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Driving Anxiety Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

1 · Self-Assessment

2 · Identify Anxiety Triggers and Reactions

3 · Identify Anxiety Reactions

4 · Reframe Cognitive Distortions

5 · Coping With Memories of Previous Accidents

6 · Relaxation Techniques

7 · Safety Behavior Inventory

8 · Exposure Hierarchy

9 · Gradual Exposure

10 · Imaginative Exposure

How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.

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Self-Assessment

The following are common signs you might be struggling with driving anxiety. Rate each statement on a scale from 1-5 (1 being “strongly disagree” and 5 being “strongly agree”):

Statement	Rate (1-5)
1. “I feel a sense of dread or panic leading up to driving or when thinking about driving.”	1-2-3-4-5
2. “I experience physical symptoms such as rapid heartbeat, sweating, or nausea when I have to drive.”	1-2-3-4-5
3. “I avoid driving whenever possible, even if it inconveniences me or others.”	1-2-3-4-5
4. “I have intrusive thoughts about getting into an accident or causing harm while driving.”	1-2-3-4-5
5. “I often feel tense, on-edge, or hypervigilant while behind the wheel.”	1-2-3-4-5
6. “I experience muscle tension or physical discomfort when driving, such as in my neck, back, or shoulders.”	1-2-3-4-5
7. “I find myself overly reliant on a passenger for reassurance or support while driving.”	1-2-3-4-5
8. “I frequently imagine worst-case scenarios or catastrophic outcomes while driving.”	1-2-3-4-5
9. “I engage in safety behaviors, like avoiding certain routes or driving only during specific times to alleviate my anxiety.”	1-2-3-4-5
10. “I have trouble sleeping or experience heightened anxiety the night before a planned drive.”	1-2-3-4-5

Score: ____/50

The score reflects the severity and impact of your driving anxiety.

1. Was there anything about your score that surprised you? If yes, what specifically?

2. Did any of the statements resonate with you more than others?

Identify Anxiety Triggers and Reactions

By gaining insight into what sets off your anxiety and how it manifests, you can start to develop targeted coping strategies. The following are some common examples. Check off the ones you relate to or add more to the list:

- ☐ Traffic congestion and gridlock
- ☐ Merging onto highways or changing lanes in heavy traffic
- ☐ Driving in unfamiliar or poorly lit areas
- ☐ Navigating through complex intersections
- ☐ Sharing the road with aggressive or distracted drivers
- ☐ Fear of getting lost or making wrong turns
- ☐ Driving in inclement weather conditions (e.g., rain, snow, fog)
- ☐ Crossing bridges or elevated roadways
- ☐ Driving at high speeds on highways
- ☐ Operating a vehicle in crowded parking lots or garages
- ☐ Passing large trucks or oversized vehicles
- ☐ Negotiating narrow or winding roads
- ☐ Coping with unexpected road construction or detours
- ☐ Fear of mechanical failure or car breakdowns
- ☐ Managing the responsibilities of driving (e.g., checking blind spots, signaling, maintaining speed)
- ☐ Receiving criticism or commentary from passengers
- ☐ Dealing with unexpected noises or distractions inside the vehicle
- ☐ Coping with memories of previous accidents or near-misses
- ☐ Encountering aggressive or unpredictable wildlife on rural roads
- ☐ Operating a vehicle after a period of abstaining from driving

- ☐ Coping with the influence of medication side effects or physical discomfort while driving
- ☐ Concerns about finding parking or maneuvering in tight spaces
- ☐ Feeling exposed or vulnerable while waiting at traffic lights or stop signs
- ☐ Coping with the anticipation of long or daunting drives
- ☐ Coping with the pressure of driving in front of law enforcement or emergency vehicles
- ☐ Navigating through busy pedestrian areas or school zones
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Identify Anxiety Reactions

The following are some reactions to driving anxiety. Check off the ones you tend to experience often or add more to the list:

