rapid response.** The sympathetic nervous system fires. Within seconds, adrenaline is released, and your heart rate, breathing, and muscle tension go up.
3. **Sustained response.** If the threat seems to continue, a slower hormonal pathway (the HPA axis, covered in Lesson 2.2) releases cortisol to keep you fueled and alert.
4. **Appraisal.** Your thinking brain catches up and tries to explain the sensations. If it concludes "danger," the alarm keeps ringing. If it concludes "false alarm" or "I can handle this," the brake gradually engages.

Step four is the key. **Your interpretation of the body's response feeds back into the response.** "My heart is racing, so something must be wrong" presses the accelerator again. "My heart is racing because I'm about to present, and that's energy" does not.

Why the sensations happen

Each uncomfortable sensation has a purpose, even if it's badly timed:

- **Racing heart:** pumping more blood to your muscles.
- **Fast, shallow breathing:** bringing in oxygen for action. When it goes on too long it can blow off too much carbon dioxide, which can cause tingling, lightheadedness, or a feeling of unreality.
- **Tight muscles:** getting ready to move or protect yourself.
- **Upset stomach:** digestion is put on hold. Blood is directed elsewhere.
- **Sweating:** cooling you down for exertion.
- **Tunnel vision and racing thoughts:** attention narrows toward the threat.
- **Feeling shaky:** extra energy with nowhere to go.

None of these sensations is dangerous in itself for a healthy body. They are uncomfortable, not harmful. (If you have a heart condition or other medical issue, or if sensations are new, severe, or unexplained, get them checked by a doctor. Don't assume they're "just anxiety." See Lesson 6.4.)

Reframing arousal

Research suggests that how you interpret arousal can change how it affects you. In a 2014 study, Harvard Business School researcher Alison Wood Brooks found that people who told themselves "I am excited" before a stressful task, like public speaking or singing, performed better than those who tried to tell themselves to calm down. The body state of anxiety and excitement is similar. The label is different.

This doesn't mean pretending you feel good. It means trying a more accurate and more useful label: "My body is getting ready. This is energy for the task." It's often easier than

trying to force calm when your body is already revved up.

Your body is not the enemy

Many people with high-functioning anxiety treat their body like a faulty machine that needs to be overridden. This course takes a different view. Your body is a loyal, somewhat overprotective alarm system. You don't fight it. You recalibrate it through repeated experiences of safety, using the tools in the rest of this module.

Action Step

Complete **Worksheet 2.1: My Body's Alarm Signature**. Check off the sensations you usually get when anxious and note where you feel them first. Then write an accurate, non-catastrophic explanation for each one, like "Tight chest = muscles bracing, not a heart attack." Keep this page handy. Reading it during a spike can help with step four of the alarm sequence.

Lesson 2.2: Understanding Adrenaline, Cortisol, and the Body's Alarm System

The words "adrenaline" and "cortisol" get thrown around a lot, often with a scary edge ("cortisol is ruining your life"). This lesson gives you an accurate, calm picture of what these hormones do, why the timing matters, and how to work with them.

Adrenaline: the fast responder

Adrenaline (also called epinephrine) is released from the adrenal glands within seconds of your brain detecting a threat. It:

- Raises heart rate and blood pressure
- Opens up the airways
- Releases stored glucose for quick energy
- Sharpens alertness

Adrenaline acts fast and also clears fairly fast. The initial surge from a single scare usually fades within minutes once the trigger is gone and you aren't adding fuel. That's worth remembering. **A spike of anxiety has a natural arc. It rises, peaks, and falls.** The trouble is that anxious thinking often re-triggers the surge ("What if it happens again?"), so it feels like the surge never ends.

Cortisol: the sustainer

Cortisol is released through a slower chain called the **HPA axis** (hypothalamus, pituitary, adrenal). It takes minutes, rather than seconds, to rise. Its job is to keep you going during a

longer challenge by keeping energy available, adjusting immune activity, and supporting alertness.

Cortisol isn't a villain. You need it. It naturally rises in the morning to help you wake up, which is called the cortisol awakening response. This is part of why some people feel more anxious soon after waking, especially if they grab their phone right away.

Problems come with **chronic activation**. When the alarm is pressed day after day through ongoing stress, poor sleep, and constant rumination, the system spends more time "on" than it was built for. Many people notice this as fatigue, irritability, poorer sleep, trouble concentrating, and a lower threshold for anxiety. You don't need to measure your cortisol. You need to give your system regular, reliable "off" periods.

The stress cycle: finishing what the alarm started

Your alarm system was built for threats you could run from or fight, and physical action helped burn off the surge. Modern stressors, like an email, a deadline, or a tense conversation, activate the same system but give you nothing physical to do. You sit still, flooded, and the energy has nowhere to go.

A practical idea: **give your body a way to complete the response**. Options:

- **Movement.** A brisk ten-minute walk, stairs, jumping jacks, or a short workout.
- **Slow exhale breathing.** You'll learn this in Lesson 2.3.
- **A physical release.** Shaking out your hands and arms, stretching, or tensing and releasing muscles (Lesson 4.3).
- **Social connection.** A genuine, warm exchange with someone you trust.
- **Crying or laughing.** Both are natural physical releases.

These aren't luxuries. They're how the alarm cycle is designed to close.

Timing matters

Because adrenaline is fast and cortisol is slower, it helps to think in timeframes:

Time since trigger	What's happening	Most useful tools
0-2 minutes	Adrenaline surge; peak body sensations	Long-exhale breathing, grounding, naming
2-30 minutes	Surge fading if not re-fueled; cortisol rising	Movement, the Four-Question Check, returning to the task
Hours to days	Sustained stress load	Sleep, routines, worry scheduling, values-based action

This is why cognitive tools like thought-checking work better *after* the first physical wave passes. In the first two minutes, work with your body. After that, your thinking brain is more available.

What adds fuel, and what doesn't

Things that tend to keep the alarm going:

- Replaying and “what-if-ing”
- Checking, googling, and reassurance-seeking
- Lots of caffeine or other stimulants
- Alcohol, especially as it wears off
- Scrolling alarming news
- Staying completely still and bracing

Things that tend to help it come down:

- Slow exhales
- Movement
- Naming the feeling, then turning back to the task
- Warm social contact
- Sleep and regular meals

Imagine this

Jordan, a trial attorney, feels a surge as the judge enters. For the first minute she lets the sensations be there and does two long exhales. She tells herself, “Adrenaline. It’ll peak and pass.” By the time she stands to speak, the surge has partly settled and she’s thinking clearly. That evening, instead of replaying the hearing on the couch, she walks for twenty minutes. That’s her way of finishing the cycle.

Action Step

Complete **Worksheet 2.2: My Fuel and Brake List**. List the things in your life that add fuel to the alarm and the things that engage the brake. Then pick one way to finish the stress cycle that you’ll use after your most stressful recurring event each week. Schedule it.

Lesson 2.3: Working With Your Breath to Signal Safety

Breathing is the one part of your autonomic nervous system you can easily control on purpose. That makes it a direct line to the brake pedal. This lesson teaches a few simple, well-supported breathing patterns and the mistakes to avoid.

Why the exhale matters

When you inhale, your heart rate speeds up slightly. When you exhale, it slows down slightly. This normal rhythm is called *respiratory sinus arrhythmia*, and it's partly driven by the vagus nerve, a major pathway of the parasympathetic “brake.” **Making your exhale longer than your inhale gives the brake more time.** This is the core principle behind most calming breathing techniques.

The second principle is **slower, not deeper**. Many anxious people are told to “take a deep breath” and respond by gulping big breaths into the upper chest, which can actually increase lightheadedness. You want gentle, slow, low breathing, not big, forceful breathing.

Protocol 4: Long-Exhale Breathing

The basic pattern (use anywhere):

1. Breathe in gently through your nose for a count of 4.
2. Breathe out slowly through your nose or pursed lips for a count of 6 to 8.
3. Repeat for 1 to 5 minutes.

If 4 in and 6 out feels like a strain, try 3 in and 5 out. The ratio matters more than the numbers. Nobody can tell you're doing it, which makes it ideal for meetings.

The physiological sigh, or cyclic sighing (fast reset):

1. Inhale through your nose.
2. Take a second, shorter “top-up” inhale through your nose to fill up your lungs.
3. Let out one long, slow exhale through your mouth.
4. Repeat 1 to 3 times for a quick reset, or keep going for up to 5 minutes.

A 2023 study published in *Cell Reports Medicine* by a Stanford team (Balban and colleagues) compared several five-minute daily breathing practices with mindfulness meditation. Participants who practiced cyclic sighing daily for a month showed greater improvements in positive mood and reductions in breathing rate compared with the mindfulness group. It was one study with a modest sample, but it fits well with the long-exhale principle.

Box breathing (for focus under pressure):

Inhale for 4, hold for 4, exhale for 4, hold for 4. Some people find the structure steadying. If holding your breath makes you feel *more* anxious, skip the holds and just use long exhales.

Low breathing: where the breath goes

Put one hand on your chest and one on your belly. Breathe normally. If the top hand moves a lot and the bottom one barely moves, you're breathing high in your chest, which is common under stress. Practice letting your belly gently rise on the inhale and fall on the exhale, with your shoulders relaxed. Don't force it. Just invite it.

Common mistakes

Mistake	Why it backfires	Fix
Huge, fast "deep breaths"	Can cause lightheadedness and tingling	Slow and gentle, not big
Only practicing in a crisis	The skill isn't automatic when you need it	Practice daily when calm
Forcing it and counting obsessively	Turns breathing into a performance	Aim for "slower-ish," not perfect
Expecting instant calm	Leads to "it doesn't work"	Expect a 1–3 point drop, not zero
Using breathing to escape feelings	Can become another form of avoidance	Breathe <i>with</i> the feeling, not against it

The last one is important and subtle. Breathing is a tool to help you ride the wave, not a way to make every uncomfortable sensation vanish immediately. If you find yourself thinking "I *must* calm down right now," let that go. Try "I'm going to breathe slowly while this is here."

A note on sensitivity

Some people, especially those who get anxious about body sensations, find that focusing on their breath initially makes them *more* aware of physical feelings and more anxious. If that's you:

- Keep your eyes open and focus on something external while you breathe.
- Pair breathing with movement, like walking at a pace of four steps in and six steps out.
- Or start with the grounding tools in Lesson 4.2 and return to breathing later.

People with respiratory, cardiac, or other medical conditions should check with their doctor about breathing practices that involve holds or unusual patterns.

Building the habit

A skill you haven't practiced won't be there when you're at a 7. Attach breathing practice to something you already do every day:

- Three physiological sighs before opening your laptop in the morning
- One minute of 4-6 breathing at every red light or while waiting for the kettle
- Five minutes of cyclic sighing before bed

Action Step

Use **Worksheet 2.3: The Breathing Practice Log**. Practice Long-Exhale Breathing for five minutes a day for seven days, when you're calm. Rate your anxiety before and after each session. Mark which pattern worked best for you, and choose one "anchor habit" to attach it to permanently.

Lesson 2.4: The Somatic Toolkit: 12 Brief Body-Based Resets

Anxiety lives in the body, and sometimes the fastest way to change how you feel is through the body rather than through your thoughts. These twelve interventions are short, specific, and practical. None of them is yoga or meditation. Most take under two minutes, and many can be done without anyone noticing.

Think of this as a menu. You won't use all twelve. You'll test them and keep the three or four that work for you.

