



The Force for Health®
PREPARED PATIENT PROGRAM

PREPARED PATIENT

Anxiety

Your complete learning module — eight components from newly-diagnosed to a clinically Prepared Patient Ambassador. Everything to know and do, in one place.

8-Component Condition Module

WHAT'S INSIDE — THE 8 COMPONENTS

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| 1 Core Basics | 2 Self-Reflection |
| 3 Force Field Fact Sheet | 4 Prepared Patient Course |
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SCAN TO OPEN THE
LIVE JOURNEY

1 Core Basics

Welcome — why becoming a Prepared Patient matters

Welcome. You're in the right place. This module turns Anxiety from something that happens *to* you into something you help manage — step by step, at your own pace. You don't need to become a doctor. You need to become the most prepared person in the room about *your* health.

WHY THIS MATTERS — FOR YOU AND THE PEOPLE AROUND YOU

As a Patient

Know your numbers, spot your red flags, and act fast when it counts. Prepared patients have better days and fewer emergencies.

As an Ambassador

Speak up in your own care as an equal partner — ask the right questions and help shape your plan.

As a Caregiver

Support someone you love with confidence — know what to watch for and what to do.

ANXIETY — A NATIONAL OVERVIEW

19% of adults

31%

6 months or more

Anxiety is a real health problem. It is common. It can be treated. It happens when the brain's **threat-detection system fires too much**. Think of it as a 'false alarm.' Brain science shows a few parts at work.

The **amygdala** (the brain's fear center) sets off the alarm. The **anterior cingulate** and **prefrontal cortex** (the calm-down parts) try to turn it off. The **limbic-autonomic axis** drives fight, flight, or freeze.

Sometimes **long-term stress and inflammation** add to it. Anxiety is the most common group of mental-health problems in the U.S. About **19% of adults** have it each year.

Almost **31%** will have it at some point in life. It is also one of the easiest to treat. There is a difference between **anxiety** and an **anxiety disorder**. Feeling nervous before a talk is normal.

Being scared during real danger is normal. Worry during a hard time is normal. An anxiety disorder is different. The worry, fear, panic, or avoiding lasts and takes over.

It usually runs **6 months or more**. It gets in the way of work, family, or daily life. Here is the honest truth. Most people who get treatment get better.

CBT with exposure therapy (facing fears in small steps) is the best non-drug treatment. It helps about **70 to 90%** of people. There are many types: **GAD, Panic Disorder, Social Anxiety Disorder, Specific Phobias, OCD-spectrum, and PTSD**.

About **50%** of people with anxiety also have depression (see Depression FFFS).

PRE-KNOWLEDGE CHECK — RATE WHAT YOU KNOW RIGHT NOW (1–5)

Be honest — there's no wrong answer. You'll rate these again at Step 7 and see how far you've come.



1 Core Basics

Welcome — why becoming a Prepared Patient matters

What Anxiety actually is

○ ○ ○ ○ ○

My key numbers & targets

○ ○ ○ ○ ○

My red flags — and what to do

○ ○ ○ ○ ○

My medicines & how to take them

○ ○ ○ ○ ○

How to speak up with my care team

○ ○ ○ ○ ○

1 = new to me · 5 = I could teach it

★ My Prepared Patient Pledge

I pledge to learn about my Anxiety, to know my numbers and my red flags, to speak up in my own care, and to take one small step at a time — for myself and for the people who count on me.

SIGNED

DATE

Additional Notes

☐ I've completed Step 1 · Welcome & Overview for Anxiety



2 Self-Reflection

Eight soft questions to find your honest starting point

No test, no wrong answers — an honest self-reflection to find your starting point with Anxiety. This is an engagement screener, not a clinical assessment. Mark your answers, then carry them into the Fact Sheet.

Q1 Have you ever had a mental health crisis, targeted therapy, bypass, or been told you have anxiety disorders (gad / panic / social), blockages, or distress?

Anxiety Disorders (GAD / Panic / Social) is often silent. Some people learn they have it from a routine test; others find out from an event. Naming what you've actually been told is the first step.

CHOOSE ONE

- ☐ Yes — I've had a mental health crisis, targeted therapy, or bypass
- ☐ Yes — I have a Anxiety Disorders (GAD / Panic / Social) or distress diagnosis without a major event
- ☐ No, but I have known risk factors (high symptom severity, high BP, diabetes, family history, smoking)
- ☐ No — and I don't have major risk factors that I know of
- ☐ I'm not sure

Q2 Has anyone in your family had a mental health crisis, targeted therapy, bypass, or sudden mental health death — especially before age 60?

Family history of early heart disease is one of the strongest Anxiety Disorders (GAD / Panic / Social) risk factors and a clue to inherited high symptom severity.

CHOOSE ONE

- ☐ Yes — and at least one relative was under 60
- ☐ Yes — but I'm not sure of ages
- ☐ No
- ☐ I don't know



2 Self-Reflection

Eight soft questions to find your honest starting point

Q3 Have you ever heard about, or thought about, any of these in connection with heart disease? (check all that feel familiar)

This is just a familiarity check, not a behavior audit. Pick whatever rings a bell.

CHECK ALL THAT APPLY

- ☐ LDL ("bad") symptom severity target numbers
- ☐ Mental health medication (atorvastatin, rosuvastatin, simvastatin)
- ☐ Mental health screening (PHQ-9, GAD-7) scan
- ☐ Mental health rehab
- ☐ Aspirin or other antiplatelet for heart
- ☐ Quit-smoking medication or counseling
- ☐ Mediterranean / DASH-style eating
- ☐ None of these — this is all new to me

Q4 Do you feel confident that you understand anxiety disorders (gad / panic / social) — what it is, what it does to the body, and what helps?

"Somewhat" is a totally fair answer. Most people start there.

CHOOSE ONE

- ☐ Very confident — I know the basics well
- ☐ Somewhat — I know some, want to know more
- ☐ Not really — I'd like to learn more
- ☐ This is new to me

Q5 Do you feel confident you know how to live the highest-quality life possible despite (or to prevent) Anxiety Disorders (GAD / Panic / Social)?

Quality of life is the goal — energy, the things you love, longevity — not just "watching the LDL."

CHOOSE ONE

- ☐ Yes
- ☐ I'm getting there
- ☐ Not yet — I want to learn how
- ☐ Not applicable to me right now



2 Self-Reflection

Eight soft questions to find your honest starting point

Q6 Are you ready to become an informed and respected part of your care team — where your observations, communications, and actions are the most important part of your care?

This is the heart of the Prepared Patient idea.

CHOOSE ONE

- ☐ Yes — I'm ready
- ☐ Almost — I want to learn more first
- ☐ I'd like to but I'm not sure how
- ☐ I hadn't thought of it that way before

Q7 Do you have at least one person — family, friend, or care team — you can turn to about your heart?

Habit change sticks when it's social.

CHOOSE ONE

- ☐ Yes — I have someone
- ☐ Maybe — I'm not sure who
- ☐ Not yet — but I'd like to find someone
- ☐ I prefer to figure it out myself first

Q8 What brought you to this Prepared Patient program today?

Your answer is private and helps us speak to you better.

CHOOSE ONE

- ☐ I've had a heart event (MI, targeted therapy, bypass)
- ☐ I have Anxiety Disorders (GAD / Panic / Social) without a major event
- ☐ Someone I love has Anxiety Disorders (GAD / Panic / Social) or had a heart event
- ☐ I want to prevent it (risk factors / family history)
- ☐ I'm a student, professional, or educator
- ☐ I'm just curious



2 Self-Reflection

Eight soft questions to find your honest starting point

What these answers tell me about where I'm starting

 Additional Notes

☐ I've completed Step 2 · Self-Reflection for Anxiety



Force Field Fact Sheet

Primer · Foundations

This is the heart of the resource: the complete Anxiety Force Field, organized in knowledge tiers. Each card gives the essentials, then **Concepts** (what to know), **Skills** (what you can do), **Actions** (this week), and your **Plan** (share & sustain).



