Worry Management for Generalised Anxiety: Practitioner Guide

THE TALKING THERAPIES UK PRACTITIONER GUIDES



Worry Management for Generalised Anxiety: Practitioner Guide

Delivering the programme as guided self-help

A practitioner guide · 8 contacts · to accompany the workbook

TALKING THERAPIES UK

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First edition, 2026.

This guide accompanies the Worry Management for Generalised Anxiety programme on the Talking Therapies UK self-help platform and its workbook. It is drawn from the programme and is kept current with it: whenever the programme changes, the guide is set again.

Revised and expanded edition, November 2026: the approach and its evidence, written practitioner notes and a worked example for every contact, the module's own teaching set out for the practitioner, and the answers to every sorting task and quiz.

Revision 4. This printing was set on 10 November 2026 from the programme as it stood that day.

A note on clinical responsibility. This guide supports qualified practitioners delivering guided self-help within their competence, their supervision and their organisation's policies. It does not replace clinical judgement, and its thresholds are guidance: where your service's policy differs, follow your service's policy.

Set in Poppins and Roboto, the Talking Therapies UK typefaces.

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How to use this guide

This guide is for qualified practitioners who support clients through the Worry Management for Generalised Anxiety programme as guided self-help: a short supported contact after each of its 8 modules, with the client working through the programme or its workbook in between.

Part 1 sets out the model the programme is built on, what the research shows, and who the programme is for. Part 2 covers what every contact needs: your part in guided self-help, how to structure a contact, how to review each kind of worksheet, what to do when the work is not being done, how to adapt the programme, the check-ins and when to step up, and risk. Read Parts 1 and 2 before you begin with a client.

Part 3 has a chapter for each contact, to read before that contact: what the client has read in the module, why the skill matters, the messages to reinforce, a plan, the questions to ask, a worked example with dialogue, how to review the week's worksheets with their answers, and what to do when the skill is hard, how to adapt it and its cautions. Part 4 covers ending the work, supervision, and the checklist.

The guide follows the programme as it stands on the platform, so its plans name the programme's own modules, teaching and worksheets, and it is set again whenever the programme changes.

What this guide covers

- The model the programme is built on, and what the research shows
- Who the programme suits, how to assess for it, and when it is not enough on its own
- Your part in guided self-help, and how to structure each contact
- For each of the 8 contacts: what the client has read, why it matters, a worked example with dialogue, a plan, and the worksheets with their answers
- What to do when a skill is hard to learn or use, how to adapt it, and its cautions
- Keeping the work going, adapting the programme, the check-ins and stepping up, and risk at every contact
- Ending well, supervision, and a checklist for delivering the programme as designed

PART 1

The approach and the evidence

The model the programme is built on, what the research shows, and who the programme is for.

In this part

- Chapter 1, The models behind the programme: worry as a process, the cycle that maintains it, the three models the programme draws on, and how the eight modules are built
- Chapter 2, What the research shows: the evidence for psychological treatment of GAD, for the programme's components, and for guided self-help, with its limits

CHAPTER 1

The models behind the programme

Worry as a process

The programme starts from a reframing that many clients find a relief: worry is not a personality flaw, a moral failing or an inevitable part of who they are, but a specific mental process that can be understood and changed. Worry is mostly verbal: it is conducted in inner speech, it runs through future possibilities, mostly negative, and it presents itself as an attempt to anticipate and prepare for what might go wrong. In ordinary concern, the thinking reaches a conclusion, leads to action or acceptance, and stops. In the chronic worry of generalised anxiety disorder (GAD) it does not. One what-if leads to another, the chain grows more abstract and less answerable as it goes, and it can run for hours without producing a single decision.

Many clients describe themselves as "always having been a worrier", and some clearly were anxious children. The programme does not dispute this; it treats a long history as a reason the patterns are well practised, not as evidence that they cannot change.

The cycle

Module 2 maps the cycle through which worry keeps itself going, in four layers: the cognitive cycling of the what-if and the chain; the physical symptoms of tension, fatigue, poor sleep, headaches and stomach upset; the behaviours that feel like coping, such as reassurance-seeking, checking, over-preparing and avoiding; and the beliefs about worry that hold the whole pattern in place. The practitioner's most important insight about the cycle is that the coping behaviours and the beliefs are the parts that maintain it. Each time a worried parent sends four messages and the

child replies, the relief is real, and so is the lesson the mind draws from it: that the messages, or the worry, kept the child safe.

