Journal Website

Article history:
Received 03 March 2025
Revised 03 September 2025
Accepted 10 September 2025
Published 30 September 2025

International Journal of Education and Cognitive Sciences

Volume 6, Issue 3, pp 1-18

E-ISSN: 3041-8828

Development and Validation of a Therapeutic Protocol Based on Fundamental Traps for Generalized Anxiety Disorder

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A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Tabatabaeifar, S. M., Gholami Tooranposhti, M., & Khasmohammadi, M. (2025). Development and Validation of a Therapeutic Protocol Based on Fundamental Traps for Generalized Anxiety Disorder. *International Journal of Education and Cognitive Sciences, 6*(3), 1-18.
https://doi.org/10.61838/kman.ijecs.6.3.20

A B S T R A C T

Purpose: This study aimed to develop and validate a therapeutic protocol based on fundamental traps for the treatment of generalized anxiety disorder.

Methods and Materials: This qualitative study was conducted using thematic analysis. The study population comprised specialists in clinical psychology, schema therapy, cognitive psychotherapy, health psychology, and psychometrics. Sixteen experts were selected through purposive sampling and participated in semi-structured interviews. The interview data were analyzed according to Braun and Clarke's six-phase thematic analysis approach. Based on the extracted themes and the relevant theoretical foundations, a ten-session therapeutic protocol centered on fundamental traps was developed. The content validity of the protocol was subsequently assessed by a panel of experts using the Content Validity Ratio and Content Validity Index. The relevance and simplicity of the protocol components were also evaluated.

Findings: Thematic analysis identified five overarching themes: multidimensional conceptualization of generalized anxiety disorder, developmental and predisposing factors, the role of fundamental traps and maladaptive modes in the persistence of anxiety, effective therapeutic strategies, and requirements for designing and implementing the therapeutic protocol. These findings informed the development of a structured ten-session intervention. The validation results indicated that the Content Validity Ratio of all sessions exceeded the critical threshold, with an overall mean CVR of 0.84. Moreover, the mean Content Validity Index values for relevance and simplicity were 0.97 and 0.93, respectively, demonstrating satisfactory agreement among experts regarding the appropriateness, clarity, and applicability of the protocol.

Conclusion: Fundamental traps appear to provide a theoretically coherent and clinically relevant framework for conceptualizing the underlying cognitive and emotional vulnerabilities associated with generalized anxiety disorder. The developed protocol demonstrated satisfactory content validity and may serve as a preliminary framework for clinical interventions targeting deeply rooted maladaptive patterns in affected individuals. Nevertheless, its therapeutic efficacy should be examined in future experimental and randomized controlled studies.

Keywords: *Generalized Anxiety Disorder; Fundamental Traps; Negative Self-Perception; Perceived Self-Incompetence; Schema Therapy; Protocol Validation; Thematic Analysis*

1. Introduction

Generalized anxiety disorder is a persistent and clinically significant anxiety disorder characterized by excessive, pervasive, and difficult-to-control worry across multiple areas of everyday life. The disorder is commonly accompanied by restlessness, fatigue, impaired concentration, irritability, muscular tension, sleep disturbance, and a sustained perception that future events are uncertain or potentially threatening. Unlike situational anxiety, which may arise in response to an identifiable and time-limited stressor, generalized anxiety disorder involves a diffuse pattern of apprehensive expectation that extends across occupational, interpersonal, financial, health-related, and family domains. The chronicity of this pattern can impair decision-making, reduce occupational and academic performance, disrupt interpersonal functioning, and diminish overall quality of life. Moreover, because worry is frequently experienced as a strategy for anticipating danger and preventing negative outcomes, individuals may regard it as partially useful, thereby reinforcing the very cognitive process that maintains their distress (Koerner et al., 2015; Stein & Sareen, 2015).

Epidemiological evidence indicates that anxiety disorders represent a substantial public mental health concern across different populations and cultural contexts. A systematic review and meta-analysis of anxiety disorders in Latin America demonstrated that these disorders are widely prevalent and impose a considerable burden on individuals and healthcare systems, underscoring the cross-cultural relevance of effective and accessible interventions (Errazuriz et al., 2025). Generalized anxiety disorder is not restricted to adulthood; its clinical foundations may emerge during childhood and adolescence, when persistent worry, emotional dysregulation, family-related stress, and co-occurring psychological difficulties can interfere with developmental functioning. Research among children and adolescents has shown that generalized anxiety disorder is associated with identifiable predictors and clinically important comorbidities, suggesting that the disorder may develop through the interaction of individual vulnerability, family experiences, and broader psychosocial conditions (Mohammadi et al., 2020). These findings highlight the importance of conceptualizing generalized anxiety disorder not merely as a collection of current symptoms but as the outcome of developmental processes that may begin long before the disorder is formally diagnosed.

A central feature of generalized anxiety disorder is intolerance of uncertainty, through which ambiguous situations are interpreted as stressful, threatening, or unacceptable. Individuals with high intolerance of uncertainty may attempt to reduce ambiguity through repetitive thinking, reassurance seeking, excessive preparation, checking, avoidance, and overcontrol. Although these strategies may temporarily reduce distress, they prevent corrective learning and preserve the assumption that uncertainty is inherently dangerous. Maladaptive core beliefs may further intensify this process by shaping how individuals evaluate their ability to cope with potential difficulties. For example, a person who holds the belief that they are incapable, defective, vulnerable, or unable to tolerate distress may respond to ordinary uncertainty as evidence of imminent failure. Empirical research has demonstrated meaningful associations between generalized anxiety disorder and maladaptive core beliefs, supporting the view that chronic worry is linked to deeper cognitive structures rather than to isolated automatic thoughts alone (Koerner et al., 2015). More recent evidence has also examined the joint role of early maladaptive schemas and intolerance of uncertainty in generalized anxiety disorder, indicating that schema-level vulnerabilities may contribute to the development and maintenance of excessive worry (Riley et al., 2026).

Existing psychological treatments for generalized anxiety disorder include cognitive-behavioral therapy, relaxation-based interventions, metacognitive approaches, mindfulness-based interventions, acceptance-oriented treatments, and other structured psychotherapies. A systematic review and network meta-analysis of randomized clinical trials confirmed that psychotherapy can produce meaningful improvements in adults with generalized anxiety disorder, although the magnitude, durability, and acceptability of treatment effects may vary across therapeutic approaches (Papola et al., 2024). Mindfulness-based cognitive therapy has also attracted increasing attention because of its potential to modify attentional control, emotional regulation, repetitive negative thinking, and neurocognitive processes associated with psychological distress (Gkintoni et al., 2025). At the same time, the continued investigation of alternative interventions, including neuromodulatory approaches such as electrical vestibular nerve stimulation, reflects the ongoing need to improve treatment options for individuals who do not respond adequately to conventional interventions (Kumar Goothy et al., 2026). The diversity of current treatment

E-ISSN: 3041-8828

research therefore indicates both substantial therapeutic progress and the persistence of unresolved clinical needs.

One limitation of symptom-focused treatment is that reductions in worry and physiological arousal do not necessarily eliminate the deeper emotional and cognitive vulnerabilities that predispose individuals to recurrent anxiety. Clients may learn to challenge anxious predictions while continuing to experience themselves as weak, defective, unsafe, dependent, or fundamentally incapable of coping with life's demands. Under conditions of stress, these underlying structures may be reactivated and produce renewed worry, avoidance, emotional dysregulation, and reassurance seeking. This distinction between symptom modification and structural psychological change is particularly important for clients with longstanding anxiety, developmental adversity, rigid coping patterns, or comorbid personality features. A therapeutic model that directly addresses these underlying structures may therefore complement existing interventions by targeting the mechanisms through which anxiety acquires personal meaning and becomes embedded in the individual's self-organization.

Schema therapy provides a comprehensive framework for understanding such persistent psychological vulnerabilities. The model proposes that early maladaptive schemas are broad, self-defeating patterns involving memories, emotions, cognitions, bodily sensations, and relational expectations that develop when core emotional needs are not adequately met. These schemas may be shaped by emotional deprivation, rejection, criticism, overprotection, instability, excessive control, invalidation, or other maladaptive developmental experiences. Once formed, schemas influence attention, interpretation, memory, emotional responses, and behavior, often leading individuals to selectively notice information that confirms their established beliefs. Schema therapy integrates cognitive, experiential, behavioral, relational, and emotion-focused techniques to modify these entrenched patterns and strengthen healthier modes of functioning (Arntz & Jacob, 2017; Bach et al., 2018).