1. Physical Symptoms:

- ☐ Rapid heart rate or palpitations
- ☐ Shortness of breath or feelings of suffocation
- ☐ Excessive sweating or clamminess
- ☐ Muscle tension or trembling
- ☐ Dizziness or lightheadedness
- ☐ Nausea or gastrointestinal distress
- ☐ Headaches or migraines
- ☐ Restlessness or difficulty sitting still
- ☐ Fatigue or irritability
- ☐ _____
- ☐ _____

2. Cognitive Symptoms:

- ☐ Racing or intrusive thoughts about potential accidents or dangers
- ☐ Difficulty concentrating or focusing on the task of driving
- ☐ Catastrophic thinking or imagining worst-case scenarios
- ☐ Heightened awareness of bodily sensations or perceived threats
- ☐ Memory lapses or confusion about directions and routes
- ☐ Negative self-talk or self-criticism during driving situations
- ☐ _____
- ☐ _____

3. Emotional Symptoms:

- ☐ Intense fear or panic in response to driving triggers
- ☐ Overwhelming feelings of dread or apprehension
- ☐ Irritability or mood swings related to driving stressors
- ☐ Frustration or anger when encountering traffic or road obstacles
- ☐ Feelings of helplessness or loss of control while driving
- ☐ Avoidance or resistance toward driving altogether
- ☐ Shame or embarrassment about experiencing driving anxiety
- ☐ _____
- ☐ _____

4. Behavioral Symptoms:

- ☐ Avoidance of certain driving situations or routes
- ☐ Retreating from previously enjoyed social or recreational activities that involve driving
- ☐ Over-reliance on coping mechanisms, such as seeking reassurance from passengers
- ☐ Aggressive or impulsive driving behaviors in attempts to minimize anxiety
- ☐ Difficulty making decisions or taking action while behind the wheel
- ☐ Excessive preparation or planning before driving, leading to delays or missed opportunities
- ☐ Seeking excessive reassurance or validation regarding driving abilities
- ☐ _____
- ☐ _____

Reframe Cognitive Distortions

Cognitive distortions are automatic and exaggerated thoughts that can reinforce negative thinking patterns.

Reframing these distortions involves challenging and replacing them with more balanced and realistic thoughts.

Step 1. Identify the Distortion:

Start by identifying the specific cognitive distortion you want to work on. Common distortions include:

1. All-or-Nothing Thinking: Seeing things in black-and-white categories without acknowledging the shades of gray or middle ground.

- Example: *"If I make even a small mistake while driving, it means I'm a terrible driver."*

How to reframe:

Reframe by acknowledging shades of gray or middle ground. Replace with a more balanced perspective that considers different outcomes.

- Example: *"Making mistakes is a normal part of driving and doesn't define my overall driving abilities."*

2. Overgeneralization: Drawing broad conclusions based on a single incident or piece of evidence.

- Example: *"I had a panic attack while driving once, so I'll always have them."*

How to reframe:

Reframe by recognizing that one incident or piece of evidence does not define the future. Look for counterexamples that contradict the overgeneralized belief.

- Example: *"Every driving experience is unique, and just because I had one panic attack doesn't mean it will happen every time."*

3. Catastrophizing: Assuming the worst possible outcome will occur, often exaggerating the consequences of an event.

- Example: *"If I drive on the highway, I'll surely get into a fatal accident."*

How to reframe:

Reframe by realistically assessing the potential consequences of an event. Challenge the exaggeration and focus on problem-solving strategies.

- Example: *"While accidents can happen, the majority of people drive on highways safely every day, and I can take precautions to minimize risks."*

4. Discounting the Positive: Dismissing positive experiences, qualities, or accomplishments.

- Example: *"I arrived safely at my destination, but it was just luck."*

How to reframe:

Reframe by embracing and acknowledging positive experiences, qualities, or accomplishments. Challenge the habit of dismissing positive feedback or achievements.

- Example: *"Arriving safely shows that I have the skills and abilities to handle driving challenges effectively."*

5. Mind Reading: Assuming you know what others are thinking or feeling without having evidence to support your assumptions.

