

Reducing Health Anxiety



Cognitive Behavioural Therapy for Health Anxiety Course Handbook

Session 1

Course Timetable

Session Number	Teaching Topic
Session 1	Introduction to the course and understanding health anxiety
Session 2	The development and maintenance of health anxiety
Session 3	Understanding our threat system and finding ways to soothe it
Session 4	Intolerance of uncertainty and attention training
Session 5	Understanding thoughts and finding ways to evaluate them
Session 6	Further thought evaluation
Session 7	Behavioural Experiments
Session 8	Behavioural Experiments continued
Session 9	Understanding worry and reducing it
Session 10	Understanding and adjusting rules about health
Session 11	Understanding and adjusting core beliefs
Session 12	Relapse prevention and moving forward

Session 1:

Introduction to Course and Understanding Health Anxiety

Plan for Today's Session

Welcome to the Course
Group Guidelines
Safety and Wellbeing
Course Hopes and Fears
What is CBT and engagement in the course
What is Health Anxiety
Theory A/Theory B
Home Practice



Welcome to the Course

This booklet accompanies the course and is for you to keep. This course will meet weekly for 12 sessions, each session last up to 2 hours, including a coffee break.



To ensure you gain the most benefit from the course, please do your best to attend all the sessions where you can.

Of course, from time-to-time things happen that may prevent you from attending, on these occasions, where possible, please ring ahead of the session.

If you do not attend and have not informed Steps to Wellbeing, someone will contact you to check in with you.

If you miss more than two sessions it may be hard to catch up on the content so you may be asked to leave the group, consider an alternative treatment, or start the group again. If you do miss a session, please make sure that you read the relevant pages of the book and try to do any homework tasks.

Group Guidelines

One of the most valuable things about courses is the support that you can give to each other. To help everyone feel safe and comfortable, it is helpful for the group to agree some guidelines for the sessions. We will discuss and agree these as a group, but below you can find some suggestions:

- Please keep any personal information shared within the group sessions confidential.
- Respect other people's points of view; they may be different from your own
- Please put mobile phones on silent so they do not interrupt the group
- Try to be on time, but if you are late do come in and join the session
- Listen when others are talking
- Please turn off your microphones if you are not speaking
- If you are unable to make it to the session, please let Steps to Wellbeing know

Unable to make a session or have any questions please call:

Dorset: 0800 484 0000 or email: dhc.s2w.courses@nhs.net

Southampton: 02380 272000 or email: dhc.sstw@nhs.net

- Share only what you are comfortable sharing
- Do not attend the group under the influence of alcohol or drugs
- Please remember to complete the weekly questionnaires before each session
- Other rules that the group has agreed together:



Safety and Wellbeing: Keeping Safe Between Sessions

Steps to Wellbeing is not a crisis service, and due to the format of our courses, we are not able to check in with each person individually every week. If you feel at risk to yourself or others or feel at risk from anyone else, please utilise your risk management plan agreed at assessment.

Below is also a list of ideas and support you can access:

For Everyone

- * Contact a friend or family member for support – consider management plan discussed with practitioner in assessment
- * Call **SAMARITANS** (24 hours) Telephone 116 123 or e-mail jo@samaritans.org
- * NHS out of hours support: 111 or 999 (in the case of an emergency)

If you live in Southampton:

Visit The Lighthouse

- * 147 Shirley Road, The Annexe, Southampton, SO15 3FH
- * 432 Bitterne Road, Southampton, SO18 5RT

<https://www.southernhealth.nhs.uk/locations/thelighthouse/>



Solent Mind

For peer support

If you live in Dorset:

Call Connection,

a local 24/7 helpline run by Dorset HealthCare:
0800 6520190.

Visit the Retreats:

- * Hahnemann Road, Bournemouth BH2 5JW
- * Maiden Castle Road, Dorchester. DT1 2ER



Please make a note of your useful telephone numbers, so that you have them to hand when you need them. You may want to write them in the space below, or save them in your phone so they are ready to use.

E.g. my GP surgery

My Personal Safety Plan

Signs that my mood is deteriorating

--

What steps can I take to manage this? Where can I get support?

--

Hopes and Fears

You may have certain expectations, hopes and fears about coming to this course. Please take some time to think about these and write them down in the spaces below. You can choose to share this information with the group or keep it to yourself. We will come back to these at the end of the course.

What do I hope to achieve through completing this course?



What fears or concerns do you have about attending this course?



Q&A about the course



Advice from previous group clients

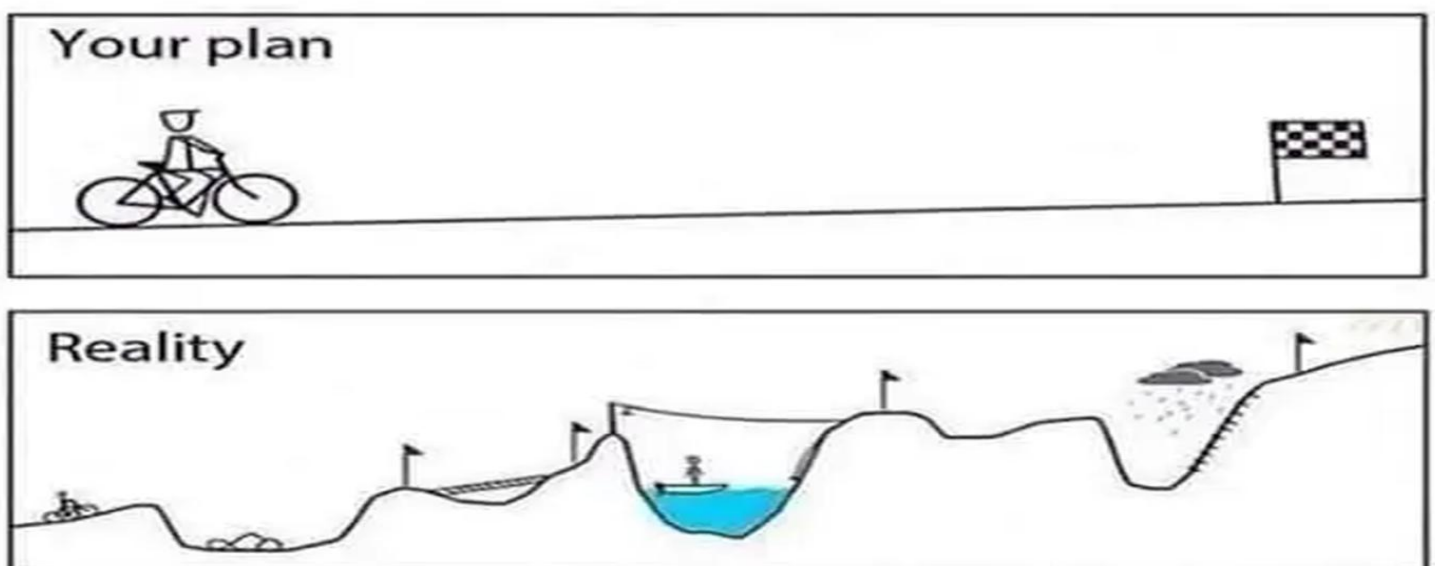
Treatment can be life changing; however, you need to consider the following:

Time	Reflection	Honesty	Kindness	Practise
<ul style="list-style-type: none">• It isn't a quick fix• Takes time• Be patient	<ul style="list-style-type: none">• Stop and think• What is really going on	<ul style="list-style-type: none">• Be honest with yourself• Don't be scared of the truth	<ul style="list-style-type: none">• Be kind to yourself• What would you say to a friend	<ul style="list-style-type: none">• Changing habits is hard• Small steps make a difference

“What you put in, is what you get out”

Recovery

Recovery is a journey. During the course you may have times where you feel better, and times where you feel worse. The times where you feel like you've slipped back are NOT disasters. These are often the times when the most learning takes place. Challenges present an opportunity to notice triggers, to try out new techniques and to think about what you could try doing differently next time.



How Cognitive Behavioural Therapy (CBT) can help

What is Cognitive Behavioural Therapy (CBT)?

CBT is a type of talking therapy that has been shown to be very effective in helping people with both depression and anxiety. CBT is probably best understood by what it is trying to achieve. The main underpinning of CBT is that difficulties (such as health anxiety) develop as a consequence of learnt ways of thinking (cognition) and behaving, and that learning new ways of thinking and behaving will have a beneficial impact on emotional wellbeing.

Cognition: the C in CBT

The C or cognitive element of CBT refers to thoughts and mental images about yourself (I'm ok, or I'm not), other people (they are ok or they are not) and the world around you (the future is bright or it's not).

The more threatening your thoughts (I'm going to be die), the more anxious you will feel. The more strongly you believe things should be different (the world must not be this way!), the more frustrated and angry you will feel.



The way you think is guided by what you pay attention to, the way you interpret what is happening around you, and the experiences you are most likely to remember.

Behaviour: The B in CBT

The B or behavioural element of CBT refers to what you do, what you have the urge to do and what you do not do. Thoughts and behaviours are linked.

When thinking of behaviours, it can be useful to think of these in relation to consequences (in the short and long term). How you respond to an anxiety provoking situation can seem helpful in the very short term.

For example, if you were due to take a driving test, a response that might seem helpful in the short-term would be to avoid the test altogether. However, in the long-term we have not passed and cannot drive. Therefore, the thought of doing the test continues to be anxiety provoking. CBT therefore considers behaviors, their negative consequences and how these maintain anxiety and most importantly how to change them.



Therapy: The T in CBT

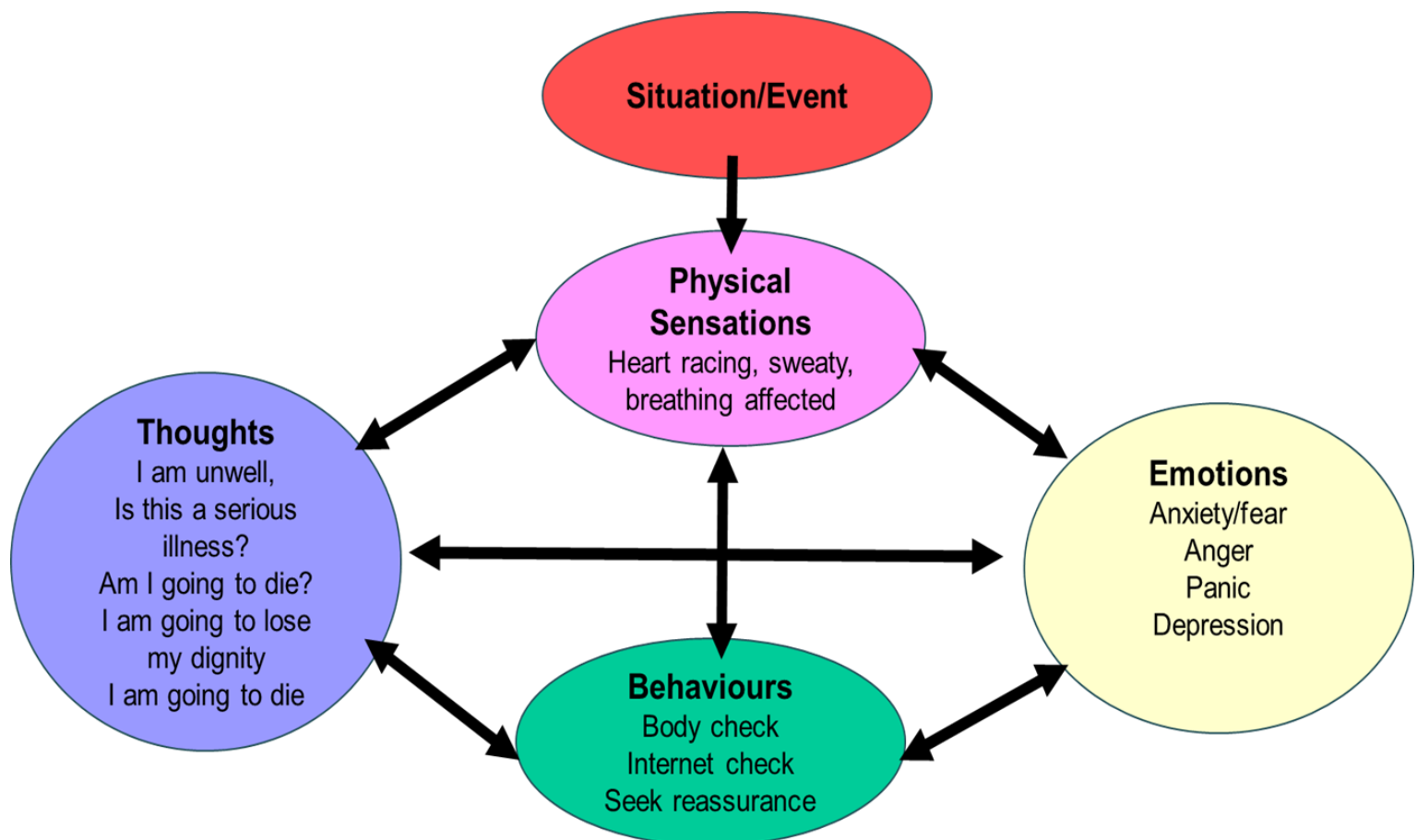
The aim of Cognitive Behavioural Therapists is to assist people to better understand why they might have developed particular problems as well as what are maintaining them.

How Can CBT Help?

CBT can help you to break this cycle by identifying unhelpful patterns of thinking and behaviour, which could be maintaining your anxiety. During these group sessions you will learn techniques to help you change these patterns, to help you achieve your goals and overcome your health anxiety.

Change can be difficult, and it is normal to think “I can’t see this helping me” or “I can’t do it”, particularly if you are caught in the vicious cycle! Asking for help can be difficult, and it can be hard to find the motivation to change. Any change takes effort, but the rewards can be huge.

Formulation: How Our Symptoms Interlink



Discussion Point: Making Changes

Think about other times in your life when you have made a change e.g., giving up smoking, starting a new job, learning to drive, taking up a new hobby. What can you take from these experiences to help you now?

Cognitive Behavioural Therapy and Monitoring

Monitoring is a really important part of CBT. It makes you the detective in figuring out what makes your anxiety better or worse. Monitoring also provides lots of useful information that can be used in CBT to aid your recovery.

A simple monitoring tool can be just to use a diary or mobile phone to once a day reflect on your mood (rating it from 0 = no anxiety to 10 = extremely anxious). This can help identify patterns. What's different on those days where there is a slight improvement?

Alternatively, you can start noting times where there is a change in your mood (a worsening of your anxiety) and then think about what the situation was when this change started, what was going through your mind and how did you respond.

Support

Support is also important, although this can come in many forms and doesn't just have to be someone who you can share your vulnerabilities with. This can either be from family members, friends or from professionals such as your GP, nurse, therapist or counsellor. The great thing about group therapy is that you have lots of support from others in a similar position.

Understanding Health Anxiety

What is Health?