The schema mode approach further explains how different emotional and coping states become activated in response to current triggers. The Vulnerable Child mode may involve fear, helplessness, loneliness, shame, and a strong need for safety or protection. The Demanding or Punitive Parent mode may reproduce internalized criticism, rigid standards, blame, punishment, and excessive "should" statements. Avoidant coping modes may distance individuals from distressing emotions through withdrawal, suppression, distraction, or cognitive disengagement. In generalized anxiety disorder, these modes may interact dynamically: the Vulnerable Child experiences threat and incapacity, the critical parental mode intensifies self-blame and demands perfect control, and the avoidant protector attempts to reduce distress through worry, checking, reassurance seeking, or avoidance. Schema therapy seeks to weaken maladaptive modes and strengthen the Healthy Adult mode, which supports realistic appraisal, emotional regulation, self-compassion, autonomous decision-making, and adaptive need fulfillment (Arntz & Jacob, 2017; Salavati & Selby, 2025).

The broader schema therapy literature supports the clinical relevance of schema-level interventions. A systematic review of schema therapy for personality disorders indicated that schema-focused treatment may be effective in modifying persistent maladaptive patterns that are often resistant to conventional symptom-oriented approaches (Karaburun & Çalışır, 2025). Comparative research has also examined group schema therapy in relation to cognitive-behavioral therapy for social anxiety disorder with comorbid avoidant personality disorder, including the moderators and mediators that may explain differential treatment outcomes (Baljé et al., 2025). Although these findings do not directly establish efficacy for generalized anxiety disorder, they demonstrate that schema therapy can be systematically applied to complex anxiety-related presentations and that therapeutic outcomes may depend on changes in deeper cognitive, emotional, interpersonal, and personality-related mechanisms. This evidence provides a reasonable basis for developing more disorder-specific schema-informed interventions for generalized anxiety disorder.

The schema model has continued to evolve beyond a simple list of early maladaptive schemas. Contemporary formulations emphasize the organization and functional relationships among schemas, coping responses, and modes rather than treating schemas as isolated variables (Bach et al., 2018). Furthermore, comparisons between schema therapy and other models of fundamental psychological needs have highlighted the importance of unmet needs for safety, attachment, autonomy, competence, emotional expression, realistic limits, and spontaneity in the formation of psychological difficulties (Louis et al., 2024). This need-based perspective is highly relevant to generalized anxiety disorder because chronic worry frequently develops in a psychological context marked by insecurity, perceived

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incompetence, fear of negative outcomes, excessive dependence on control, and limited confidence in one's capacity to manage uncertainty.

The concept of fundamental traps extends this structural perspective by proposing a more abstract level of psychological organization underlying early maladaptive schemas and recurrent modes. Fundamental traps can be understood as pervasive interpretive structures that organize the individual's perception of the self, others, and the environment. Rather than representing a specific situational belief, a fundamental trap may function as a generalized lens through which diverse experiences are evaluated. The recently developed Fundamental Traps Questionnaire provides an initial operational framework for assessing these structures and supports the conceptual differentiation of fundamental traps such as self-devaluation, perceived self-incapacity, and self-exceptionalism (Tabatabaei Far et al., 2025). These constructs may offer a parsimonious way of integrating multiple schema-related beliefs into broader patterns with direct therapeutic relevance.

Self-devaluation refers to a pervasive negative evaluation of the self and may include feelings of worthlessness, defectiveness, shame, inadequacy, and unlovability. In generalized anxiety disorder, this trap may amplify concern about mistakes, rejection, criticism, or failure because negative outcomes are interpreted not merely as situational problems but as confirmation of personal deficiency. Perceived self-incapacity involves a persistent belief that one lacks the competence, resilience, independence, or internal resources required to cope effectively with challenges. This trap may be particularly relevant to generalized anxiety disorder because individuals who perceive themselves as unable to manage adverse events are likely to overestimate threats and rely on worry as an attempted form of preparation. Self-exceptionalism, by contrast, may involve exaggerated entitlement, expectations of special accommodation, or difficulty accepting ordinary limits and responsibilities. Although it may appear less directly related to anxiety, this trap can contribute to distress when reality fails to conform to rigid personal expectations or when the individual experiences uncertainty, frustration, or limited control. Together, these fundamental traps may provide an integrated framework for understanding why some individuals repeatedly respond to uncertainty through worry, avoidance, overcontrol, and maladaptive interpersonal behavior (Riley et al., 2026; Tabatabaei Far et al., 2025).

A therapeutic protocol based on fundamental traps should not be limited to the intellectual identification of dysfunctional beliefs. Emotional communication and therapeutic change involve multiple representational systems, including verbal thought, bodily experience, imagery, relational meaning, and implicit emotional memory. From the perspective of multiple code theory, effective psychotherapy requires connections among these systems so that emotionally charged experiences can be symbolized, processed, reorganized, and integrated into more adaptive forms of self-understanding (Cornell & Bucci, 2020). Therefore, therapeutic work with fundamental traps should combine cognitive restructuring with experiential procedures such as imagery rescripting, chair dialogues, emotional processing, and corrective relational experiences. Behavioral methods, including gradual exposure and healthy pattern-breaking, are also required to help clients test new beliefs and consolidate adaptive responses in daily life.

The activation of positive psychological structures constitutes another important dimension of schema-based treatment. Contemporary schema therapy increasingly emphasizes not only the reduction of maladaptive schemas and modes but also the cultivation of positive schemas, adaptive modes, psychological strengths, and healthy need fulfillment. A scoping review of positive constructs in schema therapy highlighted the growing importance of constructs associated with resilience, adaptive functioning, positive self-regard, connection, autonomy, and the Healthy Adult mode (van Donzel et al., 2026). This perspective is particularly important in generalized anxiety disorder because treatment should do more than reduce fear and worry; it should also strengthen the client's capacity for self-support, emotional regulation, realistic risk appraisal, tolerance of uncertainty, independent decision-making, and compassionate responses to vulnerability. A protocol centered on fundamental traps may therefore achieve greater clinical coherence when the modification of negative structures is paired with the deliberate strengthening of healthy adult functioning.

Despite the theoretical compatibility between generalized anxiety disorder, schema-level vulnerability, and fundamental traps, no clearly structured protocol has been established for directly targeting fundamental traps in this disorder. Developing such an intervention requires the systematic integration of theory, empirical findings, and clinical expertise. Qualitative inquiry is particularly appropriate during the early stages of intervention

E-ISSN: 3041-8828

development because it can identify clinically meaningful components, clarify change mechanisms, and capture professional knowledge that may not yet be represented in standardized quantitative measures. Reflexive thematic analysis provides a flexible yet conceptually rigorous approach for identifying patterns of shared meaning within expert accounts, provided that the research questions, theoretical assumptions, and analytic procedures are clearly aligned (Braun & Clarke, 2022). Furthermore, purposive sampling and the careful consideration of information adequacy and saturation can support the development of a sufficiently comprehensive conceptual framework for a new therapeutic protocol (Saunders et al., 2018).

Content validation is also essential before a newly developed protocol is evaluated in a clinical trial. Expert assessment can determine whether the proposed sessions, objectives, techniques, and assignments are necessary, relevant, clear, simple, and clinically applicable. This stage helps identify conceptual redundancies, omissions, sequencing problems, or implementation barriers before the intervention is administered to clients. Accordingly, the development of a fundamental-trap-based protocol for generalized anxiety disorder should include the extraction of therapeutic components from expert perspectives, the organization of these components into a logically sequenced intervention, and the formal evaluation of the protocol's face and content validity. Such a process can provide an initial foundation for subsequent feasibility studies, controlled clinical trials, mechanism-focused research, and comparisons with established treatments.

Therefore, the present study aimed to develop and validate a therapeutic protocol based on fundamental traps for the treatment of generalized anxiety disorder.

2. Methods and Materials

2.1. Study Design and Participants

The present study was a developmental study based on a qualitative approach and was conducted to design and validate a therapeutic protocol based on fundamental traps for the treatment of generalized anxiety disorder. The study was designed according to an evidence-based intervention development model and comprised two main stages: (a) extracting therapeutic components through the analysis of experts' perspectives and examination of the relevant theoretical foundations, and (b) developing and conducting the content validation of the therapeutic protocol. In the first stage, qualitative data were collected through semi-structured interviews with specialists in schema therapy and clinical psychology and were analyzed using thematic analysis. In the second stage, the findings obtained from the data analysis were organized into therapeutic objectives, intervention techniques, session content, and change strategies, and the preliminary version of the protocol was developed. Subsequently, the face and content validity of the protocol were examined through expert evaluation and calculation of the Content Validity Ratio and Content Validity Index, and the final version of the intervention was prepared.