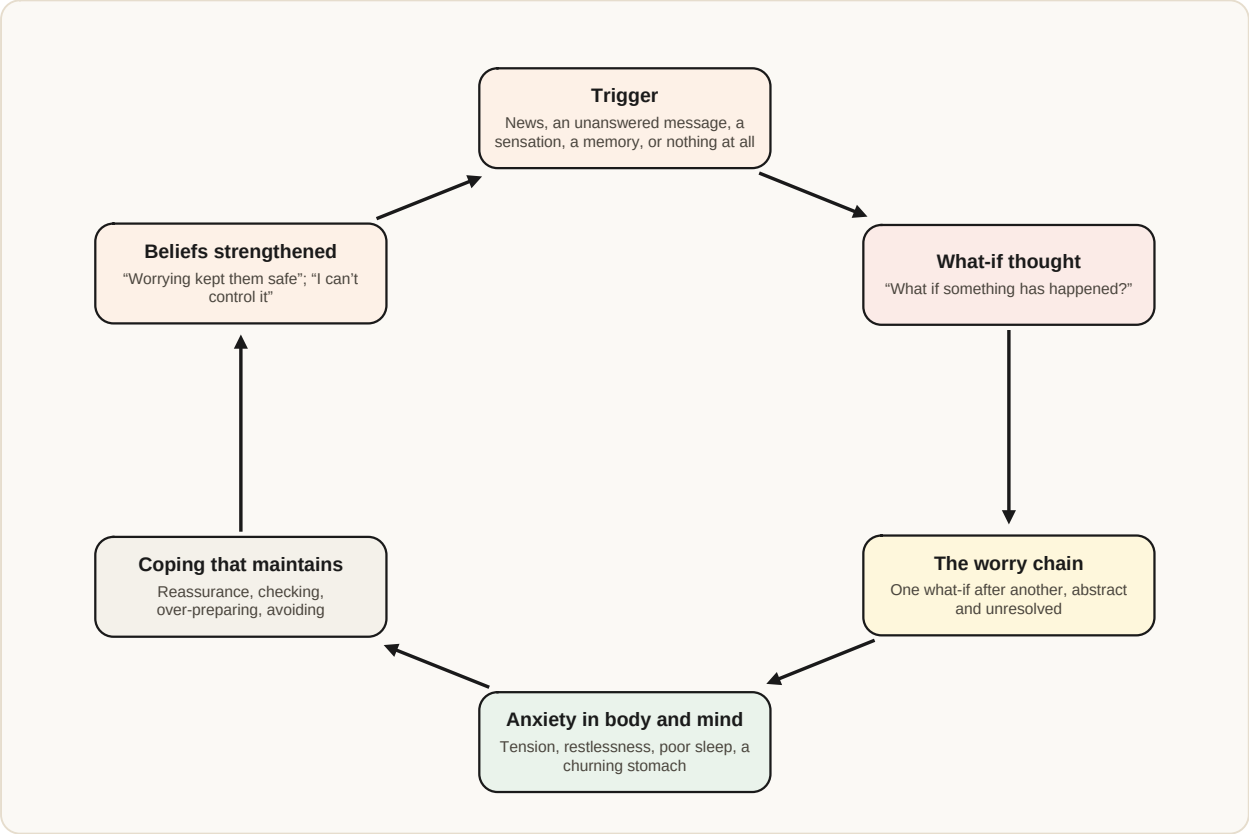


FIGURE 1.1 How worry keeps itself going
A trigger brings a what-if thought, and the what-if becomes a chain of further what-ifs that rarely reaches a decision. The chain brings tension and unease, and the person copes in ways that relieve the unease for a while: reassurance, checking, over-preparing, avoiding. When the feared outcome does not happen, the worry gets the credit, and the beliefs that keep the cycle going are strengthened.

Three models

The programme draws on three well-researched accounts of why chronic worry persists, and each module can be traced to one or more of them.

The first is Borkovec's avoidance theory. Borkovec, Alcaine and Behar (2004) brought together evidence that worry is predominantly verbal thought rather than imagery, and that putting a fear into words produces less physiological arousal than picturing it. Worry may therefore be rewarded in the moment because it dampens frightening images and the arousal they bring, while preventing the full emotional processing that would allow the fear to fade. This account lies behind the programme's use of imagery exposure in module 7, and the much older observation, which module 3 develops, that confining worry to a set time and place reduces it (Borkovec et al., 1983).