3 Force Field Fact Sheet

Primer · Foundations



What Is Anxiety?

PRIMER · TIER 0

Anxiety is a real health problem. It is common. It can be treated. It happens when the brain's **threat-detection system fires too much**. Think of it as a 'false alarm.' Brain science shows a few parts at work.

The **amygdala** (the brain's fear center) sets off the alarm. The **anterior cingulate** and **prefrontal cortex** (the calm-down parts) try to turn it off. The **limbic-autonomic axis** drives fight, flight, or freeze.

Sometimes **long-term stress and inflammation** add to it. Anxiety is the most common group of mental-health problems in the U.S. About **19% of adults** have it each year.

Almost **31%** will have it at some point in life. It is also one of the easiest to treat. There is a difference between **anxiety and an anxiety disorder**. Feeling nervous before a talk is normal.

Being scared during real danger is normal. Worry during a hard time is normal. An anxiety disorder is different. The worry, fear, panic, or avoiding lasts and takes over.

It usually runs **6 months or more**. It gets in the way of work, family, or daily life. Here is the honest truth. Most people who get treatment get better.

CBT with exposure therapy (facing fears in small steps) is the best non-drug treatment. It helps about **70 to 90%** of people. There are many types: **GAD, Panic Disorder, Social Anxiety Disorder, Specific Phobias, OCD-spectrum, and PTSD**.

About **50%** of people with anxiety also have depression (see Depression FFFS).

CONCEPTS · LEARN IT

- Anxiety is the brain's threat-detection system firing too much. It is a 'false alarm.'
- It is the most common mental-health problem in the U.S. (~19% each year; ~31% lifetime).
- CBT with exposure therapy is the best non-drug treatment.
- Anxiety vs. anxiety disorder: lasting, wide worry that hurts daily life for 6 months or more.
- About 50% of people with anxiety also have depression.
- Many types: GAD, panic, social anxiety, specific phobias, OCD, PTSD.

ACTIONS · THIS WEEK

- Ask for copies of your mental-health and PCP (main doctor) notes.
- Save 988 (call or text) and 741741 (Crisis Text Line; text HOME) in your phone.
- Take the GAD-7 today (free at phqscreeners.com or in your patient portal).
- Tell one family member or friend you trust.

SKILLS · LIVE IT

- Say the 'false alarm' idea out loud.
- Tell normal worry or fear apart from an anxiety disorder.
- Read your GAD-7 score at each band (5, 10, 15).
- Use kind words. Say 'living with anxiety,' not 'anxious.'

PLAN · SHARE IT

- Read all 16 squares.
- Open the deep course.
- Set up a mental-health visit if you do not have one.





360 Human Anatomy: Threat Detection & Fight-Flight

PRIMER · ANATOMY

Anxiety is the brain's **threat-detection system firing too much**. The **amygdala** (the brain's fear center) drives it. Here is the main circuit. The **amygdala** spots fear and threat.

The **anterior cingulate** and **prefrontal cortex** calm it down when they work. The **hippocampus** adds context. The **locus coeruleus** uses norepinephrine (a chemical that raises alertness).

The **autonomic nervous system** runs fight-or-flight (the sympathetic side). When this system fires too much, the body reacts. You may feel a racing heart, trouble breathing, sweating, an upset stomach, dizziness, dread, or a need to run.

This is your body reacting to a threat that is not really there. Or it treats a small threat as a huge one. Knowing the circuit makes it **far less scary**.

You can tell yourself: 'My brain thought a normal feeling was a threat. My body is just doing its job.' Here is how **treatments help**.

- (1) **Exposure therapy** means facing the fear again and again without running. This teaches the amygdala the threat is not really dangerous (called extinction learning).
- (2) **CBT** changes the thoughts that set off the alarm.
- (3) **SSRIs/SNRIs** (anxiety medicines) adjust the serotonin and norepinephrine systems that drive the alarm.
- (4) **Mindfulness** makes the calm-down part of the brain stronger.
- (5) **Breathwork** (slow breathing) calms the body's alarm right away.

CONCEPTS · LEARN IT

- Amygdala = the brain's threat-detection center.
- Prefrontal cortex = the part that calms things down.
- Autonomic nervous system = fight-or-flight = the body feelings.
- CBT changes the thoughts. Exposure changes the learning. SSRIs adjust the system.
- Breathwork (slow breathing) calms the body's alarm right away.
- Mindfulness makes the calm-down part of the brain stronger.

ACTIONS · THIS WEEK

- Click into 360 Human Anatomy: Brain Networks & Mood.
- Write your treatments and how they work in your Health Passport.
- Practice 4-7-8 or box breathing every day for 5 minutes.

SKILLS · LIVE IT

- Open the 360 Human Anatomy: Brain & Mood module.
- Say the brain model in your own words.
- Match each treatment to how it works (CBT, exposure, SSRI, mindfulness, breathwork).
- Swap 'I'm broken' for 'my threat-detection is firing too much.'

PLAN · SHARE IT

- Visit the brain module before each mental-health visit.
- Update your notes after each treatment change.
- Bring your marked-up map to the next visit.



3 Force Field Fact Sheet

Primer · Foundations



Who Gets Anxiety? — Types & Risks

PRIMER

Anxiety has many types. **Generalized Anxiety Disorder (GAD)** is steady worry about many things for **6 months or more**. You may feel restless or tired. You may have trouble focusing.

You may feel cranky, have tight muscles, or sleep poorly. **Panic Disorder** brings panic attacks that come back. A panic attack is a sudden rush of strong fear.

You may feel a racing heart, trouble breathing, chest pain, dizziness, or dread. It peaks in minutes. People then worry about the next attack and start to avoid things.

Social Anxiety Disorder is strong fear of being judged by others. It can hurt work, school, and friendships.

Specific Phobias are strong fears of one thing, like flying, heights, blood, or animals.

OCD-spectrum has obsessions (unwanted, upsetting thoughts) and compulsions (repeated acts done to ease the worry). It is its own disorder but often grouped with anxiety.

PTSD is an anxiety-related disorder set off by trauma. It has its **own course**. **Things that raise risk**: anxiety in the family, past trauma, and long-term illness (like OSA, IBS, chronic pain, or thyroid problems).

Also substance use (alcohol, caffeine, cannabis, stimulants) and hard life stress. It is about **2 times** more common in women as adults. **Always check for medical causes that look like anxiety**:

an overactive thyroid (hyperthyroidism), a rare tumor (pheochromocytoma), heart-rhythm problems, asthma, OSA, low B12 or iron, too much caffeine, drug withdrawal, and medicine side effects (steroids, stimulants, decongestants).

CONCEPTS · LEARN IT

- GAD: steady worry for 6 months or more.
- Panic Disorder: panic attacks that come back, plus worry about the next one.
- Social Anxiety: fear of being judged by others.
- Specific Phobias: strong fear of one thing.
- OCD-spectrum: obsessions plus compulsions.
- PTSD: anxiety-related (has its own course).
- Risks: family history, trauma, long-term illness, substance use.
- Look-alikes: overactive thyroid, heart-rhythm problems, asthma, OSA, caffeine, drug withdrawal.

ACTIONS · THIS WEEK

- Confirm your type with your mental-health team.
- Get basic labs to rule out look-alikes (TSH, CBC, B12, electrolytes).
- If panic is the main problem: make sure a heart check was done.
- Find a therapist who fits your culture if that helps you.