The study population in the qualitative stage consisted of specialists in clinical psychology, schema therapy, and cognitive psychotherapy who had specialized experience in the conceptualization, assessment, and treatment of emotional disorders, particularly generalized anxiety disorder. This group was selected because the development of a new therapeutic protocol requires the theoretical knowledge, clinical experience, and professional judgment of specialists who work directly in schema-based therapies. In the validation stage, the study population consisted of specialists in clinical psychology, schema therapy, cognitive psychotherapy, and psychometrics who participated in the face and content validity assessment to evaluate the necessity, relevance, clarity, and applicability of the protocol components.

The study sample was selected through purposive sampling based on the criterion of expertise (Creswell & Poth, 2018). Accordingly, individuals were selected who possessed sufficient theoretical knowledge and clinical experience in schema therapy, clinical psychology, and the treatment of anxiety disorders and who could provide the specialized information required for developing the therapeutic protocol. A total of 16 specialists in clinical psychology, schema therapy, cognitive psychotherapy, and psychometrics participated in the study. The sample size was determined according to the principles of information adequacy and theoretical saturation (Saunders et al., 2018). Following the completion of the interviews and data analysis, no new themes were added to the conceptual framework of the study, and repetition was observed in the concepts and therapeutic components. Therefore, the sampling process was terminated at this stage. The participating specialists held doctoral degrees in relevant disciplines and had professional experience in the treatment of emotional and anxiety disorders. In addition to participating in the extraction of the therapeutic components, the same group of specialists participated in the face and

E-ISSN: 3041-8828

content validity assessment and evaluated the content of the therapeutic sessions in terms of necessity, relevance, clarity, and applicability.

The inclusion criteria consisted of holding a doctoral or master's degree in psychometrics, one of the various branches of psychology, or counseling; possessing specialized knowledge of schema therapy theory; having professional experience in the treatment of emotional disorders; having at least five years of clinical experience; being willing to participate in the study; and providing informed consent. The exclusion criteria included withdrawal from further participation at any stage of the study, failure to complete the interview process, and lack of specialized experience relevant to the subject of the study.

2.2. Measures

The study data were collected through semi-structured interviews. The use of semi-structured interviews made it possible to maintain a defined framework for data collection while allowing participants to express their professional perspectives, experiences, and recommendations in a detailed and flexible manner (Creswell & Poth, 2018). The interview guide was developed based on a systematic review of the literature related to generalized anxiety disorder, schema therapy, and the conceptual framework of fundamental traps. The main interview topics included the conceptualization of generalized anxiety disorder, predisposing and maintaining factors of the disorder, the application of schema therapy to the treatment of generalized anxiety disorder, potential components of an intervention based on fundamental traps, effective therapeutic techniques, cognitive and emotional restructuring strategies, methods for activating the Healthy Adult mode, and barriers to and facilitators of intervention implementation. The interviews were conducted individually after informed consent had been obtained from the participants. With the participants' permission, all interviews were audio-recorded and subsequently transcribed verbatim to preserve the accuracy and comprehensiveness of the data (Braun & Clarke, 2022). The resulting data formed the basis for the thematic analysis and extraction of the principal components of the therapeutic protocol.

2.3. Data Analysis

The data obtained from the interviews were analyzed using thematic analysis based on the approach proposed by Braun and Clarke (2006). The analytical process consisted of six stages: familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and preparing the final report. To enhance the credibility of the findings, member checking, peer review, and continuous examination of the coding process were employed.

Following completion of the thematic analysis, the extracted main themes and subthemes were reviewed and integrated. At this stage, the findings obtained from the expert interviews were examined alongside the theoretical foundations of fundamental traps, the principles of schema therapy, and the available evidence concerning the treatment of generalized anxiety disorder to establish the conceptual framework of the intervention. Each extracted theme was subsequently classified according to its relationship with the therapeutic objectives, amenability to intervention, and clinical importance. In the next step, the identified themes and concepts were transformed into implementable therapeutic components. These components included therapeutic objectives, psychoeducational content, cognitive techniques, emotional interventions, mode-modification strategies, behavioral exercises, and between-session assignments. To maintain theoretical coherence, all components were organized within the fundamental-traps model, and the relationship between each technique and its targeted constructs was specified.

On this basis, the preliminary version of the therapeutic protocol was developed. The protocol consisted of 10 structured sessions focusing on identifying and modifying the traps of self-devaluation, perceived self-incapacity, and self-exceptionalism; cognitive and emotional restructuring; strengthening the Healthy Adult mode; increasing awareness of maladaptive patterns; and teaching healthy alternative behaviors. The session structure was designed so that the therapeutic process began with the identification and conceptualization of fundamental traps and progressed toward cognitive modification, emotional processing, and consolidation of new adaptive patterns. Finally, the preliminary version of the protocol was submitted to the expert panel for face and content validity assessment. After the recommended revisions had been incorporated, the final version of the intervention was developed.

To assess face and content validity, the preliminary version of the protocol was submitted to a group of specialists in clinical psychology, schema therapy, cognitive psychotherapy, and psychometrics. The specialists were asked to evaluate each protocol session and component in terms of necessity, relevance, clarity, simplicity, and

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applicability. Content validity was examined using the Content Validity Ratio based on Lawshe's method (1975) and the Content Validity Index based on the methods proposed by Waltz and Bausell (1981) and Polit et al. (2007). The specialists evaluated the necessity of each proposed protocol component, including the therapeutic objectives, session content, intervention techniques, and therapeutic activities, using Lawshe's three-point scale: essential, useful but not essential, and not essential. To calculate the Content Validity Index, the relevance, clarity, and simplicity of each protocol component were also assessed using the four-point scale developed by Waltz and Bausell. After the experts' evaluations had been collected and the validity indices calculated, the necessary revisions were made to the protocol content, and the final version of the intervention was developed.

The therapeutic protocol based on fundamental traps was developed through a stepwise process involving the integration of theoretical evidence and qualitative data obtained from interviews with specialists. Throughout this process, efforts were made to organize the components extracted from the data analysis into a coherent therapeutic structure and, following professional review and evaluation, transform them into an implementable intervention package.

The protocol development process began with two principal sources: the theoretical literature and specialists' perspectives. The collected data were subsequently examined through thematic analysis, and the extracted therapeutic components formed the basis for designing the session structure. In the final stage, the developed content was reviewed through expert evaluation and calculation of content validity indices to ensure its theoretical relevance, structural coherence, and clinical applicability. This process resulted in the development of a structured 10-session therapeutic protocol based on fundamental traps for intervention in generalized anxiety disorder.

3. Findings and Results

The findings were obtained from the analysis of semi-structured interviews with 16 specialists in clinical psychology, schema therapy, cognitive psychotherapy, psychometrics, and the treatment of anxiety disorders. The participants' professional experience ranged from 7 to 18 years, and most held doctoral degrees. This multidisciplinary composition enabled the collection of diverse perspectives concerning the conceptualization and treatment of generalized anxiety disorder and the development of a protocol based on fundamental traps.