Protocol 5: The Somatic Reset: 12 interventions

Breath-based

1. **Physiological sigh.** A double inhale through the nose, then a long exhale through the mouth, done 1 to 3 times. (See Lesson 2.3.) *Discreet? Mostly.*
2. **4-6 breathing.** Inhale for 4, exhale for 6, for one minute. *Discreet? Fully.*
3. **Humming exhale.** Hum gently on a long exhale, 5 times. The vibration and the lengthened exhale can be soothing. *Discreet? In the car, bathroom, or hallway.*

Temperature and sensation

4. **Cold water reset.** Splash cold water on your face or hold something cold against your wrists or the back of your neck for 30 to 60 seconds. Cold water on the face can trigger the mammalian dive reflex, which slows the heart rate. *Discreet? In the bathroom. (Skip or check with your doctor if you have a heart condition.)*
5. **Warmth.** Wrap your hands around a warm mug, or put a warm hand over your sternum. Warmth tends to signal safety. *Discreet? Fully.*

6. **Strong sensory anchor.** Smell something strong like peppermint or coffee beans, taste something sour or minty, or press your thumbnail gently into your fingertip. A strong sensation pulls your attention into the present. *Discreet? Mostly.*

Muscle and movement

7. **Tense and release.** Clench your fists, your feet, or your whole body for 5 seconds, then release for 10 seconds, 3 times. (This is a quick version of Lesson 4.3.) *Discreet? Hands and feet, fully.*
8. **Shake it out.** Shake your hands, arms, and legs loosely for 30 to 60 seconds, the way animals shake off tension. *Discreet? Bathroom or private space.*
9. **Brisk movement burst.** Take the stairs, walk quickly for two to ten minutes, or do 20 squats. This gives the adrenaline somewhere to go. *Discreet? A “quick walk” is socially invisible.*
10. **Unclench the three.** Drop your jaw, drop your shoulders, and soften your hands. These three spots hold tension for most people. *Discreet? Fully.*

Orientation and posture

11. **Orienting.** Slowly turn your head and let your eyes land on objects around the room, one at a time, taking in shapes and colors. Look toward the edges of your vision. This counters the tunnel vision of threat mode and tells your brain, “I’ve looked around, and I’m safe here.” *Discreet? Fully.*
12. **Grounded posture.** Put both feet flat on the floor and press them down. Feel your back supported by the chair. Let your weight settle for 30 seconds. *Discreet? Fully.*

Matching tools to states

Different states respond to different tools:

If you feel...	Try first
Revved up, jittery, restless	9 (movement), 8 (shake), 4 (cold)
Tight, braced, clenched	10 (unclench), 7 (tense-release), 12 (grounded posture)
Panicky, breathing fast	1 (sigh), 2 (4-6), 4 (cold)
Foggy, unreal, detached	6 (strong sensation), 11 (orienting), 12 (grounded posture)
Low-grade, background hum	5 (warmth), 3 (humming), 2 (4-6)

How to test the menu

For two weeks, whenever you notice anxiety at a 4 or higher:

1. Rate it from 0 to 10.
2. Use one intervention.
3. Rate it again two minutes later.
4. Note the setting (meeting, home, car).

After two weeks you'll have real data on which tools lower *your* anxiety in *your* settings. Keep your top three to five tools. These become your **printable Somatic Reset Cards** (in the workbook), which you can keep in your wallet, phone case, or desk drawer.

Using somatic tools wisely

- **Aim for “down a notch,” not “gone.”** A drop from 6 to 4 is a win.
- **Combine them with Notice, Name, Navigate.** Notice the body, name the loop, and use a somatic tool as your Navigate move.
- **Watch for avoidance creep.** If you start *needing* a tool before you can face any situation, it may have become a safety behavior. Lesson 5.1 explains why that matters and how to gradually let go of it.

Action Step

Complete **Worksheet 2.4: The Somatic Reset Test Log and Cards**. Test at least six of the twelve interventions over the next two weeks and record your ratings before and after. Then fill in the printable Somatic Reset Cards with your top three to five tools. Cut them out and put them where you'll see them.

Lesson 2.5: Lifestyle Levers: Sleep, Caffeine, Alcohol, Movement, and Food

Your daily conditions set your baseline, which is the resting level your alarm system starts from each day. If your baseline is a 2, a stressful email pushes you to a 5. If it's a 5, the same email pushes you to an 8. You'll get the most out of every other tool in this course by making small, sustainable adjustments to five lifestyle levers.

This lesson is general education, not medical advice. Talk to your doctor before making major changes to diet, exercise, alcohol, or any medication, and never stop a prescribed medication without medical guidance.

Lever 1: Sleep

Sleep and anxiety feed each other. Anxiety makes sleep harder, and poor sleep lowers your threshold for anxiety the next day. Basic sleep supports:

- **A consistent wake time**, even on weekends. This is the most powerful anchor for your body clock.
- **Morning light**. Get outdoor light within an hour or so of waking, even on a cloudy day.
- **A wind-down buffer**. Set aside 30 to 60 minutes before bed with dimmer lights and no work email.
- **A cool, dark, quiet bedroom**.

You'll find specific tools for an anxious mind at bedtime in Lesson 5.4.

Lever 2: Caffeine

Caffeine is a stimulant. It produces physical sensations like a faster heart rate, jitteriness, and restlessness that overlap heavily with anxiety. In people prone to anxiety, those sensations can be misread as anxiety and kick off the loop. Caffeine also lingers in the body for hours, so afternoon coffee can affect your sleep.

Practical experiments:

- **Cut back gradually**. Stopping suddenly can cause headaches and irritability.
- **Set a cutoff time**, such as no caffeine after noon or 1pm.
- **Watch for hidden caffeine** in tea, soda, energy drinks, pre-workout supplements, and some pain relievers.
- **Eat before your first coffee**, especially if mornings are hard.

Check your week-one tracker (Worksheet 1.4). Do your spikes line up with caffeine?

Lever 3: Alcohol

Alcohol can feel like it lowers anxiety in the moment, which is exactly what makes it tricky. Many people notice more anxiety the next day, sometimes called “hangxiety.” Alcohol also disrupts sleep later in the night. If alcohol has become your main way to come down after a hard day, it's worth experimenting with other ways to finish the stress cycle (Lesson 2.2).

If you find it hard to cut back, or you drink to manage anxiety most days, please talk to a doctor. That's exactly the kind of pattern where professional support helps. Stopping heavy, regular drinking suddenly can be medically risky, so get medical advice first.

Lever 4: Movement

Regular physical activity is one of the most consistently recommended lifestyle supports for mood and anxiety in the research literature. Movement also gives you a regular way to finish the stress cycle. You don't need an intense program:

- **Daily walking**, ideally outdoors.
- **Something that raises your heart rate** a few times a week. There's a bonus here: it teaches your brain that a pounding heart can be safe, which helps if your anxiety is sensitive to body sensations.
- **Movement snacks**. Two to five minutes of stairs, stretches, or squats between meetings.

Lever 5: Food, water, and blood sugar

Skipping meals and running on caffeine can produce shakiness, irritability, and lightheadedness, which feel a lot like anxiety. Simple supports:

- **Regular meals**, including protein and fiber, especially breakfast and lunch on busy days.
- **Water** through the day.
- **A snack before high-stakes events** if you tend to skip meals under pressure.

Other levers worth a look

- **News and social media**. Set specific times to check instead of scrolling all day. Consider keeping them out of the first and last hour of your day.
- **Screens in the bedroom**. Charge your phone outside the bedroom if you can.
- **Connection**. Regular, warm contact with people you trust is protective. Isolation tends to amplify anxiety.
- **Nature and daylight**. Time outside is a low-effort way to lower your baseline.

Change one thing at a time

You'll be tempted to overhaul everything at once. Don't. Pick **one lever**, change it in a small way for two weeks, and track your results. If it helps, keep it and add another.

Action Step

Complete **Worksheet 2.5: My Lifestyle Lever Audit**. Rate each lever as green (fine), yellow (could improve), or red (a clear amplifier), using your Worksheet 1.4 data. Choose one lever and write a specific two-week experiment for it, such as "No caffeine after 12pm, Monday through Friday." Then track the result.

Module 3: Cognitive Patterns and Thought Work

Anxious thoughts feel like facts, but they're predictions, and often biased ones. This module teaches the core ideas of cognitive behavioral approaches in practical form: how to spot the common thinking traps, how to test anxious thoughts with the Four-Question Check, how to build tolerance for uncertainty, and how to contain worry so it stops taking over your day.

Lesson 3.1: Identifying Catastrophic Thinking Patterns

In the 1960s, psychiatrist Aaron Beck noticed that his patients' emotional distress was tied to automatic thoughts that followed predictable, biased patterns. He called these patterns cognitive distortions. Psychiatrist David Burns later made them widely known in his 1980 book *Feeling Good*. These patterns aren't signs of stupidity or weakness. They're mental shortcuts that everyone uses, and anxiety tends to over-use them.

Why “catastrophic”?

The thinking pattern most strongly tied to anxiety is **catastrophizing**, where you jump to the worst possible outcome and treat it as likely. It usually has two parts:

1. **Overestimating the probability:** “This *will* go wrong.”
2. **Underestimating your ability to cope:** “And if it does, I *won't* be able to handle it.”

Most anxiety thought work comes down to correcting both parts.

The eight thinking traps that drive most anxiety

Trap	What it sounds like	Example
Catastrophizing	“This will be a disaster.”	“If I stumble in this pitch, the whole deal is dead and my reputation is ruined.”
Fortune-telling	“I just know it'll go badly.”	“They're going to say no.”
Mind-reading	“They think I'm ____.”	“My boss's short reply means she's disappointed in me.”
All-or-nothing thinking	“If it's not perfect, it's a failure.”	“One typo means the whole report is sloppy.”

Trap	What it sounds like	Example
Overgeneralizing	"This always happens."	"I always freeze in meetings."
"Should" statements	"I should be able to handle this."	"I shouldn't be anxious about something this small."
Emotional reasoning	"I feel it, so it must be true."	"I feel like something bad is about to happen, so it probably will."
Discounting the positive	"That doesn't count."	"The client liked it, but they were just being polite."

Two more deserve a mention for high-functioning people:

- **Magnified responsibility:** "If anything goes wrong, it's on me to have prevented it."
- **What-if chaining:** "What if the flight is delayed, and then I miss the connection, and then I miss the meeting, and then..." Each link seems plausible, but the whole chain is very unlikely.

How to catch traps in the wild

Distortions are fast and they feel true. You'll catch them more easily if you:

1. **Write the thought down, word for word.** "I'm going to get fired" looks different on paper than it feels in your head.
2. **Look for trap words**, like *always, never, everyone, disaster, ruined, can't, should, must, what if*.
3. **Ask, "Which trap is this?"** Just naming it creates some distance, the same way naming the anxiety loop does in Notice, Name, Navigate.

Thoughts often contain several traps at once. "I always mess up presentations, and everyone will see I'm a fraud" has overgeneralizing, fortune-telling, mind-reading, and catastrophizing all in one sentence.

Hot thoughts

Not every thought during an anxious moment is equally important. Look for the **hot thought**, the one that carries the most emotional charge. A good way to find it is to keep asking, "And if that's true, what would it mean?"

- "The client hasn't replied." → *What would that mean?*
- "They're unhappy with the proposal." → *And if that's true?*
- "We'll lose the account." → *And if that's true?*
- "I'll have failed my team, and they'll think I'm not up to the job." ← **hot thought**

The hot thought is what you'll test in Lesson 3.2. Working on surface thoughts ("they haven't replied") brings only a little relief. Working on the hot thought brings real relief.

What thought work is and isn't

Cognitive work is **not** positive thinking. You're not replacing "This will be a disaster" with "Everything will be perfect." You're aiming for thoughts that are **more accurate, more balanced, and more useful**. Often that sounds like: "This might not go perfectly, and if it doesn't, it would be uncomfortable, and I would handle it."

It's also not about arguing with yourself endlessly. If you find yourself building a legal case against every anxious thought, several times a day, that can turn into another form of rumination. Lesson 3.3 covers what to do instead.

Imagine this

Sam, a software engineer, has a thought before his performance review: "I'm going to get a terrible review and be put on a performance plan." He writes it down and spots fortune-telling and catastrophizing. He follows it down: "...and then I'll be fired, and I'll never find another job this good." That's the hot thought, and it has what-if chaining and overgeneralizing on top. Just seeing all this laid out on paper drops his anxiety from 7 to 5, before he has done any challenging at all.

Action Step

Complete **Worksheet 3.1: The Thinking Trap Log**. For five days, write down one anxious thought a day, word for word. Identify which traps it contains, and follow it down with "And if that's true, what would it mean?" until you find the hot thought. Bring these hot thoughts to Lesson 3.2.

Lesson 3.2: Challenging Anxious Thoughts With Evidence: The Four-Question Check

Once you've caught a hot thought, you can test it. Not argue with it, and not suppress it. Test it, the way a good scientist or a fair judge would. The Four-Question Check condenses the core of CBT-style thought evaluation into four questions you can run in two minutes on paper, or in thirty seconds in your head once you've practiced.

Protocol 6: The Four-Question Check

Question 1: What's the evidence, for and against?

List the *facts* (not feelings or interpretations) that support the thought, and the facts that don't. Be a fair witness.