SKILLS · LIVE IT

- Say your type (or the type being checked).
- Know the signs of a panic attack.
- Know the medical look-alikes that need testing.
- Track what you avoid (a key sign of anxiety that runs on avoiding).

PLAN · SHARE IT

- Review your type once a year.
- Talk with family about risk in the family and warning signs.
- Add anxiety to your family-history record.



3 Force Field Fact Sheet

Primer · Foundations



The Numbers — GAD-7 PRIMER

About **40 million U.S. adults** have an anxiety disorder. That is about **19%** each year. About **31%** will have one at some point in life. Anxiety disorders are the most common mental-health problems.

The most useful number is your GAD-7 score. GAD-7 stands for the Generalized Anxiety Disorder 7-item scale. It is a proven, free, 7-question test. Each question scores 0 to 3.

The total runs 0 to 21. **The bands are: 0 to 4 minimal, 5 to 9 mild, 10 to 14 moderate, and 15 to 21 severe.** A score of **10 or higher** usually means treatment is needed.

It was built for GAD. But it is widely used to screen for anxiety of all types. The **USPSTF says all adults should get the GAD-7** in primary care (2023 advice).

Other tools help too. Use **PC-PTSD-5** if there is a trauma history. Use **SCARED** for kids. Use the **Panic Disorder Severity Scale (PDSS)** to track panic. Always add the **PHQ-9** (a depression test).

Anxiety and depression overlap about **50%**. The outlook is good. About **70 to 90%** of people respond to **CBT with exposure therapy** (the best non-drug treatment).

SSRIs/SNRIs (anxiety medicines) add more help. For severe cases, **using both works best.**

CONCEPTS · LEARN IT

- About 40M U.S. adults have anxiety each year (~19%); ~31% lifetime.
- GAD-7: 7 questions, 0 to 21 total; bands 5/10/15.
- USPSTF: screen all adults in primary care (2023).
- Always also screen for depression (PHQ-9). Overlap is about 50%.
- CBT with exposure therapy: about 70 to 90% respond.
- Trauma history: use PC-PTSD-5.

ACTIONS · THIS WEEK

- Take the GAD-7 today (free at phqscreeners.com or in your patient portal).
- Make a numbers card.
- Plot your GAD-7 and PHQ-9 trends on one sheet.
- If you have a trauma history: ask about PC-PTSD-5 and a PTSD check.

SKILLS · LIVE IT

- Take the GAD-7 yourself each week.
- Say your GAD-7 score and band.
- Track your GAD-7 trend over weeks and months.
- Always pair it with the PHQ-9.

PLAN · SHARE IT

- Add a GAD-7 and PHQ-9 log to your Health Passport.
- Talk about your numbers at each visit.
- Review the trend with your team every 3 months.



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Recognize Warning Signs (PANIC-WATCH)

LEARN IT · TIER 1 AWARE

The most important thing in anxiety is telling a panic attack from a heart attack. They share many signs: chest pain, racing heart, trouble breathing, sweating, dizziness, dread, and a need to run.

The first time you feel these signs, go to the ED (emergency room) to rule out a heart problem. Do not assume it is panic. **Once panic attacks are confirmed** and you know the pattern, you can **ride the next one out at home with skills.**

Try grounding (name 5-4-3-2-1 things you sense). Try breathwork (4-7-8, box breathing, or belly breathing). Remind yourself: **'This is a panic attack. It will pass.'**

'Nothing is really wrong.' Most panic attacks peak within 10 minutes and end within 30. **Other warning signs to act on.** If you avoid a lot (not leaving home, not driving, not seeing people), call your BH (behavioral health) team.

If daily life is hurting for 6 months or more (work, relationships, sleep), call your BH team. **Anxiety and depression often overlap (~50%).** If you have **any thoughts of suicide, call or text 988.**

If you are in danger right now, call 911 or go to the ED. Veterans: call 988, then press 1.

CONCEPTS · LEARN IT

- First-ever panic-like signs → go to the ED the first time (rule out the heart).
- Once confirmed: ride future attacks out at home with skills.
- Panic peaks in about 10 minutes; ends in about 30.
- A lot of avoiding or daily-life harm → call your BH team.
- Thoughts of suicide → 988 (anxiety and depression often overlap).

ACTIONS · THIS WEEK

- Save 988 (call or text) and 741741 (text HOME) in your phone.
- Practice grounding and breathwork daily so they come easily when needed.
- If you start avoiding a lot: call your BH team early.
- Do a Family Ambassador PANIC-WATCH drill.

SKILLS · LIVE IT

- Say the PANIC-WATCH steps from memory.
- Tell panic from a heart problem (rule out the heart the first time).
- Practice grounding (name 5-4-3-2-1 things you sense).
- Practice breathwork (4-7-8, box breathing).
- Remind yourself: 'This is a panic attack. It will pass.'

PLAN · SHARE IT

- This week: put a PANIC-WATCH card on the fridge.
- This month: do a family Ambassador drill with the 'support but don't shield' idea.
- Each quarter: review with your team.



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



GAD-7 Screening + Wellness Visits

LEARN IT · TIER 1 AWARE

The **GAD-7** is the proven, family-friendly anxiety test. You or your Ambassador can give it. It has **7 questions**. Each scores 0 to 3. The total runs 0 to 21.

The bands are 5 (mild), 10 (moderate), and 15 (severe). The **USPSTF** says to screen all adults in primary care

(2023). **Always pair it with the PHQ-9** (a depression test). Depression and anxiety overlap about **50%**. Use **PC-PTSD-5** for a trauma history. Use **SCARED** for kids.

Use the **Panic Disorder Severity Scale (PDSS)** to track panic. Wellness visits for anxiety also include a few checks. Get **basic labs** to rule out look-alikes:

TSH (a thyroid test for hyperthyroidism), CBC, B12, electrolytes, and glucose. Get a **heart check**, especially the first time you have chest pain or a pounding heart.

That means an EKG, and sometimes an echo or Holter. Get an **OSA screen** with STOP-BANG. OSA and anxiety feed each other. Do a **medicine review**. Some medicines cause or worsen anxiety:

stimulants, decongestants, steroids, too much levothyroxine (a thyroid medicine), and beta-agonists. Do a **substance check** too: alcohol withdrawal, too much caffeine, cannabis, and stimulants.

The GAD-7 is free at phqscreeners.com.

CONCEPTS · LEARN IT

- GAD-7: proven, free, family-friendly, 7 questions, 0 to 21.
- Bands: 5/10/15.
- Always pair with the PHQ-9 (overlap about 50%).
- USPSTF: screen all adults (2023).
- Trauma: use PC-PTSD-5.
- Basic workup: TSH, CBC, B12, electrolytes, EKG (if heart signs).
- OSA screen (STOP-BANG).
- Some medicines cause or worsen anxiety. Review the list.

ACTIONS · THIS WEEK

- Take the GAD-7 and PHQ-9 this week.
- Confirm your basic labs are done.
- If first-ever panic: confirm a heart check was done.
- Check your medicines for ones that worsen anxiety.
- Track how much caffeine you drink.

SKILLS · LIVE IT

- Take the GAD-7 yourself each week.
- Pair it with the PHQ-9.
- Know the medical look-alikes that need testing.
- Use STOP-BANG to screen for OSA.

PLAN · SHARE IT

- Screen and do a workup once a year.
- Repeat the GAD-7 weekly while in treatment.
- Repeat it every 3 months once you are well.



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Know My Numbers

LEARN IT · TIER 1 AWARE

In anxiety, these numbers are worth knowing. Your **GAD-7 score and 4-week trend** is the main dashboard. Your **PHQ-9** matters because of the overlap. Track your **panic-attack count** (per week or per month).

Track **what you avoid** (list each thing and how much it limits you). Track your **sleep hours and quality**. Track your **caffeine intake**. This is often the single biggest lever.