Before exploring health anxiety, it can be helpful to think about what is health(y).

Health or being healthy can mean different things to different people. For some it may mean feeling full of energy or the absence of ill health but to others it might mean whether or not you are able to do the housework, how easily you manage a long-term condition or if an injury interferes with your sports.



This means that your definition of health covers social, physical and mental functioning.

Health can often be referred to in black or white terms – people are either healthy or unhealthy. This is very restrictive and generally isn't accurate as you may be fully able in some areas of your life but not in others. It is far more helpful to consider health on a scale from poor to excellent.

Where would your health fit on the continuum from poor to excellent?

Poor-----**OK**-----**Excellent**

And how would you describe your health currently?

When you review the description you wrote above did you consider how you are mentally as well as physically? Did you notice the range of words you have used? Did you look at how you are socially or in specific activities? What does tell you about how you see your own health?

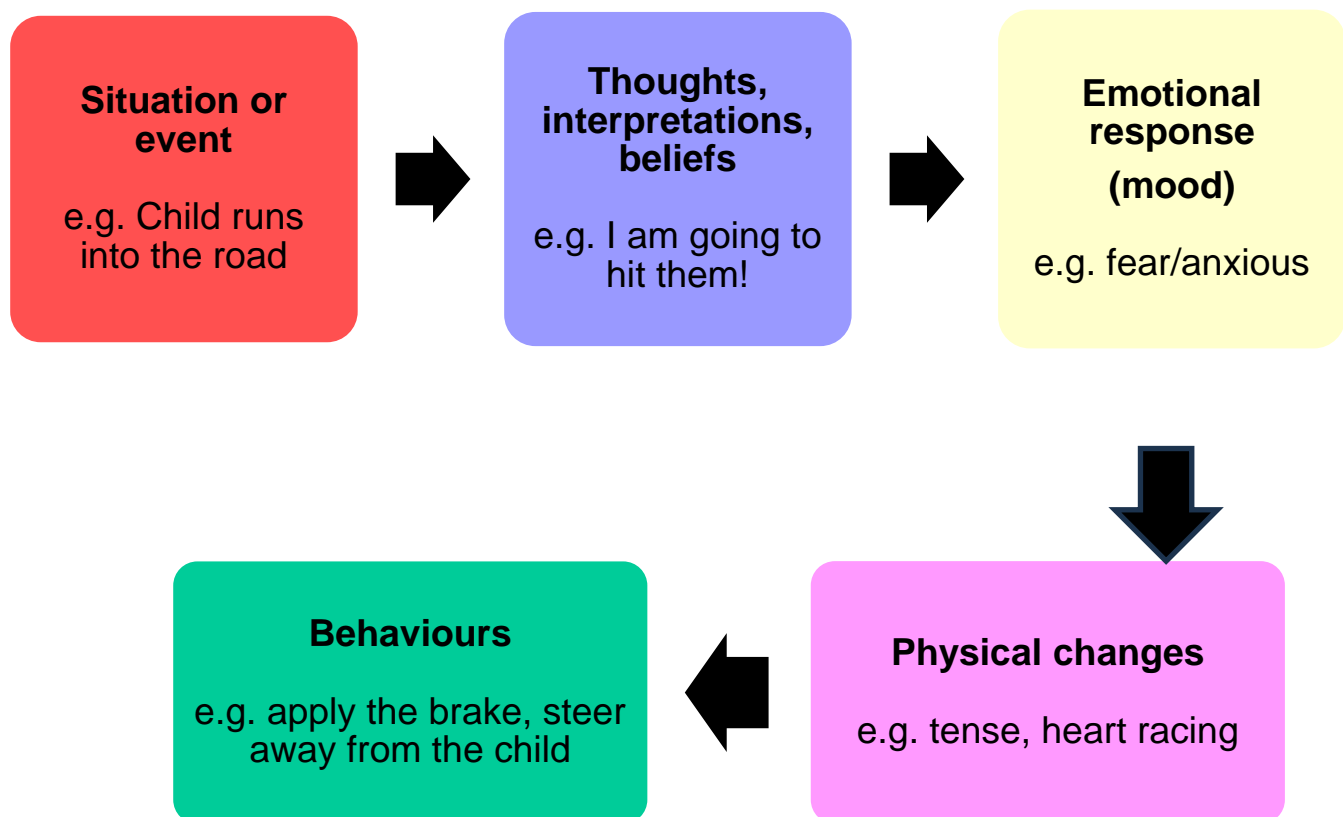
What is Anxiety?

When considering health anxiety, it is first useful to understand what anxiety is in a more general sense.

In daily life, people tend to feel anxious when they are thinking that something bad might or will happen.

These negative predictions/thoughts are a survival instinct that can be helpful in real life-threatening situations. For example, if you are driving and suddenly see a child run into the road, it is helpful for your brain to recognise the threat and to tell your body to react (apply the brake, steer away from the child, sound your horn).

Your body will instinctively go through a range of physical changes known as the “fight or flight” response. This helps to prepare your body and protect you from danger and take action (in the hope to avoid the danger).



However, there are times when you can experience an anxiety response due simply to a perceived threat, thinking or predicting something bad will happen. For example, walking down a dark alley at night and felt tense while worrying that something bad might happen. In this situation something bad may or may not happen, but what is important is that if you believe there is some danger you will usually feel some level of anxiety.

What is Health Anxiety?

Health anxiety is a pre-occupation with having a serious illness or a fear of developing a serious illness, despite medical reassurance that this is not an issue. When we worry about our health, we start thinking that there is a threat which makes us feel anxious, which triggers a physical response in our bodies which leads to changes in our behaviour.

Isn't it normal to worry about your health?

It is true to say that most people have worried about their health at one point in their lives, for example, when receiving test results or when having a medical procedure. At times, this worry about health can be useful and be a prompt to make positive changes to improve our health such as exercising, eating more healthily, or giving up smoking. So, when does this become unhelpful?

Was there anything that prompted you to think your worry for your health was excessive?

COMMON THOUGHTS OF HEALTH ANXIETY SUFFERERS



In summary health anxiety becomes problematic when the worries:

- Become excessive.
- Impair your ability to go about your usual day-to-day life.
- Are out of proportion to the likelihood of having an actual/serious health problem.
- Cause significant distress.
- Lead to unhelpful behaviours such as excessive checking, excessive reassurance seeking (GP and/or friends and family members) or avoidance.

Do you have Health Anxiety?

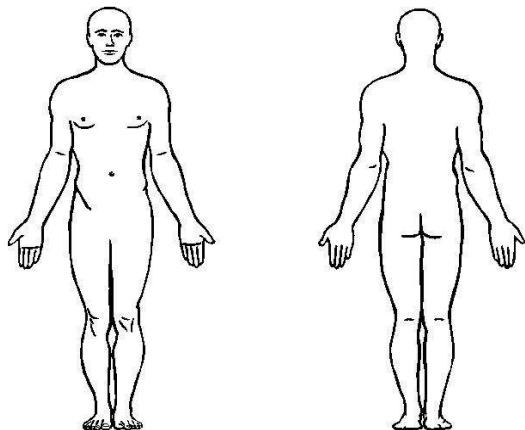
Thinking about your own situation, ask yourself the following questions:

- Have I been pre-occupied with having or developing a serious illness in the past 6 months?
- Have I sought repeated reassurance from my GP, other health professional and/or my family?
- Am I feeling distressed by thinking about my health/that I have a serious illness?
- Do I repeatedly check physical symptoms on the internet or in books?
- Do I examine my body physically or for sensations?
- Do I avoid anything such as watching medical programs?

Symptoms of Health Anxiety

The symptoms of Health Anxiety can be divided into the categories below. It can be useful to become aware the symptoms you experience, as these will act as early warning signs that you are starting to feel anxious. The earlier you become aware of the signs, the quicker you will be able to act to prevent your anxiety from escalating.

Physical – what happens in your body:



- Tiredness and fatigue
- Irritability or snapping
- Fidgety, inability to sit still, restless.
- Headaches
- Stomach churning (butterflies)
- Muscle tension
- Hot and sweaty
- Increased or decreased appetite
- Sleep disturbances, such as early waking, trouble getting to sleep, sleeping too much.

Cognitions – what you think:

- This must be.....cancer, Covid 19, MS.
- I am going to die.
- I am unwell.
- What if.....?
- Imagining the worse and dwelling on this
- My parent died from this; this must be something serious.
- The doctors must be wrong, surely, they missed this symptom.



Emotions – how you feel:



- Anxiety
- Panic
- Upset
- Anger
- Frustration

Behavioural - what you do, have the urge to do or don't do:

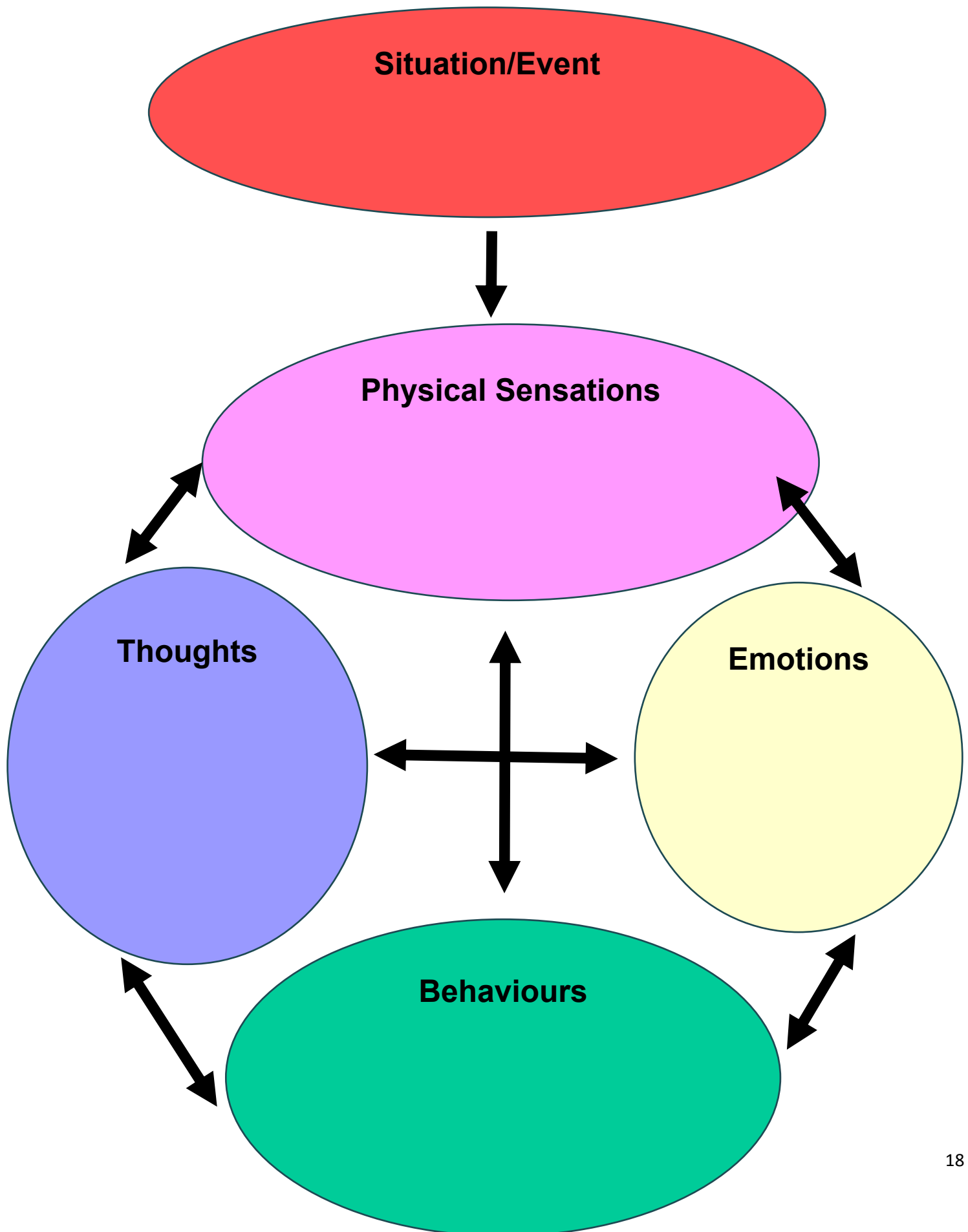
- Seek reassurance – GP, friends, family.
- Go to see your GP frequently or avoid your GP practice.
- Behave as though you are unwell (resting, reducing activities).
- Look up symptoms on an internet search (Dr Google).
- Focusing on parts of your body that you are concerned with.
- Check your body or monitor symptoms.



What symptoms and reactions did you notice the last time you were anxious about your health?

What was your greatest fear in that situation?

Can you separate your reactions into thoughts, physical sensations, emotions, and behaviours using the diagram below?



CBT for Health Anxiety

CBT for health anxiety bases treatment on the understanding that health anxiety is a pre-occupation with having a serious illness or a fear of developing a serious illness, despite medical reassurance that this is not an issue.

Therefore, we ask you to view your problem as it if were a *worry* about a health problem, rather than an *actual* or possible health problem

Take a minute to consider this statement – what thoughts or feelings does this bring up for you?



In viewing your problem this way, CBT is not saying that the sensations you notice in your body are not real. Everyone can experience a variety of sensations every day as part of the bodies normal functioning, and some of you will have an actual health condition that causes physical symptoms. In CBT we are considering how your worry about your health causes you to perceive the symptoms as dangerous or threatening which causes anxiety and in return increases the physical symptoms.

In this group using a CBT approach we are going to consider this view as a theory and compare it against another theory like a scientist conducting an experiment. We are then going to explore the factual evidence to decide which theory is most realistic.

Theory A Versus Theory B:

Theory A – I have a health problem
“There is something wrong with me”

Theory B – My worry about my health is the problem
or causes anxiety which exacerbates my physical health symptoms

By considering these two theories, CBT takes a scientific approach by reviewing the best evidence.

It is likely that so far you have been thinking Theory A is true and your anxiety, behavior and thoughts about health keep you convinced that you have a serious health problem, so your solution may have been to constantly monitor your health, avoid reminders of your health problems and get others to reassure you.

To decide whether theory B is a more helpful approach to your problems you will need to conduct experiments to explore it and test it out. This will require you to act as if theory B is correct for a period of time. It can be a little scary to test this out and you might have mixed feelings about, however if you conduct your experiments throughout this course and then decide that theory A is true then you can always go back to it.

It is helpful to explore your thoughts about Theory A/Theory B using the table below:

Theory A: I have a health problem “There is something wrong with me”	Theory B: My worry about my health is the problem or causes anxiety which exacerbates my physical health symptoms
What are your thoughts about Theory A? How much do you believe this to be true?	What are your thoughts about Theory B? How much do you believe this to be true?

Home Practice



A key component of CBT is your weekly “home practice”. Basically, this means putting into practice, between one session and the next, what we have discussed and learnt during each session. Research shows that without practice between sessions the positive gains of CBT are very limited.