Table 1

Demographic Characteristics of the Specialists Participating in the Qualitative Stage

Participant Code	Gender	Age Group	Academic Degree	Specialized Discipline	Professional Experience, Years	Area of Expertise
M1	Male	45–50	Doctorate	Clinical Psychology	18	Schema therapy and anxiety
M2	Female	40–45	Doctorate	Clinical Psychology	15	Schema therapy
M3	Female	50–55	Doctorate	General Psychology	17	Cognitive-behavioral therapy and anxiety
M4	Female	35–40	Doctorate	Counseling	12	Emotion-focused therapy
M5	Female	55–60	Doctorate	Health Psychology	16	Schema therapy and adolescents
M6	Female	40–45	Doctorate	Cognitive Psychology	14	Schema therapy and cognitive therapy
M7	Male	50–55	Doctorate	Psychometrics	14	Psychometric assessment of interventions
M8	Female	35–40	Master's Degree	Counseling	10	Personality psychology and schemas
M9	Male	45–50	Doctorate	Clinical Psychology	12	Anxiety and integrative therapy
M10	Male	45–50	Doctorate	Health Psychology	13	Anxiety, depression, and cognitive-behavioral therapy
M11	Female	45–50	Doctorate	Clinical Psychology	15	Mode-based schema therapy
M12	Female	35–40	Master's Degree	Clinical Psychology	9	Schema therapy and anxiety
M13	Female	45–50	Doctorate	Counseling	10	Mindfulness and compassion-focused therapy
M14	Male	45–50	Doctorate	Clinical Psychology	11	Schema therapy and cognitive therapy
M15	Female	55–60	Doctorate	Clinical Psychology	16	Dialectical behavior therapy
M16	Female	35–40	Master's Degree	General Psychology	7	Emotional schema therapy

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As shown in Table 1, the participants in the present study were selected from a diverse range of mental health specialists whose areas of expertise included schema therapy, clinical psychology, cognitive-behavioral therapy, emotion-focused therapy, psychometrics, mindfulness, compassion-focused therapy, and dialectical behavior therapy. This professional diversity made it possible to examine the phenomenon under investigation from different theoretical and clinical perspectives and contributed to the richness of the qualitative data. The participating specialists had between 7 and 18 years of professional experience, indicating that they possessed sufficient clinical and educational expertise in the conceptualization and treatment of emotional and anxiety disorders. Most participants held doctoral degrees in relevant disciplines, and only a limited number held master's degrees; however, those participants also possessed considerable professional experience. The participants' ages ranged from 35 to 60 years, indicating the inclusion of specialists at different stages of professional development and providing access to diverse and complementary perspectives during the protocol development process. Overall, the participants' professional backgrounds, experience, and diversity of perspectives indicate that the interview data were grounded in extensive clinical experience and specialized knowledge related to schema therapy and the treatment of anxiety disorders and were therefore adequate for extracting therapeutic components and developing a protocol based on fundamental traps.

Analysis of the semi-structured interview data, following the stages of initial coding, axial coding, and thematic analysis, resulted in the identification of a set of themes related to the conceptualization of generalized anxiety disorder and the design of an intervention based on fundamental traps. The analytical process demonstrated that the specialists' perspectives on generalized anxiety disorder were not limited to overt anxiety symptoms but also encompassed developmental factors, underlying cognitive-emotional structures, maladaptive modes, and therapeutic change processes. Consequently, the interview data were organized into five main themes and several subthemes, which formed the theoretical and practical framework for developing the present therapeutic protocol. Table 2 presents the themes and subthemes extracted from the data analysis.

Table 2

Themes and Subthemes Extracted From the Thematic Analysis of the Expert Interviews

Main Theme	Subtheme	Examples of Extracted Concepts and Codes
Conceptualization of generalized anxiety disorder	Cognitive components	Chronic worry, catastrophizing, intolerance of uncertainty, persistent mental preoccupation
Conceptualization of generalized anxiety disorder	Emotional components	Fear, insecurity, feelings of helplessness, emotional tension
Conceptualization of generalized anxiety disorder	Behavioral components	Avoidance, reassurance seeking, excessive control
Conceptualization of generalized anxiety disorder	Physiological components	Insomnia, muscular tension, chronic fatigue
Predisposing and developmental factors	Early maladaptive experiences	Emotional deprivation, rejection, parental criticism
Predisposing and developmental factors	Parenting styles	Controlling parenting, overprotection, parental perfectionism
Predisposing and developmental factors	Attachment patterns	Insecure attachment, emotional dependence
Predisposing and developmental factors	Observational learning	Modeling the behavior of anxious parents
Fundamental traps and modes	Self-devaluation	Feelings of worthlessness, shame, self-criticism
Fundamental traps and modes	Perceived self-incapacity	Feelings of inability, dependence, incompetence
Fundamental traps and modes	Self-exceptionalism	Excessive entitlement, expectations of special treatment from others
Fundamental traps and modes	Vulnerable Child mode	Fear, helplessness, need for support
Fundamental traps and modes	Demanding Parent mode	Criticism, excessive demands and "should" statements
Effective therapeutic strategies	Cognitive restructuring	Modification of core beliefs, cognitive challenging
Effective therapeutic strategies	Emotional restructuring	Imagery, emotional processing
Effective therapeutic strategies	Mode work	Chair work, mode dialogues
Effective therapeutic strategies	Strengthening the Healthy Adult	Self-compassion, self-support, realism
Protocol design requirements	Stepwise structure	Awareness, restructuring, change, consolidation
Protocol design requirements	Intervention-related factors	Therapeutic alliance, client motivation
Protocol design requirements	Generalization of change	Homework assignments, relapse prevention

Examination of the extracted themes indicated that the specialists regarded generalized anxiety disorder as a multilayered phenomenon arising from the interaction of cognitive, emotional, behavioral, and developmental factors. Among the identified themes, greater emphasis was placed on the underlying structures associated with self-devaluation

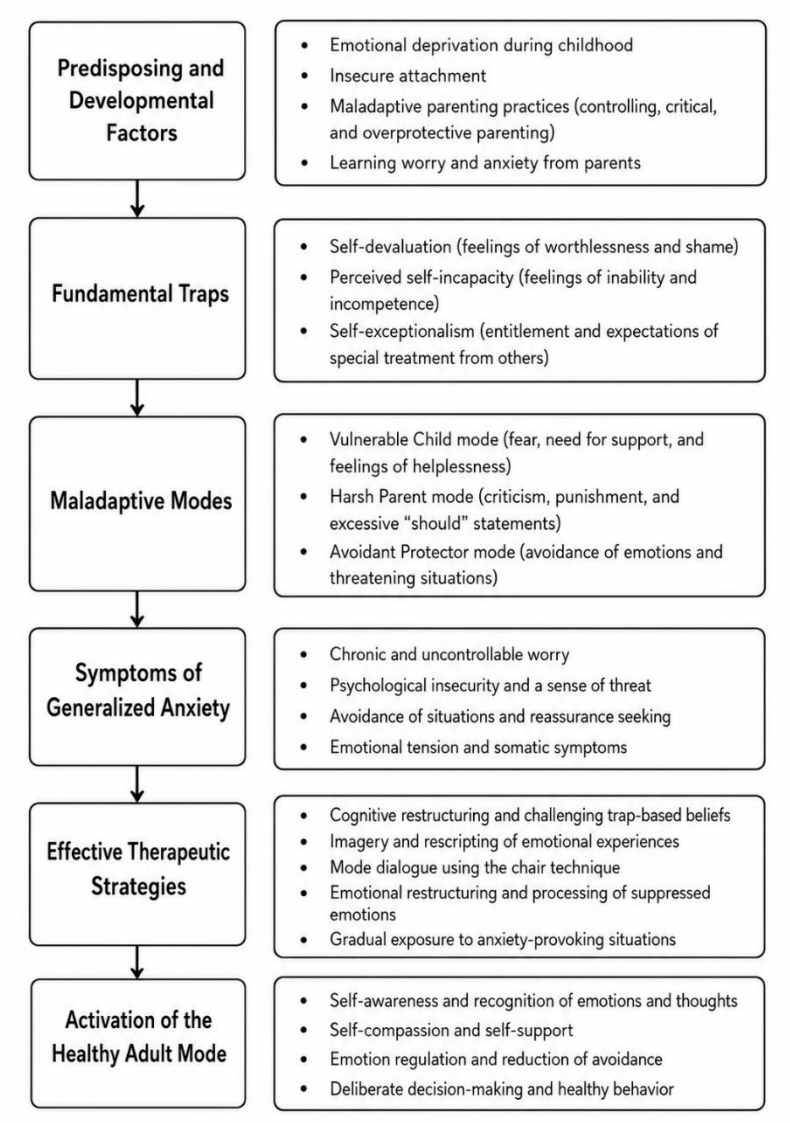
E-ISSN: 3041-8828

and perceived self-incapacity. These two fundamental traps were identified as the most important cognitive-emotional foundations of chronic worry and psychological insecurity. The findings also indicated that maladaptive modes, particularly the Vulnerable Child and Demanding Parent modes, play an important role in activating and maintaining these traps. Furthermore, analysis of the specialists' perspectives demonstrated that effective interventions for generalized anxiety disorder should extend beyond the modification of surface-level thoughts and address deeper cognitive and emotional structures. Accordingly, strategies such as cognitive restructuring, imagery, mode dialogue, emotional restructuring, and strengthening the Healthy Adult mode were identified as the principal components of therapeutic change. Collectively, these findings provided the necessary theoretical and empirical basis for designing and organizing the sessions of the therapeutic protocol based on fundamental traps.