- Example: *"Other drivers probably think I'm a terrible driver."*

How to reframe:

Reframe by understanding that thoughts and emotions of others are not always transparent. Seek clarification through open communication rather than assuming negative intentions.

- Example: *"I can't know what other drivers are thinking, and most people are focused on their own driving rather than judging others."*

6. Emotional Reasoning: Believing that because you feel a certain way, it must be true.

- Example: *"I feel anxious, so driving must be dangerous."*

How to reframe:

Reframe by recognizing that feelings do not always reflect reality. Separate emotions from facts and consider alternative explanations.

- Example: *"Anxiety doesn't necessarily reflect the actual level of danger, and I can develop strategies to cope with it."*

7. Should Statements: Using "should," "must," or "ought to" statements that impose unrealistic expectations on yourself or others.

- Example: *"I should be able to drive without any anxiety."*

How to reframe:

Reframe by replacing unrealistic expectations with more flexible and compassionate ones. Focus on personal growth rather than rigid standards.

- *Example: "It's normal to have some level of anxiety while driving, and I can work on managing it rather than expecting to eliminate it completely."*

8. Personalization: Blaming yourself for events outside of your control or attributing external events to your own actions or characteristics.

- *Example: "If another driver honks at me, it's definitely my fault."*

How to reframe:

Reframe by differentiating between events outside of your control and those influenced by your actions. Explore alternative reasons for specific situations without blaming yourself automatically.

- *Example: "There could be various reasons for someone honking, and it may not always be directly related to my driving."*

My Thought: _____

Type of cognitive distortion: _____

Reframed Thought: _____

Coping With Memories of Previous Accidents

1. Describe the memory of the accident:

- Write down the details of the accident that you remember.

2. Identify your thoughts and beliefs about the accident:

- What thoughts come up when you recall the accident?

- Are there any beliefs you hold about yourself or driving as a result of the accident?

3. Challenge your thoughts and beliefs:

- Ask yourself if your thoughts and beliefs are based on facts or assumptions.

- Look for evidence that supports or contradicts these thoughts and beliefs.

- Consider alternative explanations or perspectives.

4. Reframe your thoughts and beliefs:

- Replace negative or irrational thoughts with more realistic and balanced ones.

- Focus on the lessons learned from the accident rather than dwelling on the negative aspects.

Relaxation Techniques

Practice the following techniques regularly, even when you are not driving, to enhance their effectiveness.

1. Deep Breathing:

Sit comfortably in your car with your eyes closed.

Take slow, deep breaths, counting to four as you inhale and to four as you exhale.

Focus on the sensation of your breath entering and leaving your body.

Repeat this for a few minutes until you feel more relaxed.

2. Progressive Muscle Relaxation (PMR):

This technique helps release tension and promotes relaxation.

Start from the top of your body and progressively tense and relax each muscle group.

Starting with your forehead, scrunch it up tightly, then release.

Move down to your shoulders, arms, hands, torso, legs, and feet, tensing and relaxing each area one at a time.

3. Visual Imagery:

Create a mental image of a place or situation that makes you feel calm and safe.

It could be a peaceful beach, a serene mountain landscape, or any other soothing environment.

Close your eyes and vividly imagine yourself being there, focusing on the sounds, smells, and sensations.

Allow yourself to experience the relaxation associated with that image.

4. Grounding Techniques:

When driving, connect with your physical surroundings to anchor yourself in the present moment.

Focus on the feeling of your hands on the steering wheel, the sensation of your feet on the pedals, and the sounds of traffic around you.

This can help redirect your attention away from anxious thoughts and bring you back to the reality of driving.