- *Hot thought:* “My boss thinks I’m incompetent.”
- *For:* She rewrote two slides in my deck. Her reply to my email was short.
- *Against:* She gave me the Q4 project. She thanked me in last week’s meeting. She sends short replies to everyone. She rewrites everyone’s slides.

Question 2: What’s the most likely outcome, not the worst or the best?

Anxiety jumps straight to the worst case. Ask yourself, “If I think about all the ways this could go, what’s most likely? Based on past experience, what usually happens?”

- *Worst:* She’s building a case to fire me.
- *Best:* She thinks I’m brilliant, and the edits were random.
- *Most likely:* She’s busy, she has strong opinions about slides, and she thinks I’m solid.

Question 3: If the feared outcome did happen, how would I cope?

This addresses the second half of catastrophizing, which is underestimating your ability to cope. Get specific: “If she really does have concerns, I’d ask for direct feedback. I’d work on the specific issues. I’d use my network. I’ve dealt with difficult feedback before, including ____.”

You’re not saying the bad outcome would be fine. You’re recognizing that you’d have options and resources.

Question 4: What would I tell a friend, and what’s a more balanced thought?

People are much fairer to friends than to themselves. Imagine a respected colleague brought you this exact situation. What would you say? Then write a **balanced thought** that is believable and accurate, not just cheerful.

- *Balanced thought:* “I don’t have evidence that she thinks I’m incompetent, and I do have evidence that she trusts me with important work. The edits are probably about her style. If I want clarity, I can ask for feedback in our next one-on-one.”

Rate before and after

- Rate how much you believe the hot thought (0–100%) *before* and *after*.
- Rate your anxiety (0–10) *before* and *after*.

A typical result is something like believing the thought drops from 80% to 40%, and anxiety drops from 7 to 4. That’s a real, meaningful shift. Don’t expect it to fall to zero.

Common problems and fixes

Problem	Fix
"I know the balanced thought is true, but I don't <i>feel</i> it."	That's normal. Feelings lag behind thinking. Repetition, and acting on the balanced thought, closes the gap over time.
"I can't find any evidence against it."	Ask: "What would someone who loves me point out? What happened the last ten times?"
"The feared outcome actually is likely."	Then it may be a real problem. Go back to the Worry Sort (Lesson 1.3) and use problem-solving.
"I keep running the check over and over."	Limit it to one check per thought per day. After that, use the tools in Lessons 3.3 and 3.4.
"The balanced thought sounds fake."	Make it smaller and more honest: "I don't know for sure, and I've gotten through things like this before."

Using it in real time

Once you've done the written version ten or so times, you can do a quick version in your head:

1. *Evidence?* "Mixed at best."
2. *Most likely?* "She's busy."
3. *Could I cope?* "Yes, I'd ask."
4. *Friend version?* "You're reading tea leaves."

This quick version is one of the cards in the Real-Time Toolkit (Lesson 4.1).

A note on timing

Remember Lesson 2.2. If your anxiety is at 8 or higher, your thinking brain is only partly available. Use your body tools first to bring it down a couple of points. Then run the check.

Imagine this

Aisha, a new department head, has a hot thought: "The team will see I'm not ready for this." Evidence *for*: two tense meetings, and one person is openly skeptical. Evidence *against*: she was chosen from six candidates, four team members have asked her for advice, and she has led through a hard transition before. Most likely: some people are adjusting, and she's learning. Coping: she'd ask her mentor for advice and meet one-on-

one with the skeptic. Balanced thought: “I’m new, so some awkwardness is expected. The evidence says I was chosen for good reasons, and I’m building trust.” Belief in the hot thought drops from 85% to 45%, and her anxiety drops from 7 to 4.

Action Step

Complete **Worksheet 3.2: The Four-Question Check**, which includes the printable pocket card version. Work through three hot thoughts from your Worksheet 3.1 log using the full written format. Rate your belief and anxiety before and after each one. Then practice the quick in-your-head version once a day for a week.

Lesson 3.3: Reframing Uncertainty as a Skill You Can Practice

For many anxious people, the core problem isn’t any specific fear. It’s **not knowing**. The test result, the reorg announcement, the text that hasn’t been answered. Researchers Michel Dugas, Robert Ladouceur, and colleagues have studied this as **intolerance of uncertainty**, a tendency to find uncertainty stressful and to feel you must eliminate it. It’s closely linked to chronic worry.

The key insight is that **you can’t eliminate uncertainty from life, but you can become more tolerant of it**. That tolerance is a skill, and like any skill, it improves with practice.

How intolerance of uncertainty works

When uncertainty is hard for you, you try to get rid of it with **certainty-seeking behaviors**:

- Checking (email, bank accounts, locks, your body)
- Googling and researching far beyond what’s useful
- Asking for reassurance (“Are you sure it’s fine?”)
- Over-preparing and over-planning
- Refusing to delegate
- Putting off decisions until you’re “sure”
- Avoiding new or unpredictable situations

Each behavior brings brief relief. But it also teaches your brain two lessons: “Uncertainty is dangerous” and “I can’t cope without checking.” Over time your tolerance *shrinks*, and you need more certainty to feel okay.

The shift: from “I need to know” to “I can live with not knowing”

Thought work (Lesson 3.2) asks, “Is this thought accurate?” Uncertainty work asks something different: **“Can I tolerate not knowing, and act anyway?”** This comes partly from Acceptance and Commitment Therapy (ACT), developed by psychologist Steven Hayes and colleagues. ACT focuses less on changing the content of thoughts and more on changing your relationship with them.

Some useful phrases:

- “I don’t know, and I can live with not knowing.”
- “Maybe, maybe not.”
- “This is the feeling of uncertainty. It’s uncomfortable, not dangerous.”
- “I’ll deal with it if and when it happens.”

Protocol 7: Uncertainty Reps

You build tolerance by deliberately practicing small doses of uncertainty, starting easy and gradually working up. Think of it as strength training.

Level 1: Low stakes

- Order something new at a restaurant without reading the reviews.
- Send a routine email without rereading it.
- Take a new route to work without a map app.
- Watch a movie without looking up the plot or ratings.
- Leave your phone in another room for an hour.

Level 2: Medium stakes

- Delegate a task and don’t check on it until the deadline.
- Make a small decision (under \$100, a weekend plan) in five minutes, not fifty.
- Let a text go unanswered for a few hours without checking whether it’s been read.
- Share a draft that’s “good enough” instead of polished.

Level 3: Higher stakes

- Hold off on googling a minor symptom and wait for your scheduled appointment instead.
- Make a work decision with 80% of the information.
- Accept an invitation to something unfamiliar.

How to do a rep:

1. Choose the rep and predict how anxious you’ll get (0-10) and what you think will happen.

2. Do it. Don't use a safety behavior like checking or asking for reassurance.
3. Notice the discomfort. Label it: "This is uncertainty."
4. Afterward, write down what actually happened and how anxious you actually got.
5. Ask: "What did I learn about my ability to handle not knowing?"

Most people find that the anxiety is lower than predicted, and that it passes faster than expected. They also usually find that the bad outcome didn't happen, or that when something did go a bit wrong, they handled it.

Acceptance isn't resignation

Tolerating uncertainty doesn't mean not caring or not preparing. You can prepare *reasonably* for the presentation, get *reasonable* medical care, and make *reasonable* plans. The difference is that you stop at "reasonable" instead of chasing "certain." A useful test: **"Is this action making the outcome better, or just making me feel more certain?"**

Imagine this

Ben, a finance manager, checks his work email about forty times a day, including nights and weekends, "in case something blows up." He starts with Level 1 reps, like not checking during dinner. His predicted anxiety is 7, and his actual anxiety is 5, then 3 after twenty minutes. Nothing blows up. Two weeks later he's checking at set times only: 9am, noon, 3pm, and 5pm. He finds that urgent matters reach him by phone anyway. His evenings feel noticeably quieter.

Action Step

Complete **Worksheet 3.3: The Uncertainty Reps Ladder**. List your certainty-seeking behaviors. Then build a ladder of ten reps from Level 1 to Level 3, tailored to your life. Do at least one rep a day for two weeks and log your predicted and actual outcomes.

Lesson 3.4: Worry Scheduling and the Spiral Interruption Guide

Anxious worry tends to leak into every part of your day, like meetings, dinners, and bedtime. This lesson gives you two protocols. The Worry Window contains worry to a set time. The Spiral Interruption Guide gives you a step-by-step way out of a spiral when it's already underway.

Protocol 8a: The Worry Window

Worry postponement, sometimes called stimulus control for worry, was studied by Thomas Borkovec and colleagues in the early 1980s. They found that setting aside a specific time

and place for worrying, and postponing worry to that window during the rest of the day, reduced time spent worrying. The idea is simple: you don't ban worry, you schedule it.

Setting it up:

1. **Choose a time.** 15 to 20 minutes a day, at the same time each day. Not within two hours of bedtime. Late afternoon or early evening works well for most people.
2. **Choose a place.** Somewhere other than your bed or where you relax. A specific chair or desk.
3. **Keep a "worry parking lot."** Use a notes app or a small notebook.

During the day:

1. When a worry shows up, **Notice and Name it:** "That's a worry."
2. Write it in the parking lot in a few words.
3. Tell yourself: "I'll think about this at 5:30."
4. Gently bring your attention back to what you're doing. The worry will come back. Park it again. Returning to the task is the skill.

During the window:

1. Read your parking lot list. Many worries will already feel less urgent or will have resolved themselves. Cross those off.
2. For the rest, run the **Worry Sort** (Lesson 1.3). Turn productive worries into next actions.
3. For spirals, use the **Four-Question Check** (Lesson 3.2) or simply practice the uncertainty phrase: "I don't know, and I can live with that."
4. When the timer ends, **stop**. Do something that marks a transition, like a walk, cooking, or a shower.

Some people find it strange at first to worry on purpose. After a week or two, most notice that worries feel more manageable because they know there's a set time for them.

Protocol 8b: The Spiral Interruption Guide

Sometimes you're already deep in a spiral. It's 11pm, or mid-commute, or during a quiet afternoon, and you're three layers into "what if." Use this guide, step by step. Don't skip ahead.

Step 1: Stop and label (10 seconds). Say silently or out loud: "I'm in a spiral. This is my mind, not the situation." This brings Notice and Name into the moment.

Step 2: Exhale (60 seconds). Do three physiological sighs or one minute of 4-6 breathing. This lowers the physical intensity so your thinking brain can help.

Step 3: Sort (30 seconds). Ask: “Is there a real problem here I can act on in the next 24 hours?” - **Yes:** Write down the next action and when you’ll do it. Go to step 5. - **No:** Go to step 4.

Step 4: Postpone or accept (30 seconds). Choose one: - **Postpone:** Write it in the worry parking lot for your next Worry Window. - **Accept:** “Maybe, maybe not. I don’t know, and I can live with not knowing.”

Step 5: Redirect (2 to 10 minutes). Put your attention into something absorbing and physical or sensory. You can walk, cook, tidy, or talk to someone about something else. At night, use the tools in Lesson 5.4. Don’t pick something passive, like scrolling, because the mind will go straight back to the spiral.

Step 6: Expect return, and repeat kindly. The spiral may come back in ten minutes. That’s normal. Repeat from step 1, more briefly. Every time you step out of the spiral, you’re strengthening the skill, even if it takes several tries.

What the guide isn’t for

The Spiral Interruption Guide is for everyday worry spirals. If spirals are taking up hours of your day, if they involve disturbing, unwanted thoughts that you feel compelled to neutralize, or if your worry comes with hopelessness or thoughts of harming yourself, that’s a sign to get professional support (see Lesson 6.4). **If you’re in crisis or thinking about harming yourself, call or text 988 (US) or your local emergency number.**

Imagine this

Elena, a small-business owner, spends every evening spiraling about cash flow. She sets a Worry Window for 5:30 to 5:50pm at her kitchen table. During the day she parks worries in her phone. At 5:30 she sorts them. Two become actions (call the accountant, send overdue invoices), three she crosses off, and one (“What if the business fails in five years?”) she answers with “Maybe, maybe not. I’m taking the right steps today.” When that same worry comes back at 10pm, she runs the Spiral Interruption Guide. She labels it, sighs, sees that it’s already parked, and redirects to reading. It comes back twice more, more weakly each time.