Analysis of the relationships among the themes indicated that developmental factors and early maladaptive experiences contribute to the formation of fundamental traps, which in turn create the conditions for the activation of maladaptive modes. This process ultimately contributes to the persistence of generalized anxiety disorder symptoms. The specialists also believed that an effective intervention should target this chain at multiple levels. Accordingly, the conceptual model derived from the qualitative data analysis is presented in Figure 1.

Figure 1

Conceptual Model Extracted From the Qualitative Data



E-ISSN: 3041-8828

Following the identification of the main themes and subthemes, the next step was to transform the qualitative findings into operational intervention components. At this stage, the extracted themes were translated into therapeutic objectives, intervention techniques, and a session structure through a process of theoretical analysis and integration. The purpose of this process was to establish a systematic link between the qualitative data and the design of the therapeutic protocol. Table 3 presents the transformation of the qualitative findings into therapeutic components and their placement within the session structure.

Table 3

Transformation of Qualitative Findings Into Components of the Therapeutic Protocol Based on Fundamental Traps

Extracted Theme	Therapeutic Inference	Therapeutic Objective	Selected Techniques	Sessions
Self-devaluation	Presence of negative self-evaluation and feelings of worthlessness	Modify negative self-perceptions	Psychoeducation about traps, cognitive restructuring, imagery, coping cards	1, 4, 5, 9
Perceived self-incapacity	Perception of being unable to cope with challenges	Increase self-efficacy and perceived competence	Cognitive challenging, gradual exposure, independent decision-making	2, 4, 7, 8
Self-exceptionalism	Excessive entitlement and avoidance of responsibility	Increase responsibility and realism	Cognitive restructuring, practice of healthy behaviors	2, 8
Vulnerable Child	Activation of primary emotions	Facilitate emotional processing and healing	Imagery rescripting	5
Demanding Parent	Self-criticism and internal blame	Moderate the internal critical voice	Chair work	6
Avoidant Protector	Cognitive and behavioral avoidance	Reduce avoidance	Gradual exposure	7
Weak Healthy Adult	Inability to regulate emotions and make decisions	Strengthen the Healthy Adult mode	Self-support exercises, self-compassion, self-care planning	3, 8, 9, 10
Need to consolidate change	Risk of recurrence of maladaptive patterns	Prevent relapse	Coping cards, Healthy Mind journal, self-care plan	9, 10

As shown in Table 3, the protocol development process was not based merely on selecting a set of therapeutic techniques. Rather, each intervention was designed in response to specific therapeutic needs and on the basis of themes extracted from the specialists' perspectives. In particular, the two fundamental traps of self-devaluation and perceived self-incapacity, which were identified as central psychopathological mechanisms in generalized anxiety disorder, played a substantial role in organizing the objectives and content of the therapeutic sessions. The findings also indicated that activation of the Healthy Adult mode served as a central mechanism of change throughout all stages of the protocol and performed an integrative function across the cognitive, emotional, and behavioral interventions. These results demonstrate that the final protocol structure possessed sufficient theoretical coherence and was directly derived from the qualitative data analysis findings.

Following the extraction of the main themes and subthemes, integration of the qualitative findings with the theoretical foundations of fundamental traps and the principles of schema therapy resulted in the development of the preliminary therapeutic protocol. At this stage, the extracted components were organized into therapeutic objectives, intervention techniques, and practical assignments. The therapeutic session structure was then designed according to the logical sequence of the change process. The sessions were organized to gradually guide clients from awareness of fundamental traps toward cognitive and emotional restructuring, modification of maladaptive behaviors, and consolidation of therapeutic gains. Table 4 presents the final structure of the therapeutic protocol based on fundamental traps.

Table 4

Final Structure of the Therapeutic Protocol Based on Fundamental Traps

Session	Session Content
1	Initial introduction to the conceptual model of fundamental traps and the manner in which they develop within the context of early childhood experiences; introduction of the three principal traps—self-devaluation, perceived self-incapacity, and self-exceptionalism—as core patterns for processing the self and others; examination of the effects of dysfunctional parenting styles and maladaptive emotional environments on the consolidation of these traps and the maintenance of generalized anxiety; initial assessment of fundamental traps through interviews and questionnaires; and instruction in recording everyday situations that activate the traps and elicit anxiety.

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2	Identification of fundamental traps activated in everyday situations and analysis of their resulting cognitive, emotional, and behavioral patterns; instruction regarding the three maladaptive coping styles associated with fundamental traps, namely surrender, avoidance, and overcompensation, and examination of their roles in maintaining generalized anxiety disorder. The activation cycle of self-devaluation, perceived self-incapacity, and self-exceptionalism and the automatic responses associated with each trap at the cognitive, emotional, and behavioral levels are analyzed. Emphasis is also placed on differentiating trap-based thoughts, such as "I am not good enough," "I cannot cope with tasks," and "Other people should do things for me," from realistic and adaptive thoughts so that the individual can disengage from the maladaptive trap cycle and activate the Healthy Adult mode.
3	Analysis and psychoeducation regarding schema modes, including the Vulnerable Child, Demanding Parent, and Healthy Adult modes, and examination of the dynamic interaction between these modes and the fundamental traps of self-devaluation, perceived self-incapacity, and self-exceptionalism. Participants learn how each mode contributes to the activation or maintenance of a fundamental trap. For example, the Vulnerable Child mode reinforces feelings of incapacity and worthlessness associated with perceived self-incapacity and self-devaluation, whereas the Demanding Parent mode reproduces internal critical messages and excessive demands associated with the traps. Through exercises focused on recognizing modes in the present moment, participants learn to identify the mode activated in anxiety-provoking situations and to regulate their cognitive and emotional responses by activating the Healthy Adult mode. The ultimate objective of this session is to increase awareness of the mode–trap cycle and strengthen the Healthy Adult mode as a strategy for neutralizing trap-based patterns.
4	Instruction in distinguishing emotions from thoughts to increase metacognitive awareness of the internal processes associated with anxiety and fundamental traps. Participants learn how maladaptive automatic thoughts emerge within the three fundamental traps, including the thought "I am not good enough" in self-devaluation, the belief "I am not sufficiently capable" in perceived self-incapacity, and the expectation "Other people should do things for me" in self-exceptionalism. With the therapist's assistance, participants cognitively challenge trap-based thoughts and examine their validity in light of objective evidence and lived experience. Supportive and realistic self-talk is then introduced to strengthen the Healthy Adult mode and gradually replace the internal trap-driven voice. The objective of this session is to restructure the individual's internal dialogue from a trap-based pattern into a realistic, compassionate, and adaptive pattern.
5	Implementation of guided imagery centered on the Vulnerable Child mode, with a focus on early emotional memories that contributed to the development and consolidation of self-devaluation, perceived self-incapacity, and self-exceptionalism. By gradually guiding the client toward the recreation of childhood experiences, the therapist helps the client recognize and express suppressed emotions such as shame, fear, helplessness, and excessive entitlement. Through the rescripting of past emotional experiences, an opportunity is created for internal healing and reconnection with the vulnerable aspect of the self. The therapist subsequently introduces the Healthy Adult mode as a supportive, nurturing, and protective role, enabling the individual to provide reassurance, calmness, and a sense of worth to the Vulnerable Child during imagery. The objective of this session is to heal emotional wounds associated with fundamental traps and strengthen the Healthy Adult mode as an intrapersonal source of healing.
6	Implementation of mode dialogue through chair work to reveal and modify maladaptive internal dialogues among different modes, particularly the Demanding Parent, Vulnerable Child, and Healthy Adult modes. By moving between chairs, the client experiences the voice of the internal Demanding Parent and explicitly expresses its critical, humiliating, and blaming beliefs. These beliefs are generally rooted in fundamental traps, such that the Demanding Parent reproduces internal messages such as "I am not good enough" in self-devaluation, "I am incapable" in perceived self-incapacity, and "I am superior to others" or "Rules do not apply to me" in self-exceptionalism. The therapist helps the client confront these internal voices through the Healthy Adult mode and formulate supportive, realistic, and balanced responses. The main focus of this session is to restructure the internal relationship among the modes, reduce the dominance of the Demanding Parent, and increase the influence of the Healthy Adult so that the client can reorganize the internal dialogue from a trap-based system into a self-accepting and empathic system.
7	Participants construct an anxiety hierarchy by identifying and ranking anxiety-provoking situations according to their level of emotional arousal. Each situation is subsequently analyzed in relation to the fundamental traps of self-devaluation, perceived self-incapacity, and self-exceptionalism to clarify their role in maintaining generalized anxiety. Through gradual and guided exposure, clients learn to confront their fears step by step with the support of the Healthy Adult mode rather than avoiding anxiety-provoking situations. The objective of this session is to reduce the cognitive and behavioral avoidance arising from fundamental traps and replace it with realistic exposure supported by a healthy mode.
8	Instruction in healthy compensatory behaviors, assertiveness training, and independent decision-making; reduction of dependence on external approval; role-playing in social situations; reduction of feelings and emotions associated with self-devaluation, perceived self-incapacity, and self-exceptionalism; examination of deep beliefs related to these fundamental traps; replacement of maladaptive beliefs with beliefs based on personal worth; and strengthening of self-esteem.
9	Participants review their progress in modifying self-devaluation, perceived self-incapacity, and self-exceptionalism and analyze their experiences of confronting real-life situations. The therapist then helps participants generalize the Healthy Adult mode to everyday situations and use it as a regulatory force for managing the three fundamental traps. Participants learn to respond to anxiety-provoking situations and challenging relationships from a realistic, supportive, and responsible perspective rather than through the activation of maladaptive modes. At the end of the session, each participant develops an individualized psychological self-care plan to prevent recurrence of trap-based cycles and consolidate the cognitive, emotional, and behavioral changes achieved through therapy.
10	The therapeutic process is comprehensively summarized and reviewed. The therapist and participants collaboratively identify warning signs indicating the re-emergence of maladaptive modes and fundamental traps, particularly self-devaluation, perceived self-incapacity, and self-exceptionalism, so that participants can prevent a return to previous patterns during the early stages of trap activation. Participants subsequently design and develop personalized self-help tools, such as trap-coping cards, a supportive letter written from the Healthy Adult mode, and a Healthy Mind journal. These tools are intended to help participants maintain their connection with the Healthy Adult mode and continue their process of psychological development and restructuring.

