APPENDIX 1. Talking Tips[6,59-61]

Validating patients and normalizing anxiety	• "In times of uncertainty, it's normal for the mind to fill the space with worry or negative catastrophic thoughts." • "Anxiety shows how much you care about your health." • "Many people who have had cancer have fears that it will recur."
Learning to accept anxiety	• "Can you make space for this anxiety and allow it to be here while you focus on the present moment? Anxiety is like a crying baby in the backseat when you are in the driver's seat: it's still there but not controlling where you go." • "Whatever we resist persists. Pushing anxiety away is like pushing a beach ball under water. It takes a lot of effort, and then the anxiety just pops up later when we least expect it."

Reframing conversations	• Be comfortable interrupting:
	  ○ "I'm sorry to interrupt, but it sounds like…"
	• Turn complaints into goals:
	  ○ "How would you like to feel instead?"
	• Validate patients whose agenda differs, and check in to ensure they feel understood and heard:
	  ○ "I understand you came here looking for a different solution. When I suggest something (e.g., going for a walk) to manage your anxiety, it doesn't sound like a big enough answer. Is that true?"
	• For patients who are consumed by the need for certainty in medical diagnosis, use "in the meantime" to redirect the conversation to address their anxiety:
	  ○ "It sounds like anxiety about your health is really affecting your life. Would you like to talk about tools you can use in the meantime to manage how you are feeling while we wait to hear (e.g., about the CT results)…?"
	• For patients who are reluctant to accept anxiety and want to attribute all their symptoms solely to an underlying illness (e.g., COPD):
	  ○ "Yes, and there is no test to show what proportion of your body sensations is caused by COPD and what is caused by anxiety, but it is natural for people with COPD to feel anxious when they feel short of breath. Would you be interested in learning skills that could help reduce your anxiety?"
	  ○ Anxiety dial metaphor: "Are you interested in hearing about tools that may turn down the volume of your anxiety dial?" This strategy helps patients see anxiety on a continuum (e.g., low levels being helpful/motivating and high levels being overwhelming).
	• Cost–benefit analysis (motivational interviewing):
	  ○ "What would be the downside of trying these tools? What would be the downside of not trying them? What would be the upside of trying tools to cope with anxiety? What would be the upside of not trying these tools?"

Helping patients connect with what matters to them	• "Unpleasant emotions can show us what we care most about. What is important to you?" • "Anxiety sometimes stops us from doing things we care about. It sounds like you really care about…." • "What do you care about that anxiety/worry stops you from doing?"

Selecting small goals	• Resist the urge to set goals for the patient. Ask questions and encourage them to select goals.
	  ○ "If our anxiety dial is turned up very high, anxiety can be paralyzing, making it hard to do what matters. What could you do to turn the dial down a couple of notches so you can act on what you care about?"
	• Summarize suggestions and assess the patient's interest:
	  ○ "Today we talked about exercise and writing down anxious thoughts as tools to reduce anxiety. What do you think makes sense for you to try out this week? What obstacles might get in the way of that goal? How might you meet those obstacles?"