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PREFACE

Jonathan S. Abramowitz and Shannon M. Blakey

Clinicians and researchers in the field of mental health have traditionally operated as if the *Diagnostic and Statistical Manual of Mental Disorders* (fifth ed. [*DSM–5*]; American Psychiatric Association, 2013) and *International Classification of Diseases* (11th ed. [ICD–11]; World Health Organization, 2018) carve nature at its joints in delineating discrete anxiety and related disorders. This can be seen in the siloed approaches taken by the field's experts to developing conceptual models and treatment protocols for various *DSM*- and ICD-defined conditions. An array of empirically supported treatment manuals are available for different disorders, as if each problem requires a distinct intervention program. Yet, the *DSM–5* and ICD–11 delineates these disorders superficially—largely on the basis of how anxiety is manifested topographically (e.g., fear of social situations vs. obsessions and compulsions). However, a more careful look at the conceptual models and treatment packages across these conditions reveals a high degree of redundancy in their core underlying psychological processes (e.g., overestimates of threat), active treatment ingredients (e.g., exposure to feared situations/stimuli), and putative mechanisms of change (e.g., changes in cognition). At this more fundamental, functional level, anxiety and related disorders have more commonalities than differences.

Recognizing these issues, we take the perspective that the boundaries around anxiety and related disorders imposed by the *DSM–5* and ICD–11 are illusory. Moreover, we argue that the disorder-driven approach in treatment manuals compromises efficiency and efficacy in the treatment of clinical anxiety. Clinicians are traditionally trained to follow separate treatment manuals for each disorder, as if they were distinct, but this is a cumbersome method for acquiring broad competency in providing psychological treatment.

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In addition, although manuals serve an important purpose in carefully controlled research studies, they too often emphasize clinical technique and obscure the recognition that the same evidence-based psychological processes and active ingredients in therapy are broadly applicable across anxiety disorders. Manuals are also generally written with an assumption that one size fits all, though most patients with anxiety do not neatly fit diagnostic prototypes and often present with multiple, diverse, and complex manifestations of fear. Providing effective therapy for such individuals necessitates thinking beyond manuals and flexibly applying theoretical principles when implementing treatment.

Our blueprint for this handbook was to put under one cover a more efficient framework for understanding and targeting the processes shown to contribute to clinical anxiety in its various manifestations, irrespective of *DSM–5* or ICD–11 diagnosis (often referred to as *transdiagnostic processes*). Specifically, and diverging from a disorder-based focus, the chapters in this handbook delineate key empirically supported maintenance processes (e.g., threat overestimation) and theorized mechanisms of change (e.g., inhibitory learning) driving treatment efficacy. It is our view that understanding, assessing, and treating clinical anxiety at this functional level allows clinicians to use cognitive and behavioral methods to their maximum capacity. We have asked authors to produce clinically oriented chapters that integrate conceptual and practical content across the handbook's two parts. The chapters in Part I focus on various processes shown to maintain clinical anxiety, highlighting their conceptual significance, methods of assessment, and implications for treatment. The chapters in Part II focus on candidate mechanisms of change thought to explain how treatment works, describing methods for implementing therapeutic techniques that activate the particular change mechanism.

This handbook represents a progressive, "post-*DSM*/ICD" approach to understanding and treating clinical anxiety. In our own clinical work—and in training other therapists—we often encounter frustration with the existing diagnostic paradigm and its barriers to the efficient use of empirically supported psychological treatments. It is our hope that this handbook enables clinicians working with patients with anxiety to slip the restrictive bonds of *DSM–5* and ICD–11 diagnoses and treatment manuals and operate more flexibly and with a richer understanding of cognitive and behavioral principles and mechanisms of change.

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