Session 1 Home Practice

- Read through session one of the handbook.
- Complete any of the tasks discussed during the session.
- Complete a record of an event or situation from the coming week using the 5 areas formulation or monitoring diary on the next page.

Home Practice: Monitor your symptoms

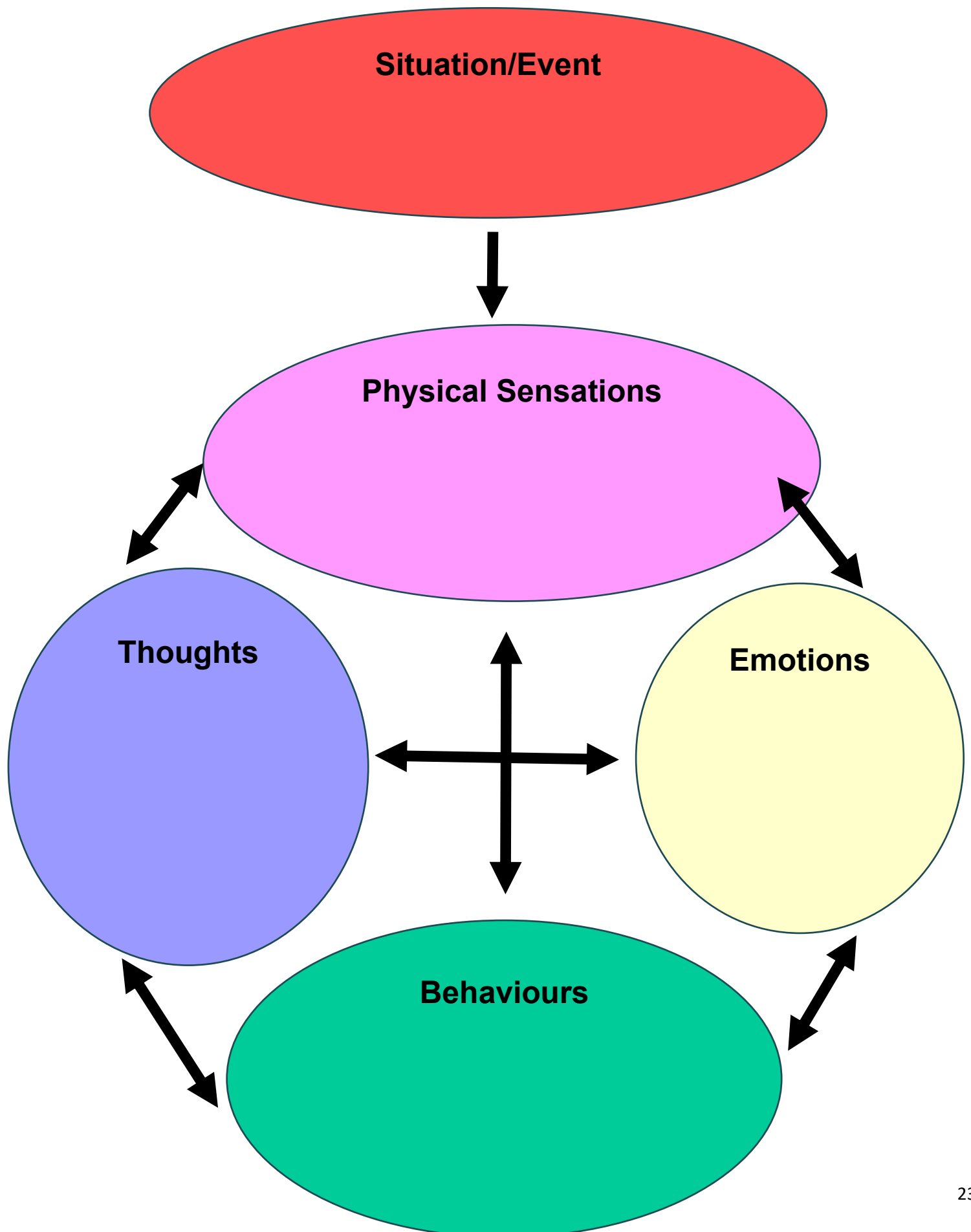
Throughout the week use the monitoring diary or 5 areas from session 1 to monitor your health anxiety symptoms.

Option 1: Monitoring Diary

Date and Time	Situation – describe in detail what was happening at the time	Symptoms – Physical Sensations	Thoughts – worst case scenario?	Behaviour – Checking, reassurance seeking, avoidance, safety behaviours	Rate distress 0-10 0 = none 10 = extreme



Option 2: Complete a record of an event or situation from the coming week using the 5 areas formulation:



Review:

At the end of each session we encourage you to pause and reflect on the session you just had and write down some comments. This will help you to track your recovery journey and reflect on the most important elements for you.



Session 1 Review:

What was the most important thing I learnt today?

What did I find helpful about today's session?

What is something I am going to try between now and next session?

Anything else?

Reducing Health Anxiety



Cognitive Behavioural Therapy for Health Anxiety Course Handbook

Session 2

Course Timetable

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Session 2	The development and maintenance of health anxiety
Session 3	Understanding our threat system and finding ways to soothe it
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Session 6	Further thought evaluation
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Session 8	Behavioural Experiments continued
Session 9	Understanding worry and reducing it
Session 10	Understanding and adjusting rules about health
Session 11	Understanding and adjusting core beliefs
Session 12	Relapse prevention and moving forward

Session 2: The Development and Maintenance of Health Anxiety

Plan for Today's Session

Check in

Review of home practice

How Health Anxiety develops

What maintains Health Anxiety

Vicious Flower Formulation

Symptom Diary



Check In

Why do we do check ins?

Check ins helps you practice the skill of monitoring your anxiety and reflecting on what might have contributed to any changes. This is an essential skill to learn to aid your recovery



How has my healthy anxiety been this week and why?

Questions and reflection on Session 1's homes practice

How Does Health Anxiety Develop?

Exactly how health anxiety develops is currently unknown. What is known is that there may be a number of variables at play. These variables include: -

Genetics – Although mental ill health is very common and therefore difficult to pinpoint to a pair of genes, if a family member has a known mental health difficulty, statistically other family members are more likely to develop a mental health difficulty.



Experiences – It is common for people who have experienced physical ill health themselves (potentially as a child), have physical symptoms with an unknown cause (unexplained medical symptoms) and/or have experienced the physical ill health of a family member to have develop health anxiety

Childhood experiences – During childhood you receive messages from care givers regarding health. Do you recall a family member repeating a phrase such as “so long as you have your health” or any other moto in relation to physical health. An over-protective parent could also have contributed to your view of your own fragility.

Pandemic – This is very easy to relate Covid 19 pandemic. Past Pandemics Flu have also led to a rise in health Many people, even those without a have reported to finding the recent provoking and scary.



to given the recent such as SARS and Bird anxiety presentations. diagnosable anxiety pandemic as anxiety



Personality – Certain personality features are known to be more common within health anxiety. An example of this would be someone who describes themselves as ‘a worrier’.

Media – The recent media coverage of Covid 19 is a good example of how media coverage can contribute to health anxiety. The media coverage of Covid 19 was EVERYWHERE!



Stress – overloaded system.

What lead to and/or triggered your health anxiety maybe one or several of these factors. In some cases, the development or cause of health anxiety is simply unknown.

What do you think contributed to or caused your health anxiety?

Although we have included some information regarding the potential development of your health anxiety, it can be argued that it is most important to understand how health anxiety is *maintained*. If this is understood, you can understand how to break the cycle that keeps this going.

What Maintains Health Anxiety?

The aim of this part of the course is to explore what keeps health anxiety going. We will identify and break down the key factors that maintain health anxiety, building on the cycle you identified last week.

This includes - unhelpful thinking, focusing on physical symptoms emotions such as anxiety and lastly behaviors such as seeking reassurance and avoidance. Each will be taken in turn here to examine them in greater depth. Hopefully here you will be able to relate to some if not all of these maintaining factors.

You may ask why we need to know what maintains health anxiety; especially if you have thoughts like, “I just want this to feel differently, to not feel anxious”.

The reason a whole session is being spent on maintaining factors is because of the importance of these.



Unhelpful Ways of Thinking e.g. Catastrophising



Focusing on Physical Sensations



Checking Behaviours



Reassurance Seeking Behaviours



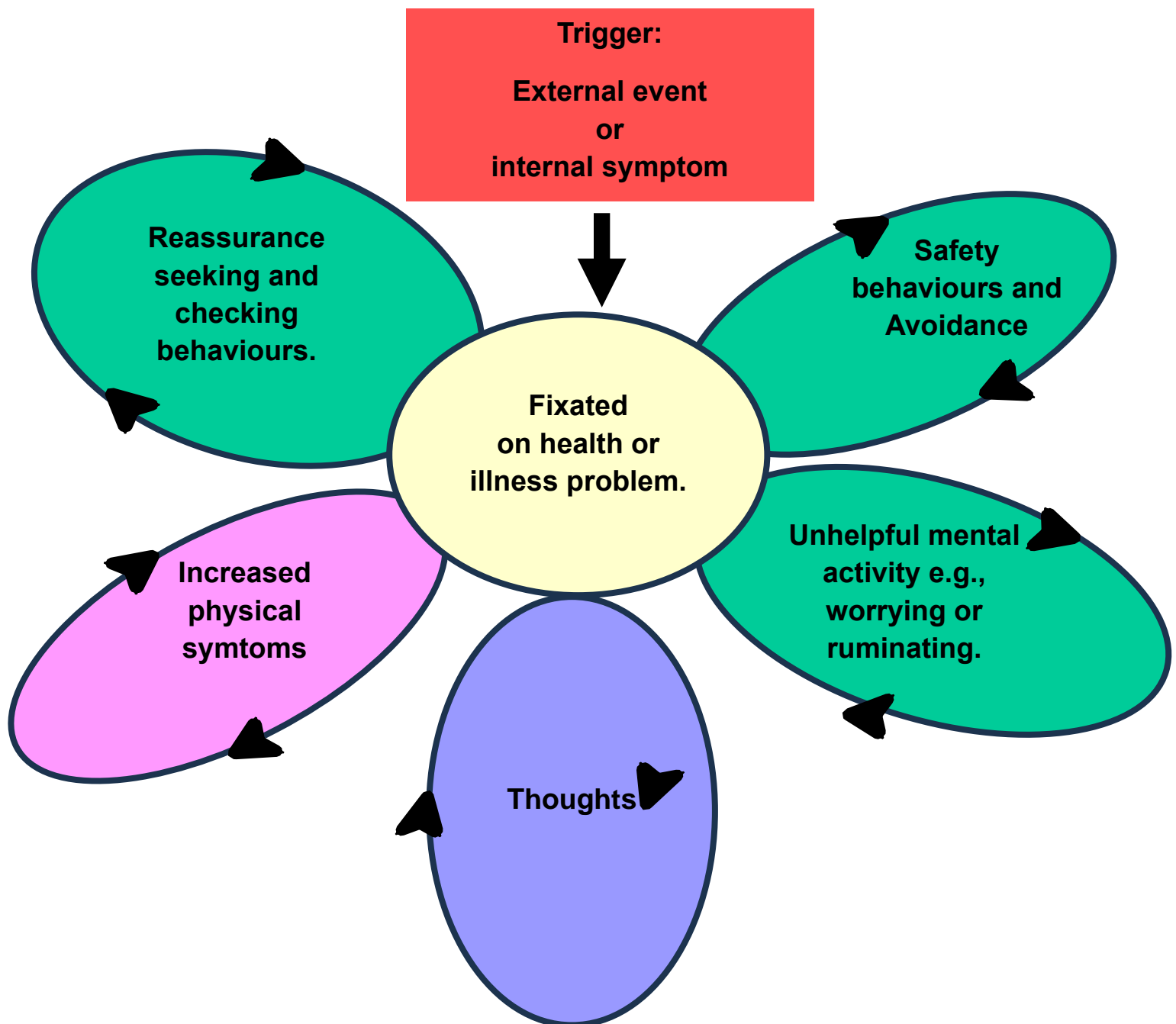
Avoidance

If we can understand what maintains our problems, this can steer us in a helpful direction by indicating how we might break the maintaining cycle which will result in a reduction in anxiety symptoms.

Vicious Flower Model of Health Anxiety

Although the model below looks complicated, this is just an expansion of the emotions, thoughts, physical sensations and behaviours model already discussed. This is a diagram explaining the maintaining factors of health anxiety.

This model pinpoints how each reaction plays a role in maintaining anxiety about health. In each session, a specific area will be focused on and we will look at how you can start making changes to these areas. The changes you make can lead to a reduction of your symptoms.



Triggers

When discussing triggers in CBT, this refers to how your anxiety starts/how it begins. Many people believe their anxiety 'just happens', they have no control over this. However, often, there has been some form of trigger, something that stimulates or triggers feelings of anxiety.

Triggers can be useful to become aware of, if you can 'tune into' your triggers, you are in a much greater position to be able to do something different, to intervene.

Some people would argue that they feel anxious all of the time, or they have a 'low level' of anxiety in the background. If you would say this is true for you, then it can be helpful to view a trigger as something that worsens your anxiety.

Triggers can be external or internal.

Examples of *internal* triggers are:

Physical sensations such as: stomach discomfort, tingling or numbness in parts of your body, ringing in your ears, sensitivity to heat or cold in your teeth, increases or decreases in your heart rate, changes in your saliva production, and variations in your energy levels.

Although thoughts are also internal triggers, when discussing health anxiety, the most common internal trigger are physical sensations that are then negatively interpreted.



External triggers: There can be many external triggers but below are some examples:

News discussing health scare/issues (such as Covid 19), upcoming medical appointments, being in contact with people who are unwell, hearing about someone who has been diagnosed with an illness, receiving inconclusive results on a medical test, being told you do have a health condition, being away from known health-care systems (travelling).

Take a moment to write down any triggers you have experienced in relation to health anxiety.

Internal Triggers
External Triggers

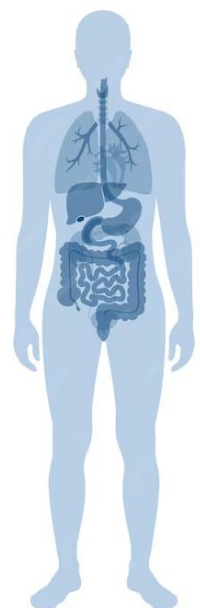
It is worth noting here that on some occasions there may not be an obvious trigger.

On these occasions, spending a lot of time trying to pinpoint a trigger can be unhelpful as it can encourage you to focus on your symptoms.

Instead, if a trigger is not known, it can be more helpful to change the focus of your attention or to consider what might help reduce your symptoms.

Focusing on physical sensations

Take a moment to write down any symptoms, sensations, or areas of your body that you tend to focus on regularly:



When you are paying attention, what do you notice most about that symptom, sensation or body area?