Track your **alcohol intake**. Track whether you take your **medicine** as ordered. Keep a **side-effect log**. Track **therapy visits and your exposure-hierarchy progress** (your step-by-step fear list).

Know your **basic labs** (TSH, CBC, B12, electrolytes). Track your **blood pressure and heart rate**, especially if you use benzodiazepines (calming medicines) or beta blockers.

Bring a one-page 'my numbers' card to every visit.

CONCEPTS · LEARN IT

- GAD-7 plus 4-week trend = the main dashboard.
- Always pair with the PHQ-9 (overlap about 50%).
- Panic-attack count.
- What you avoid, tracked.
- Caffeine and alcohol intake.
- Sleep hours.
- Blood pressure and heart rate if on a benzodiazepine or beta blocker.

ACTIONS · THIS WEEK

- Make a numbers card.
- Plot your GAD-7 and PHQ-9 trends on one sheet.
- Confirm your basic labs are current.
- Confirm your doses and side-effect log.

SKILLS · LIVE IT

- Say your GAD-7 and trend from memory.
- Track sleep, caffeine, and avoiding each week.
- Know your medicines, doses, and side effects.
- Bring your numbers card to every visit.

PLAN · SHARE IT

- Keep your numbers card current.
- Talk about your numbers at each visit.
- Review the trend every 3 months.



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Lifestyle Force Field

LEARN IT · TIER 1 AWARE

In anxiety, your daily habits are real medicine. Here are the must-dos.

(1) Move often. Get 30 or more minutes most days. Mix cardio and strength. Exercise eases anxiety on its own (proven in many studies). Cardio burns off adrenaline.

(2) Sleep 7 to 9 hours on a set schedule. **CBT-I** (CBT for insomnia) is proven. Too little sleep makes anxiety worse.

(3) Cut back or quit caffeine. For anxiety-prone people, this is often the single biggest lever. Anxiety is very sensitive to caffeine. Try cutting it for 2 weeks. Many people feel much better.

(4) Cut back or quit alcohol. Alcohol calms you at first. Then it makes anxiety worse the next day (a rebound). Many people improve a lot when they cut back or stop.

(5) Try mindfulness or meditation. This is a proven treatment. Options include MBSR (Mindfulness-Based Stress Reduction), MBCT, and app programs.

(6) Use breathwork. Slow breathing calms the body's alarm right away. Try **4-7-8** (breathe in 4 seconds, hold 7, breathe out 8), **box breathing** (4-4-4-4), or **belly breathing**. Practice daily so it comes easily.

(7) Cut back on cannabis and other substances. THC (the active part of cannabis) can start or worsen anxiety.

(8) Stay connected. Time with people is a must, not a bonus.

(9) Watch your screen and media diet. Scary news and social media can raise anxiety. For many people, habits matter as much as the medicine.

CONCEPTS · LEARN IT

- Exercise 30+ minutes most days. It eases anxiety.
- Sleep 7 to 9 hours. CBT-I is proven for insomnia.
- Cut back or quit caffeine. Often the single biggest lever.
- Cut back or quit alcohol. It worsens anxiety on the rebound.
- Mindfulness or meditation (MBSR, MBCT) is a proven treatment.
- Breathwork (4-7-8, box, belly) calms the body's alarm.
- Stay connected with people.
- Watch your screen and media diet.

ACTIONS · THIS WEEK

- This week: plan 30 minutes of exercise on 5 days.
- Cut caffeine for 2 weeks.
- Review your alcohol use and set real limits.
- Install a mindfulness app (Calm, Headspace, Insight Timer).
- Practice 4-7-8 breathing each morning and evening.

SKILLS · LIVE IT

- Say the exercise rule (30+ minutes most days).
- Build a sleep routine.
- Cut caffeine for 2 weeks, then check.
- Practice 4-7-8 or box breathing daily.
- Practice mindfulness 5 to 20 minutes a day.
- Read alcohol labels; count your drinks.

PLAN · SHARE IT

- Daily: move, sleep, breathwork, and mindfulness.
- Weekly: log GAD-7, sleep, caffeine, and drinks.
- Each quarter: review with your team and adjust.



3 Force Field Fact Sheet

Tier 2 • Live It • Active



Therapy + Medications — Exposure Therapy as Gold Standard

LIVE IT • TIER 2 ACTIVE

Anxiety treatment runs on three tracks. **1. Therapy.** This is first for almost every anxiety disorder. **CBT with exposure therapy is the best non-drug treatment.** About **70 to 90%** respond.

The gains last after therapy ends. **Exposure therapy** works by having you face the fear again and again without running. This teaches the brain the threat is not really dangerous.

Each type has its own kind. For panic: interoceptive exposure (bringing on body feelings like breathlessness or dizziness in a safe place). For social anxiety:

social exposures with response prevention. For phobias: real-life or virtual-reality exposures. For OCD: ERP (Exposure and Response Prevention). Other proven therapies help too:

MBSR/MBCT (mindfulness-based), **ACT** (acceptance and commitment), and **EMDR** for trauma-linked anxiety. A course is usually 12 to 20 sessions. **2. Medicines. SSRIs are first-line:**

sertraline, escitalopram, paroxetine, and fluoxetine. **SNRIs** also work (venlafaxine, duloxetine). They take **4 to 6 weeks** for full effect. **Buspirone** helps GAD;

it does not sedate and does not cause dependence. **Beta blockers** (propranolol) help now and then for performance anxiety. **Benzodiazepines (alprazolam, lorazepam, clonazepam):**

use with strict caution. They can cause dependence, falls in older adults, and a dangerous mix with opioids. They can even worsen anxiety over time. Use them only short term or as rescue.

Withdrawal is real. Taper. Do NOT stop SSRIs/SNRIs cold (that causes discontinuation syndrome). **3. Lifestyle** (see Square 8). For severe cases, **using both therapy and medicine works best.**

CONCEPTS • LEARN IT

- CBT with exposure therapy: best treatment, about 70 to 90% respond.
- Exposure types: interoceptive (panic), social (social anxiety), real-life or VR (phobias), ERP (OCD).
- SSRIs/SNRIs are first-line medicines; 4 to 6 weeks to full effect.
- Buspirone for GAD.
- Beta blockers now and then for performance anxiety.
- Benzodiazepines: use with strict caution (dependence, falls, opioid mix).
- Do NOT stop SSRIs/SNRIs cold.
- MBSR, MBCT, ACT, and EMDR are also proven.

ACTIONS • THIS WEEK

- Confirm your therapist is trained in CBT and exposure (a must for panic, OCD, and phobias).
- Track that you take your medicine, and note side effects.
- Build an exposure hierarchy (a step-by-step fear list) with your therapist.

SKILLS • LIVE IT

- Name your treatments and how they work.
- Track that you take your medicine and note side effects.
- Practice your exposure-therapy steps with your therapist.
- Wait the 4 to 6 weeks without panicking.
- Do not use a benzodiazepine daily unless it is a short-term order.

PLAN • SHARE IT

- This week: set a medicine routine and keep therapy visits.
- This month: do a 4-week GAD-7 check-in with your prescriber.
- This quarter: do a full medicine and therapy review.



3 Force Field Fact Sheet

Tier 2 · Live It · Active

- Apply for copay help or ask about a generic.



Care Team Members

LIVE IT · TIER 2 ACTIVE

Anxiety care takes a team. **For mild to moderate cases:** your PCP (main doctor) can manage medicine. A **therapist trained in CBT and exposure therapy** handles therapy.

This is the **collaborative-care model**. It gives about **3 times** better results than usual care. **For moderate to severe, hard-to-treat, or bipolar cases:** **psychiatry** leads the medicine plan.