Examination of the protocol structure demonstrates that the present intervention was designed according to a stepwise developmental logic. In the initial sessions, the primary focus is on increasing clients' awareness of fundamental traps, coping styles, and activated modes. Cognitive and emotional interventions are subsequently implemented to modify core beliefs and process early emotional experiences. Behavioral techniques are then employed to facilitate the generalization of cognitive and emotional changes to real-life situations. Finally, the concluding sessions focus on consolidating therapeutic changes, strengthening the Healthy Adult mode, and

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preventing the recurrence of maladaptive patterns. Notably, unlike many symptom-focused interventions, the present protocol seeks to extend therapeutic change beyond the level of anxiety symptoms and directly target the cognitive-emotional cores associated with self-devaluation, perceived self-incapacity, and self-exceptionalism. Therefore, the present protocol may be considered a process-oriented and structure-oriented intervention intended to modify the underlying mechanisms that maintain generalized anxiety disorder.

To examine the content validity of the therapeutic protocol based on fundamental traps, the preliminary version of the protocol was submitted to a group of specialists in clinical psychology, schema therapy, cognitive psychotherapy, and psychometrics. Content validity was assessed using the Content Validity Ratio and Content Validity Index. During this process, the specialists evaluated the necessity, relevance, clarity, and simplicity of each protocol session. The results of these evaluations are presented in Tables 5 and 6.

Table 5

Content Validity Ratio of the Sessions of the Educational Protocol Based on Fundamental Traps for the Treatment of Generalized Anxiety Disorder

Expert	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Session 10	Expert Mean
1	3	3	3	3	3	3	3	3	3	3	3.00
2	3	3	3	3	3	3	3	3	3	2	2.90
3	2	3	3	2	3	3	3	2	3	3	2.70
4	3	3	3	3	3	3	3	3	3	3	3.00
5	3	3	3	3	3	3	3	3	3	3	3.00
6	3	3	3	3	3	3	3	3	3	3	3.00
7	2	3	3	2	3	2	3	3	3	3	2.70
8	3	3	3	3	3	3	3	3	3	3	3.00
9	3	3	3	3	3	3	3	3	3	3	3.00
10	3	3	3	3	3	3	3	3	2	3	2.90
11	3	3	3	3	3	3	3	2	3	3	2.90
12	3	3	3	2	3	3	3	3	3	3	2.90
13	3	3	3	3	3	3	3	3	3	3	3.00
14	3	3	3	3	3	2	3	3	3	3	2.90
15	3	3	3	3	3	3	3	3	2	3	2.90
16	3	3	3	3	3	3	3	3	3	2	2.90
Mean	2.87	3.00	3.00	2.81	3.00	2.87	3.00	2.87	2.87	2.87	2.92
CVR	0.75	1.00	1.00	0.62	1.00	0.75	1.00	0.75	0.75	0.75	0.84

The results presented in Table 5 indicated that all sessions of the therapeutic protocol based on fundamental traps obtained CVR values greater than Lawshe's recommended critical value of 0.49 for a panel of 16 specialists. This finding indicates that experts in clinical psychology, schema therapy, cognitive psychotherapy, and psychometrics considered all the designed components necessary and justifiable for achieving the therapeutic objectives. The highest level of agreement among the specialists was observed for Sessions 2, 3, 5, and 7, each of which obtained a CVR of 1.00. These sessions primarily focused on identifying and conceptualizing fundamental traps, teaching schema modes, emotional restructuring, and gradual exposure. The specialists' complete agreement regarding these sessions indicates that these components constitute the central elements of the fundamental-trap-based therapeutic process and play a pivotal role in producing cognitive and emotional changes in clients. Sessions 1, 6, 8, 9, and 10 obtained CVR values of 0.75, indicating a high level of expert agreement regarding the necessity of these sessions. These sessions were primarily devoted to teaching foundational concepts, modifying maladaptive coping styles, teaching healthy alternative behaviors, consolidating therapeutic changes, and preventing relapse. Although the level of agreement for these sessions was slightly lower than that observed for the sessions receiving complete agreement, it remained satisfactory and confirmed the necessity of retaining these sessions in the protocol structure. The lowest CVR was obtained for Session 4, with a value of 0.62. This session focused on distinguishing between thoughts and emotions, cognitive restructuring, and modifying internal dialogue based on fundamental traps. Although this session

E-ISSN: 3041-8828

received less agreement than the other sessions, its CVR remained above the critical value, indicating that the specialists confirmed its necessity. Qualitative feedback from the reviewers further indicated that their recommendations primarily concerned the organization and clarification of the session content rather than the necessity of the session itself. Overall, the mean CVR for the entire protocol was 0.84, indicating a high level of expert agreement regarding the necessity and importance of the designed therapeutic components. These findings demonstrate that the developed protocol possessed satisfactory theoretical coherence and content validity and that its components were endorsed by the specialists as necessary elements of a fundamental-trap-based intervention for generalized anxiety disorder.

Table 6

Content Validity Index of the Sessions of the Educational Protocol Based on Fundamental Traps for the Treatment of Generalized Anxiety Disorder According to the Specialists

Session	Relevance	Simplicity
Session 1	1.00	0.94
Session 2	1.00	0.88
Session 3	1.00	1.00
Session 4	0.94	0.88
Session 5	1.00	0.88
Session 6	0.94	1.00
Session 7	1.00	0.94
Session 8	0.94	0.88
Session 9	0.94	0.94
Session 10	0.94	0.94
Overall Mean	0.97	0.93

The results presented in Table 6 indicated that all sessions of the educational protocol based on fundamental traps obtained values above the accepted content-validity criterion of 0.79 for both relevance and simplicity. This finding indicates that the specialists considered the session content appropriate in relation to the therapeutic objectives and suitable for communicating the concepts to clients. The CVI values for relevance ranged from 0.94 to 1.00, with an overall mean of 0.97. This level of agreement demonstrates that almost all specialists agreed that the session content was directly related to the theoretical and clinical objectives of the fundamental-trap-based approach. Sessions 2, 3, 5, and 7, which focused on identifying fundamental traps, teaching schema modes, emotional restructuring, and gradual exposure, received the highest level of agreement in terms of relevance. The CVI values for simplicity ranged from 0.88 to 1.00, with an overall mean of 0.93. These results indicate that, from the specialists' perspectives, the session structure, psychoeducational concepts, and therapeutic techniques were designed with an appropriate degree of clarity and comprehensibility and could be implemented by therapists and understood by clients. Furthermore, the absence of values below the threshold for any session indicates that all protocol components possessed sufficient coherence and clarity.