What are the consequences of focusing on physical sensation?

Thoughts

Thoughts can be described as the running commentary to describe and explain what is happening to you, around you and what it all means. They can be verbal thoughts or image based.



When thinking about Health Anxiety thoughts tend to focus on the worst-case scenario. Often these worst-case scenarios are believed to be highly likely if not guaranteed to happen. CBT calls this type of thinking “catastrophising”. Thoughts also tend to focus on difficulties coping when the inevitable worst case occurs. An example of this might be interpreting a tight chest as “this must be a heart attack”, “I’m going to die”, “what if I don’t reach the hospital in time” or “I will never see my family again”.

Look back at the thoughts you identified in session 1 and see if you can identify which ones cause you the most distress. Write them down in the box below.

Checking and Reassurance Seeking Behaviours.



It is not uncommon for people to check or ask for reassurance about things they are worried about. Most people have thought to themselves “I’m not sure I locked the door properly”, then walked back and checked or even asked a companion “Did I lock the door when I left?” Usually, checking or receiving reassurance leads to reduced anxiety, allowing you to continue with your day.

It is common in society to be advised to check our bodies. We are often encouraged to check our body and seek reassurance in relation to our health. For example, you are encouraged to monitor moles for any signs of change. In addition, you are encouraged to contact a medical professional with concerns about your health or notice any changes in your general wellbeing. Just like the example above, checking or obtaining reassurance about your health status will usually lead you to feel a reduction in anxiety and allow you to continue with your life. However, people who experience health anxiety tend to feel a reduction in anxiety in the short term but then continue worrying about their

health and continue to feel anxious. This can lead to a cycle of checking and reassurance seeking.

The following behaviours are common in health anxiety:

- Checking in the mirror for signs of asymmetry, areas of discolouration, or new moles or lumps
- Poking, palpating or pinching of the skin, breasts, stomach or other areas of the body.
- Examination of bodily excretions (e.g., saliva, urine, faeces) for signs of blood or infection
- Measuring parts of their body (e.g., using tape measure or callipers)
- Monitoring of bodily processes (e.g., taking pulse, checking blood pressure)
- Weighing of their body or bodily excretions
- Asking family members, friends, and health care providers about their symptoms
- Researching their symptoms on the internet or in medical texts
- Posting of their symptoms on internet sites to obtain others' opinions about their symptoms
- Requesting of medical tests or evaluations, and second opinions. In some cases, the efforts to check for an illness can bring about new and painful symptoms themselves.

Who do you go to for reassurance and how often?



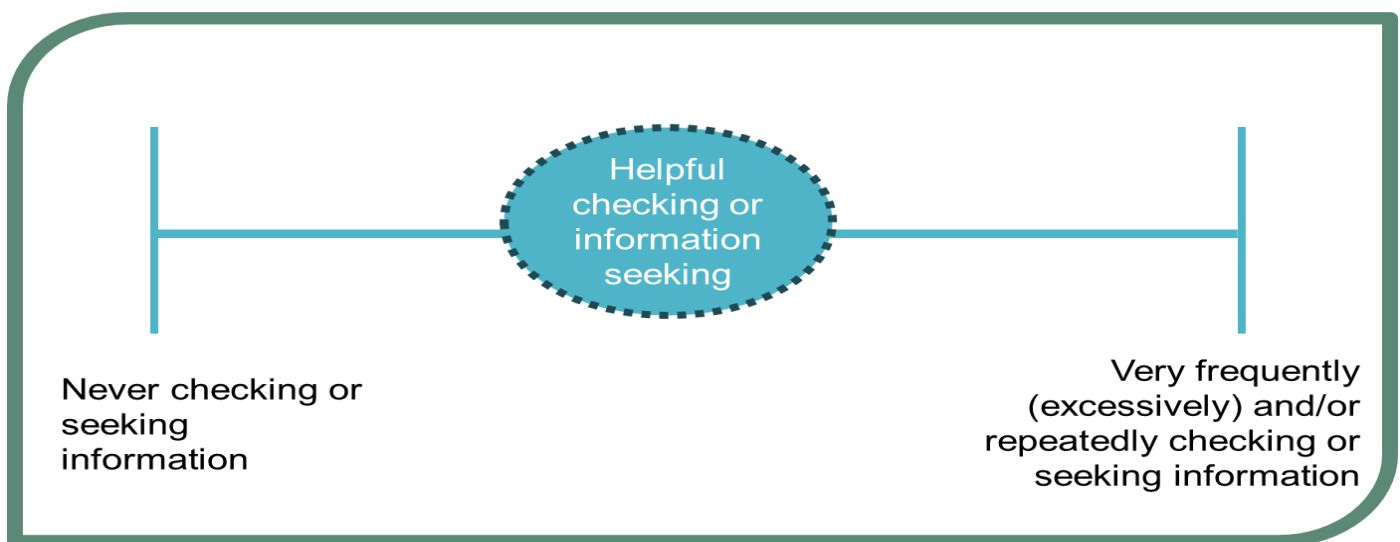
What checking do you do?



One of the challenges with changing behaviour in relation to health anxiety is trying to identify whether behaviour is a realistic precaution and what might be excessive. It can be useful to think of this on a continuum where both ends are too extreme. The aim therefore is to find the middle ground.

Let's look at the example of breast screening. If someone never examines their breasts, they could be putting themselves at risk and this could be seen as one end of the continuum. At the other end of the scale, is someone checks their breasts daily or several times a day. This can be unhelpful as they may not notice any changes or may develop soreness due to over-checking. The middle ground of this example might be undertaking a monthly breast examination, which will be helpful in identifying any changes without creating soreness.

Where do your checking behaviours fit on this scale?



Avoidance and Safety Behaviours

Avoidance and safety behaviours are strategies used in an attempt to prevent or delay experiencing anxiety. People who experience health anxiety will generally try to avoid the triggers identified earlier in this session to avoid feeling anxious. These can either be internal or external triggers. The following are examples of these:

Internal Triggers

Certain activities may be avoided leading to changes in your physiological state such as:

- Exercising
- Walking upstairs
- Drinking coffee

- Being sexually intimate
- Eating spicy foods
- Drinking fizzy drinks

External Triggers

May include avoiding people, places or stimulus reminding you of health issues. These can include:

- Medical professionals or check-ups
- GP surgery
- Watching the news or reading the newspaper
- Walking past funeral homes
- Writing a will
- Phoning for test results
- Eating foods close to the used by date
- Visiting a friend who has a non-infectious disease
- Using public restrooms

By avoiding internal and external triggers in the short-term it can seem helpful in providing fewer reminders of health-related issues as worry and anxiety is reduced. However, in the longer-term avoidance can maintain and/or exacerbate health anxieties.

Safety Behaviours

Safety behaviours refer to a more subtle form of avoidance, whereby the activity is not avoided however strategies known as safety behaviours are used to cope when going to a feared place. An example of this is carrying and using hand sanitiser when in public for fearing of contracting coronavirus or only going somewhere if a certain person is with you who knows your medical history. Engaging in safety behaviours can temporarily reduce health worries and concerns and enable you to undertake certain tasks, however by always using them you never learn if you can cope without them. Furthermore, if a safety behaviour cannot be used, avoidance is a common.

Take a moment to write down the things you might be avoiding or safety behaviours you are using to “help” your health anxiety.

Pulling in all together

Health anxiety usually begins with an internal or external trigger which generates negative thoughts about health which leads to feelings of anxiety. Feelings of anxiety cause bodily symptoms to increase which results in behaviours involving checking, seeking advice from your GP or the internet and/or reassurance seeking behaviours. Each reaction then reinforces the previous which increases the intensity.

Example:

You are triggered when you notice pain in your joints. This activates the thought “pain or discomfort is a sign of serious illness and about your ability to cope or not cope with a serious illness. You feel anxious resulting in increased physical symptoms, confirming the threat. Behaviourally you start to touch and push the painful area to see if it’s still painful as a way of monitoring your symptoms. You start to worry about the symptoms so search them on the internet. On reading through the internet search results you see lots of images or serious illnesses and you tend to focus on the catastrophic diagnoses. This causes your anxiety to increase so you arrange to see your GP to get it checked out. Your GP reassures you, however the reassurance from your GP only lasts a couple of days until you notice the pain again. You start to doubt your GP and recall cases you’ve read about in which Doctors have missed something which causes your anxiety to increase again.

In health anxiety it is likely that you will experience the following:

- Interpreting bodily sensations or changes as a sign of serious illness.
- These catastrophic interpretations of body sensations increase physiological sensations each time you worry.
- You may focus on your body symptoms in an effort to monitor and evaluate any changes and to gather information.
- You may check or seek reassurance to increase your sense of certainty over your health status.
- You may also avoid or undertake activities that initially help to stop your health anxiety from being triggered

Short Term versus Long Term

In the short term, behaviours such as reassurance seeking and reassurance from your GP may provide a temporary sense of relief or control over your health concerns. However, in the long term there can be negative consequences.

- Focusing on your symptoms can enhance the intensity of those symptoms.
- Checking and prodding body parts could lead to tenderness or inflammation.
- Medical tests may reinforce your belief that something is wrong.
- Researching your symptoms can alert you to catastrophic yet unlikely explanations for your symptoms.
- Worry can increase and therefore keep your health anxiety going.
- Avoiding or using safety behaviours can limit your ability to learn anything new about your health.
- If you don't go to the doctor for a check-up, you don't find out whether you do or do not have a health problem.
- If you avoid people or places that you believe may make you sick, you never get to find out if this really does occur.



But.....

I have a serious health condition; I had a serious health condition, or I have persistent physical symptoms with an unknown cause’.

Theory A/Theory B

In this group we are not denying that some of you may have a health condition or maybe investigating a health problem. This is why we introduced the idea of Theory A/Theory B in which we consider the two theories below. Having discussed the development of your health anxiety could you add any evidence to each Theory using the table below:

Theory A – I have a health problem
“There is something wrong with me”

Theory B – My worry about my health is the problem

or causes anxiety which exacerbates my physical health symptoms

Theory A: I have a health problem “There is something wrong with me”	Theory B: My worry about my health is the problem or causes anxiety which exacerbates my physical health symptoms
<i>What are your thoughts about Theory A? How much do you believe this to be true?</i>	<i>What are your thoughts about Theory B? How much do you believe this to be true?</i>
Evidence that supports theory A: <i>(What are your reasons for believing that theory A is true? / What has happened that has led you to think this way?)</i>	Evidence that supports theory B: <i>(Are there any reasons to think Theory B is true? / What has happened that could provide evidence that theory B is true?)</i>
If Theory A were true, what would it mean for me and my future? <i>(If you carry on living by Theory A, what impact will it have on your life?)</i>	If Theory B were true, what would it mean for me and my future. <i>(If Theory B were true, how would you be able to live your life differently?)</i>

Session 2 Home Practice

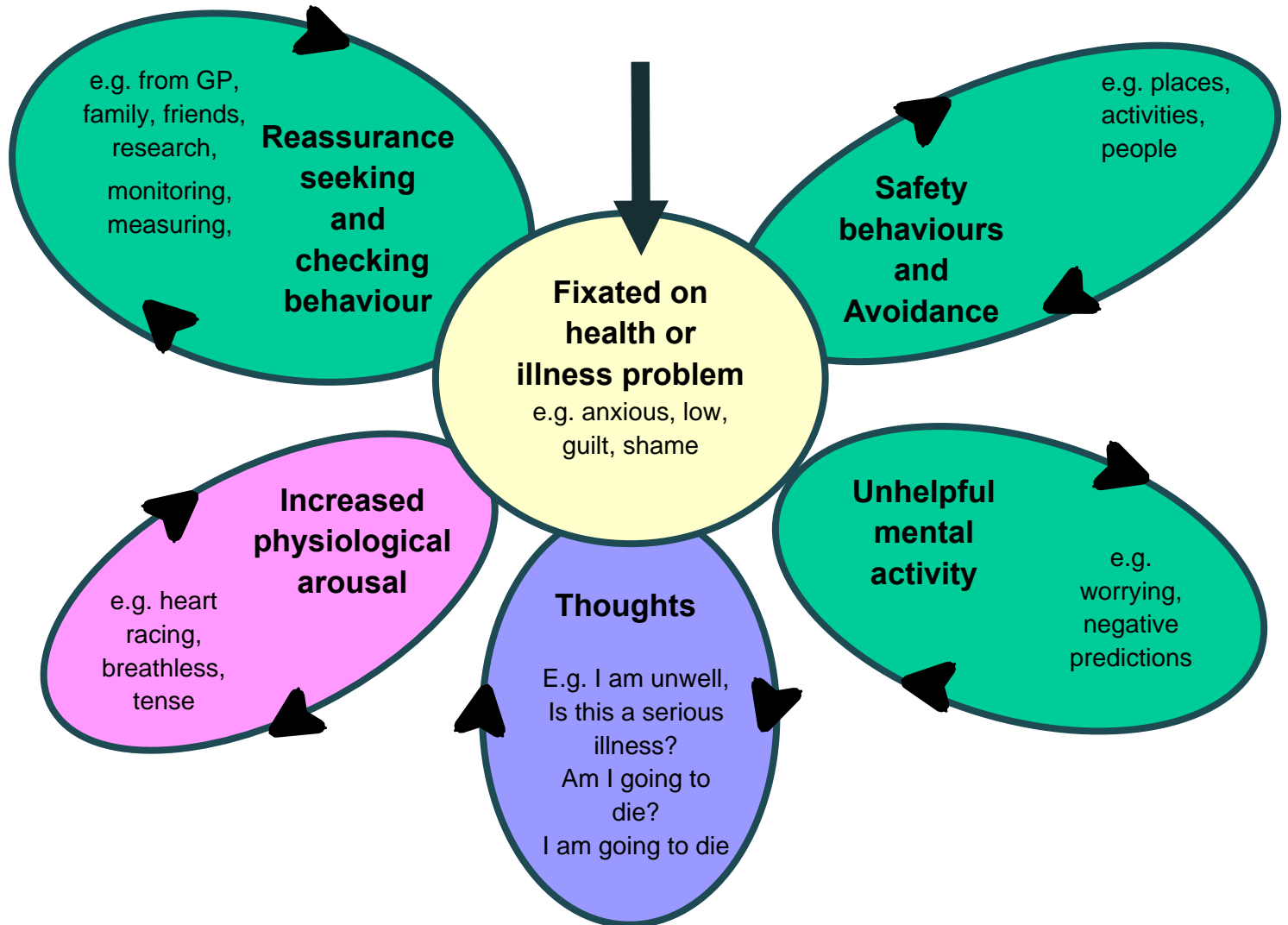


- Read through session two of the handbook.
- Complete your own vicious flower formulation.
- Continue to complete a record of an event or situation from the coming week using the 5 areas formulation or monitoring diary on the next page.