Behavioral Health can be a psychologist, LCSW, LPC, or LMFT. But match the training to the need. **CBT and exposure training is a must** for panic, social anxiety, phobias, and OCD.

A **NAMI peer mentor** can help. So can **ADAA peer support** (Anxiety and Depression Association of America). A **Family Ambassador** does Notice and Name, and 'support but don't shield.' Add **addiction medicine** if substance use is also present.

Add **OB/GYN** for pregnancy or after birth. Add **geriatric psychiatry** for older adults. Add **VA mental health** for veterans. Your workplace **EAP** can be a free way to start.

CONCEPTS · LEARN IT

- Collaborative care: PCP + therapist + RN care manager + psychiatry consultant — about 3x better results.
- Psychiatry for moderate to severe or hard-to-treat cases.
- Behavioral health: CBT and exposure training is a must for panic, social anxiety, phobias, and OCD.
- NAMI and ADAA peer support.
- Family Ambassador (Notice and Name, plus 'support but don't shield').

ACTIONS · THIS WEEK

- Build the Care Team card.
- Find a therapist trained in CBT and exposure.
- Connect with the NAMI HelpLine 1-800-950-6264 and ADAA.
- If pregnant or postpartum: confirm OB/GYN and BH work together.
- If a veteran: connect with VA mental health.

SKILLS · LIVE IT

- List each team member with phone and email.
- Use a 'who handles what' plan.
- Insist on a therapist trained in CBT and exposure.
- Connect with NAMI and ADAA peer support.

PLAN · SHARE IT

- This month: finish the Care Team card.
- This quarter: book any missing screen or appointment.
- This year: keep the team working together.



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Telemedicine & Tech

LIVE IT · TIER 2 ACTIVE · TECH

Tech does real work in anxiety care. **Telehealth therapy** works as well as in-person for most people (proven in many studies). It also makes care much easier to reach.

Apps to self-give the GAD-7: How We Feel, Daylio, and MyChart symptom diaries. **Mindfulness apps:** Calm, Headspace, Insight Timer, and UCLA Mindful. Most have free options.

Breathwork apps: many are free. **Online CBT programs** (Woebot, MoodGYM, and Therabot, which is new) help with mild to moderate anxiety. **VR exposure therapy** is growing for specific phobias and social anxiety, mostly at academic centers.

The **988 Lifeline** is open 24/7 (call or text). The **Crisis Text Line** is text HOME to 741741. **EAP teletherapy** may come through your workplace. **One caution:** not all anxiety apps are proven.

Check ratings from ORCHA or One Mind PsyberGuide.

CONCEPTS · LEARN IT

- Telehealth therapy works as well as in-person. It makes care easier to reach.
- Mindfulness and breathwork apps.
- Online CBT programs (mild to moderate).
- VR exposure therapy is growing for phobias and social anxiety.
- 988 (call or text) and 741741 (text HOME).
- Check apps with ORCHA or One Mind PsyberGuide.

ACTIONS · THIS WEEK

- Save 988 and 741741 in your phone.
- Sign up for MyChart.
- Try one routine visit as a video visit.
- Install a mindfulness app and use it daily.
- Set medicine and tracking reminders.

SKILLS · LIVE IT

- Run a video visit smoothly.
- Send a clear portal message.
- Set medicine reminders.
- Use a mood or GAD-7 tracking app.
- Practice with a mindfulness app daily.

PLAN · SHARE IT

- This week: save 988 and 741741; install GAD-7 and mindfulness apps.
- This month: try a video therapy visit.
- This quarter: review your tech tools with your team.



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Insurance, Treatment Cost & Help

LIVE IT · TIER 2 ACTIVE

Anxiety treatment can be affordable. **Mental Health Parity (MHPAEA, 2008)** is a law. It says insurance must cover mental health the same as medical care.

If you are denied, file a complaint with your state insurance commissioner. **Most SSRIs and buspirone are generic** and cheap (about \$4 to \$10 a month with GoodRx).

The **NAMI HelpLine** is 1-800-950-6264. **ADAA** (Anxiety and Depression Association of America) has anxiety resources. **Sliding-scale therapy** (you pay based on income) is at training clinics, community mental health centers (CMHC), federally qualified health centers (FQHC), and Open Path Collective (\$30 to \$80 a session).

SAMHSA is 1-800-662-HELP for a treatment locator. Your **EAP** through work is a free way to start (3 to 8 free sessions). **FMLA** covers leave for anxiety treatment.

ADA covers job adjustments. **SSDI** is for severe, disabling anxiety. **988 and the Crisis Text Line are free.**

CONCEPTS · LEARN IT

- MHPAEA requires equal coverage. File a complaint if denied.
- Most SSRIs and buspirone are generic and about \$4 to \$10 a month.
- NAMI HelpLine 1-800-950-6264 (free, 24/7).
- ADAA · adaa.org
- SAMHSA 1-800-662-HELP
- Sliding-scale therapy: CMHC, FQHC, or Open Path.
- EAP: a free way to start.
- FMLA, ADA, and SSDI legal stack.

ACTIONS · THIS WEEK

- Print one EOB and learn what each line means.
- Save NAMI 1-800-950-6264, ADAA, and SAMHSA in your phone.
- Talk to HR about EAP, FMLA, and ADA.
- If denied: file a parity complaint.

SKILLS · LIVE IT

- Read an EOB (a bill summary from insurance).
- File a parity complaint.
- Apply for copay help.
- Use GoodRx for generics.
- Find sliding-scale therapy via Open Path, CMHC, or FQHC.
- Get FMLA paperwork from HR.

PLAN · SHARE IT

- This week: collect your last 3 EOBs.
- This month: apply for at least one help program if you need it.
- Each year: re-check your FMLA and ADA paperwork.



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Equity, Stigma & Cultural Competence

SHARE IT · TIER 3 CERTIFIED

Anxiety looks different across communities. So do stigma and asking for help. **Men** often show it as irritability, anger, or substance use, not spoken worry.

They ask for help less. **African American** communities may show it in the body. Faith-community ties help. AA-led therapists help. **Latino** communities have cultural terms.

'**Ataque de nervios**' can be much like a panic attack. Bilingual and bicultural therapists help. **AAPI** communities face heavy stigma and use mental-health care the least.

Indigenous communities carry historical trauma. Community-based care that includes traditional healing works. **LGBTQ+ youth** have higher rates of anxiety and depression.

Family acceptance is the single biggest protective factor. **The Trevor Project**: 1-866-488-7386, or text START to 678678. **Older adults** are often missed. Anxiety may show up in the body (chest pain, GI upset, dizziness) or as restlessness.

They also have higher rates of depression at the same time. **The plain truth**: anxiety is medical, not weakness. Different doors, same destination.

CONCEPTS · LEARN IT

- Men: irritability, anger, and substance use; they ask for help less.
- AA: shows in the body; faith-community ties help.
- Latino: cultural terms ('ataque de nervios'); bilingual/bicultural therapists.
- AAPI: heavy stigma; lowest use of care.
- Indigenous: historical trauma; community-based healing.
- LGBTQ+ youth: higher rates; family acceptance protects.
- Older adults: often missed; shows in the body.
- The plain truth: it is medical, not moral.

ACTIONS · THIS WEEK

- Save NAMI HelpLine, ADAA, SAMHSA, and The Trevor Project in your phone.
- If stigma is heavy in your community: find a therapist who fits your culture.
- If an older family member is restless or withdrawn: ask about anxiety and depression.
- Read NIMH and ADAA cultural materials.

SKILLS · LIVE IT

- Match the messenger to the community.
- Use plain words. Anxiety is medical.
- Connect people with therapists who fit their culture.
- Use The Trevor Project for LGBTQ+ youth (1-866-488-7386).
- Know how anxiety shows up in older adults.