Action Step

Complete **Worksheet 3.4: My Worry Window Setup and Spiral Interruption Guide.** Choose your window’s time and place, set up your parking lot, and run the Worry Window every day for two weeks, using the log on the worksheet. Cut out the Spiral Interruption Guide card and keep it by your bed or in your wallet.

Module 4: Building Your Personal Toolkit

Now you pull everything together into tools you can use in real life, at real speed. This module covers the discreet Real-Time Toolkit for when anxiety hits mid-meeting, a grounding toolkit, progressive muscle relaxation, what to do when panic or very hard feelings show up, and your written, personalized Anxiety Response Plan.

Lesson 4.1: The Real-Time Toolkit: What to Do Mid-Meeting, Mid-Anything

Most anxiety advice assumes you can step away, lie down, or go for a long walk. Real life rarely allows that. Anxiety hits at 2pm on a Tuesday, when you're mid-meeting, mid-decision, or mid-bedtime routine with a toddler. This lesson gives you a toolkit you can use without anyone noticing.

Protocol 9: The Real-Time Toolkit

The toolkit is organized by how much time and privacy you have.

Tier 1: Invisible (0 to 60 seconds, in front of people)

These work in a meeting, on a video call, at a dinner table, or on stage.

- **The 4-6 breath.** Inhale for 4, exhale for 6, through your nose. No one can tell.
- **Unclench the three.** Drop your jaw, drop your shoulders, and soften your hands.
- **Feet on the floor.** Press your feet down and feel the chair supporting you.
- **Name it silently.** "Anxiety loop, triggered by _____. It'll peak and pass."
- **Relabel.** "This is energy for the task," or "My body is getting ready."
- **Anchor your eyes.** Rest your gaze on one neutral object, like a pen or a coffee cup, and notice its details for three breaths.
- **Hand press.** Press your fingertips together firmly under the table, or press your palms against your thighs, for five seconds. Then release.
- **Sip something.** Taking a slow sip of water naturally slows your breathing and buys you a moment.

Tier 2: Semi-private (1 to 5 minutes, a quick step away)

These work in a bathroom, hallway, car, or stairwell, or when you're "grabbing a coffee."

- **Three physiological sighs.**
- **Cold water** on your face or wrists.
- **Shake out** your hands and arms for 30 seconds.

- **The quick Four-Question Check** (Lesson 3.2), in your head or in a note on your phone.
- **A brisk walk** up and down the stairs.
- **5-4-3-2-1 grounding** (Lesson 4.2).

Tier 3: Private (5 to 20 minutes)

These work between meetings, at lunch, or after the kids are in bed.

- **The full written Four-Question Check.**
- **The Spiral Interruption Guide** (Lesson 3.4).
- **Short progressive muscle relaxation** (Lesson 4.3).
- **A 10 to 20 minute walk**, ideally outside.
- **A call with a steadying person.**

Scripts for when you need a moment

Sometimes the best move is a brief, graceful pause. Have a few lines ready:

- “Let me think about that for a second.” *(Buys 5 to 10 seconds for a breath.)*
- “Good question. Let me make sure I answer that properly.” *(Buys time and sounds thoughtful.)*
- “Can we take five? I want to grab some water.” *(A reasonable request in most meetings over an hour.)*
- “I’ll follow up with details by end of day.” *(Takes the pressure off answering on the spot.)*
- “I need to step out for a minute. Go ahead without me.” *(For a quick Tier 2 reset.)*

None of these reveal that you’re anxious, and they’re all normal professional behavior. Confident, composed people use them all the time.

Staying in the room

Here’s an important principle: **the best real-time tool usually lets you stay in the situation, not escape it.** Tier 1 tools help you ride the wave while you keep doing what you were doing. If you always leave when anxiety rises, you teach your brain the situation was dangerous (see Lesson 5.1). Use Tier 2 and 3 tools when you truly need them, but aim to get more and more of your real-time management done with Tier 1 while staying put.

Choosing your moves in advance

Remember from Notice, Name, Navigate that anxious brains are bad at designing plans on the fly. Before your known high-stress situations, decide:

- **My Tier 1 move:** ____

- **My Tier 2 move, if needed:** ____
- **My script, if I need a pause:** ____

Imagine Chris, a consultant who dreads the Monday client stand-up. His plan: a 4-6 breath and feet on the floor when he's about to speak. If his anxiety goes over 7, he'll say "Let me pull that number and follow up." After the meeting, he'll take a five-minute walk. Having it decided in advance means he's not scrambling in the moment. Over a month, the stand-up goes from dreaded to mildly annoying.

Printable toolkit cards

The workbook includes printable **Real-Time Toolkit Cards**: one for each tier, plus a card with your scripts. Keep a photo of them on your phone and a paper copy in your wallet or desk. They're there when your thinking brain isn't.

Action Step

Complete **Worksheet 4.1: My Real-Time Toolkit Cards**. Choose your top three Tier 1 moves, your top two Tier 2 moves, and your top two Tier 3 moves, based on what you've tested in Modules 2 and 3. Write two pause scripts in your own words. Then fill in a pre-decided plan for your three most common high-stress situations.

Lesson 4.2: Assembling a Grounding Technique Toolkit

Grounding means bringing your attention firmly into the present moment through your senses and body. Anxiety lives in the future ("what if"), and rumination lives in the past ("why did I"). Grounding brings you back to now, where there's usually no immediate emergency.

Grounding is especially helpful when you're overwhelmed, spiraling, or feeling detached or "unreal," a state that can accompany strong anxiety.

Five core grounding techniques

1. 5-4-3-2-1 (senses)

Name, silently or out loud: - **5** things you can see - **4** things you can physically feel (the chair under you, your feet in your shoes, the air on your skin) - **3** things you can hear - **2** things you can smell (or two smells you like, if nothing is around) - **1** thing you can taste (or one thing you're grateful for)

Go slowly. Describe each item in detail: "A blue mug with a chip on the handle," not just "mug."

2. Categories (mental)

Choose a category and list items from it: dog breeds, cities starting with “B,” players on your favorite team, ingredients in a recipe you know well. This gives your working memory a task, which crowds out worry. It’s excellent at night and on commutes.

3. Describe the room (external focus)

Describe your surroundings as if to someone on the phone who can’t see them: “I’m in a gray office. There’s a window to my left with blinds half-closed. The desk has a laptop, a green notebook...” This is completely discreet if you do it in your head.

4. Body contact (physical)

Feel every point where your body makes contact with something: your feet on the floor, your back against the chair, your hands on the desk, your clothes on your shoulders. Press into each one gently. Notice the pressure, the temperature, and the texture.

5. Grounding object (tactile)

Carry a small object with an interesting texture, like a smooth stone, a ring, a keychain, or a textured card. When anxiety rises, hold it and explore it with your fingers. Over time it can become a cue linked with steadiness.

Grounding statements

Pair any technique with a statement that orients you in time and place:

- “My name is . **Today is** . I’m at ____ . I’m safe right now.”
- “This is a feeling, and feelings pass.”
- “I’m here, in this room, and right now I’m okay.”

Matching grounding to the situation

Situation	Best grounding options
In a meeting	Body contact, describe the room (silently), grounding object
Driving	Describe the road out loud, body contact (hands on the wheel, back on the seat); not eyes-closed techniques
Lying awake at night	Categories, body contact
Feeling unreal or detached	5-4-3-2-1 out loud, grounding object, a strong sensory anchor (Lesson 2.4, #6)

Situation	Best grounding options
With kids around	5-4-3-2-1 as a game (“Let’s find five blue things!”), body contact
After a difficult phone call	Walking plus describing what you see

Grounding versus avoidance

There’s an important difference between **grounding** and **distraction as avoidance**:

- **Grounding** helps you come back to the present so you can function and stay engaged with what’s in front of you.
- **Avoidance** pushes the feeling away so you never have to experience it.

The test: *Am I using this to stay present and keep going, or to escape the feeling entirely?* Grounding that helps you return to your meeting, your conversation, or your sleep is healthy. Grounding used over and over to avoid ever feeling any anxiety at all can keep the loop going.

Practice

Like breathing, grounding works best when it’s familiar. Practice one technique once a day for a week when you’re calm, like on your commute, while waiting in line, or during your morning coffee. By the time you need it, it will be automatic.

Imagine this

Rosa, a teacher and mother of three, feels overwhelmed during the chaos of the after-school pickup, homework, and dinner. She turns 5-4-3-2-1 into a game with her kids in the car: “Five red things!” It grounds her, the kids love it, and no one knows it’s an anxiety tool. At night, when her mind races, she uses categories: “Countries in Africa... Kenya, Ghana, Egypt...” She’s usually asleep before she runs out.

Action Step

Complete **Worksheet 4.2: My Grounding Toolkit**. Practice each of the five core techniques at least once over the next week and rate how well each one worked for you. Choose your top two, write your personal grounding statement, and choose a grounding object. Add your top grounding tool to your Real-Time Toolkit Cards.

Lesson 4.3: Progressive Muscle Relaxation Step by Step

Progressive Muscle Relaxation (PMR) was developed by American physician Edmund Jacobson, who described it in his 1929 book *Progressive Relaxation*. The idea is simple: when you deliberately tense a muscle group and then release it, you notice the contrast, and the release tends to be deeper than if you tried to “just relax.” PMR is one of the most studied relaxation methods and is widely used in stress-management programs.

It’s especially useful for people who carry anxiety as physical tension, like a tight jaw, raised shoulders, a clenched stomach, or restless legs, and for people who have trouble falling asleep.

Before you start

- **Time:** 15 to 20 minutes for the full version, 5 minutes for the short version.
- **Position:** Sitting in a supportive chair or lying down.
- **Tension level:** About 50 to 70% of your maximum. You want to feel it clearly, but it shouldn’t hurt.
- **Caution:** Skip or go very gently with any area that’s injured or painful. If you have a medical condition affecting your muscles or joints, check with your doctor first. Don’t hold your breath while tensing.

The full version (16 muscle groups, simplified to 10)

For each group: **tense for 5 to 7 seconds, then release and relax for 15 to 20 seconds.** As you release, notice the difference between tension and relaxation. You might silently say “release” or “let go.”

1. **Hands and forearms.** Make tight fists. Release.
2. **Upper arms.** Bend your elbows and tense your biceps, like showing off a muscle. Release and let your arms drop.
3. **Forehead.** Raise your eyebrows high. Release.
4. **Eyes and cheeks.** Squeeze your eyes shut. Release.
5. **Jaw and mouth.** Clench your teeth gently and pull the corners of your mouth back. Release and let your jaw hang slightly open.
6. **Neck and shoulders.** Shrug your shoulders up toward your ears. Release and let them drop.
7. **Chest and upper back.** Take a breath and squeeze your shoulder blades together. Release as you exhale.
8. **Stomach.** Tighten your stomach muscles as if bracing for a light poke. Release.
9. **Thighs and buttocks.** Squeeze your thighs and glutes together. Release.
10. **Calves and feet.** Point your toes away from you, then flex them back toward you. Release.

After all ten, spend one minute scanning your body. If you find any leftover tension, repeat that group. Then take three slow breaths before getting up.

The short version (5 minutes)

Combine groups into four:

1. **Arms and hands** (fists and biceps together)
2. **Face, jaw, neck, and shoulders**
3. **Chest, stomach, and back**
4. **Legs and feet**

Tense each for 5 seconds, then release for 15 to 20 seconds. Repeat the whole sequence twice.

The micro version (under 1 minute, discreet)

- Clench your fists and curl your toes inside your shoes for 5 seconds. Release for 10 seconds. Repeat three times.
- Or: shrug your shoulders to your ears for 5 seconds, then drop them. Repeat three times.

This is somatic tool #7 from Lesson 2.4 and works well in the Real-Time Toolkit.

Building the skill: the release-only goal

Over several weeks of regular practice, the aim is to recognize tension earlier and to release it *without* tensing first. Jacobson's original method was designed to develop this kind of fine awareness of muscle tension. A practical progression:

- **Weeks 1-2:** Full version daily (or the short version if you're pressed for time).
- **Weeks 3-4:** Short version daily, and the micro version whenever you notice tension.
- **Week 5 and beyond:** "Release-only." Scan your body, notice a tense area, and let it go without tensing first. Use PMR as a bedtime or weekly reset.

Troubleshooting

Problem	Fix
"I can't relax, I just feel more aware of tension."	Normal at first. Awareness comes before release. Keep going for two weeks.
"My mind wanders."	Expected. Just return to the next muscle group. The structure helps.