Overall, the findings obtained from the Content Validity Index confirm that the developed protocol was endorsed by the specialists not only in terms of content necessity, as demonstrated by the CVR results, but also in terms of conceptual relevance and practical applicability. These results provide preliminary evidence supporting the content validity of the therapeutic protocol based on fundamental traps and indicate that the designed session structure has the necessary potential for application in clinical and research settings.

4. Discussion and Conclusion

The present study aimed to develop and validate a therapeutic protocol based on fundamental traps for the treatment of generalized anxiety disorder. The qualitative findings yielded five overarching themes: the multidimensional conceptualization of generalized anxiety disorder, developmental and predisposing factors, the role of fundamental traps and maladaptive modes, effective therapeutic strategies, and requirements for the design and implementation of the protocol. Based on these themes, a

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structured 10-session intervention was developed. The protocol focused on identifying and modifying self-devaluation, perceived self-incapacity, and self-exceptionalism; recognizing and restructuring maladaptive schema modes; processing early emotional experiences; reducing avoidance; strengthening the Healthy Adult mode; and preventing relapse. The validation findings indicated that all sessions obtained Content Validity Ratio values above the critical value of 0.49 for a panel of 16 experts. The mean CVR for the entire protocol was 0.84, while the mean Content Validity Index values for relevance and simplicity were 0.97 and 0.93, respectively. These results demonstrate a high level of expert agreement regarding the necessity, conceptual relevance, comprehensibility, and clinical applicability of the developed intervention.

The first major finding was that generalized anxiety disorder was conceptualized as a multidimensional condition involving cognitive, emotional, behavioral, physiological, and developmental processes. The experts did not consider chronic worry to be an isolated cognitive symptom; rather, they described it as the observable expression of deeper vulnerabilities involving insecurity, helplessness, maladaptive self-evaluation, avoidance, and dysregulated emotional states. This interpretation is consistent with clinical accounts describing generalized anxiety disorder as a persistent condition characterized by uncontrollable worry, heightened threat sensitivity, somatic tension, sleep problems, and functional impairment (Stein & Sareen, 2015). It is also consistent with evidence that maladaptive core beliefs are substantially associated with generalized anxiety disorder and may influence how individuals interpret uncertain events and evaluate their ability to cope with potential threats (Koerner et al., 2015). Therefore, the multidimensional model extracted in the present study supports the view that successful intervention should target not only worry itself but also the deeper cognitive-emotional structures that make worry seem necessary, uncontrollable, and personally meaningful.

The emphasis on developmental and predisposing factors was another important finding. The experts identified emotional deprivation, insecure attachment, parental criticism, overprotective or controlling parenting, and observational learning from anxious parents as potential developmental foundations of generalized anxiety. This finding is theoretically consistent with schema therapy, which assumes that early maladaptive schemas emerge when core emotional needs for safety, attachment, autonomy, competence, acceptance, and realistic limits are inadequately met (Arntz & Jacob, 2017; Louis et al., 2024). Early adverse relational environments may lead children to develop enduring assumptions that the world is unsafe, that they are unable to cope independently, or that emotional security depends on excessive control and reassurance. The significance of childhood and adolescent vulnerability is also supported by evidence indicating that generalized anxiety disorder in younger populations is associated with multiple predictors and comorbid psychological difficulties (Mohammadi et al., 2020). Accordingly, the inclusion of developmental conceptualization in the first sessions of the protocol appears clinically justified because it helps clients understand anxiety as an organized pattern rooted in prior experiences rather than as a sign of personal weakness or inexplicable dysfunction.

The qualitative findings further indicated that self-devaluation and perceived self-incapacity represented the most central fundamental traps associated with generalized anxiety disorder. Self-devaluation refers to a pervasive sense of worthlessness, defectiveness, shame, or inadequacy, whereas perceived self-incapacity reflects the belief that one lacks the competence and internal resources required to manage difficulties. These findings closely correspond to research showing that negative core beliefs about the self are related to generalized anxiety symptoms and may increase catastrophic interpretations of uncertainty (Koerner et al., 2015). More recent findings have also highlighted the interaction between early maladaptive schemas and intolerance of uncertainty in generalized anxiety disorder, suggesting that uncertainty becomes especially distressing when individuals interpret themselves as vulnerable, incompetent, or unable to tolerate negative outcomes (Riley et al., 2026). From this perspective, worry may function as a compensatory effort to anticipate danger, eliminate uncertainty, and prevent the feared confirmation of personal inadequacy. Consequently, directly modifying self-devaluation and perceived self-incapacity may reduce the motivational basis of excessive worry rather than merely challenging the content of individual anxious predictions.

The identification of self-exceptionalism as a third fundamental trap broadens the conceptualization of generalized anxiety disorder. Although self-exceptionalism may initially appear less directly related to anxiety than self-devaluation or perceived self-incapacity, it may contribute to anxiety through rigid expectations, intolerance of ordinary limitations, difficulty accepting frustration, and the assumption that circumstances or other people should conform to one's needs. When reality violates such

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expectations, the individual may experience heightened distress, anger, helplessness, or attempts to regain control. The development and validation of the Fundamental Traps Questionnaire provided an initial empirical basis for distinguishing self-devaluation, perceived self-incapacity, and self-exceptionalism as higher-order organizing structures (Tabatabaei Far et al., 2025). The present findings extend this conceptual framework by showing how these traps may be translated into treatment targets within a disorder-specific intervention. In particular, the protocol addressed self-exceptionalism through cognitive restructuring, responsibility enhancement, realistic appraisal, assertiveness, and the practice of healthy compensatory behavior.

Another major finding concerned the role of maladaptive schema modes in the activation and maintenance of fundamental traps. The experts emphasized the Vulnerable Child, Demanding or Harsh Parent, and Avoidant Protector modes. The Vulnerable Child mode was associated with fear, helplessness, insecurity, and an intense need for protection; the Harsh Parent mode reflected internal criticism, punishment, rigid standards, and excessive demands; and the Avoidant Protector mode was expressed through emotional suppression, cognitive disengagement, reassurance seeking, and behavioral avoidance. This pattern is consistent with the schema mode model, in which moment-to-moment psychological functioning is understood as the interaction of activated schemas, emotional states, and coping responses (Arntz & Jacob, 2017; Bach et al., 2018). Similar schema-mode mechanisms have also been used to conceptualize complex personality-related difficulties, particularly the interaction between vulnerable states, punitive internal voices, and maladaptive coping modes (Salavati & Selby, 2025). In generalized anxiety disorder, these modes may form a self-reinforcing cycle: vulnerability generates fear, the harsh internal parent intensifies self-criticism and demands certainty, and avoidance prevents corrective emotional and behavioral learning.

The protocol's use of cognitive restructuring was supported by the experts as a central strategy for challenging trap-based beliefs. Cognitive restructuring is particularly relevant when clients automatically interpret uncertainty as dangerous and themselves as incapable of coping. However, the experts also emphasized that verbal cognitive techniques alone may be insufficient because fundamental traps are linked to emotionally encoded memories and embodied patterns of self-experience. This finding aligns with contemporary schema therapy, which combines cognitive methods with experiential and behavioral interventions to address deeply rooted psychological structures (Arntz & Jacob, 2017; Karaburun & Çalışır, 2025). The systematic review of schema therapy for personality disorders similarly suggests that schema-focused interventions may facilitate change in persistent maladaptive patterns that are not adequately modified by surface-level cognitive correction alone (Karaburun & Çalışır, 2025). Thus, the integration of cognitive challenging with imagery, mode dialogue, exposure, and behavioral pattern-breaking in the present protocol appears theoretically coherent.

The inclusion of imagery rescripting and emotional processing in the fifth session was another significant feature. The experts considered early emotional memories to be central to the formation of self-devaluation and perceived self-incapacity. Imagery-based work allows clients to access fear, shame, helplessness, and unmet needs in a more immediate form and to introduce corrective responses through the Healthy Adult mode. This approach is consistent with the proposition that therapeutic change depends on linking verbal, symbolic, emotional, somatic, and relational representations rather than relying exclusively on intellectual insight (Cornell & Bucci, 2020). Emotional communication and experiential reconstruction may enable clients to reorganize the meaning of early experiences and develop a more compassionate and competent internal position. The prominence assigned to emotional restructuring in the qualitative findings therefore supports the view that the protocol is not merely a cognitive training program but an integrative intervention designed to modify both explicit beliefs and implicit emotional learning.