PLAN · SHARE IT

- This month: finish one mental-health-equity training.
- This quarter: write your story.
- Long-term: become an Ambassador (Tier 3).



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Talk to Kids, Partner, Employer

SHARE IT · TIER 3 CERTIFIED

Anxiety shows up at home, in your partnership, and at work. **Kids:** use plain words. Say, 'My brain's alarm is firing too much. The doctors are helping. It's not your fault.

We are okay.' Anxiety in a parent raises a child's risk of anxiety. So family treatment plus screening for the kids matters. A high-schooler with an anxious parent is one of the highest-value cases to reach.

Partner: take the Ambassador 'Notice and Name' role. Use the key idea: '**support but don't shield.**' Helping them avoid things makes anxiety worse over time.

When you change plans, drive for them, do their tasks, or take over their talks, you tell their brain 'the threat is real.' **The way forward is to support exposure therapy practice.** Sit with them through the discomfort.

Don't rescue them from it. **Employer:** the **ADA** covers anxiety as a disability. Adjustments may include flexible hours, time off for therapy and exposure practice, a quiet workspace, and easier deadlines during a flare.

FMLA covers up to 12 weeks of treatment leave. **MHPAEA** protects coverage. **EAP** often gives 3 to 8 free sessions. Sharing is your choice. Saying 'a serious health condition' is enough for ADA and FMLA.

CONCEPTS · LEARN IT

- Use plain words with kids. Anxiety in a parent raises a child's risk.
- Partner: 'support but don't shield' — helping them avoid worsens anxiety over time.
- Support exposure therapy practice. Sit with the discomfort; don't rescue.
- ADA, FMLA, MHPAEA, and EAP = the legal and benefit stack.
- Sharing: 'a serious health condition' is enough for ADA and FMLA.

ACTIONS · THIS WEEK

- This week: have a family talk.
- This month: talk to HR about ADA or FMLA if you need it.
- This quarter: do a long-view planning talk with your partner.
- If you have kids: confirm a pediatric mental-health screen.

SKILLS · LIVE IT

- Run a 5-minute family talk.
- Run a partner 'support but don't shield' talk.
- Write down an ADA adjustment request.
- Use the AHRQ SHARE Approach with your team.
- Help with exposure-therapy homework.

PLAN · SHARE IT

- This month: name the adjustments you need.
- This quarter: finish one ADA request if needed.
- This year: make a long-view family and partner plan.





Mentor & Share Insights

SHARE IT · TIER 3 CERTIFIED

You become your strongest self when you teach others. **NAMI Peer-to-Peer** and **NAMI Family-to-Family** are strong, free, proven peer-mentor programs. **ADAA** (Anxiety and Depression Association of America) has anxiety-specific peer support and education.

The Trevor Project serves LGBTQ+ youth. **Postpartum Support International** serves anxiety after birth. The **FFH Network** links mentors and mentees across conditions.

Picture a newly-diagnosed person. They hear: 'I had a GAD-7 of 16. I did exposure therapy plus sertraline. I'm 2 years into stable living. Here's what I wish I'd known.' That helps far more than statistics.

Honest words beat a pep talk. Think of the men who break the 'man up' idea in public. Think of the AA, Latino, AAPI, and Indigenous members who name anxiety as medical.

Think of the LGBTQ+ adults who survived their own youth and give back. These stories are real and worth telling. The **'exposure therapy works because it works'** idea takes the shame out of the discomfort.

Mentor with limits (protect yourself from second-hand trauma). Co-teach at NAMI, faith, workplace, or school events. Write a short letter to your team after a great or hard visit.

CONCEPTS · LEARN IT

- NAMI Peer-to-Peer and Family-to-Family: free and proven.
- ADAA peer support and education.
- The Trevor Project for LGBTQ+ youth.
- Postpartum Support International.
- Honest words beat a pep talk.
- The 'exposure therapy works because it works' idea.
- Mentor with limits.

ACTIONS · THIS WEEK

- Sign up to mentor one newly-diagnosed person via NAMI or ADAA.
- Write one feedback letter this month.
- Send your story to NAMI, ADAA, or FFH.
- Co-lead one education session.

SKILLS · LIVE IT

- Tell your story in 3 minutes.
- Run a 30-minute peer-mentor session.
- Write a 'what worked / what didn't' letter under 200 words.
- Co-teach with your team.
- Set healthy mentoring limits.

PLAN · SHARE IT

- This month: find one mentoring chance.
- This quarter: give one talk.
- This year: finish the Tier 3 Ambassador steps.



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Join the ROI Study (PHIT)

SHARE IT · TIER 3 CERTIFIED · STUDY

PHIT stands for Population Health Impact Tracking. It is the FFH research engine. It asks one question: does the Prepared Patient program really help people with anxiety? It looks at earlier GAD-7 screening, faster start of CBT and exposure therapy, and fewer first-panic-attack ED visits (after a proper heart check).

It also looks at less harm to daily life, and better Ambassador reach ('Notice and Name' plus 'support but don't shield') across communities. You can opt in to share grouped, de-identified results.

That means no one can tell it is you. Shared items may include anxiety type, GAD-7 trend, panic-attack count, an avoidance score, treatment type, treatment response, side effects, ED visits, badge progress, and your own report of quality of life.

Then researchers, payers, and policymakers can test if the program works. **No PHI (private health info) is shared.** You can stop at any time.

CONCEPTS · LEARN IT

- PHIT = grouped, de-identified results only.
- Proven programs become paid-for and can grow.
- Your data plus 1,000 others = a study that can be published.
- Opt out anytime, with full openness.

ACTIONS · THIS WEEK

- Opt in via the green box on this page.
- Read your first quarterly summary.
- Tell one peer about PHIT.
- If a researcher contacts you, check with FFH first.

SKILLS · LIVE IT

- Read a one-page consent.
- Know what is and is not PHI (private health info).
- Set up a regular review of your own dashboard.
- Stop or pause taking part at any time.

PLAN · SHARE IT

- Today: opt in if it feels right.
- Each quarter: review your summary.
- Each year: decide whether to keep going.

Additional Notes

☐ I've read the full Anxiety Fact Sheet · Step 3


4 Prepared Patient Course

The complete course — three levels, applied to your life

The course takes you through the Fact Sheet in three levels — from newly-diagnosed to prepared — then shows how every part applies to you and the people around you.

Level 1 · Aware

Know the basics — what Anxiety is, your numbers, your meds.

Level 2 · Active

Manage & do — self-monitor, act on red flags, work your plan.

Level 3 · Certified

Advocate & share — teach it, bring your team in, help others.

The Numbers — GAD-7

About **40 million U.S. adults** have an anxiety disorder. That is about **19%** each year. About **31%** will have one at some point in life. Anxiety disorders are the most common mental-health problems.

The most useful number is your GAD-7 score. GAD-7 stands for the Generalized Anxiety Disorder 7-item scale. It is a proven, free, 7-question test. Each question scores 0 to 3.

The total runs 0 to 21. **The bands are: 0 to 4 minimal, 5 to 9 mild, 10 to 14 moderate, and 15 to 21 severe.** A score of **10 or higher** usually means treatment is needed.

It was built for GAD. But it is widely used to screen for anxiety of all types. The **USPSTF says all adults should get the GAD-7** in primary care (2023 advice).

Other tools help too. Use **PC-PTSD-5** if there is a trauma history. Use **SCARED** for kids. Use the **Panic Disorder Severity Scale (PDSS)** to track panic. Always add the **PHQ-9** (a depression test).

Anxiety and depression overlap about **50%**. The outlook is good. About **70 to 90%** of people respond to **CBT with exposure therapy** (the best non-drug treatment).

