Anxiety Coping and Approach Plan

A structured anxiety workbook for clarifying patterns, distinguishing danger from uncertainty, evaluating coping and safety behaviors, regulating activation, approaching avoided situations, and reviewing learning.

COMPREHENSIVE CLINICIAN PACKAGE

Included	Designed for
Clinician guide and implementation sequence	Therapists, counselors, clinical social workers, psychologists, supervised trainees, case-management teams, and anxiety-focused psychoeducational programs working within competence.
Comprehensive adult/client worksheets	Individual, group, community, or case-management use
Adolescent adaptation where appropriate	Use with clinical judgment and developmental adaptation
Processing questions and progress review	Session use or structured between-session practice
One-page client quick sheet	Printable and digitally fillable

Professional scope and safety

This original educational resource supports professional conversation, reflection, skills practice, service planning, and documentation. It is not a validated assessment, diagnostic instrument, psychotherapy protocol, treatment-plan substitute, risk assessment, crisis plan, or emergency intervention. Clinicians and programs are responsible for determining appropriateness, obtaining consent, adapting language, protecting confidentiality, and following applicable laws, ethical standards, agency policies, and supervision requirements.

Do not use this worksheet to delay emergency evaluation or mandated action. If there is concern about imminent danger, abuse, neglect, exploitation, grave disability, medical instability, or another urgent safety issue, follow local emergency and organizational procedures.

Original content and permitted use

Clinician Guide

The Anxiety Coping and Approach Plan helps clinicians and clients understand how anxiety is triggered and maintained, select coping responses for the actual purpose needed, and develop appropriately paced approach practice. The goal is not to eliminate every anxious sensation; it is to increase safety, flexibility, functioning, learning, and values-consistent action while respecting real danger and clinical complexity.

Best-fit uses

- Mapping generalized, social, performance, panic-related, health-related, situational, or other anxiety patterns after appropriate assessment
- Distinguishing immediate coping from avoidance and safety behavior
- Planning grounding, regulation, problem-solving, support, and approach strategies
- Creating a collaborative graded practice ladder
- Reviewing predictions, outcomes, learning, and recovery
- Preparing an individualized maintenance plan

Use additional caution or choose another tool when

- Symptoms may require urgent medical evaluation, crisis response, substance-withdrawal care, or another immediate safety intervention
- The feared situation involves credible danger, abuse, discrimination, coercion, stalking, unsafe work, or another condition that should not be approached as exposure
- There is significant dissociation, psychosis, mania, cognitive impairment, eating-disorder risk, unstable trauma symptoms, or medical complexity requiring specialized assessment and treatment planning
- Exposure or interoceptive exercises are outside the professional's training, client consent, or established treatment plan
- Coping is being used to tolerate harmful conditions rather than support protection, advocacy, accommodation, referral, or problem-solving

Suggested implementation sequence

1. Clarify the anxiety pattern
Identify triggers, feared outcomes, physical responses, avoidance, functional impact, duration, and context without assuming a diagnosis.

2. Differentiate the task
Determine whether the immediate need is protection, medical evaluation, concrete problem-solving, nervous-system regulation, uncertainty tolerance, or planned approach.

3. Map the cycle
Connect threat interpretation, activation, urges, avoidance or safety behavior, short-term relief, and longer-term learning.

4. Evaluate coping by function
Identify which responses increase flexibility and which mainly prevent disconfirmation or create later cost.

5. Prepare approach practice
Choose a sufficiently safe, relevant step with informed agreement, predicted outcomes, supports, and stop/review criteria.

6. Review learning
Compare predictions with observable outcomes, including what was learned about coping with anxiety rather than whether anxiety vanished.

7. Build maintenance
Plan repetition, generalization, recovery, relapse response, and when higher-level care is needed.

Suggested processing questions

- What danger is realistic, and what part is uncertainty or prediction?
- What does anxiety urge the person to do immediately?
- Which response creates relief now but strengthens the pattern later?
- What would coping help the person do - remain present, solve a problem, recover, or approach?
- Is the proposed practice sufficiently safe, consensual, accessible, and clinically appropriate?
- What learning matters even if anxiety remains present?
- What would indicate the need to pause, reassess, consult, or refer?

Conceptual influences

Conceptual influences include CBT models of anxiety, inhibitory learning and graded exposure principles, functional analysis, uncertainty tolerance, coping-skills training, problem-solving, behavioral experiments, and relapse prevention. This original educational tool is not a diagnostic measure, medical evaluation, exposure protocol, risk assessment, or substitute for individualized evidence-based treatment.

1. Clarify the Anxiety Pattern

Describe the pattern before selecting a coping skill or approach task.

Common presentations to explore

- [ ] General worry
- [ ] Social fear
- [ ] Performance fear
- [ ] Panic sensations
- [ ] Health concerns
- [ ] Specific situation
- [ ] Separation
- [ ] Trauma cue
- [ ] Compulsive pattern
- [ ] Other

Triggers, situations, sensations, thoughts, memories, times, places, or uncertainty that activate anxiety

Feared outcomes and estimated likelihood from 0-100%

Frequency, duration, intensity 0-10, and impact on sleep, relationships, health, work/school, and daily functioning

Relevant medical, substance, medication, trauma, cultural, environmental, and safety considerations requiring assessment

2. Map the Anxiety Cycle

Use one recent episode and track what anxiety taught through immediate consequences.