Problem	Fix
"I fall asleep."	Great at bedtime. For daytime practice, do it sitting up.
"I get a cramp."	You're tensing too hard. Use 50% effort, and skip the feet if they're prone to cramping.
"Relaxing makes me more anxious."	Some people feel uneasy as they relax. Keep your eyes open, use the short version, and remind yourself the feeling will pass as it becomes familiar.

Imagine this

Tom, a project manager, wakes every morning with a sore jaw and gets tension headaches by afternoon. He starts doing the full PMR before bed. After two weeks he notices he's catching jaw clenching during the day, at his desk, in traffic, and in meetings, and releasing it. The headaches become less frequent. He isn't calm all the time, but his body no longer holds on to every stressful moment.

Action Step

Use **Worksheet 4.3: The PMR Practice Log**. Do the full or short version daily for two weeks, rating your tension from 0 to 10 before and after each session. Note which muscle groups hold the most tension for you, and add the micro version to your Real-Time Toolkit Cards.

Lesson 4.4: When Panic or Hard Feelings Hit: The Wave Protocol

If you're in crisis or thinking about harming yourself, call or text 988 (US) or your local emergency number. The 988 Suicide & Crisis Lifeline is free and confidential, and it's available 24/7 by call, text, or chat. You don't have to be suicidal to reach out. You can also contact them if you're in overwhelming emotional distress.

This lesson is educational. It's not a treatment for panic attacks or panic disorder. If you have panic attacks, especially recurring ones, please work with a licensed clinician. Structured therapy approaches for panic are well established, and a professional can tailor them to you. Please read this lesson alongside Lesson 6.4.

What a panic attack is

A panic attack is a sudden surge of intense fear or discomfort. It typically peaks within minutes and comes with strong physical sensations, such as:

- Pounding or racing heart
- Shortness of breath or a feeling of smothering
- Chest tightness
- Dizziness or lightheadedness
- Tingling or numbness
- Trembling, sweating, hot or cold flashes
- Nausea
- Feeling unreal or detached
- Fear of losing control, “going crazy,” or dying

A panic attack is the same alarm system from Module 2, firing at full intensity. The sensations are extremely uncomfortable and often terrifying, but in a healthy body they are not dangerous in themselves.

Important: Many panic symptoms overlap with medical emergencies, such as heart problems. If you have chest pain, trouble breathing, or symptoms you’ve never had before, or if you have any doubt, **seek emergency medical care**. Get new symptoms checked by a doctor rather than assuming they’re anxiety.

Why panic escalates

Panic often escalates through a feedback loop. You notice a sensation (“My heart’s racing”), interpret it as dangerous (“I’m having a heart attack”), which triggers more adrenaline, which makes the sensation stronger, which seems to confirm the danger. Fighting the sensations (“Stop! Stop!”) tends to feed the loop. The approach below works by **not fighting the wave**.

Protocol 10: The Wave Protocol

Think of the surge as a wave. It rises, peaks, and falls. Your job isn’t to stop it. Your job is to ride it without adding more fuel.

W — Watch and name it. “This is a surge of panic. It’s my alarm system. It’s very uncomfortable, and it will peak and pass.”

A — Allow the sensations. Instead of fighting, let them be there. “My heart is racing. I can let it race. My chest is tight. I can let it be tight.” It sounds backwards, but dropping the fight often takes away some of the fuel.

V — Very slow exhales. Gently lengthen your exhale: 4 in, 6 to 8 out. Don't gulp big breaths. If breathing focus makes things worse, switch to grounding (feet on the floor, 5-4-3-2-1 out loud) or cold water on your face.

E — Expect it to pass, and stay if you can. Surges typically peak within minutes and then begin to ease. Remind yourself: "It's already peaking. It's going to pass." If it's safe, stay where you are instead of fleeing. Staying teaches your brain the situation wasn't dangerous. If you do need to leave, that's okay. There's no failure here.

Afterward: Expect to feel tired, shaky, or drained. That's normal after an adrenaline surge. Drink water, eat something, move gently, and be kind to yourself. Later, when you're calm, note what happened on your worksheet.

When other hard feelings hit

Not every overwhelming moment is panic. Sometimes it's a wave of grief, shame, dread, despair, or loneliness that feels too big. The same principles apply:

1. **Name it** ("This is grief," or "This is shame").
2. **Allow it** without judging yourself for having it.
3. **Ground and breathe** to lower the intensity enough to function.
4. **Reach out.** Call or text someone you trust. You don't have to explain everything. "Can you talk for ten minutes? I'm having a hard night" is enough.
5. **Get professional help** if the feelings are frequent, lasting, or getting worse.

Seek help right away (988, your local emergency number, or an emergency room) if you:

- Have thoughts of harming yourself or ending your life
- Feel unable to keep yourself safe
- Feel hopeless or like a burden to others
- Are experiencing something that feels like a medical emergency

Reaching out is a strong, skillful move, not a failure of the tools in this course.

Imagine this

Mia, an accountant, feels a sudden surge of dread and a racing heart in the grocery store. She's had these before and has already been checked by her doctor, and she's now working with a therapist. She uses the Wave Protocol. She names it ("Panic surge. My alarm."), allows the racing heart, slows her exhale, and holds on to the cart while watching the clock. At 3 minutes it peaks. By 8 minutes it's a 4. She finishes shopping slowly. That evening she tells her therapist about it, and together they add it to the plan they're working on.

Action Step

Complete **Worksheet 4.4: My Wave Protocol and Support Card**. Write out the Wave Protocol in your own words, list three people you can reach out to when a hard moment hits, and note the 988 number and your local emergency number. Cut out the card and keep it in your wallet and as a photo on your phone. If you have panic attacks, check the “talk to a professional” box on the worksheet and schedule that conversation.

Lesson 4.5: Creating a Personalized Anxiety Response Plan

Now you pull your tools into one document: a personal plan for handling anxiety at every intensity. It’s based on what *you’ve* tested, not on generic advice. When you’re anxious, you don’t want to be deciding what to do. You want to be looking it up.

The zone system

Your plan is organized into four zones, based on your 0–10 rating:

Zone	Rating	What it looks like	Goal
Green	0–3	Background hum; functioning well	Maintain; practice skills
Yellow	4–5	Noticeable; attention partly pulled	Notice early; small moves; keep going
Orange	6–7	Strong; hard to focus; urge to escape	Body first, then thoughts; stay if possible
Red	8–10	Very intense; hard to function	Wave Protocol; support; safety

What goes in each zone

Green Zone: maintenance - Your daily practice (for example, 5 minutes of breathing and one Uncertainty Rep) - Lifestyle levers you’re keeping (for example, caffeine cutoff at noon) - Your Worry Window time

Yellow Zone: early moves - Your personal early warning signs (from Worksheet 1.2) - Notice, Name, Navigate - Your top two Tier 1 real-time tools - The Worry Sort

Orange Zone: active management - Body first: your top two or three somatic resets - Then thoughts: the quick Four-Question Check - The Spiral Interruption Guide if you’re

looping - A pause script if you're with people - A way to finish the stress cycle afterward (movement, a call)

Red Zone: ride the wave and get support - The Wave Protocol - Your go-to grounding technique - Names and numbers of your three support people - 988 and your local emergency number - A reminder: "When this passes, I'll ____ (rest, eat, tell my therapist)."

Situation-specific add-ons

Some situations deserve their own mini-plan. Common ones are:

- **Before a known stressor** (a big meeting, a flight, a medical appointment): Prep the night before. Use your Tier 1 move during it and a stress-cycle finisher afterward.
- **Sunday evening:** Do your Worry Window earlier in the day, plan Monday's first task, and go for a walk.
- **Middle of the night:** Use the tools in Lesson 5.4.
- **After a setback:** See Lesson 6.3.

Make it findable

A plan in a drawer doesn't help. Keep it:

- **One page** (the worksheet is designed to fit on one printed page)
- **Photographed** and saved as a favorite on your phone
- **Printed** at your desk or on the fridge
- **Shared**, if you'd like, with a partner or close friend, so they know what helps you

Review and revise

Your plan is a living document. Review it:

- **Weekly** for the first month (as part of your routine in Lesson 6.2)
- **Monthly** after that
- **After any Red Zone episode:** What helped? What didn't? What would I change?

Imagine this

Kwame, a hospital administrator and father of two, writes his plan. His Yellow Zone warning sign is re-reading emails. His move there is a 4-6 breath and the Worry Sort. In the Orange Zone he goes to the stairwell for three flights and then runs the quick check. In the Red Zone he uses the Wave Protocol and texts his brother. He keeps it on his phone's lock screen for the first month. Two weeks in, during a tense budget meeting, he catches himself in the Yellow Zone and looks at his lock screen. The meeting stays tense, but he doesn't.

Action Step

Complete **Worksheet 4.5: My Personalized Anxiety Response Plan** (a one-page template). Fill in each zone with tools you've tested, add your early warning signs and support contacts, and write at least two situation-specific add-ons. Photograph it, print it, and put it somewhere you'll see it daily.

Module 5: Applying the Manual Across Life Domains

Anxiety shows up differently at work, in relationships, and at bedtime, and it tends to stick around wherever you avoid things. This module starts with the most important principle in the course, which is gently and gradually facing what you’ve been avoiding. Then it applies all your tools to the three areas where high-functioning people most often struggle.

Lesson 5.1: Avoidance and Gentle Exposure: Building Your Ladder

If there’s one idea in this course to remember, it’s this: **avoidance is one of the main things that keeps anxiety going**. Every time you avoid something because of anxiety, you feel relief. That relief teaches your brain that the thing was dangerous and that avoiding it kept you safe. Next time, the anxiety is a little stronger and avoiding is a little more tempting.

The approach that works with this is **exposure**: gradually and deliberately approaching what you’ve been avoiding, in manageable steps, so your brain can learn from experience that you can handle it. Exposure-based approaches are among the best-researched tools in anxiety psychology. Psychologist Michelle Craske and colleagues at UCLA have developed an influential account called the inhibitory learning approach. It suggests that exposure works less by “wearing out” fear and more by helping you learn new, competing information, such as “I can tolerate this” or “The feared outcome didn’t happen.”

This lesson teaches the self-help version: gentle, paced, and on your terms. For severe fears, trauma-related fears, or anything that feels overwhelming, work with a trained professional.

Spotting avoidance

Avoidance isn’t always obvious. It comes in several forms:

Type	Examples
Outright avoidance	Not going to networking events; not driving on highways; not opening bank statements
Escape	Leaving the party early; ending the call abruptly
Procrastination	Putting off the difficult email, the doctor’s appointment, the tough conversation

Type	Examples
Safety behaviors	Only going if a friend comes too; over-rehearsing every sentence; always sitting by the exit; carrying medication “just in case” and checking it’s there repeatedly
Subtle avoidance	Being in the meeting but never speaking; being at the party but on your phone
Delegating to avoid	Always getting someone else to make the calls or handle the conflict

Safety behaviors deserve special attention. They’re things you do to feel safer during a feared situation, and they can quietly prevent learning. If you only ever give presentations with a fully memorized script, your brain never learns *you* can handle it. It learns the script saved you.

A note on medication: never change how you take any prescribed medication as part of an exposure exercise. Discuss any changes with your prescriber.

Protocol 11: The Exposure Ladder

Step 1: Choose a target. Pick one area of avoidance that matters to you. It should be something that’s shrinking your life or your work. For example: “Speaking up in leadership meetings.”

Step 2: Build a ladder of 8 to 10 steps. List situations related to the target, from mildly uncomfortable (around 2 to 3 out of 10) up to the hardest (8 to 10). Example:

Step	Situation	Predicted anxiety (0-10)
1	Ask one clarifying question in a small team meeting	3
2	Share one opinion in a small team meeting	4
3	Ask one question in a leadership meeting	5
4	Comment briefly on someone else’s point in a leadership meeting	5
5	Share an idea in a leadership meeting without a script	6

Step	Situation	Predicted anxiety (0-10)
6	Disagree respectfully with a peer in a small meeting	6
7	Present a 3-minute update to leadership	7
8	Disagree respectfully in a leadership meeting	8
9	Lead a 15-minute agenda item for leadership	8

Step 3: Start low and stay long enough to learn. Begin at a step that’s challenging but doable, usually around 3 to 4. Before each exposure, write down:

- What you predict will happen (be specific: “My voice will shake and people will look at each other”)
- How anxious you expect to get (0-10)

Step 4: Do it, and drop safety behaviors where you can. Let the anxiety be there. Use Tier 1 tools to *ride* it, not to escape it. Try to stay in the situation until you’ve had a chance to learn something, rather than leaving at the peak.