Mode dialogue using chair work was also identified as an essential therapeutic strategy. This technique externalizes conflicting internal positions and enables clients to recognize the harsh, demanding, or punitive messages that sustain anxiety and self-criticism. By responding from the Healthy Adult mode, clients can gradually reduce the dominance of the internal critical parent and provide protection and support to the vulnerable part of the self. Comparative and outcome-oriented studies have increasingly examined schema therapy as a mechanism-focused treatment capable of producing changes in complex emotional and interpersonal patterns. For example, research comparing group schema therapy with group cognitive-behavioral therapy in individuals with social anxiety disorder and avoidant personality disorder has investigated the moderators and mediators of therapeutic outcomes,

E-ISSN: 3041-8828

indicating the importance of understanding how deeper structures and coping patterns influence change (Baljé et al., 2025). Although the diagnostic context differs from the present study, these findings support the rationale for including mode-focused interventions in anxiety treatments characterized by entrenched avoidance and negative self-beliefs.

Gradual exposure was incorporated into the seventh session to reduce cognitive and behavioral avoidance. This component is important because worry, reassurance seeking, excessive preparation, and avoidance can all prevent individuals from learning that uncertainty and anxiety are tolerable. Exposure provides direct behavioral evidence that feared outcomes may not occur and that clients can cope with distress even when certainty is unavailable. The protocol's distinctive contribution lies in connecting exposure tasks to fundamental traps and the Healthy Adult mode. Rather than presenting exposure solely as habituation to anxiety, the intervention frames it as a corrective experience that challenges perceived self-incapacity and strengthens autonomy and self-efficacy. This integration is consistent with evidence that psychotherapies for generalized anxiety disorder are effective when they address the mechanisms that maintain worry and avoidance, although treatment effects and durability may differ among approaches (Papola et al., 2024).

The emphasis on activating the Healthy Adult mode was among the most important findings. The experts described the Healthy Adult as the central integrative mechanism through which clients could recognize emotions and thoughts, regulate distress, support vulnerable needs, make deliberate decisions, and replace maladaptive coping responses with healthy behavior. This emphasis reflects an important development in schema therapy, namely the increasing focus on positive constructs rather than only the reduction of pathology. A scoping review of positive constructs in schema therapy highlighted adaptive schemas, resilience, self-compassion, competence, connectedness, and Healthy Adult functioning as important treatment outcomes (van Donzel et al., 2026). In the present protocol, the Healthy Adult mode was not confined to a single session but was strengthened throughout the intervention through self-support, compassionate self-talk, independent decision-making, assertiveness, exposure, self-care planning, and relapse prevention. This repeated activation may help clients build a stable internal resource for managing future uncertainty.

The protocol also incorporated self-compassion, emotional awareness, and mindful recognition of internal experiences. These components are compatible with evidence concerning mindfulness-based cognitive therapy, which has demonstrated potential benefits for attentional regulation, emotional processing, repetitive negative thinking, and broader neurocognitive functioning (Gkintoni et al., 2025). Nevertheless, the present intervention differs from a purely mindfulness-based model because awareness is explicitly linked to the recognition of fundamental traps, schema modes, and developmental meanings. The integration of mindful awareness with schema conceptualization may allow clients not only to observe anxious experiences but also to understand the deeper self-beliefs and emotional needs associated with them.

The validation results provided preliminary support for the structural and content adequacy of the protocol. The overall CVR of 0.84 indicated strong expert agreement that the sessions and therapeutic components were essential. Complete agreement was obtained for Sessions 2, 3, 5, and 7, which focused on identifying fundamental traps, teaching schema modes, emotional restructuring, and gradual exposure. These findings suggest that experts regarded the combination of conceptual understanding, mode work, experiential change, and behavioral confrontation as the core of the intervention. Session 4 obtained the lowest CVR, although its value of 0.62 remained above the critical threshold. This lower agreement may reflect concerns regarding the density or organization of material related to distinguishing thoughts from emotions, cognitive restructuring, and supportive self-talk rather than disagreement about the clinical importance of these elements. The high CVI values for relevance and simplicity further indicated that the experts considered the sessions theoretically aligned with the treatment objectives and sufficiently understandable for clinical implementation.

The strong content-validity findings also support the methodological process used to develop the intervention. The protocol was derived from semi-structured interviews, thematic analysis, theoretical integration, and expert review rather than being constructed solely from the researchers' assumptions. Thematic analysis is particularly appropriate for identifying shared patterns of meaning and translating professional perspectives into an organized conceptual model when the analytical procedures remain theoretically coherent and transparent (Braun & Clarke, 2022). The use of purposive sampling and theoretical saturation also contributed to information adequacy, as data collection

E-ISSN: 3041-8828

continued until no substantively new therapeutic themes emerged (Saunders et al., 2018). The multidisciplinary composition of the expert panel—including specialists in clinical psychology, schema therapy, cognitive therapy, psychometrics, mindfulness, compassion-focused therapy, and dialectical behavior therapy—likely improved the breadth and clinical relevance of the protocol.

The development of this protocol should also be viewed within the broader context of continuing efforts to improve treatments for generalized anxiety disorder. Although systematic evidence supports psychotherapy for this disorder, no single intervention is effective for all clients, and residual symptoms or recurrent vulnerability remain common concerns (Papola et al., 2024). The investigation of alternative biological and neuromodulatory approaches, including electrical vestibular nerve stimulation, likewise reflects the continuing search for more effective treatment options (Kumar Goothy et al., 2026). The present protocol does not replace established interventions; rather, it offers a schema-informed, process-oriented framework for clients whose anxiety may be strongly rooted in persistent negative self-structures, developmental adversity, maladaptive modes, and avoidance. The burden and widespread occurrence of anxiety disorders across cultural contexts further reinforce the need for theoretically grounded and clinically adaptable interventions (Errazuriz et al., 2025). Overall, the findings suggest that fundamental traps provide a coherent framework for linking developmental experiences, schema-level beliefs, activated modes, chronic worry, and therapeutic change.

The present study has several limitations that should be considered when interpreting its findings. First, the protocol was developed and evaluated through qualitative interviews and expert judgment, and its effectiveness has not yet been tested among individuals formally diagnosed with generalized anxiety disorder. Second, purposive sampling may have increased the representation of specialists who were already familiar with or favorable toward schema-based approaches. Third, the number of participating specialists was limited, and the findings may not fully represent the views of clinicians working in other therapeutic traditions or healthcare systems. Fourth, the same group participated in both the extraction of therapeutic components and the validation process, which may have increased consistency but also introduced confirmation bias. Finally, the current validation focused primarily on necessity, relevance, and simplicity and did not directly assess feasibility, therapist adherence, client acceptability, treatment burden, cultural adaptability, or long-term sustainability.

Future studies should evaluate the feasibility, acceptability, and preliminary clinical effects of the protocol in individuals with a confirmed diagnosis of generalized anxiety disorder. Randomized controlled trials should compare the intervention with established treatments, treatment as usual, and active control conditions while assessing symptom reduction, functional improvement, quality of life, intolerance of uncertainty, fundamental traps, schema modes, and Healthy Adult functioning. Mediation analyses could determine whether changes in self-devaluation, perceived self-incapacity, avoidance, and Healthy Adult activation explain therapeutic outcomes. Future research should also examine treatment effects across different age groups, cultural contexts, levels of symptom severity, and patterns of comorbidity. Independent expert panels should replicate the content-validation process, and therapist competence, treatment fidelity, client satisfaction, dropout, and long-term follow-up should be systematically evaluated.

Clinicians using the protocol should receive structured training in schema conceptualization, imagery rescripting, chair work, exposure, and management of intense emotional responses. Before implementation, therapists should conduct an individualized assessment of fundamental traps, coping styles, schema modes, developmental experiences, current stressors, and clinical risk. The protocol should be delivered flexibly while preserving its central sequence from awareness and conceptualization to cognitive-emotional restructuring, behavioral change, Healthy Adult strengthening, and relapse prevention. Therapists should monitor clients' readiness for experiential techniques and adjust pacing when traumatic memories, severe avoidance, dissociation, or significant comorbidity are present. Regular supervision, treatment-fidelity checklists, session-by-session outcome monitoring, and individualized self-care and relapse-prevention plans may enhance the safety, consistency, and clinical utility of the intervention.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

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Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We hereby thank all individuals for participating and cooperating us in this study.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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E-ISSN: 3041-8828