The second is the intolerance of uncertainty model of Dugas and colleagues. Dugas and colleagues (1998) proposed that people with GAD find uncertainty itself unacceptable, and that worry, together with positive beliefs about worry, a negative orientation to problems and cognitive avoidance, is driven by the attempt to reduce it. The model's practical consequences, set out by Dugas and Robichaud (2007), are the distinction between practical and hypothetical worries in

module 4, problem-solving for the first, and the behavioural experiments with uncertainty in module 5.

The third is Wells's metacognitive model. Wells (1995) distinguished worry about external events and bodily symptoms from worry about worry, and proposed that GAD is sustained by beliefs about worry itself: positive beliefs that worry is useful, which lead people to use it as a way of coping, and negative beliefs that worry is uncontrollable and dangerous, which add a second layer of anxiety on top of the first. Metacognitive therapy, described by Wells (2009), works on these beliefs directly and teaches detached mindfulness, the practice of noticing a thought without engaging with it. Module 6 and the second half of module 7 come from this model.

How the programme breaks the cycle

The modules work on the cycle from the surface downwards. Module 1 explains worry and sets goals. Module 2 maps the client's own cycle. Module 3 interrupts the chain with worry postponement and a daily worry time, the most practical single technique in the programme, which is why it comes first. Module 4 sorts worries into practical and hypothetical and gives each its proper response. Modules 5 and 6 work on the drivers underneath: uncertainty, and beliefs about worry. Module 7 adds two ways of changing the relationship to worried thoughts, and module 8 consolidates the work into a maintenance plan.

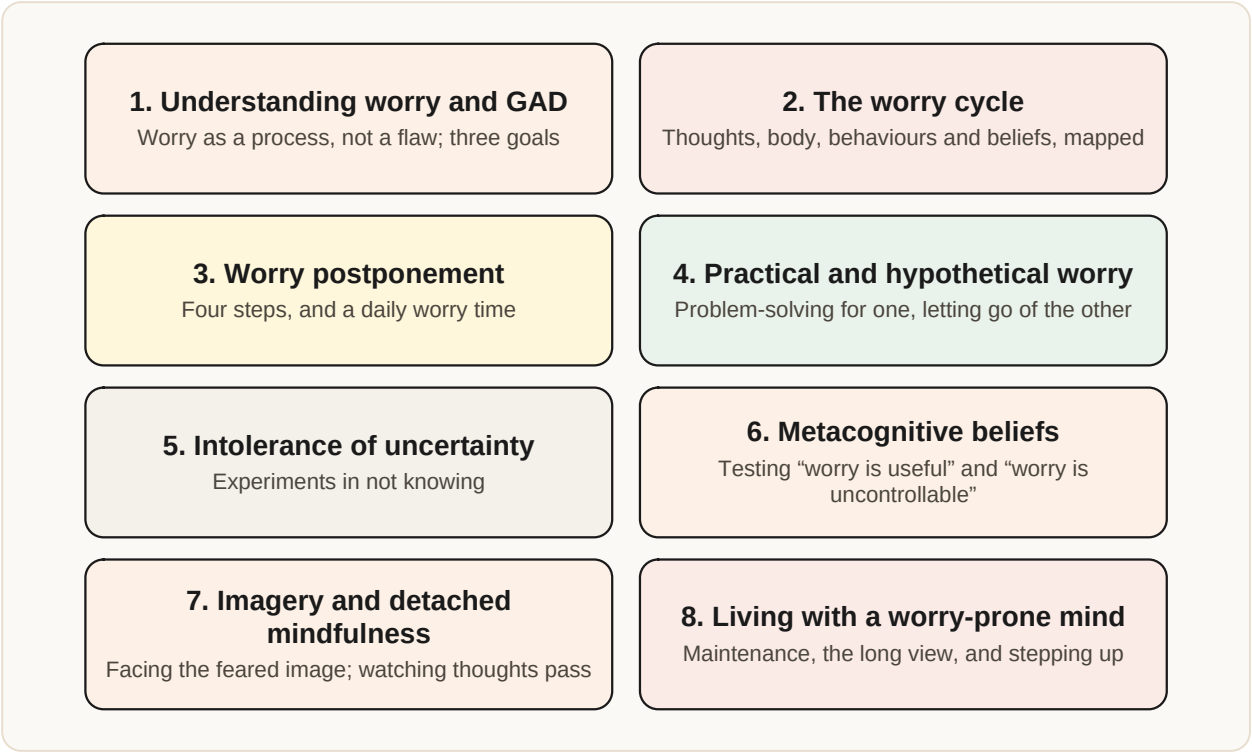


FIGURE 1.2 The eight modules and what each works on
Modules 1 and 2 explain worry and map the client's own cycle. Modules 3 and 4 interrupt the chain and sort worries into those that can be solved and those that cannot. Modules 5 and 6 work on what lies underneath: intolerance of uncertainty, and beliefs about worry itself. Module 7 changes the relationship to worried thoughts, and module 8 keeps the gains.