Step 5: Review. Afterward, write down:

- What actually happened
- Your peak anxiety
- **What you learned:** “My voice shook slightly, and nobody seemed to notice. I got through it.”

Step 6: Repeat and climb. Repeat a step a few times, ideally on different days and in different settings. Move up when it feels more manageable. Variety helps, so if you can, practice in different rooms and with different people.

Principles for doing it gently and effectively

- **Choose; don’t force.** You’re the one deciding. Exposure you choose feels very different from being thrown in.
- **Aim for “challenging but doable.”** If a step feels overwhelming, add a smaller step below it.
- **Expect anxiety.** It’s not a sign things are going wrong. It’s part of the process.
- **Regular beats heroic.** Several small exposures a week work better than one huge one a month.
- **Celebrate approach, not calm.** Doing it anxious *is* the win.

- **Know when to get help.** If you can't find a manageable first step, if exposure brings up trauma memories, or if the avoidance is severe, a professional can guide the process safely.

Imagine this

Nadia, a project lead, hasn't spoken in a leadership meeting in eight months. She builds the ladder above. She starts at step 1 and predicts a 3 and people noticing her nerves. Her actual anxiety is 4, and no one notices. After three weeks she reaches step 5. Her voice wobbles at first. Her director replies, "Good point, let's look at that." She writes: "I can be nervous and still be heard." That sentence is worth more than any amount of reassurance.

Action Step

Complete **Worksheet 5.1: My Exposure Ladder**. List your top three areas of avoidance, choose one, and build an 8 to 10 step ladder. Record your predictions and results for each exposure. Aim for at least three exposures a week for the next three weeks.

Lesson 5.2: Managing Anxiety at Work and in Meetings

For high-functioning people, work is often where anxiety is both most active and most hidden. You may be seen as capable, even calm, while running a constant internal commentary of what-ifs. This lesson applies your tools to the most common work triggers.

The five common work anxiety patterns

Pattern	What it looks like	Primary tools
Performance and evaluation	Dread before presentations and reviews; replaying afterward	Four-Question Check, Real-Time Toolkit, exposure
Inbox and availability	Constant checking; anxious when offline	Uncertainty Reps, set check times
Perfectionism and over-preparing	Hours polishing; missing deadlines to get it "right"	"Good enough" reps, time-boxing
Conflict and difficult conversations	Avoiding feedback, confrontation, and saying no	Exposure ladder, scripts
Overload and control	Refusing to delegate; working late to feel safe	Worry Sort, delegation reps, values (Lesson 6.1)

Before, during, and after: the meeting protocol

Before (the night before or morning of):

1. **Prepare reasonably.** Set a time limit for preparation, such as 60 minutes for a routine presentation. Ask, “Is this extra prep making the outcome better, or just making me feel more certain?”
2. **Pre-decide your Navigate moves** (Lesson 4.1): your Tier 1 tool and your pause script.
3. **Run the Four-Question Check** on your hot thought about the meeting.
4. **Fuel your body.** Eat something, keep caffeine moderate, and take a short walk beforehand.

During:

1. **Arrive a few minutes early.** Orient yourself: look around the room and feel your feet on the floor.
2. **Relabel your arousal:** “This is energy for the task.”
3. **Use Tier 1 tools** as needed: 4-6 breaths, unclench the three, a slow sip of water.
4. **Stay present.** Focus outward on what people are saying, not inward on how you’re coming across. Anxiety pulls attention inward. Deliberately put it back on the conversation.

After:

1. **Finish the stress cycle.** Take a walk, climb stairs, or shake it out.
2. **Limit replay.** Allow one five-minute review: “What went well? What would I do differently?” After that, park any further replaying for your Worry Window.
3. **Log what you learned**, especially where your predictions didn’t come true.

The replay trap

Many anxious professionals spend hours after a meeting replaying what they said, how it landed, and what people thought. This is called post-event processing, and it tends to keep social and performance anxiety going. Your tools:

- **One structured review, then stop.**
- **The Four-Question Check** on the hot thought (“They think I’m an idiot”).
- **Park it.** “Replay goes to the Worry Window.”
- **Redirect** to an absorbing task.

Perfectionism reps

If over-preparing is your pattern, try Uncertainty Reps in the form of “good enough” reps:

- Send an internal email after one read-through.
- Time-box a task, and submit it when the time's up.
- Share a draft at 80%.
- Leave one small, low-stakes imperfection in place, like a slightly plain slide.

Then track what actually happens. Usually, nothing bad does, and you've bought back hours.

Scripts for common work situations

- **Saying no:** "I want to do this well, and I can't take it on this week without dropping _____. Which should I prioritize?"
- **Asking for clarity when a message feels ominous:** "Quick check. Is there anything specific you'd like me to prepare for our chat?"
- **Buying time on a hard question:** "Let me look into that and get back to you by _____."
- **Giving feedback:** "Can I share an observation? When _____ happened, the effect was _____. *Could we try ?*"

Boundaries around availability

If your inbox is a constant trigger:

- Choose **set email-check times** (for example, four times a day).
- Turn off non-essential notifications.
- Set expectations: "I check email at these times. For anything urgent, call me."
- Create a **shutdown ritual** at the end of the workday. List tomorrow's first task, close all tabs, and say "done for today."

Imagine this

Imagine Daniel, a VP of product, who prepares for every executive review until 1am. He sets a two-hour prep cap, runs the Four-Question Check on "They'll find a hole in my plan," and accepts "They might, and I'll say I'll follow up." In the review, someone does find a gap. Daniel uses his script: "Good catch. I'll come back with numbers by Thursday." Nothing collapses. He sleeps six more hours that week than usual.

Action Step

Complete **Worksheet 5.2: My Work Anxiety Plan**. Identify your top two work patterns, fill in the Before/During/After meeting protocol for one recurring meeting, write three scripts in your own words, and design one availability boundary. Try the meeting protocol at least twice this week.

Lesson 5.3: Navigating Relationship Anxiety and Reassurance Seeking

Relationships are where anxiety can feel most personal. Worry about a partner's feelings, a friend's silence, a child's safety, or a parent's health can take over. And one of the most natural responses, asking for reassurance, often keeps the anxiety going.

Common relationship anxiety patterns

- **Reading into silence or tone:** "She hasn't texted back, so she's upset with me."
- **Fear of rejection or abandonment:** Needing frequent confirmation that the relationship is okay.
- **Worry for loved ones:** Catastrophic thoughts about kids, partners, or parents being harmed or sick.
- **Conflict avoidance:** Swallowing needs to keep the peace, then resenting it.
- **People-pleasing:** Saying yes to avoid disappointing anyone.

The reassurance trap

Reassurance seeking means repeatedly asking others (or googling, or checking) to reduce your anxiety. For example: "Are you sure you're not mad?" "Do you still love me?" "Does this look like a normal mole?" "Did I say something weird at dinner?"

It's completely human. The problem is how it works over time:

1. Anxiety rises. You ask.
2. You get reassurance. You feel relief, briefly.
3. Your brain learns, "I can't handle this uncertainty on my own. I need someone else to settle it."
4. The relief fades, doubt comes back (often with a "but what if they're just saying that?"), and you ask again.

Over time, you need more reassurance, more often. It can also strain relationships, because loved ones can feel worn out, or feel that nothing they say is enough.

Reducing reassurance seeking, gently

This is another type of Uncertainty Rep (Lesson 3.3).

1. **Notice the urge.** "I want to ask if she's mad."
2. **Name it.** "That's the reassurance urge."
3. **Delay it.** "I'll wait 30 minutes." (Start with a short delay and build up.)
4. **Use your tools** during the delay: the Four-Question Check, grounding, or getting absorbed in a task.

5. **Notice what happens.** The urge often fades on its own.
6. **Gradually reduce** how often you ask. Don't try to stop all at once.

Talk to your people about it. If a partner or friend usually provides the reassurance, you can enlist their help: "I'm working on not asking for reassurance so much. If I ask the same thing twice, could you gently say, 'I think that's the anxiety asking'? And maybe give me a hug instead." Loved ones often feel relieved to have a clear, kind way to respond.

Clear communication beats mind-reading

Mind-reading (Lesson 3.1) is at the heart of much relationship anxiety. The alternative is one clear question, asked once, followed by trusting the answer:

- **Instead of:** Rereading texts for tone and asking "Are you mad?" five times.
- **Try:** "You seemed quiet at dinner. Is anything up?" And then believe the answer.

If they say "I'm just tired," take it at face value. If a doubt comes back, treat it as an Uncertainty Rep.

Worry for loved ones

Worry about the people you love, especially children and aging parents, is deeply natural and can easily become excessive. Tools:

- **The Worry Sort:** Is there a reasonable, concrete step (a checkup, a conversation, a safety measure)? If so, take it. If not, it's a spiral.
- **Recognize the "worry = love" belief.** Many people feel that worrying *is* caring, or that stopping would make harm more likely. Worry doesn't protect anyone. Presence, preparation, and connection do.
- **Watch for checking:** constant location checks, repeated calls, and scanning news for danger are certainty-seeking behaviors. Reduce them gradually.

Conflict and people-pleasing

If avoiding conflict is your pattern, use an Exposure Ladder (Lesson 5.1) for assertiveness. Start small, like returning an order that's wrong or stating a restaurant preference, and build up to harder steps, like saying no to a family request or raising an issue with your partner.

A simple assertiveness framework:

"When ___ happens, I feel . What I'd like is . Would that work for you?"

Imagine this

Imagine Laura, who texts her partner several times a day to check whether he's annoyed with her. They agree on a plan. When she asks a second time, he'll say, "That's the anxiety. I'm good," and change the subject. She practices delaying the urge by 30 minutes and running the quick check ("Evidence? He said he's fine. Most likely? He's busy."). Over a month, her check-in texts drop to roughly one a day, and both of them say the relationship feels more relaxed.

Action Step

Complete **Worksheet 5.3: My Reassurance and Relationship Log**. For one week, log each reassurance urge, whether you acted on it or delayed it, and what happened. Write your script for enlisting a loved one, and plan one assertiveness step from the worksheet's ladder.

Lesson 5.4: Calming an Anxious Mind Before Sleep

The quiet of night is when many anxious minds become loudest. With no meetings, kids, or tasks to fill the space, worries rush in. Then worrying about not sleeping becomes its own layer of anxiety. This lesson gives you practical tools drawn from well-established sleep and anxiety approaches.

This is general sleep education. If you have ongoing insomnia, loud snoring, gasping during sleep, or severe daytime sleepiness, talk with a doctor. Some sleep problems, like sleep apnea, need medical assessment. Cognitive Behavioral Therapy for Insomnia (CBT-I) is a well-established, structured program you can get through trained clinicians.

Before bed: the wind-down

- 1. Do a "brain dump" 1 to 2 hours before bed.** Write down everything on your mind: tasks, worries, loose ends. For each task, note a next action and when you'll do it. This gives your brain a clear signal that everything is captured and handled.
- 2. Keep your Worry Window earlier.** Your daily Worry Window (Lesson 3.4) should end at least two hours before bed. If worries come up at night, they get parked for tomorrow's window.
- 3. Create a buffer zone.** For 30 to 60 minutes before bed: dim the lights, stop working, close email, and do something calming and low-stakes, like reading fiction, taking a warm shower, gentle stretching, or listening to music.
- 4. Keep a pen and paper by the bed.** Not your phone. If something important comes up, jot it down in a few words and let it go.

In bed: settling the mind

Cognitive shuffling and categories. Worry is a coherent, story-like kind of thinking. Scrambled, neutral images and words can crowd it out. Try:

- **Categories** (Lesson 4.2): fruits, cities, famous musicians.
- **Letter-by-letter shuffle:** Pick a neutral word, like “garden.” For each letter, picture as many unrelated items as you can starting with that letter (G: goat, guitar, grapes... A: apple, anchor...).

Body-based settling:

- **Short PMR** (Lesson 4.3), lying down.
- **Long-exhale breathing** (4 in, 6 to 8 out) or slow cyclic sighing.
- **A body scan:** Slowly move your attention from your toes to your head, noticing and softening each area.