Safety Behavior Inventory

Safety behaviors are actions or strategies that people use to reduce their anxiety or prevent feared outcomes. While these behaviors can offer short-term relief, **they often contribute to the maintenance of anxiety in the long run.**

1. List the specific safety behaviors you engage in when driving to cope with your anxiety. The following are some common example. Check off the ones you tend to use often or add more to the list:

- ☐ Avoiding highways
- ☐ Sticking to familiar routes
- ☐ Driving only during off-peak hours
- ☐ Driving with a passenger
- ☐ Taking frequent breaks
- ☐ Maintaining a greater distance from other cars
- ☐ Not changing lanes
- ☐ Refusing to drive in bad weather conditions
- ☐ Avoiding left turns
- ☐ Avoiding right turns
- ☐ Taking detours to avoid certain intersections
- ☐ Avoiding driving at night
- ☐ Refusing to drive on bridges or overpasses
- ☐ Avoiding roundabouts
- ☐ Refusing to drive on busy roads
- ☐ Driving at much lower speeds than others
- ☐ Avoiding intersections with traffic lights
- ☐ Overly relying on GPS or navigation systems

- ☐ Checking mirrors frequently or excessively
- ☐ Tightening grip on the steering wheel
- ☐ Holding on to something like a toy or handkerchief while driving
- ☐ Fidgeting with objects while driving
- ☐ Talking on the phone to distract from anxiety
- ☐ Avoiding passing other vehicles
- ☐ Refusing to drive on freeways
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Keep in mind that while these safety behaviors can offer temporary relief, they often reinforce and maintain anxiety in the long term. It is important to identify and gradually reduce reliance on them.

2. Next to each safety behavior, rate the extent to which it reduces your anxiety on a scale from 0 to 100%.

For example, if gripping the steering wheel tightly makes you feel 50% less anxious, you would indicate that next to this behavior.

3. Consider the potential long-term consequences of relying on these safety behaviors. Reflect on whether they truly help you manage your anxiety or if they may be reinforcing your fears about driving.

Exposure Hierarchy

A key component of overcoming anxiety involves gradually exposing yourself to feared situations in a systematic way.

Create a hierarchy of driving-related scenarios ranked by level of anxiety they provoke. This can serve as a roadmap for gradually confronting and desensitizing yourself to driving triggers.

1. List specific driving situations that trigger anxiety:

- Write down the driving situations that cause the most anxiety for you. Assign a number from 0 to 10 to each situation, with 0 being no anxiety and 10 being extreme anxiety.

Triggering Situation	Rate

2. Arrange the situations in a hierarchy:

- Organize the situations from least anxiety-provoking to the most anxiety-provoking.

Gradual Exposure

Start with the situation that causes you the least anxiety and progress towards the one that generates the most anxiety.

1. Break down the situations into smaller steps:

- Divide each driving situation into smaller, manageable steps or components.

For example, if highway driving is a trigger, break it down into entering the highway, changing lanes, and exiting the highway.

Anxiety-provoking situation: _____

Steps:

2. Gradually expose yourself to the situations:

- Start with the first step of the least anxiety-provoking situation on your hierarchy.

- Repeatedly expose yourself to that step until the anxiety diminishes significantly.

- Once you feel comfortable, move on to the next step or the next situation on your hierarchy.

Imaginative Exposure

Imaginative Exposure involves vividly imagining feared situations or scenarios in a safe and controlled environment. By repeatedly visualizing these situations, individuals can confront fears without being physically present in the triggering situation while gradually decreasing their anxiety response over time.

1. Sit in a comfortable and quiet place:

- Find a quiet space where you can relax without distractions.
- Take a few deep breaths and try to clear your mind.

2. Close your eyes and picture a specific driving situation that triggers anxiety:

- Visualize yourself in that situation, such as merging onto a busy highway or navigating through a crowded intersection.
- Pay attention to the details of the environment, the sounds, and the sensations you experience.

3. Notice your physical and emotional reactions:

- As you imagine the driving scenario, pay attention to how your body responds.
- Notice any tension, rapid heartbeat, sweating, or other signs of anxiety.
- Also, observe your emotions and thoughts during this visualization.

4. Practice relaxation techniques:

- While visualizing the anxiety-provoking driving situation, practice deep breathing or progressive muscle relaxation.
- Focus on calming your body and mind despite the imagined stressor.

