



**COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES**  
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**STIMULUS CONTROL OF WORRY**

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Definition: Clients are asked to 1) postpone all daily worries to one half-hour period of intense worry and 2) use this worry period to habituate by extended exposure to worrying and/or problem-solve worries over which clients have some control.

Elements: *Stimulus control* includes 4 instructions:

1. 'Learn to detect worrisome and other thoughts that are unnecessary or unpleasant. Distinguish these from necessary or pleasant current thoughts.'
2. 'Worries typically occur at various times and places; instead, confine them to a ½-hour intense-worry period at the same time and place each day.'
3. 'Outside your chosen worry period, whenever you catch yourself worrying, postpone that to your worry period and attend instead to present-moment experience.'
4. 'During your daily ½-hour worry period, worry as intensely as possible about your concerns and problem-solve remediable ones in order to lessen the chances of bad outcomes and develop adaptive responses'.

Related procedures: Discrimination training, exposure, mindfulness, problem-solving, scheduling, thought-stopping.

Application: Taught in groups or individually together with procedures like applied relaxation and cognitive restructuring to manage specific worry content.

1<sup>st</sup> Use? Borkovec et al (1983)

References:

1. Borkovec TD et al (1983) Stimulus control applications to the treatment of worry. *Behav Res Ther*, 21: 247-251.
2. Folensbee RW (1985) *Stimulus control and problem solving in the treatment of worry*. PhD dissertation, The Pennsylvania State University, PA, USA.
3. Borkovec TD, Sharpless B. (2004) In (Eds) S Hayes, V Follette, M Linehan: *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition*, p209-242. New York: Guilford Press.

Case Illustration (Folensbee, unpublished)

Fay aged 25 sought treatment for chronic, debilitating worry experienced ever since she could remember. Paternal and maternal relatives had also been chronic worriers. Worrying worsened her irritable bowel syndrome. Reading worry-management books had not helped. She worried 95% of the day about actual and imagined personal, financial, and work concerns, found it very hard to stop worrying, and felt physically tense 90% of the day.

After a 50-minute assessment session, Fay had four 50-minute weekly sessions done individually. She was trained to do daily practice of personalised stimulus control by engaging in present-moment focus throughout every day and postponing all her worrying to a daily, pre-selected, 30-minute worry period. Present-moment-focus instruction included four steps. 1) 'Throughout the day, catch yourself worrying as

quickly as possible'. 2) 'Say to yourself, "*Stop! I'll worry about that during my worry period.*"' 3) 'Focus on your physical surroundings and describe them silently to yourself in words, e.g. describe the shape, color, and texture of something nearby'. 4) 'Return your attention to your chosen current activity such as a particular work task or recreational pastime.'

For her daily 30-minute worry period Fay was advised: 1) 'Worry in the same place separate from your daily activities in order to reduce connections between worries and your physical environment.' 2) 'Worry at the same time every day to reduce connections between worry and times of other activities'. (3) 'Throughout your daily 30-minute period of worrying, write out your worries in a free-flowing format to remain immersed in your worries and improve habituation leading to reduced worry throughout your day'.

By session 5 after 4 weeks of practising stimulus control, despite social conflicts and exposure to germs that would have triggered worrying in the past, Fay had improved markedly and felt more self-confident. By 1 month after the end of treatment she'd improved even more, worried 10% of her waking day, found it far easier to stop worrying, and felt physically tense only 5% of her waking day.