How the modules are built

Each module has an introduction, two or three teaching sections, a sorting exercise, a practical worksheet with headed prompts, a closing summary with practice for the week ahead, and a reflection, “Taking this forward”, which asks what the client most wants to keep, when it will be hardest to use, and what exactly they will do then. The teaching is illustrated with short worked examples, such as a single worry postponed in four steps, a first uncertainty experiment and a first imagery session about a parent’s health. The check-ins come in modules 1, 4 and 8: the PHQ-9 and the Work and Social Adjustment Scale in module 1, and the PHQ-9, GAD-7 and WSAS in modules 4 and 8. Take the GAD-7 at assessment, since module 1 does not include it. Some services also use the Penn State Worry Questionnaire (Meyer et al., 1990), sixteen items scored from 16 to 80, which measures the tendency to worry itself and is often more sensitive to the change this programme aims for. The worked examples in this guide follow one composite client, Gwen, through all eight contacts.

What the practitioner adds

The programme carries the teaching. The practitioner’s part in worry work has three particular demands. The first is to keep the client practising: postponement, worry time and the experiments work only if they are done daily, and they feel artificial at first. The second is to notice the worry in the contact itself. Clients with GAD often bring their worries to the contact and invite the practitioner to engage with the content, and a contact spent discussing whether the client’s son is likely to have an accident is a contact spent worrying. The third is not to become a source of reassurance. A practitioner who says “I’m sure he’s fine” has joined the client’s reassurance-seeking, however kindly. Chapter 5 shows how a thirty-minute contact can keep its attention on the process of worry rather than its content.

CHAPTER 2

What the research shows

Psychological treatment of generalised anxiety disorder

Psychological treatment for GAD has a substantial evidence base. A meta-analysis of randomised trials found large effects for psychological treatments, most of them cognitive behavioural, compared with waiting-list and care-as-usual conditions (Cuijpers et al., 2014). The National Institute for Health and Care Excellence (2011) recommends a stepped approach: education and active monitoring first; then low-intensity interventions, including individual non-facilitated or guided self-help based on CBT principles, for GAD that has not improved; and then high-intensity CBT or applied relaxation, or medication, for marked functional impairment or where low-intensity help has not been enough.

The components

Each of the programme's main techniques comes from a tested treatment. Stimulus control for worry, the basis of worry postponement, was first tested by Borkovec and colleagues (1983), who found that four weeks of confining worry to a set time and place reduced daily worry compared with no treatment. Imagery exposure was tested by Hoyer and colleagues (2009), who compared worry exposure, in which people imagine their feared outcome in detail, with applied relaxation, and found both more effective than waiting for treatment, with similar results to each other. The two treatments built on the newer models have also been compared directly: van der Heiden and colleagues (2012) found that both metacognitive therapy and intolerance-of-uncertainty therapy were more effective than a waiting period, and that metacognitive therapy produced larger improvements on several measures of worry and anxiety. The programme combines elements of both, which is a reasonable reading of the evidence rather than a tested protocol.

A point about suppression matters for module 7. Wegner and colleagues (1987) asked people not to think of a white bear and found that, once they were free to think of it again, they thought of it more often than people who had never tried to suppress it. Clients who try to stop worrying by pushing worried thoughts away are doing something that tends to backfire, and detached mindfulness is explicitly different: the thought is allowed to come and go, not pushed out.

Guided self-help

Studies comparing guided self-help directly with face-to-face therapy for anxiety and depression have found similar effects (Cuijpers et al., 2010), and NICE recommends guided self-help as a step for GAD. In worry work, guidance does two things that self-help on its own often cannot. It keeps the daily practice going through the first fortnight, when postponement feels effortful and the worry time feels artificial. And it gives the client an outside view of their safety behaviours and beliefs about worry, which are hard to see from the inside because they feel like ordinary care and responsibility.

What the research does not show

No trial has tested this programme in its present form. The evidence above comes mainly from therapist-delivered treatment for GAD, from trials of the individual techniques and from guided self-help in other formats. The programme applies that evidence with care, and the stepping-up guidance in Part 2 and in module 8 is the safeguard for clients for whom it is not enough: those whose worry is severe and disabling, and those whose worry is accompanied by depression, panic attacks, obsessive-compulsive features, the use of alcohol or drugs to cope, or the effects of trauma.