An Example of a Vicious Flower Formulation:

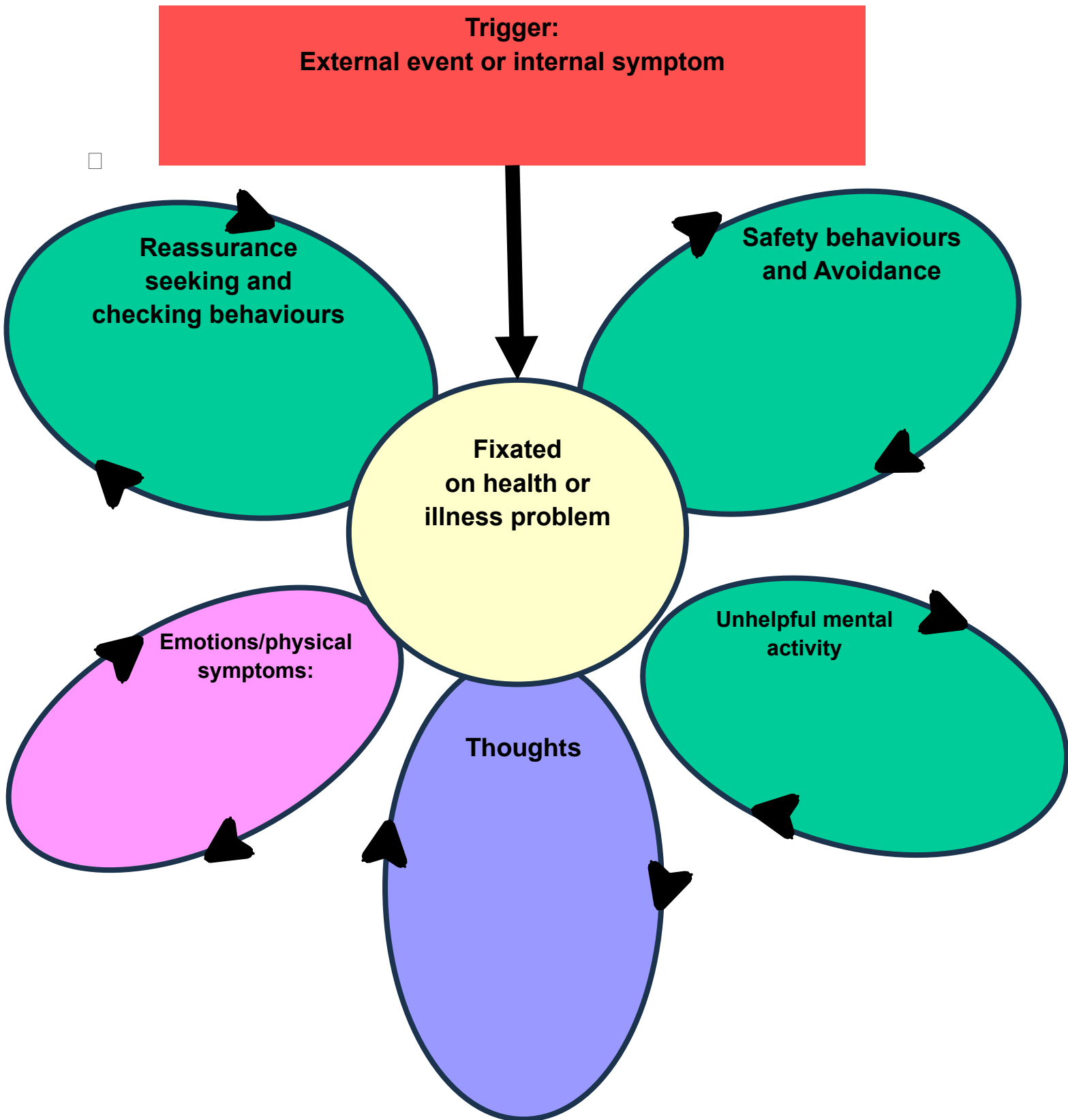
Trigger: External event or internal symptom

E.g. Experiencing a headache



Home Practice: Complete your own vicious flower formulation

Think about your symptoms and reactions and see if you can complete your own model. Refer to the example on the previous page and the information throughout session 2 to help you.



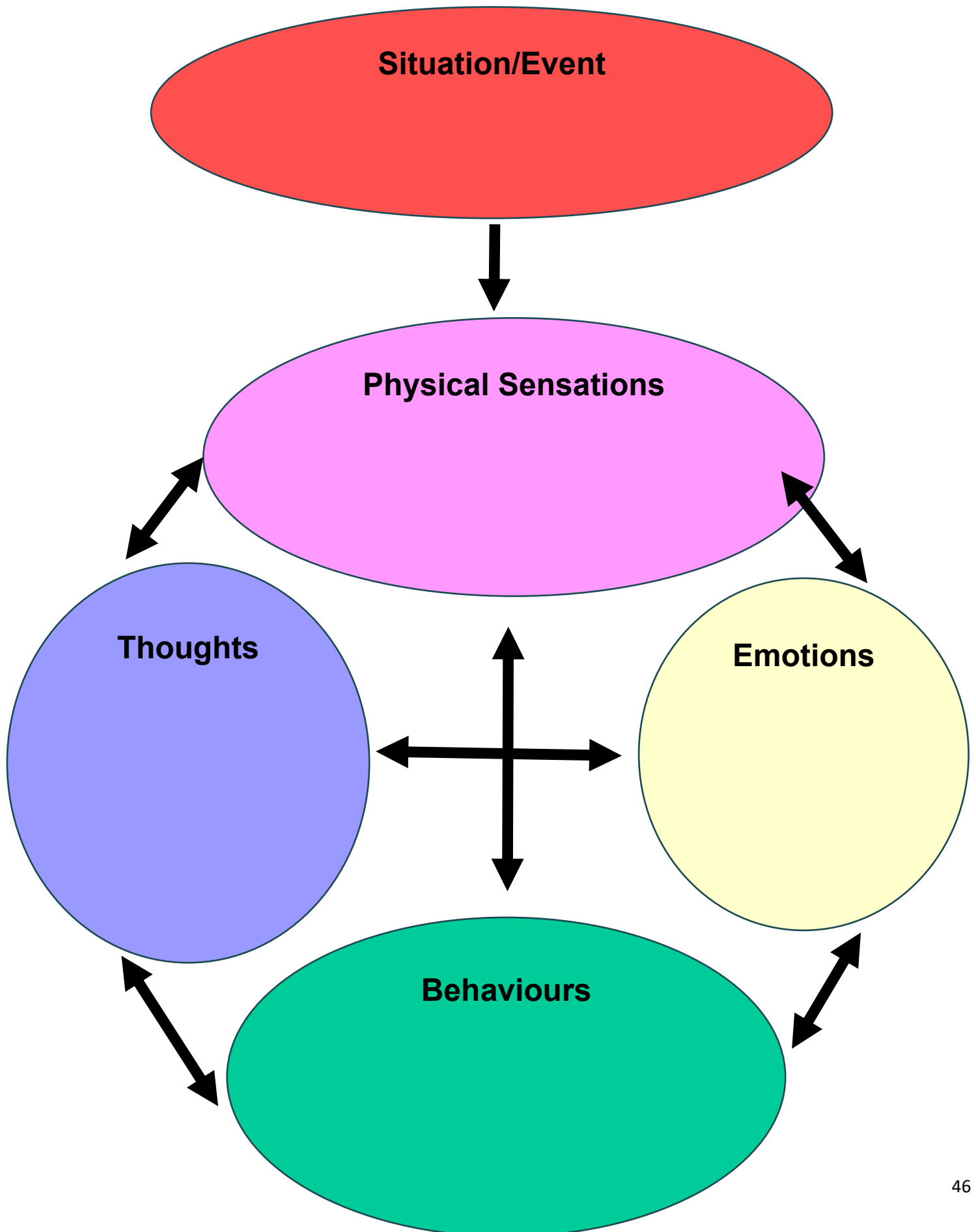
Home Practice: Monitor your symptoms

Throughout the week use the monitoring diary or 5 areas from session 1 to monitor your health anxiety symptoms

Option 1: Monitoring Diary

Date and Time	Situation – describe in detail what was happening at the time	Symptoms – Physical Sensations	Thoughts – worst case scenario?	Behaviour – Checking, reassurance seeking, avoidance, safety behaviours	Rate distress 0-10 0 = none 10 = extreme

Option 2: 5 areas



Review:

At the end of each session we encourage you to pause and reflect on the session you just had and write down some comments. This will help you to track your recovery journey and reflect on the most important elements for you.



Session 2 Review:

What was the most important thing I learnt today?

What did I find helpful about today's session?

What is something I am going to try between now and next session?

Anything else?

Reducing Health Anxiety



Cognitive Behavioural Therapy for Health Anxiety Course Handbook

Session 3

Course Timetable

Session Number	Teaching Topic
Session 1	Introduction to the course and understanding health anxiety
Session 2	The development and maintenance of health anxiety
Session 3	Understanding our threat system and finding ways to soothe it
Session 4	Intolerance of uncertainty and attention training
Session 5	Understanding thoughts and finding ways to evaluate them
Session 6	Further thought evaluation
Session 7	Behavioural Experiments
Session 8	Behavioural Experiments continued
Session 9	Understanding worry and reducing it
Session 10	Understanding and adjusting rules about health
Session 11	Understanding and adjusting core beliefs
Session 12	Relapse prevention and moving forward

Session 3: Understanding and Soothing Our Threat System

Plan for Today's Session

Check in

Review of home practice

Understanding our threat system

Learning about our window of tolerance (WOT)

Finding ways to soothe our threat system



Check In



How has my healthy anxiety been this week and why?



Questions and reflection on Session 2's homes practice

The Fight/Flight/Freeze Response

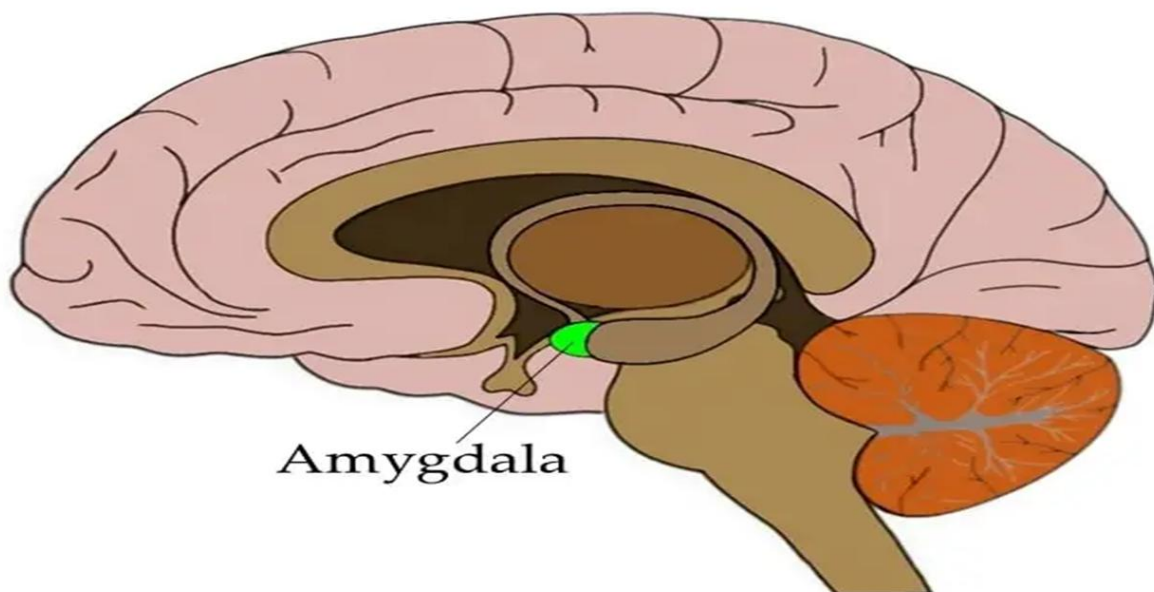
Anxiety is something that we all experience from time to time and is a natural response to a situation that we perceive as threatening. The physical response to anxiety is known as the fight, flight or freeze response.

The fight, flight or freeze response is an instinctive reaction that aims to keep you safe and prepare your body to either run away from a threat (flight), fight against it to protect yourself, or inhibit you if fighting or fleeing is too dangerous. It is a survival reaction over which we have limited control.

Once our threat system has been activated, the amygdala activates the parasympathetic nervous system which releases adrenalin into your body and gets you ready for fight or flight.

This triggers a number of physical changes, including increased heart rate, raised blood pressure, redirection of blood to the muscles, rapid breathing to increase oxygen levels in the bloodstream, release of stored sugars into the bloodstream to fuel the muscles, slowing down of digestion and suppression of the immune system so that the body's resources are redirected to immediate survival.

The physical sensations we experience include: increased awareness of rapid heartbeat, increased awareness of rapid breathing, which is often accompanied by a feeling of tightness or restriction in the chest or breathlessness, feeling hot and flushed or cold and pale, or alternating between the two, sweating, dizziness, tunnel vision, shaking, an urge to go to the toilet, feeling "on edge" and tense, a dry mouth and reduced tear production, and tunnel



Our fight/flight/freeze response: An evolutionary response

Back in caveman times, we would be faced with real life-threatening dangers, which is how our amygdala developed.

Over the next few pages, we are going to consider how the threats we faced then and the threats we face now have changed. We will also consider if our fight or flight response has also changed and adapted over time.

For a moment I want you to imagine that our caveman is out for a walk to get water and food. It's a beautiful day and he can feel the warm sun on his skin, the breeze is gently rustling in the leaves, and he can hear the birds tweeting.

How do you think he is feeling emotionally?

What physical sensation do you think he would be experiencing?



Then our caveman comes across this sabretooth tiger!



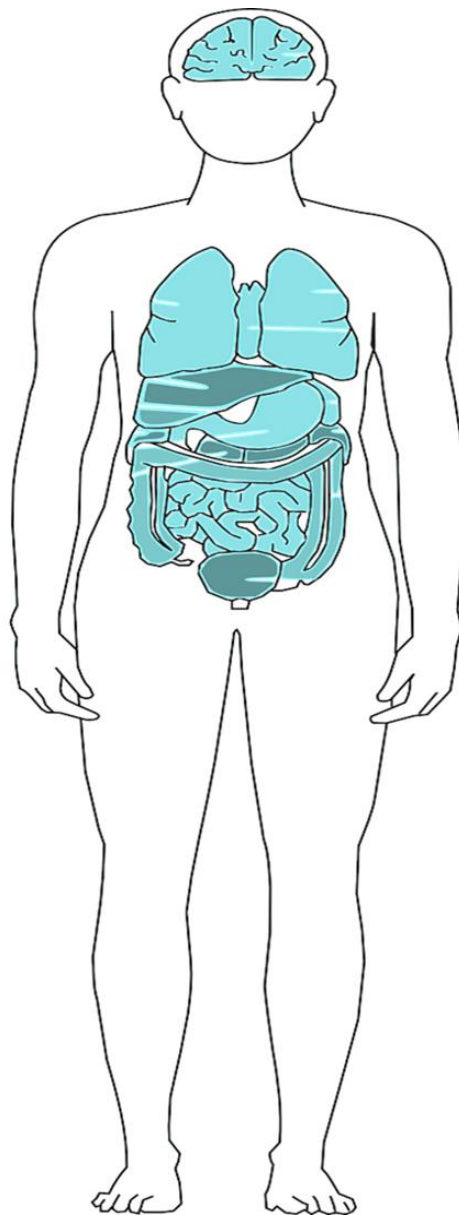
How do you think our caveman reacts? Consider any body sensations, emotions, thoughts or behaviours our caveman might experience

Can you think of any personal example or situations when you have reacted in the same way?