Situation and first cue noticed

Threat interpretation, mental image, memory, or 'what if' prediction

Physical sensations, emotion intensity, urges, and attention changes

Action: avoidance, escape, checking, reassurance, distraction, control, overpreparation, freezing, or another response

Immediate relief or benefit

Longer-term effect on fear, confidence, opportunity, functioning, and future avoidance

3. Coping, Avoidance, and Safety-Behavior Review

The same action may be helpful or maintaining depending on purpose, timing, rigidity, and outcome.

Responses to review

- ☐ Breathing
- ☐ Grounding
- ☐ Reassurance
- ☐ Checking
- ☐ Distraction
- ☐ Planning
- ☐ Problem-solving
- ☐ Escape
- ☐ Avoidance
- ☐ Medication as prescribed
- ☐ Support person
- ☐ Approach practice

Response used, intended purpose, timing, duration, and context

Immediate effect on distress, functioning, and willingness

Delayed effect - including increased confidence, dependence, restriction, or rebound anxiety

Classification: flexible coping, practical protection, temporary stabilization, safety behavior, avoidance, or uncertain

How the response could be adapted to support functioning and learning

4. Early Regulation and Support Plan

Regulation prepares a person to choose; it does not have to remove all anxiety before action.

My earliest cognitive, emotional, physical, and behavioral signs

Grounding, breathing, movement, sensory, attention, or self-talk strategy that fits my health and context

What the strategy is meant to help me do next

Support person or professional: what helps, what does not, and how I will ask

Signs to use a formal crisis, medical, safety, or emergency plan instead

5. Worry, Problem-Solving, and Uncertainty

Separate a solvable current problem from repeated attempts to gain impossible certainty.

The worry stated as a specific feared outcome

What is known now, what is unknown, and what evidence could realistically become available

If a current problem is solvable: decision, first action, responsible person, and time

If certainty is unavailable: what uncertainty can be acknowledged without further checking or reassurance

Values-consistent activity to return attention toward

6. Build a Graded Approach Ladder

Plan only sufficiently safe, consensual, formulation-based practice within professional competence. Difficulty ratings are individual and may change.

Target situation or activity and why approaching it matters

Step 1 - task, predicted anxiety 0-10, feared outcome, supports, repetition plan, and completion criteria

Step 2 - task, predicted anxiety 0-10, feared outcome, supports, repetition plan, and completion criteria

Step 3 - task, predicted anxiety 0-10, feared outcome, supports, repetition plan, and completion criteria

Pause/reassess criteria, accessibility adaptations, and circumstances that make the task inappropriate

7. Practice Record and Learning Review

Evaluate observable learning, flexibility, and functioning - not perfect calm.

Practice completed: date, setting, duration, step, support, and relevant conditions

Prediction before practice and confidence in the prediction from 0-100%

Anxiety before, highest, end, and later from 0-10

What actually happened and what I was able to do while anxious

Safety behaviors or coping responses used - and how they affected learning

New learning, next repetition, adaptation, or reason to reassess

Adolescent Adaptation

Use youth-selected goals, brief language, developmentally appropriate pacing, and real-world settings. Include caregivers or school personnel only in ways consistent with consent, safety, law, and the treatment context.

Use with developmental and family-system awareness

- Do not force feared-task practice as punishment or compliance
- Separate realistic school, peer, family, online, identity, and safety concerns from anxiety predictions
- Let the young person rate difficulty and choose among appropriate steps
- Practice skills when calm before expecting use during high activation
- Clarify what adults will do, confidentiality limits, and when specialized help is needed

A situation anxiety keeps making smaller or harder

What I predict will happen and what anxiety tells me to do

What I do for relief and what happens later

A safe first approach step I am willing to practice

What coping will help me stay in the situation and what support adults will provide

Adult support without taking over

Adults can help by validating distress, avoiding humiliation or surprise exposure, reducing unnecessary accommodation gradually within the plan, modeling calm choice, and reinforcing effort and learning rather than demanding zero anxiety.

Progress Review and Clinical Integration

Use this page to review what changed, what remained difficult, and what should happen next. Avoid treating worksheet completion as proof of clinical improvement.

What did the client notice or understand that was not clear before?

What skill, action, referral, support, or environmental change was attempted?

What was the observable result? Include client-reported benefit, burden, or unintended effect.

What barriers, cultural factors, accessibility needs, risks, or contextual pressures affected the result?

What should be continued, modified, stopped, or referred for additional support?

Clinical documentation note: objective summary, client voice, intervention, response, and follow-up plan.

Anxiety: Notice - Cope - Approach - Learn

Use this page for one anxiety episode or planned practice. Choose safety and appropriate support when danger or urgent medical concern is present.

NOTICE - What triggered anxiety, and what outcome did I predict?

MAP - What did I feel in my body, what urge appeared, and what did I do next?

CHECK - Is this realistic danger, a solvable problem, or uncertainty to practice carrying?

COPE - What response will help me function without strengthening avoidance?

APPROACH - What sufficiently safe, manageable action matters now?

LEARN - What happened, what did I handle, and what is the next step?

Use this page as a conversation and reflection aid. It is not a diagnosis, assessment, safety plan, or substitute for individualized professional care.