Reframe the pressure to sleep. Trying hard to sleep tends to backfire. Try: “I’m resting. Rest is useful even if I don’t fall asleep right away.” Taking the pressure off can make sleep easier.

When you can’t sleep: get up

A core part of CBT-I comes from psychologist Richard Bootzin’s stimulus control approach, developed in the 1970s. The idea is to keep your bed strongly linked with sleep, not with lying awake worrying.

- If you’ve been awake for what feels like about 20 minutes (don’t clock-watch), **get up.**
- Go to another room with dim light and do something calm and dull, like reading something boring or folding laundry. Avoid screens if you can.
- Return to bed when you feel sleepy.
- Repeat as needed.
- **Keep your wake time consistent**, even after a bad night.

It feels counterintuitive, but over time it helps retrain the link between bed and sleep.

The 3am spiral

Many people wake in the early hours with racing thoughts. At that hour, problems seem bigger and solutions seem further away. Try saying: “This is a 3am thought. 3am thoughts always seem worse. I’ll look at it in daylight.” Then:

1. **Spiral Interruption Guide** (Lesson 3.4), the short version.
2. **Park it:** Write two words on the notepad.

3. **Settle:** Cognitive shuffle or long exhales.
4. If you're still awake after about 20 minutes, **get up** briefly, as described above.

Daytime habits that support sleep

These come from Lesson 2.5:

- Keep a consistent wake time.
- Get outdoor light in the morning.
- Set a caffeine cutoff (for example, noon).
- Be careful with alcohol close to bed.
- Keep naps short (under 30 minutes) and early, or skip them if nighttime sleep is hard.
- Move during the day.

Imagine this

Omar, a restaurant owner, lies awake every night running through orders, staff issues, and cash flow. He starts a 9pm brain dump, sets his phone to charge in the kitchen, and uses cognitive shuffling in bed. When he wakes at 3am, he says, "3am thought, look at it tomorrow," writes "linen order" on his notepad, and does long exhales. On two nights he gets up and reads a dull trade magazine in the living room. After three weeks he's falling asleep noticeably faster most nights.

Action Step

Complete **Worksheet 5.4: My Wind-Down Routine and Sleep Log**. Design your wind-down routine (brain dump time, buffer activities, and in-bed tools), then track your sleep for two weeks: bedtime, rough time to fall asleep, wake-ups, wake time, and which tools you used. Look at the patterns at the end.

Module 6: Sustaining Your Practice Long-Term

Skills fade without a system. This last module helps you live by your values, not your fears. It sets up your personal protocol (daily, weekly, and in-the-storm), prepares you for setbacks, makes clear when to bring in professional support, and ends with a long-term resilience plan.

Lesson 6.1: Values-Based Action: Moving Toward What Matters

So far, most of this course has been about reducing anxiety’s grip. But a life organized around avoiding anxiety is still organized around anxiety. The deeper goal is to build a life organized around **what matters to you**, with anxiety along for the ride when it shows up.

This idea is central to Acceptance and Commitment Therapy (ACT), developed by Steven Hayes and colleagues. In ACT, **values** are chosen life directions, like a compass heading, not goals you tick off. “Being a present parent” is a value. “Attending every soccer game” is a goal that serves it.

Why values matter for anxiety

- **They give you a reason to face discomfort.** Exposure (Lesson 5.1) is hard. It’s easier when you know *why* you’re doing it: “I’m speaking up because I value contributing, not because I’m supposed to.”
- **They change the scoreboard.** Instead of asking, “Was I anxious today?” (which you can’t fully control), you ask, “Did I act on my values today?” (which you can).
- **They reduce the power of avoidance.** When you see what avoidance is costing you in the areas you care about, the short-term relief looks less appealing.

Finding your values

Consider these life areas and ask, “What kind of person do I want to be here? What do I want to stand for?”

Life area	Example values
Work and career	Contribution, craft, leadership, integrity, learning
Close relationships	Presence, honesty, warmth, reliability

Life area	Example values
Parenting or family	Patience, playfulness, protection, guidance
Friendship and community	Loyalty, generosity, connection, service
Health and body	Vitality, care, strength
Growth and learning	Curiosity, courage, creativity
Leisure and play	Adventure, joy, rest
Meaning and spirituality	Faith, reflection, gratitude, purpose

Some prompts to clarify your values:

- “At my 80th birthday, what would I want people to say about how I lived?”
- “If anxiety weren’t a factor, what would I do more of?”
- “What makes me angry or sad when I see it missing in the world? What value does that point to?”

The choice point

A simple ACT-inspired tool: in any moment, you can make a **toward move** (behavior that moves you toward your values) or an **away move** (behavior that moves you away from a difficult feeling, but also away from your values).

Situation	Anxiety says...	Away move	Toward move (value)
Invited to present	“You’ll embarrass yourself.”	Decline	Accept and prepare reasonably (contribution)
Child wants a sleepover	“What if something happens?”	Say no	Say yes with a sensible plan (growing their independence)
Friend is going through a hard time	“I’ll say the wrong thing.”	Don’t call	Call and say “I’m here” (loyalty)
Idea for a side project	“It’ll fail.”	Keep planning forever	Do one small step this week (creativity)

You can make a toward move *while anxious*. That’s the whole point. You don’t wait for anxiety to leave before you live. You bring it along.

Committed action: small and specific

Values become real through small, specific, scheduled actions:

1. **Choose one value** in one area of life.
2. **Choose one small action** this week that expresses it.
3. **Anticipate the anxiety** that might show up, and which tool you'll use.
4. **Do it**, anxious or not.
5. **Notice** how it felt to act on your values.

Example: "Value: presence with my kids. Action: 30 minutes of phone-free play on Tuesday and Thursday after dinner. Likely anxiety: 'I'm falling behind on email.' Tool: park it for the Worry Window, and do a 4-6 breath."

Imagine this

Imagine Grace, a lawyer, who has turned down every speaking invitation for five years. When she does the values exercise, "contribution" and "mentoring young lawyers" come out on top. She realizes her avoidance has cost her exactly the things she cares about most. She accepts a 15-minute talk at a law school. She's anxious, uses her toolkit, and gets through it with her hands shaking a little. Afterward, three students ask for coffee. She writes: "Anxious and aligned beats calm and absent."

Action Step

Complete **Worksheet 6.1: My Values Compass**. Rate how important each life area is to you and how consistently you've been acting on it lately. Write one or two core values for your top three areas. List your common away moves and the toward moves you could make instead. Commit to one small values-based action this week and schedule it.

Lesson 6.2: Building a Weekly Anxiety Maintenance Routine

Anxiety management is like physical fitness. The gains fade if you stop practicing completely, but you don't need to train for hours to keep them. This lesson builds **Protocol 12: Your Personal Protocol**. It has three layers: a daily rhythm (morning and evening rituals), a weekly check-in, and an in-the-storm plan for harder periods.

Layer 1: Daily rituals

Daily rituals should be **short**, around 5 to 15 minutes total, so they survive busy weeks.

Morning ritual (about 5 minutes)

Try to do this before checking your phone, or at least before email and news.

1. **Baseline check (30 seconds):** Rate your anxiety from 0 to 10. Notice your body.
2. **Breath (1 to 2 minutes):** Three physiological sighs, or one minute of 4-6 breathing.
3. **Name today's likely trigger (30 seconds):** "The 2pm budget meeting."
4. **Pre-decide one Navigate move (30 seconds):** "4-6 breath and feet on the floor before I speak."
5. **One values intention (30 seconds):** "Today I want to be ___ (patient, present, brave)."
6. **Light and movement (optional):** Two to ten minutes outside or near a window.

Midday reset (1 to 2 minutes, optional)

A quick check: rating, unclench the three, and one somatic reset. Eat lunch.

Worry Window (15 to 20 minutes, late afternoon or early evening)

See Lesson 3.4.

Evening ritual (about 5 to 10 minutes)

Do this 30 to 60 minutes before bed.

1. **Shutdown (2 minutes):** Write tomorrow's first task. Close work.
2. **Brain dump (2 to 3 minutes):** Write anything still on your mind.
3. **Three-line review (2 minutes):**
 - "The hardest moment today was ___."
 - "What helped was ___."
 - "One toward move I made today was ___."
4. **Settle (2 to 5 minutes):** PMR, long-exhale breathing, or a body scan.

The workbook has a printable card for each of these rituals.

Layer 2: The weekly check-in (20 to 30 minutes)

Pick a consistent time, such as Sunday afternoon (not evening, if Sunday evenings are hard for you) or Friday afternoon. Review:

1. **Ratings:** What was my average rating this week? What were my peaks?
2. **Triggers:** What set me off? Anything new?
3. **Tools:** What helped most? What didn't?
4. **Avoidance:** Did I avoid anything? What's my next exposure step?
5. **Lifestyle levers:** How were my sleep, caffeine, alcohol, movement, and food?
6. **Values:** Did I make toward moves? Which area of life needs attention next week?
7. **Next week:** What known stressors are coming up? Write a pre-decided plan for each. Schedule next week's exposure step and values action.

Layer 3: In-the-storm plan

Some periods are harder: a job change, a family illness, a move, a big launch, a loss, or a difficult season. During these times, your full routine may not be realistic. Decide ahead of time on a **minimum viable protocol**, the least you'll do even when everything is chaos:

- **Daily minimum:** Three physiological sighs morning and night, plus the three-line review.
- **Non-negotiables:** Consistent wake time, one real meal, a caffeine cutoff.
- **Support:** Tell one trusted person, "I'm in a hard stretch."
- **Professional check:** If a storm lasts more than a couple of weeks, or your ratings stay in the Orange or Red Zone, contact a professional (see Lesson 6.4).
- **Permission:** "It's okay that I'm doing less right now. The minimum counts."

Making the routine stick

- **Link to existing habits.** Do the morning ritual after brushing your teeth and the weekly check-in with your Sunday coffee.
- **Start smaller than you think.** A two-minute morning ritual you actually do beats a twenty-minute one you skip.
- **Track it** for the first month (the tracker is in the workbook).
- **Expect imperfection.** Missing a day doesn't mean the routine is broken. Just resume the next day.

Imagine this

Imagine Hannah, an HR director and mother of twins, who builds a three-minute morning ritual that she does while the kettle boils, and a five-minute evening ritual in bed. Her weekly check-in is Friday at 4pm with a cup of tea. When her father is hospitalized, she switches to her storm plan: sighs, the three-line review, a consistent wake time, and a text to her sister. After that month, she goes back to the full routine without feeling she's "started over."

Action Step

Complete **Worksheet 6.2: My Personal Protocol** (with printable Morning and Evening Ritual cards). Design your daily rituals, choose your weekly check-in time and questions, and write your in-the-storm minimum viable protocol. Use the 30-day tracker on the same worksheet for the next month.

Lesson 6.3: Recognizing and Responding to Setbacks

If you're in crisis or thinking about harming yourself, call or text 988 (US) or your local emergency number.

Setbacks aren't a sign that the course failed or that you failed. Progress with anxiety almost never goes in a straight line. It looks more like a jagged upward slope, with good weeks, hard weeks, and the occasional flare that makes you feel like you're back at the start. You're not. This lesson helps you recognize a setback early, respond skillfully, and learn from it.

Lapse versus relapse

It helps to separate two things:

- **A lapse** is a temporary return of anxiety or old habits. For example: a bad week, a panic surge, falling back into checking, or skipping your routine for ten days. Lapses are normal and expected.
- **A relapse** is a sustained return to previous patterns over a longer period, with old avoidance fully back in place. A lapse is more likely to grow into one when it's treated as proof that "nothing works."

The most important move is to **treat a lapse as a lapse**, not a catastrophe. The thought "I'm back to square one" is itself a thinking trap (all-or-nothing and catastrophizing). Run the Four-Question Check on it.