The first thing that happens is we are likely to freeze so our amygdala can take in the danger and know how to respond which results in a huge surge of adrenalin along with the chemical cortisol pumping through the body.

This all happens quickly and automatically, which activates our para sympathetic nervous system and gets our body ready for fight or flight

What bodily changes do you notice in your body when you feel anxious? Label the diagram below:



Fight Or Flight Response

When faced with a life-threatening danger it often makes sense to run away or, if that is not possible, to fight. The *fight or flight response* is an *automatic* survival mechanism which prepares the body to take these actions. All of the body sensations produced are happening for good reasons – to prepare your body to run away or fight – but may be experienced as uncomfortable when you do not know why they are happening.

Thoughts racing

Quicker thinking helps us to evaluate danger and make rapid decisions. It can be very difficult to concentrate on anything apart from the danger (or escape routes) when the fight or flight response is active

Changes to vision

Vision can become acute so that more attention can be paid to danger. You might notice 'tunnel vision', or vision becoming 'sharper'

Dry mouth

The mouth is part of the digestive system. Digestion shuts down during dangerous situations as energy is diverted towards the muscles

Heart beats faster

A faster heart beat feeds more blood to the muscles and enhances your ability to run away or fight

Nausea and 'butterflies' in the stomach

Blood is diverted away from the digestive system which can lead to feelings of nausea or 'butterflies'

Hands get cold

Blood vessels in the skin contract to force blood towards major muscle groups

Muscles tense

Muscles all over the body tense in order to get you ready to run away or fight. Muscles may also shake or tremble, particularly if you stay still, as a way of staying 'ready for action'

If we don't exercise (e.g. run away or fight) to use up the extra oxygen then we can quickly start to feel dizzy or lightheaded

Dizzy or lightheaded

Breathing becomes quicker and shallower

Quicker breathing takes in more oxygen to power the muscles. This makes the body more able to fight or run away

Adrenal glands release adrenaline

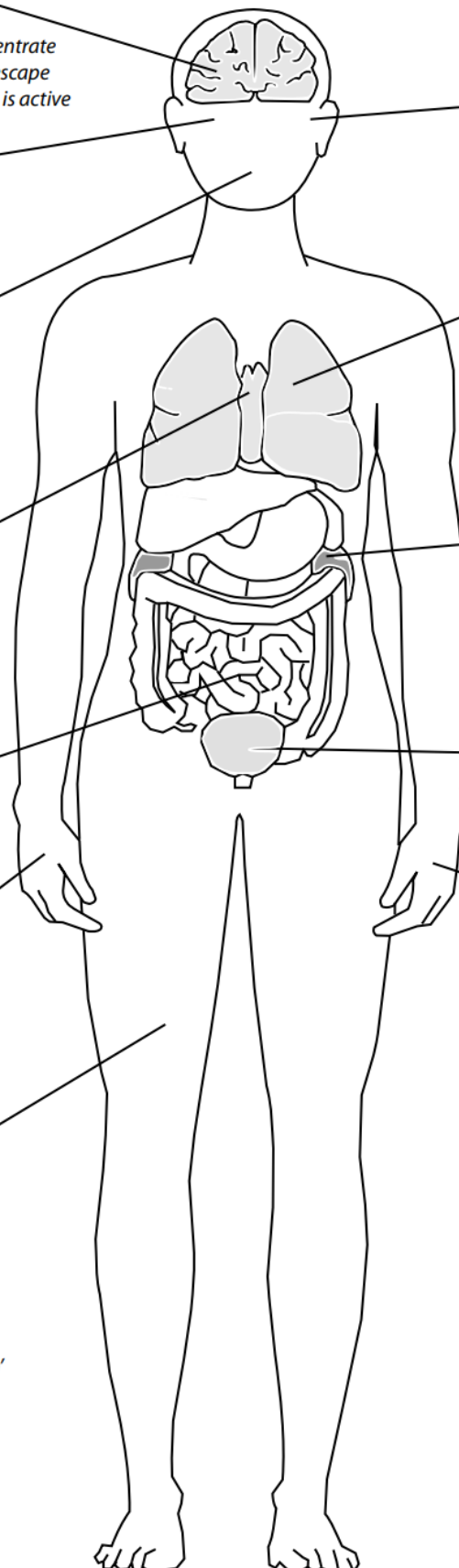
The adrenaline quickly signals other parts of the body to get ready to respond to danger

Bladder urgency

Muscles in the bladder sometimes relax in response to extreme stress

Palms become sweaty

When in danger the body sweats to keep cool. A cool machine is an efficient machine, so sweating makes the body more likely to survive a dangerous event



Now, lets imagine that our caveman manages to get safely back to his cave unharmed.

How do you think he is physically feeling?

How does he feel about having to go out to get supplies the next day?

Is he still thinking about the beautiful day and whether he is noticing the warm sun on his skin, the breeze gently rustling in the leaves and listening to the birds tweeting?

What might he be thinking about instead?

And how is he feeling?

After the caveman experienced this situation, he has become hypervigilant.



Hypervigilance causes us to feel in a constant state of anxiety. People often describe feeling continuously or frequently “on edge” and this occurs even when a physical threat is not present.

This makes sense for our caveman if he is under constant physical threat from the sabretooth tiger. However, if the physical threat is not present and yet we are still “on edge”, it can be very physically and emotionally draining. This will also impact on our day-to-day functioning.

Remember: Our fight/flight/freeze response is meant to be activated when there is a physical or life-threatening situation.

In modern day life, our fight/flight/freeze response can be triggered by day-to-day situations and stressors that we *perceive* as threatening. For example, a job interview might be subconsciously *perceived* as threatening due to the *threat* of performing poorly during the interview and not getting the job. This then triggers our fight/flight/freeze response even though it is not life threatening.

A great gift that we have as humans is to be able to imagine, anticipate and plan. An upside and a downside to this is that we can imagine threatening things happening to us. This can also trigger the fight/flight/freeze response in the same way that seeing a sabretooth tiger running towards us would.



This can help us anticipate danger and stay safe when there really are significant potential threats in our lives. It can also lead to us being overwhelmed with anxiety and worry, even when there aren't any significant dangers in our lives causing us to behave like an over-sensitive smoke alarm:

A smoke alarm is designed to go off when there is smoke from a fire present. However, an oversensitive smoke alarm might be activated by a hot steamy shower, or the sizzling steam/smoke caused by cooking a stir fry!

Types of Perceived Threat

There are lots of different forms of anxiety, but they mainly relate to either physical harm, social rejection, or harm to those that we love.

Imagine that we could travel back in time to when we lived in tribal groups of about 100-150 people. We would be at risk from predators, the weather, rival tribes and starvation. We would need to co-operate to build shelter, hunt and gather food, defend our territory and the members of our tribe and so on.

Being anxious about physical harm would prevent us from wandering off alone to where we could be attacked.

Fear of upsetting other people would prevent us from doing things that would get us rejected and expelled from our tribe. We would not survive for long outside of our social group.

Fear of those we love and rely on being harmed would keep us focused on the wellbeing of everybody in our tribe.

The same basic fears underlie the common forms of anxiety that we experience today. We may fear being attacked or injured, becoming ill or being harmed by symptoms of anxiety, such as a rapid heart rate.

We may be anxious about being responsible for harming others or worry about those we love being harmed. We may fear letting others down or upsetting people to the extent that we are rejected, or coming across as so unappealing that nobody wants to know us.

Our focus on perceived threat causes us to remain in a state of heightened anxiety. This causes us to overestimate danger and underestimate our coping as outlined in the anxiety equation below.

$$\text{Anxiety} = \frac{\text{Increase in danger (over-estimation)}}{\text{Decrease in coping \& resources (under-estimation)}}$$

Anxiety and Motivation

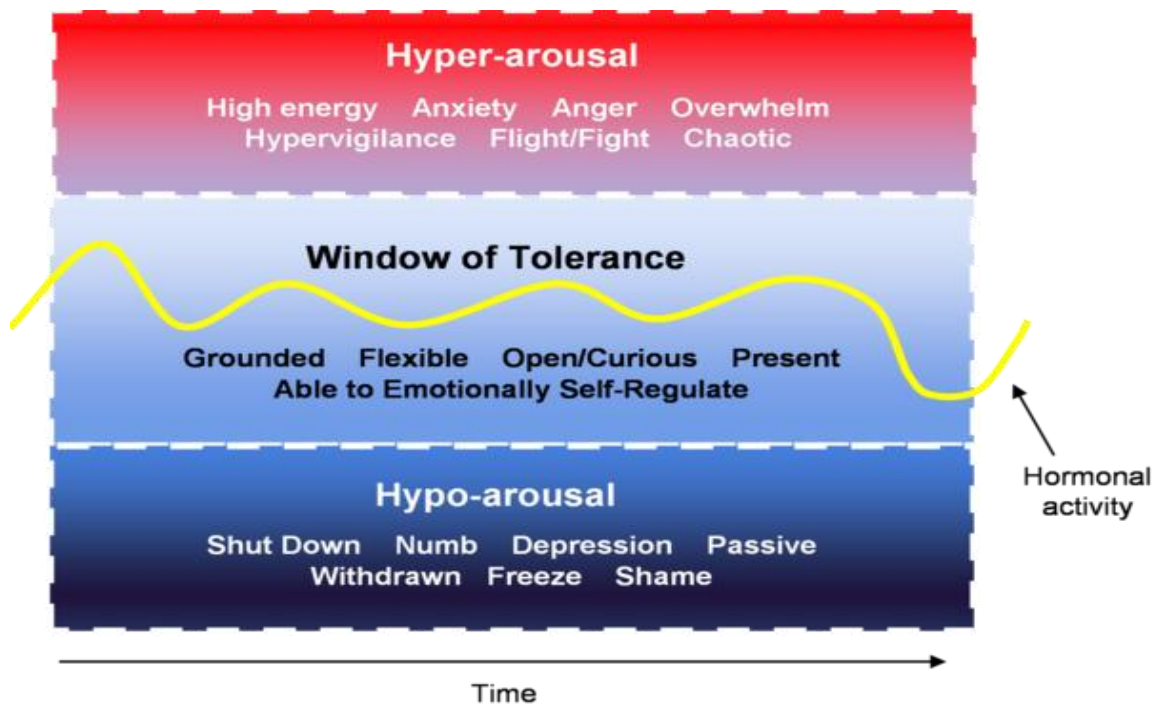
Anxiety motivates us to return to safety. This is the most important of all motivations, as until we are safe from immediate harm, we can't afford to focus on anything else.

This is helpful when there is an actual threat but when we are focusing on perceived threats the search for safety often becomes the major focus in our lives causing us to remain in a state of hypervigilance or hyperarousal.

As such, anxiety demotivates us in many areas of our life. We can easily lose sight of what we value and can become distracted by what we 'don't want'. We lose momentum, feel more tired, lose confidence, and become very sensitive to small problems. We may believe that everything is 'too much'. This state is known as hypo arousal and often has symptoms of depression.

The Window of Tolerance

The window of tolerance is a concept originally developed by Dr Dan Siegel, to describe the **optimal zone of “arousal” for a person to function in everyday life**. When a person is operating within this zone or window, they can effectively manage



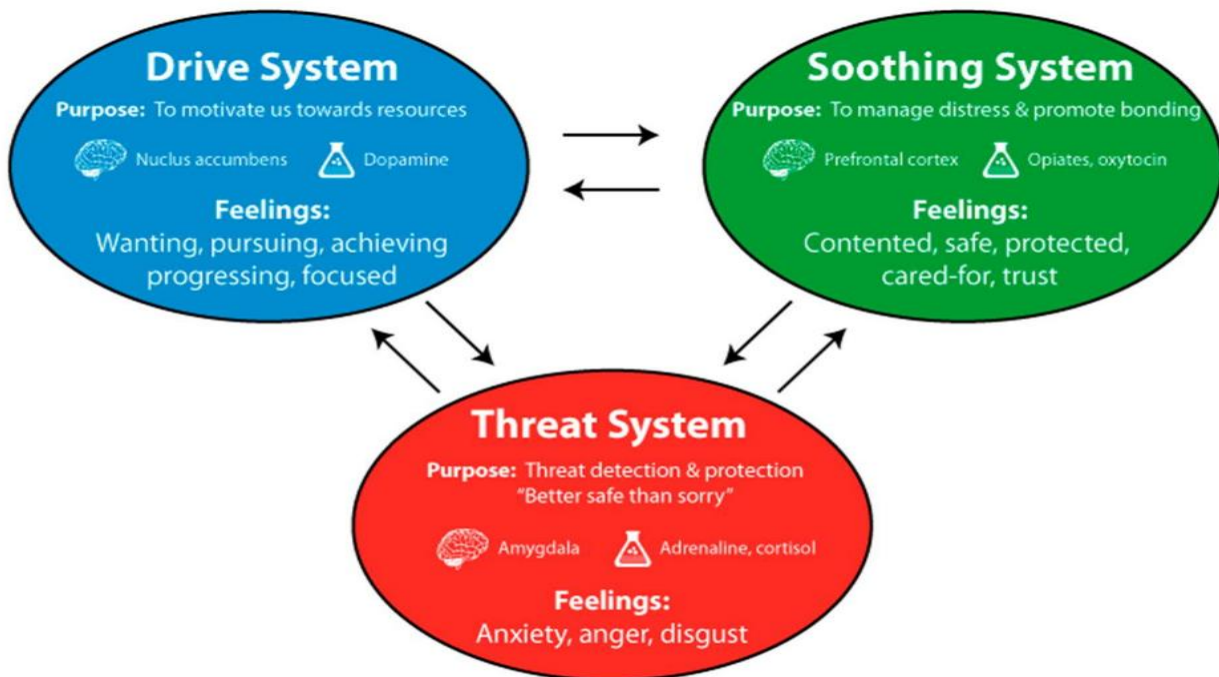
and cope with their emotions.

To help increase our window of tolerance we need to try and balance out our threat system with our soothe system. This is explained further in the following clip: : Window of Tolerance and Emotional Regulation (Dr Dan Siegel) - YouTube

The Emotional Regulation Systems

An alternative explanation comes from Paul Gilbert. He suggests that we have three emotional regulation systems: The drive system, the soothing system and the threat system.