5. Challenge negative thoughts:

- If you notice negative or catastrophic thoughts during the imaginative exposure, challenge them with more realistic and balanced perspectives.
- Remind yourself of your abilities and coping strategies.

6. Gradually increase the intensity of the imagined exposure:

- Start with less anxiety-provoking driving scenarios and gradually progress to more challenging situations.
- Stay with each visualization until you feel a sense of control and reduced anxiety.

7. Repeat the imaginative exposure regularly:

- Consistent practice can help desensitize you to the anxiety triggers associated with driving.
- Aim to practice imaginative exposure sessions several times a week to maximize its benefits.

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: May fall under specific phobia, panic/agoraphobia, PTSD, or another condition; title alone is not a diagnosis · quasi-diagnostic
- ICD-11 CDDR: Often 6B03 Specific phobia or another anxiety/trauma code depending presentation · quasi-diagnostic
- This workbook is non-diagnostic. A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 3, 4, 5, 7, 8, 9, 17, 18, 19, 20, 21, 22, 23, 24, 25. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- A symptom checklist or self-rating cannot establish diagnosis. Any diagnostic discussion must address clinically significant distress/impairment, required course or duration where applicable, developmental and cultural context, substance/medication and medical causes, comorbidity, exclusions, and reasonable differentials without reproducing copyrighted criteria.

Document-specific corrections

- Describe Driving Anxiety as a contextual, functional, occupational, umbrella, or proposed construct-not a confirmed diagnosis-unless a separately recognized disorder is assessed.
- Where Driving Anxiety discusses symptoms, add the missing diagnostic frame: clinically meaningful distress/impairment, relevant course or duration, exclusions, developmental and cultural context, substance/medication or medical causes, and plausible differentials.
- Supersede diagnostic-sounding scoring on pages [1, 2, 3, 4, 5, 18, 19]: disclose whether each tool is validated or author-created, remove unsupported thresholds, and separate symptom monitoring from diagnosis.
- Revise exposure content on pages [1, 3, 20, 21, 22, 23, 24, 25] to require consent, an objectively safe graded hierarchy, condition-specific response guidance, progress review, and stop/reassessment criteria; never equate flooding with effective exposure.
- Clinically review medical or treatment statements on pages [7]; remove prescriptive medication advice, clarify coordination with licensed medical care, and update contraindications or urgent warning signs for the specific topic.
- Replace crisis wording on pages [2, 7] with the current U.S. 988 call/text/chat pathway, 911 or nearest emergency department for immediate danger/medical emergency, and a direction to use verified local services outside the United States.

Measures, scoring, and permissions

- Pages [1, 2, 3, 4, 5, 18, 19] contain named, implied, or author-created screening/rating content; extracted candidate names include: Self-Assessment, Safety Behavior Inventory, Behavior Inventory . These scores are not diagnostic unless the exact instrument, version, validation population, administration, and interpretation are established. Identify provenance for every item set and scoring rule. Obtain publisher permission/license when required; otherwise remove cutoffs and label it as a nonvalidated reflection checklist, or replace it with a properly licensed measure without altering its wording/scoring.

Intervention scope and contraindications

- For Driving Anxiety, exposure must be voluntary, graded, condition-specific, and conducted only in objectively safe and lawful situations. Do not prescribe flooding; screen medical limitations, trauma cues, dissociation, intoxication, and whether avoidance reflects real danger rather than phobic fear.
- Exposure work should be formulation-driven, collaborative, graded, and designed to reduce avoidance and unhelpful safety behavior-not delivered as forced flooding. Screen medical and trauma-related explanations when relevant.

Crisis and current resources

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

- For Driving Anxiety, use: ·If there is immediate danger or a medical emergency, call 911 or go to the nearest emergency department. In the U.S., call or text 988 or use 988lifeline.org for 24/7 crisis support. Outside the U.S., use verified local emergency and crisis services.· Verify all topic-specific agencies and links at publication.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
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