Common setback triggers

- Major life stress (job loss, illness, a breakup, a move, a new baby)
- Sleep disruption (travel, a newborn, shift work)
- Hormonal or health changes (talk to your doctor about these)
- Stopping your routine because "I'm fine now"
- An encounter with an old, strong trigger
- Seasonal changes, anniversaries, or holidays
- Using more alcohol or caffeine during stressful times

Early warning signs of a setback

List your own. Common ones:

- Your average rating creeps up over a week or two
- Old safety behaviors come back (checking, reassurance seeking)
- New avoidance: canceling, delaying, "not this time"
- Sleep gets worse

- You drop your morning or evening ritual
- More replaying and what-if chaining
- Irritability, withdrawal from people

The setback response plan

When you notice warning signs:

1. **Notice and name it.** “This looks like a lapse. Lapses are normal.”
2. **Get curious, not critical.** “What’s changed? Sleep? Stress? Did I stop my routine?”
3. **Go back to basics.** Restart your minimum viable protocol (Lesson 6.2): consistent wake time, breathing, the three-line review.
4. **Check your lifestyle levers.** Caffeine, alcohol, sleep, movement.
5. **Re-approach avoidance.** Go back a step or two on your Exposure Ladder and climb again. It’s usually faster the second time.
6. **Review your Anxiety Response Plan** (Lesson 4.5) and use it.
7. **Reach out.** Tell a trusted person. Consider a professional if the lapse lasts more than a couple of weeks or keeps getting worse.
8. **Be kind to yourself.** Self-criticism adds fuel. Try: “This is hard, and I’ve gotten through hard before.”

Self-compassion as a practical skill

High-functioning people are often harsh with themselves: “I should be over this by now.”

Psychologist Kristin Neff’s research on self-compassion describes three components:

mindfulness (acknowledging the pain without exaggerating it), **common humanity** (recognizing that struggle is part of being human, not a personal flaw), and **self-kindness** (treating yourself as you’d treat a good friend).

A short practice for setback moments:

1. “This is a hard moment.” (*mindfulness*)
2. “Lots of people struggle with anxiety. I’m not alone in this.” (*common humanity*)
3. “What would I say to a friend right now? Can I say that to myself?” (*self-kindness*)

When a setback is a signal

Sometimes a setback is more than a lapse. It’s a sign that you need more support. Contact a professional if:

- The setback lasts more than two to four weeks despite using your tools
- Anxiety is significantly affecting your work, relationships, or health
- You experience panic attacks, especially new or frequent ones
- You notice persistent low mood, hopelessness, or loss of interest

- You're relying on alcohol or other substances to cope
- You have any thoughts of harming yourself, in which case contact 988 or emergency services right away

See Lesson 6.4 for more.

Imagine this

Imagine Isaac, who has been steady for three months, when a restructuring is announced. Within a week he's checking email at midnight, skipping his rituals, and replaying every meeting. On Friday, during his weekly check-in, he notices his average has jumped from 3 to 6. He names it a lapse, goes back to his minimum viable protocol, sets email hours again, and tells his partner. He runs the Four-Question Check on "I'm back to square one." Within two weeks his average is back to 4. His note: "Setback lasted 10 days, not 10 months. That's the progress."

Action Step

Complete **Worksheet 6.3: My Setback Plan**. List your personal setback triggers and early warning signs, write your step-by-step setback response plan, and write a short self-compassion script in your own words. Include the "time to get more support" criteria and your support contacts.

Lesson 6.4: When to See a Professional

If you're in crisis or thinking about harming yourself, call or text 988 (US) or your local emergency number. The 988 Suicide & Crisis Lifeline is free, confidential, and available 24/7 by call, text, or chat. Outside the US, contact your local emergency number or crisis service.

This course teaches self-help skills. For many people with everyday, non-clinical anxiety, those skills make a real difference. But self-help has limits, and knowing when to get professional support is one of the most important skills in this course. Seeking help is not a failure of self-help. It's a smart use of resources, the same way you'd hire an expert for anything else that matters.

Signs it's time to see a professional

Consider reaching out to a doctor or licensed mental health professional if any of these apply:

Intensity and duration - Anxiety most days for several weeks or more, despite using the tools in this course - Anxiety that's getting worse over time, not better

Impact - It's significantly affecting your work, relationships, parenting, sleep, or health - You're avoiding important parts of your life (work tasks, driving, leaving home, social contact) - You're struggling to do daily tasks

Specific experiences - Panic attacks, especially frequent ones or ones that leave you afraid of the next one - Unwanted, intrusive thoughts or images that feel disturbing, with urges to do things (checking, counting, cleaning, mental rituals) to neutralize them - Flashbacks, nightmares, or strong reactions linked to a traumatic event - Intense fear focused on your health, social situations, or specific things that is shrinking your life - Persistent low mood, hopelessness, or loss of interest or pleasure - Using alcohol, drugs, or other behaviors to cope that are becoming a concern - Changes in eating or sleep that concern you

Safety (get help immediately) - Any thoughts of harming yourself or ending your life - Feeling unable to keep yourself safe - Any thoughts of harming someone else

Physical symptoms - New, severe, or unexplained physical symptoms, such as chest pain, breathing difficulties, fainting, or heart palpitations. Get these checked by a doctor. Some medical conditions (for example, thyroid problems) and some medications or substances can produce anxiety-like symptoms.

Who does what

Professional	What they typically do
Primary care doctor / GP	A good first stop. Can rule out medical causes, discuss options, and refer you.
Psychologist	Assessment and evidence-based psychotherapy (such as CBT, ACT, exposure-based therapies).
Licensed therapist / counselor (for example LPC, LCSW, LMFT in the US)	Psychotherapy; many are trained in CBT and related approaches.
Psychiatrist	A medical doctor who can diagnose, prescribe, and manage medication, and sometimes also provides therapy.
Psychiatric nurse practitioner	In many areas, can assess and prescribe medication.

Professional titles and licensing vary by country and state. Check what applies where you live.

How to find the right fit

1. **Start with your doctor**, your insurance provider's directory, or your workplace Employee Assistance Program (EAP), if you have one. Many EAPs offer a number of free, confidential sessions.
2. **Look for relevant training.** For anxiety, ask about experience with CBT, exposure-based approaches, or ACT.
3. **Ask practical questions:** cost, insurance, availability, telehealth or in-person, and session length.
4. **Use a first session as a fit check.** It's okay to try someone else if it doesn't feel right. Your relationship with your therapist matters.
5. **Look at lower-cost options** if cost is a barrier: sliding-scale clinics, university training clinics, community mental health centers, and group programs.

What to bring

Your work in this course can make your first appointments more productive. Consider bringing:

- Your Trigger Map (Worksheet 1.2)
- Your 7-day tracker (Worksheet 1.4)
- Your Anxiety Response Plan (Worksheet 4.5)
- A short list of what helps, what doesn't, and what you're most hoping to change

Using this course alongside professional care

Many people find structured self-help works well alongside therapy. If you're working with a professional:

- Share what you've learned here, and let them guide which tools to use.
- Follow their advice if it differs from something in this course. They know your situation.
- Never stop or change prescribed medication without talking to your prescriber.

A script for asking for help

Reaching out can itself trigger anxiety. Here's a simple script for a first call or email:

"Hi, I'm looking for help with anxiety. It's been affecting my ___ (work / sleep / relationships) for about ___ (weeks / months). I'm interested in ___ (CBT / therapy / an assessment). Do you have availability, and do you accept ___ (insurance / sliding scale)?"

Action Step

Complete **Worksheet 6.4: My Professional Support Check**. Go through the checklist of signs honestly. If any apply, fill in the “next step” section: who you’ll contact, by when, and the script you’ll use. Everyone, whether or not signs apply, should fill in the support contacts section, including 988 and your local emergency number.

Lesson 6.5: Designing Your Long-Term Resilience Plan

You’ve built a lot: an understanding of your anxiety, a body toolkit, thought tools, a real-time toolkit, an exposure ladder, strategies for work, relationships, and sleep, a values compass, a maintenance routine, a setback plan, and a clear sense of when to get help. This final lesson brings it all together into a long-term resilience plan.

Resilience here doesn’t mean never struggling. It means having the skills, habits, relationships, and self-understanding to bend without breaking, and to recover when you do.

Five pillars of your resilience plan

Pillar 1: Self-knowledge - Your top triggers and themes - Your early warning signs - Your amplifiers

Pillar 2: Skills - Your top body tools (somatic, breathing, PMR) - Your top thought tools (Four-Question Check, uncertainty phrases, Worry Window) - Your real-time toolkit - Your Wave Protocol

Pillar 3: Habits - Your daily rituals (morning, evening) - Your weekly check-in - Your lifestyle levers

Pillar 4: Growth - Your current exposure ladder and the next one after it - Your values and your next toward moves - Your skill-building for the next 90 days

Pillar 5: Support - Your trusted people - Professional support (current or planned) - 988 and your local emergency number

Measuring progress

Track again. Repeat the 7-day tracker (Worksheet 1.4) and compare it with your first week:

- Has your average baseline changed?
- Are spikes shorter or less intense?
- Are you recovering faster?
- Are you doing things you were avoiding?
- Are you acting on your values more consistently?

The most meaningful measures are often not “how anxious am I?” but “**How quickly do I recover?**” and “**How much is anxiety deciding what I do?**”

Planning the next 90 days

Divide the next three months into phases:

- **Days 1-30: Consolidate.** Keep your personal protocol running daily. Finish your current exposure ladder. Retake the self-assessment at day 30.
- **Days 31-60: Expand.** Start a new ladder in a different area of life. Add one lifestyle lever experiment. Deepen one values area.
- **Days 61-90: Integrate.** Reduce how often you need to use tools formally. Notice where skills have become automatic. Review and update your Anxiety Response Plan. Plan the next 90 days.

Anticipating future challenges

Resilience includes preparing for predictable pressures. List the known stressors in the next year (a busy season, a job transition, a family event, travel, a medical procedure) and write a short plan for each. Include which tools you'll use, how you'll adjust your routine, and who you'll tell.

Your “letter from steady”

A final exercise: write a short letter to yourself from the version of you who is steadier and living by their values. Write it for your future self to read during a hard time. Include:

- What you've learned about your anxiety
- What you know helps
- A reminder of what you've already faced and handled
- What matters to you, and why it's worth moving toward
- Kind words you'd want to hear

Keep it with your Anxiety Response Plan.

Imagine this

Imagine Victor, a founder who started the course white-knuckling through board meetings and sleeping five hours a night. He retakes the tracker. His average has moved from 5 to 3, and his spikes last minutes instead of afternoons. He has spoken up at three board meetings, delegated two major projects, and kept to a caffeine cutoff. He still gets anxious, but it doesn't decide what he does anymore. His 90-day plan: a new exposure ladder for delegating to his leadership team, and a Tuesday phone-free dinner with his family.

Action Step

Complete **Worksheet 6.5: My Long-Term Resilience Plan**. Fill in all five pillars, compare your first and final tracking weeks, list your anticipated challenges for the year with a mini-plan for each, and write your “letter from steady.” Then turn to the final page of the workbook, **Your 30/60/90-Day Plan**.

Closing: Your Manual, Your Operating System

You've reached the end of the course, but the real work happens in how you use these skills over the coming months and years.

Look at what you now have. You understand the anxiety loop and can Notice, Name, and Navigate it. You know how your body's alarm works, and you have breathing, somatic, and grounding tools to calm it. You can catch thinking traps, test hot thoughts with the Four-Question Check, practice living with uncertainty, and keep worry inside a set window. You have a Real-Time Toolkit for when you're in the middle of a meeting, a Wave Protocol for the hardest moments, and a written Anxiety Response Plan. You know how to climb an Exposure Ladder, how to apply your tools at work, in relationships, and at bedtime, and how to move toward your values while anxiety comes along. You have a personal protocol, a setback plan, and a clear sense of when to bring in professional support.

Three things to remember

1. **The goal was never zero anxiety.** Some anxiety is useful. The goal is shorter spikes, faster recovery, and a life led by what matters to you, not by what scares you.
2. **Practice beats knowledge.** Reading this course changes little on its own. Five minutes a day, done consistently, is where the change happens.
3. **Lapses are part of the path.** When a hard week comes, and it will, go back to your minimum protocol, be kind to yourself, and start again. Returning is the skill.

Your next steps

- **This week:** Finish the 30/60/90-Day Plan in the workbook. Put your Anxiety Response Plan and toolkit cards where you'll see them.
- **Every day:** Your morning and evening rituals.
- **Every week:** Your check-in.
- **At 30, 60, and 90 days:** Retake the Start-Here Self-Assessment and compare.

If things get harder rather than easier, reach out to a professional (Lesson 6.4). **If you're in crisis or thinking about harming yourself, call or text 988 (US) or your local emergency number.**

Thank you for doing this work. It takes courage to look closely at your own anxiety, and even more to act while you feel it. You now have a manual for how you operate. Use it, revise it, and let it change as you do.