As



PSYCHOLOGYTOOLS

Adapted from: Gilbert, P. (ed) (2005). *Compassion: Conceptualisations, Research and Use in Psychotherapy*. Routledge.

<http://psychology.tools>

humans, we switch between these systems to manage our emotions. Each system is associated with different brain regions and different brain chemistry.

Distress is caused by an imbalance between these systems, often associated with the soothing system being under-developed or under stimulated.

To give an example of how this works...

Trigger: I wake up late for work as my alarm didn't go off.

Threat: This causes my threat system to activate, and I feel anxious

Drive: Threat activates my drive system causing me to speed up perhaps by speeding up my morning routine, not having my 2 cups of tea and checking my phone, not making lunches. I might need to problem solve by phoning work to say I am running late or asking someone to take my children to school. Then once I get to work....

Soothe: My soothe system should kick in and remind me that everything is ok, nothing bad really happened and help me calm down.

Ideally all systems should balance out again.

However, if my threat system is oversensitive, I might think that being late means others are going to judge me negatively and I could lose my job. It might cause my drive system to go into fight/flight mode by fighting: doing more to compensate or flight mode: avoiding speaking to my manager or looking at my emails in case I am in trouble or avoiding going to work altogether and pretending I am ill. My soothe system might not be working at all!

In this session and future sessions, we are going to look at increasing our soothe system, reducing our threat system and helping our drive system to act helpfully e.g., problem solving which will in turn help us to remain in our window of tolerance.

Soothing our threat system

It is helpful to learn techniques which can help deactivate the threat system by cultivating a sense of calm safety in our nervous systems. This can be done by learning how to self-soothe through breathing techniques, refocusing the mind using our senses such as mindfulness and distraction techniques as well as movement such as walking or exercise. Although it may seem difficult at first, these techniques are often quick and effective and with practice can quickly become habitual helping you to remain in your window of tolerance.

Soothe Techniques

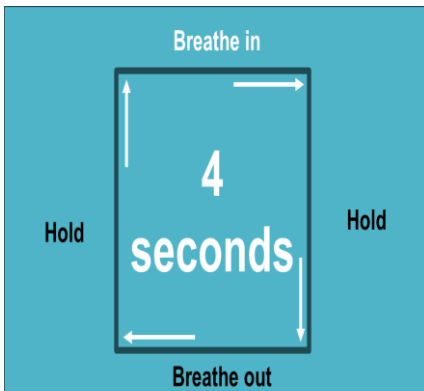
Over the next few pages we have provided some recommendations for you to try, however there will be many more on the internet and it is often best to find the ones you prefer. It can be helpful to try 1-2 at a time and then practice them for a few days before trying another.



Breathe Bubble:

[Calm | Breathe Bubble \(youtube.com\)](https://www.youtube.com/watch?v=K8v8v8v8v8)

A quick guided breathing exercise in which you follow the bubble as it inflates and deflates.



Box Breathing:

Box Breathing Exercise | TAKE A DEEP BREATH | Pranayama Series - YouTube

This technique refers to the fact that a box has four sides, a concept represented here by breathing while you slowly count to four for a total of four times — four counts of breathing in, four counts of holding your breath, four counts of exhaling and four more counts of holding after your exhale. You can use this technique without the image or video by finding any square or rectangle and following the sides whilst counting to 4.



54321 Method:

The 5-4-3-2-1 Method: A Grounding Exercise to Manage Anxiety - YouTube

This technique uses your room and your surroundings to help ground you by focusing on

- 5: Things you can see
- 4: Things you can hear
- 3: Things you can feel
- 2: Things you can smell
- 1: Things you can taste (a mint or drink)



Progressive Muscle Relaxation:

Quick Progressive Muscle Relaxation: Quick Stress Release: Anxiety Reduction Technique: Anxiety Skills #19 - YouTube

A quick release exercise by scrunching your shoulders up to your ears, holding and releasing.



Mindfulness

Mindfulness Meditation 3 Minute Breathing Space
([youtube.com](https://www.youtube.com/watch?v=627-0000000))

uses our senses and breathing to help focus our minds in the here and now:

Theory A vs Theory B

Now that we have started to understand our thoughts, feelings and behaviours and practice ways to soothe our threat system, can you add to the chart below adding in what do I need to do if Theory A/B is true:

Theory A: I have a health problem “There is something wrong with me”	Theory B: My worry about my health is the problem or causes anxiety which exacerbates my physical health symptoms.
<i>What are your thoughts about Theory A? How much do you believe this to be true?</i>	<i>What are your thoughts about Theory B? How much do you believe this to be true?</i>
Evidence that supports theory A: <i>(What are your reasons for believing that theory A is true? / What has happened that has led you to think this way?)</i>	Evidence that supports theory B: <i>(Are there any reasons to think Theory B is true? / What has happened that could provide evidence that theory B is true?)</i>
If Theory A is true, what do I need to do? <i>(what are you already doing as a result of believing this theory / what would others do who believed this?)</i>	If Theory B is true, what do I need to do? <i>(What would you have to do instead if Theory B is true? / What would others do who believed this? / How can I find out whether Theory B is true?)</i>

<p>If Theory A were true, what would it mean for me and my future?</p> <p><i>(If you carry on living by Theory A, what impact will it have on your life?)</i></p>	<p>If Theory B were true, what would it mean for me and my future?</p> <p><i>(If Theory B were true, how would you be able to live your life differently?)</i></p>

Home Practice

	What Technique Did I Practice?	How did I Feel Before?	How Did I Feel After?	Any Other Comments or Reflections?
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				

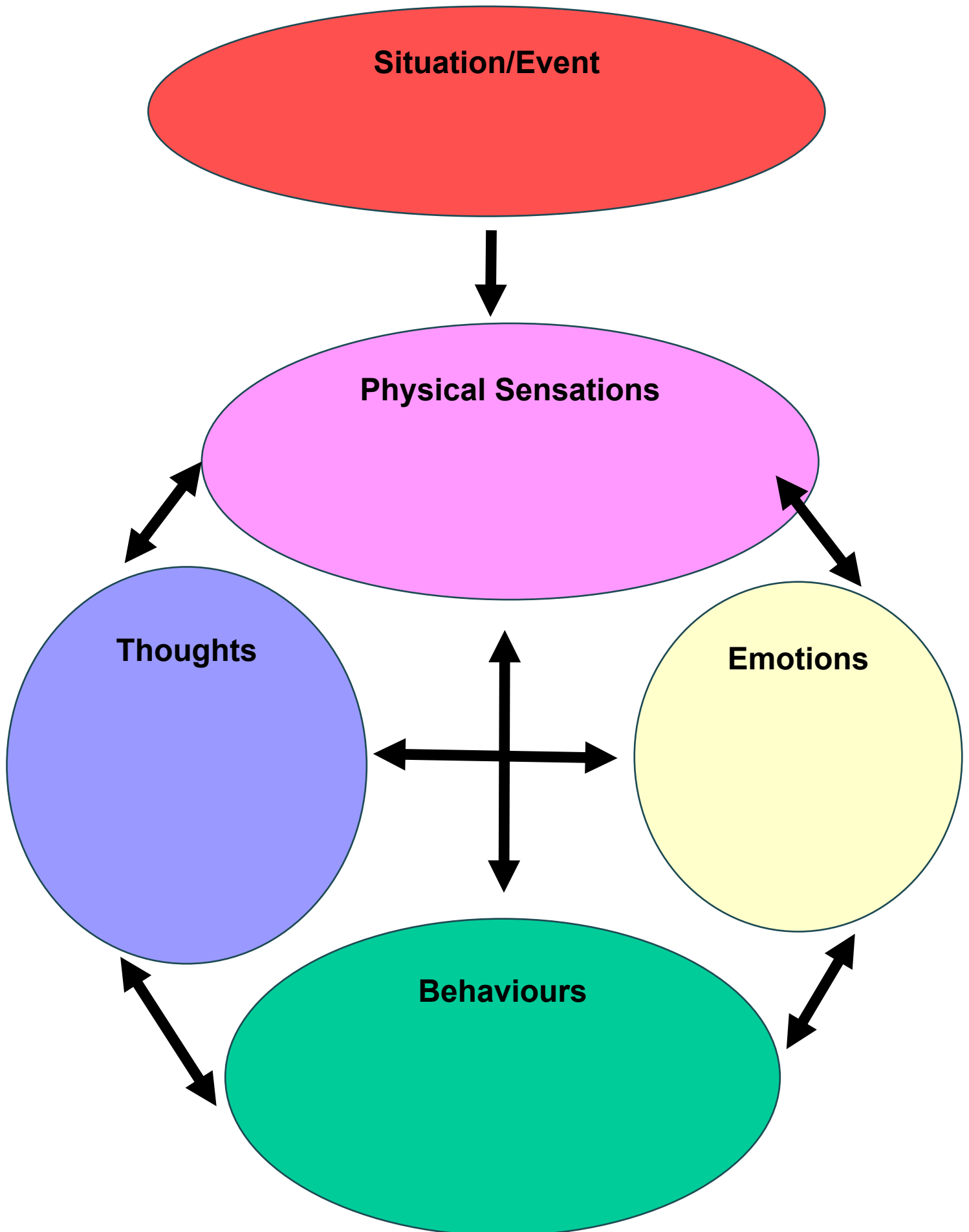
Home Practice: Monitor your symptoms

Throughout the week use the monitoring diary or 5 areas from session 1 to monitor your health anxiety symptoms

Option 1: Monitoring Diary

Date and Time	Situation – describe in detail what was happening at the time	Symptoms – Physical Sensations	Thoughts – worst case scenario?	Behaviour – Checking, reassurance seeking, avoidance, safety behaviours	Rate distress 0-10 0 = none 10 = extreme

Option 2: 5 areas



Review:



What was the most important thing I learnt today?

What did I find helpful about today's session?

What is something I am going to try between now and next session?

Anything else?

Reducing Health Anxiety



Cognitive Behavioural Therapy for Health Anxiety Course Handbook

Session 4

Course Timetable

Session Number	Teaching Topic
Session 1	Introduction to the course and understanding health anxiety
Session 2	The development and maintenance of health anxiety
Session 3	Understanding our threat system and finding ways to soothe it
Session 4	Intolerance of uncertainty and attention training
Session 5	Understanding thoughts and finding ways to evaluate them
Session 6	Further thought evaluation
Session 7	Behavioural Experiments
Session 8	Behavioural Experiments continued
Session 9	Understanding worry and reducing it
Session 10	Understanding and adjusting rules about health
Session 11	Understanding and adjusting core beliefs
Session 12	Relapse prevention and moving forward

Session 4: Intolerance of Uncertainty & Attention training

Plan for Today's Session

Check in

Review of homework

Intolerance of uncertainty

Focusing on bodily sensations

Attention Training



Check In



How has my healthy anxiety been this week and why?



Questions and reflection on Session 3's homes practice

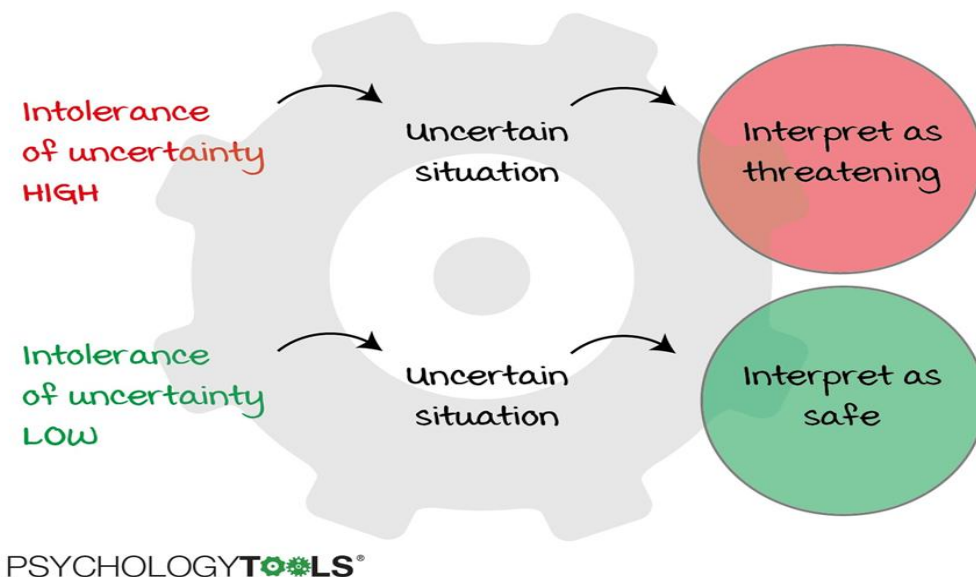
Intolerance of uncertainty

In the last session we spent time understanding our threat system. We were able to recognise that a small trigger can cause a high amount of anxiety which activates our threat system, causing us to hyperfocus on physical symptoms.

What is often driving our threat system in modern life is a difficulty coping with uncertainty. This is when a person struggles to cope with situations where the outcome is unsure or uncertain, known as intolerance of uncertainty.

Being intolerant of uncertainty means that you interpret uncertain situations as threatening.

Ambiguous, novel, or unpredictable situations may be experienced as particularly uncomfortable.



Intolerance of uncertainty has been likened to an ‘allergy’. Someone with hay fever, for example, may experience very strong, unpleasant symptoms such as sneezing, a runny blocked nose and itchy and red or watery eyes, as a reaction to just a small amount of pollen in the air.

Likewise, someone with an intolerance of uncertainty can experience strong and unpleasant symptoms of worry and anxiety as a response to a small dose of uncertainty. In this way intolerance of uncertainty can be viewed as a “psychological allergy”. Therefore, if a particular event (e.g., a plane crashing) is highly unlikely, the person who is intolerant of uncertainty will worry about it occurring as there is still a possibility it could occur.