SSRIs/SNRIs (anxiety medicines) add more help. For severe cases, **using both works best.**

- About 40M U.S. adults have anxiety each year (~19%); ~31% lifetime.
- GAD-7: 7 questions, 0 to 21 total; bands 5/10/15.
- USPSTF: screen all adults in primary care (2023).
- Always also screen for depression (PHQ-9). Overlap is about 50%.
- CBT with exposure therapy: about 70 to 90% respond.
- Trauma history: use PC-PTSD-5.

THE FULL COURSE — HOW EACH PART APPLIES TO YOUR LIFE

Every part of the Anxiety Force Field lands differently depending on who you are. Here is the complete course — what each concept means for **you**, your **family**, the **workplace**, and **students** learning it.



4 Prepared Patient Course

The complete course — three levels, applied to your life

What Is Anxiety?

FOR YOU · THE PATIENT

This is your map. The 'false alarm' idea makes the body feelings less scary. CBT with exposure therapy is the best treatment. And it works.

EMPLOYERS & WORKPLACE

Anxiety is the most common mental-health problem in your team. A workplace that supports mental health keeps people and cuts missed days.

FAMILY & CAREGIVERS

Your loved one's brain is firing the alarm too much. Your job is to Notice and Name. Support them, but don't shield them. Helping them avoid things makes anxiety worse over time.

STUDENTS & LEARNERS

Memorize: GAD-7 bands 5/10/15. CBT + exposure therapy is best. About 70 to 90% respond. Anxiety and depression overlap about 50%.

360 Human Anatomy: Threat Detection & Fight-Flight

FOR YOU · THE PATIENT

Knowing how anxiety works in the brain makes panic attacks and body feelings less scary.

EMPLOYERS & WORKPLACE

Anxiety is a brain-circuit problem, not a lack of drive. Knowing this shapes how managers help and adjust.

FAMILY & CAREGIVERS

Use the 360 Human Anatomy together. It changes 'why are you so anxious?' into 'your threat detector is misfiring.'

STUDENTS & LEARNERS

Bookmark for boards and clinic. Anxiety brain science: the amygdala-PFC-autonomic axis. Treatments target each level.

Who Gets Anxiety? — Types & Risks

FOR YOU · THE PATIENT

Your type matters because treatment differs a bit. Panic disorder has its own plan. Phobias do well with focused exposure therapy.

EMPLOYERS & WORKPLACE

Anxiety is in your team. Social anxiety is often untreated and can hold people back at work.

FAMILY & CAREGIVERS

Family history matters. Watch for avoiding, the key sign of anxiety left untreated. Encourage screening.

STUDENTS & LEARNERS

Memorize: ALWAYS rule out hyperthyroidism, heart-rhythm problems, OSA, caffeine, and drug withdrawal before you call it a primary anxiety disorder.



4 Prepared Patient Course

The complete course — three levels, applied to your life

The Numbers — GAD-7

FOR YOU · THE PATIENT

The GAD-7 is your dashboard. Track it weekly while in treatment. Pair it with the PHQ-9. Anxiety and depression travel together.

EMPLOYERS & WORKPLACE

You do not need to know scores. You need to know the person is tracking them. And that they have time for treatment.

FAMILY & CAREGIVERS

The GAD-7 is your shared scoreboard. Watch the trend. Watch for more avoiding.

STUDENTS & LEARNERS

Memorize GAD-7 bands: 5/10/15. About 70 to 90% respond to CBT + exposure. There is STAR*D-type research for sequencing.

Recognize Warning Signs (PANIC-WATCH)

FOR YOU · THE PATIENT

This square may save you a scary ED visit (after the first check). It helps you ride out the next attack with skills.

EMPLOYERS & WORKPLACE

A teammate with first-ever panic-like signs needs an ED check. Once confirmed, support skill use, not avoiding.

FAMILY & CAREGIVERS

You are the Ambassador. Notice and Name. But don't help them avoid, which makes anxiety worse over time. Support their exposure therapy practice.

STUDENTS & LEARNERS

Memorize: first panic-like case = heart rule-out in the ED. Repeat panic = skills at home plus therapy. Do lethal-means counseling if suicidal thoughts are present.

GAD-7 Screening + Wellness Visits

FOR YOU · THE PATIENT

The GAD-7 is your dashboard. Take it weekly. Pair it with the PHQ-9.

EMPLOYERS & WORKPLACE

GAD-7 and PHQ-9 screening at work (through EAP or wellness) finds anxiety and depression that primary care misses.

FAMILY & CAREGIVERS

Help track the GAD-7 trend. Notice patterns of avoiding.

STUDENTS & LEARNERS

Memorize GAD-7, PHQ-9, and STOP-BANG. Always check TSH. Always rule out the heart in a first-ever panic-like case.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Know My Numbers

FOR YOU · THE PATIENT

The more numbers you know about your anxiety, the more power you have in every talk. Caffeine intake often surprises people.

EMPLOYERS & WORKPLACE

You do not need the numbers. You need to give the person time and space for treatment and therapy visits.

FAMILY & CAREGIVERS

Memorize the GAD-7 and PHQ-9. Watch for more avoiding. Notice caffeine intake.

STUDENTS & LEARNERS

Memorize: GAD-7, PHQ-9, sleep, caffeine, and avoiding are the main dashboard. Always check TSH. Do an EKG for heart signs the first time.

Lifestyle Force Field

FOR YOU · THE PATIENT

You can improve anxiety a lot with habits alone. Cutting caffeine often surprises people. It is boring, but it works.

EMPLOYERS & WORKPLACE

A workplace that supports movement, breaks for breathwork, and less scary media is doing anxiety prevention.

FAMILY & CAREGIVERS

Help build the habits. Walk together. Cut caffeine in the home. Do breathwork together.

STUDENTS & LEARNERS

Memorize: caffeine, alcohol, and sleep are huge levers. Mindfulness and breathwork are proven. Use CBT-I for insomnia.

Therapy + Medications — Exposure Therapy as Gold Standard

FOR YOU · THE PATIENT

Taking your medicine as ordered is the #1 lever you control. Wait the 4 to 6 weeks. Don't avoid. Do the exposure homework.

EMPLOYERS & WORKPLACE

FMLA covers the start of treatment. Allow time for therapy. Support exposure practice (like for social-anxiety talks).

FAMILY & CAREGIVERS

Don't help them avoid. Support the exposure homework. Help with the routine. Be patient for the 4 to 6 week wait.

STUDENTS & LEARNERS

Memorize: CBT + exposure therapy is best for anxiety. SSRIs are first-line. Use benzodiazepines with strict caution. ERP for OCD.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Care Team Members

FOR YOU · THE PATIENT

Match the training to the need. A therapist trained in CBT and exposure is a must.

EMPLOYERS & WORKPLACE

One named HR contact plus an EAP referral means no chaos. EAP is your free way to start.

FAMILY & CAREGIVERS

Help keep the Care Team card current. The patient should not be left waiting during a flare.

STUDENTS & LEARNERS

Become an anxiety-fluent clinician. Most anxiety is managed in primary care, so train PCPs in collaborative care. Exposure-trained therapists are scarce.

Telemedicine & Tech

FOR YOU · THE PATIENT

Tech is a force multiplier. Keep a mindfulness app and breathwork in your pocket. Telehealth therapy is real treatment.

EMPLOYERS & WORKPLACE

A 30-minute telehealth therapy visit during work is far less disruption than an absence. Allow it. EAP teletherapy pays off.

FAMILY & CAREGIVERS

Help set up the apps. Practice breathwork together. Two minutes a day on the GAD-7 pays off.

STUDENTS & LEARNERS

Telehealth therapy is on par with in-person. Online CBT works for mild to moderate cases. VR exposure is growing.

Insurance, Treatment Cost & Help

FOR YOU · THE PATIENT

You can save thousands of dollars with a few hours of paperwork. NAMI and ADAA can guide you.

EMPLOYERS & WORKPLACE

FMLA, ADA, MHPAEA, and EAP save money, keep talent, and lower risk.

FAMILY & CAREGIVERS

Take the lead on paperwork during a flare.

STUDENTS & LEARNERS

MHPAEA is the law. File a complaint when it is broken. Open Path Collective is a sliding-scale gem.

Equity, Stigma & Cultural Competence

FOR YOU · THE PATIENT

You are not crazy. The stigma is real. But the truth is medical, not moral.

EMPLOYERS & WORKPLACE

Your employees with anxiety face stigma. Private EAP and culturally-affirming options pay off.

FAMILY & CAREGIVERS

Be the calm voice. Match the messenger. Don't preach.

STUDENTS & LEARNERS

Read NIMH and ADAA cultural materials. Don't assume a Western picture. Body-based signs are common.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Talk to Kids, Partner, Employer

FOR YOU · THE PATIENT

The relationships you protect now are the ones that carry you through. Asking your partner not to shield you is strength.

EMPLOYERS & WORKPLACE

A teammate with anxiety who feels supported stays longer, does better, and costs less. ADA, FMLA, MHPAEA, and EAP are the stack.

FAMILY & CAREGIVERS

You are the Ambassador. Notice and Name. SUPPORT exposure therapy. DO NOT shield from manageable discomfort. Shielding feels loving, but it worsens anxiety over time.

STUDENTS & LEARNERS

Coach families to 'support but don't shield.' This is the hardest part of treatment. The science is clear: helping them avoid worsens anxiety over time.

Mentor & Share Insights

FOR YOU · THE PATIENT

Teaching locks in what you know. It also gives meaning to what you've been through.

EMPLOYERS & WORKPLACE

A teammate who teaches mental-health basics becomes an in-house champion. Sponsor them. Mental Health First Aid training scales.

FAMILY & CAREGIVERS

Family-to-family mentoring is just as powerful as patient-to-patient. NAMI Family-to-Family is the best.

STUDENTS & LEARNERS

Learning with people who have lived this is how you become an anxiety-fluent clinician. Show up and listen first.

Join the ROI Study (PHIT)

FOR YOU · THE PATIENT

Taking part is a quiet but real act of advocacy.

EMPLOYERS & WORKPLACE

Sponsoring a group of employees in PHIT shows your investment is working.

FAMILY & CAREGIVERS

Care partners can opt in too. Caregiver load and results are tracked as well.

STUDENTS & LEARNERS

This is participatory research done right.

QUIZ YOURSELF — CAN YOU ANSWER THESE WITHOUT NOTES?

- ☐ What is Anxiety, in one plain sentence?
- ☐ What are my target numbers, and my personal baseline?
- ☐ What are my red flags — the signs that mean “call now”?
- ☐ What do I do first if those red flags happen?



4 Prepared Patient Course

The complete course — three levels, applied to your life

☐ What is each of my medicines for?

The one thing about Anxiety I most want to remember

 Additional Notes

☐ I've completed Step 4 · Prepared Patient Course for Anxiety



5 Materials & Tools

Your home kit — the tools that keep you prepared

Being prepared between visits takes a few simple tools. Set these up for Anxiety, and check them off as you go.

YOUR KIT

- ☐ **Health Passport** — meds, numbers, allergies & contacts on one page.
- ☐ **Your meters / devices** — whatever you use to track Anxiety at home.
- ☐ **Your action plan** — green / yellow / red: what to do at each level.
- ☐ **Reminders** — a pillbox or phone alarm for medicines and refills.
- ☐ **A tracker** — one number or habit to watch over time.

THIS WEEK'S ACTIONS FOR ANXIETY

- ☐ Ask for copies of your mental-health and PCP (main doctor) notes.
- ☐ Save 988 (call or text) and 741741 (Crisis Text Line; text HOME) in your phone.
- ☐ Take the GAD-7 today (free at phqscreeners.com or in your patient portal).
- ☐ Tell one family member or friend you trust.
- ☐ Click into 360 Human Anatomy: Brain Networks & Mood.
- ☐ Write your treatments and how they work in your Health Passport.
- ☐ Practice 4-7-8 or box breathing every day for 5 minutes.
- ☐ Confirm your type with your mental-health team.
- ☐ Get basic labs to rule out look-alikes (TSH, CBC, B12, electrolytes).
- ☐ If panic is the main problem: make sure a heart check was done.
- ☐ Find a therapist who fits your culture if that helps you.
- ☐ Take the GAD-7 today (free at phqscreeners.com or in your patient portal).

The one number or habit I'll keep an eye on



5 Materials & Tools

Your home kit — the tools that keep you prepared

Additional Notes

☐ I've completed Step 5 · Materials & Tools for Anxiety



Skills Lab is where you **show** an educator (or a trusted person) the hands-on parts of managing Anxiety, in your own words. Practise and demonstrate these:

SKILLS TO DEMONSTRATE

- ☐ Say the 'false alarm' idea out loud.
- ☐ Tell normal worry or fear apart from an anxiety disorder.
- ☐ Read your GAD-7 score at each band (5, 10, 15).
- ☐ Use kind words. Say 'living with anxiety,' not 'anxious.'
- ☐ Open the 360 Human Anatomy: Brain & Mood module.
- ☐ Say the brain model in your own words.
- ☐ Match each treatment to how it works (CBT, exposure, SSRI, mindfulness, breathwork).
- ☐ Swap 'I'm broken' for 'my threat-detection is firing too much.'
- ☐ Say your type (or the type being checked).
- ☐ Know the signs of a panic attack.
- ☐ Know the medical look-alikes that need testing.
- ☐ Track what you avoid (a key sign of anxiety that runs on avoiding).
- ☐ Take the GAD-7 yourself each week.
- ☐ Say your GAD-7 score and band.

TEACH IT BACK

The fastest way to know you've got it: explain Anxiety in your own words — what it is, your main signs, what helps, and your red flags — with no notes.

My red flags for Anxiety — the signs that mean “call now”



6

Skills Lab

Show you can do it — hands-on teach-back

Additional Notes

☐ I've completed Step 6 · Skills Lab for Anxiety





THE FORCE FOR HEALTH® · PREPARED PATIENT

Prepared Patient Ambassador

This certifies that

has completed the Prepared Patient module for **Anxiety** — knowing their condition, their numbers, their red flags, and how to speak up in their own care.

SKILLS-LAB EDUCATOR SIGN-OFF

DATE

Workbook completion certificate. The clinical Prepared Patient Ambassador credential is confirmed by your Skills-Lab educator or the certification exam.



SCAN TO VERIFY &
COMPLETE
CERTIFICATION

8 Disease Advocate

Optional — beyond yourself: help those who come after you

This optional step is a gift you give the next person. Turn what you learned about Anxiety outward.

WAYS TO ADVOCATE & SHARE

- ☐ Read all 16 squares.
- ☐ Open the deep course.
- ☐ Set up a mental-health visit if you do not have one.
- ☐ Visit the brain module before each mental-health visit.
- ☐ Update your notes after each treatment change.
- ☐ Bring your marked-up map to the next visit.
- ☐ Review your type once a year.
- ☐ Talk with family about risk in the family and warning signs.
- ☐ Add anxiety to your family-history record.
- ☐ Add a GAD-7 and PHQ-9 log to your Health Passport.
- ☐ Share your story and what helped you most.
- ☐ Complete a row of Advocate Bingo.
- ☐ Support someone newly diagnosed with Anxiety.

My feedback on this program (Coach Lucy & Dr. Rob read these)



8 Disease Advocate

Optional — beyond yourself: help those who come after you

Additional Notes

☐ I've completed Step 8 · Disease Advocate for Anxiety