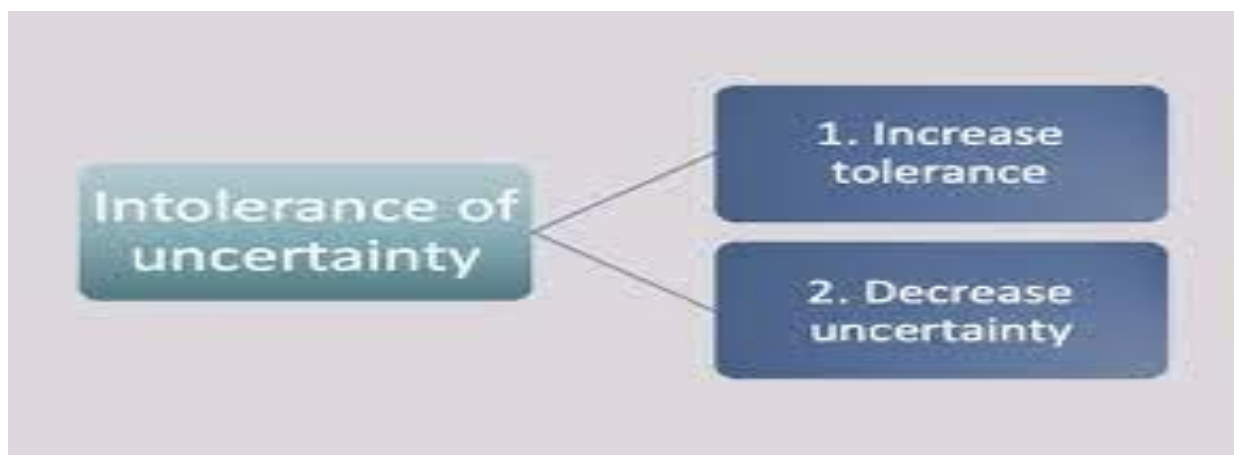
Intolerance of uncertainty is much like the ‘fuel’ for worry. A person with intolerance of uncertainty is more likely to have catastrophic thoughts about an uncertain situation.

These catastrophic thoughts, in turn, lead to a number of “What if...” questions that overestimate the likelihood of a negative outcome, and drive excessive, hypothetical and uncontrollable worries.

Someone with an intolerance of uncertainty will do their best to attempt to eliminate uncertainty and increase the likelihood of a certain outcome. However, careful analysis can reveal that it is impossible to eliminate uncertainty from life. Life is constantly in flux and never certain.

For example, our state of health can never be considered certain as it is subject to change at any moment, even if our present state is healthy. The same can be said to be true for our employment status or relationships, as these circumstances depend on factors that are not entirely within our control.

Tolerating Uncertainty



The first option someone with an intolerance of uncertainty may consider is to try to increase certainty in their life. In fact, most people with a strong intolerance of uncertainty will spend almost all their time attempting to increase certainty in their lives by worrying, avoiding certain situations they perceive as threatening, and trying to remain in control and micro-manage other situations. Although it is natural to react to uncertain situations by attempting to avoid or control life, a useful question to ask is “has my attempt to increase certainty worked?”

In answering this question, we may consider that life itself is intrinsically uncertain, a shifting sandbar of ever-changing experiences. For instance, although there appear to be relatively stable factors in my life, I cannot say with absolute certainty that I will be breathing tomorrow – or even at the end of the day! Therefore, the only conclusion available is to recognise that there is no possibility of making life absolutely certain, and that attempts to do so (despite being natural), are themselves fraught with the worry and anxiety that one is attempting to remove.

If attempts to increase certainty cannot work, then there is only one available remaining option: to increase tolerance to uncertain events.



Increasing tolerance

There are several ways we can increase our tolerance to uncertainty. To do so it is necessary to go out of your comfort zone creating a behavioural change one small step at a time. We will consider this further in sessions 7 and 8 when we move on to graded exposure. Beforehand however we are going to start by looking at another technique.

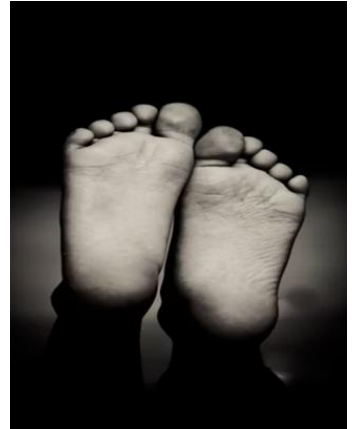
Before we begin, spend some thinking and answering the following questions:

Do you believe that you tend to focus on particular areas of your body?

What do you focus on when you are feeling anxious about your health?

In Session Exercise

For this exercise, you are asked to focus your attention onto your left foot. Focus on your left foot for 2 minutes. Notice any sensations in your left foot, any difference between your left and right foot.



After the two minutes answer the following questions:

Is there anything you notice in your left foot as unusual?

Were you aware of the sensations in your left foot before you started focusing on it?

What happened to the sensations when you started to focus on them?

If focusing on your left foot led you to notice sensations you were previously not aware of, how might this self-focus contribute to your health anxiety?

Anything else that you noticed?

Attention Training



When people are anxious about something, there is a tendency to be on the lookout for the source of that anxiety.

In the same way, if you have ever been pregnant, suddenly you can see pregnant women everywhere or brought a new car, suddenly you notice that make of car more than others.

People who experience health anxiety often find themselves self-focused, scanning and monitoring their bodies for signs of ill health.

To a certain extent, it is normal to be aware of bodily sensations and changes, and to pay some attention to potential health problems. However, if you are spending lots of time focussing on your body sensations or find it difficult to stop thinking about these sensations, it may be useful to start working on retraining your attention.



Watch this video -

<https://youtu.be/vJG698U2Mvo>

What Did You Notice?

This video highlights that you have a limited amount of attention. Much like focusing on only the players wearing white t-shirts, when focusing on body sensations, it can take attention away from other everyday activities, like the person in the gorilla suit.

This selective attention can also amplify the intensity of the symptoms, and thus bring on more worry and anxiety symptoms.

If you are tuned into your body, its lumps and bumps, physical and mental sensations, you are more likely to jump to conclusions that there is something wrong if you notice a minor change.

Understanding self-focusing

If you are overly self-focused and tend to find it difficult to focus externally, it can be useful to initially explore the situations in which you tend to be more self-focused as well as considering what benefits you believe there is to your self-focus. It can be helpful to consider the following questions:

Do you think that being self-focused can be helpful?

Do you think that being self-focused might prepare you for something bad happening?

Do you hold any positive beliefs about the benefits of continuing to focus on your health symptoms. Examples of positive beliefs might include:

- It helps me evaluate how dangerous changes and potential symptoms are
- I will catch any problems before it is too late or too serious
- Not focusing is tempting fate
- I know my doctor will ask for my symptoms therefore it is useful to pay attention so I am able to provide a full picture of my symptoms

It makes sense that if you hold such positive beliefs about focusing your attention on your health symptoms that you will continue to do so. After all, you are telling yourself it is helpful and even protective!

As part of your Theory A you may feel that there are positives to maintaining this heightened awareness. Write down what you think are the positives and negatives to heightened awareness.

Positives of heightened awareness	Negatives of heightened awareness

Now try this for theory B positives and negatives

Positives of heightened awareness	Negatives of heightened awareness

In Session Exercise: Part 1

We are going to read a short passage from a story, whilst we are doing this, we would like you to focus as much as you can internally (physical sensations and your thoughts)



What did you notice?

How much of the story did you hear? Can you remember any specific details?

How internally focused do you think you were?

0 = not at all

10 = completely internally focused

In Session Exercise: Part 2

We are going to read another short passage from a story, this time whilst listening we want you to focus externally (really focus on listening to the story)



What did you notice?

**How much of the story did you hear? Can you remember any specific details?
How externally focused do you think you were?**

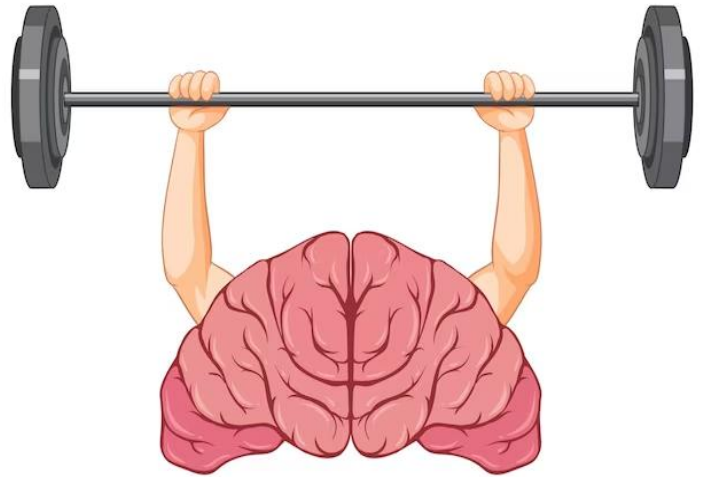
0 = not at all

10 = completely internally focused

Were there any difference between your experience of listening to the story in part one versus part 2? How might this experience be applied to health anxiety?

Reducing Self-focusing

To reduce self focusing it can be useful to think of your attention like a muscle that needs strengthening. We do this by learning to re-train and re-focus attention.



When practicing attention training exercises, it can be useful to remember that it is completely normal for your mind to wander off to other things. This is what minds do, they drift off to memories, concerns, sensations, images, planning, and daydreams etc.

Firstly, try to notice that your mind has wandered, then instead of criticising yourself, remind yourself that it is perfectly understandable that your mind has wandered off onto something else. Then bring your attention back to the exercise you were practicing. It doesn't matter how many times your attention wanders off; this is part of the training!!

Using sensory information to help you change your focus of attention:

Whenever you notice you are becoming self-focused (50% or more) immediately practice on one of the following:

Focusing on the task:

Whatever task you are undertaking, immediately focus your attention on what you are doing. What sensory (sight, sound, smell, taste and physical sensation) information is present. For example, when washing up what is the texture of the plate like? Is there a difference between the top and bottom of the plate? As you put the plate in the water do you notice a difference in temperature between the water on your hand and the air on your wrist? What does the soap and bubbles in the water look like? What colours can you see? Do you hear anything from soap bubbles rustling to water splashing? Can you smell the food on the plate or from the soap?

Focus on what you can see:

Pause and look around you, observe your environment. Find an object to focus on. Look at how colours blend or contrast. Colours that stand out or fade in. Are there light or dark patches? Shimmers, sparkles, matt, or dull patches? Are there different materials such as metal and plastic? Difference in textures? Does it look the same close up or an arm's length away?

Focus on what you can hear: Pause and notice what you can hear. Is there traffic or birds? The hum of a computer or electronic devices? Can you hear the wind or the rain? Are there people talking – focus on the voice tones, volumes, accents rather than what they are saying. Can you hear your own breath? Try moving, what noises do you notice?

Focus on texture: Take a moment to notice if there is a difference in texture between your top and your trousers? Notice anything rough, smooth, warm, or cold? What about your jewelry? The chair you are sat upon or the arm rest?

Externalize your attention and be present:

- Focus on the activity or conversation you are having.
- Listen to what the person is saying, what is the topic of conversation?
- What emotions are being expressed?
- What facial expressions do you notice?

Try and engage and respond naturally without



Theory A vs Theory B

Is there anything you have taken from today's session that you can add to the table below identifying **what do I need to do if Theory A/B is true?** Are your beliefs about Theory A/B changing?

Theory A: I have a health problem “There is something wrong with me”	Theory B: My worry about my health is the problem or causes anxiety which exacerbates my physical health symptoms.
<i>What are your thoughts about Theory A? How much do you believe this to be true?</i>	<i>What are your thoughts about Theory B? How much do you believe this to be true?</i>
Evidence that supports theory A: <i>(What are your reasons for believing that theory A is true? / What has happened that has led you to think this way?)</i>	Evidence that supports theory B: <i>(Are there any reasons to think Theory B is true? / What has happened that could provide evidence that theory B is true?)</i>
If Theory A is true, what do I need to do? <i>(what are you already doing as a result of believing this theory / what would others do who believed this?)</i>	If Theory B is true, what do I need to do? <i>(What would you have to do instead if Theory B is true? / What would others do who believed this? / How can I find out whether Theory B is true?)</i>
If Theory A were true, what would it mean for me and my future? <i>(If you carry on living by Theory A, what impact will it have on your life?)</i>	If Theory B were true, what would it mean for me and my future? <i>(If Theory B were true, how would you be able to live your life differently?)</i>

Session 4 Home Practice

- Read through this week's booklet.
- Complete the self-focusing exercise below.
- Practice attention training exercises and keep a record using the tables below to help you.
- Continue to complete your monitor diary or 5 areas formulation and practice soothe techniques.

Self-focusing Exercise:

Using the table below monitor your self focusing over the next 2-3 days by making a note of how much you focus on: yourself, the task, and the environment. Rate them out of 100% by sharing the percentage between them e.g., self – 30%, task 30%, environment 40% at various times and in different situations.

Situation	Focusing on	Rate % out of 100	Distress 0 - 10
	Self		
	The task		
	Environment		
	Self		
	The task		
	Environment		
	Self		
	The task		
	Environment		
	Self		
	The task		
	Environment		

Shifting your focus of attention:

Now over the next 2-3 days, when you are in the same or similar situations test out purposefully focusing 80% of your attention on the task or the environment. Record what you noticed in the table below:

Situation	Focusing on	Rate % out of 100	Distress 0 - 10
	Self		
	The task		
	Environment		
	Self		
	The task		
	Environment		
	Self		
	The task		
	Environment		
	Self		
	The task		
	Environment		

Outcome:

What did you notice? How did your levels of distress compare in the first exercise and the second? What affect did this change in attention have on the task?



Session 4 Review:

What was the most important thing I learnt today?

What did I find helpful about today’s session?

What is something I am going to try between now and next session?

Anything else?

Reducing Health Anxiety



Cognitive Behavioural Therapy for Health Anxiety Course Handbook

Session 5

Course Timetable

Session Number	Teaching Topic
Session 1	Introduction to the course and understanding health anxiety
Session 2	The development and maintenance of health anxiety
Session 3	Understanding our threat system and finding ways to soothe it
Session 4	Intolerance of uncertainty and attention training
Session 5	Understanding thoughts and finding ways to evaluate them
Session 6	Further thought evaluation
Session 7	Behavioural Experiments
Session 8	Behavioural Experiments continued
Session 9	Understanding worry and reducing it
Session 10	Understanding and adjusting rules about health
Session 11	Understanding and adjusting core beliefs
Session 12	Relapse prevention and moving forward

Sessions 5 Understanding thoughts and finding ways to evaluate them

Plan for Today's Session

Check in

Review of homework

Understanding the role of thoughts

Responsibility Pie

Thought evaluation.



Check In



How has my healthy anxiety been this week and why?



Questions and reflection on Session 4's homes practice

Understanding the Role of Thoughts

Thinking is an important mental process. It helps us to define and organise experiences, plan, learn, reflect, and create.

Every day, our minds are flooded with a constant stream of thoughts, ranging from mundane daily tasks to deeper contemplations about life and the world around us.



According to research, the average person has approximately 70,000 thoughts per day. It is like having a narrator in our heads talking through all our thoughts and feelings. Mostly we ignore it but when it becomes threatening, we become more tuned in.

To consider this further consider what sorts of thoughts you notice when you are feeling good?

Now think about what sorts of thoughts you notice when you are feeling anxious?

We tend to be less aware of our thoughts when we are engaged in a positive activity as we are often more present in the situation as we highlighted above in attention training.

We have already highlighted how our thoughts affect how we feel which affects what we do. The way we think about a situation and how you make sense of it is shaped

by previous experiences, personality, and underlying beliefs about yourself, other people, and the world. There is a tendency to interpret new situations in line with our

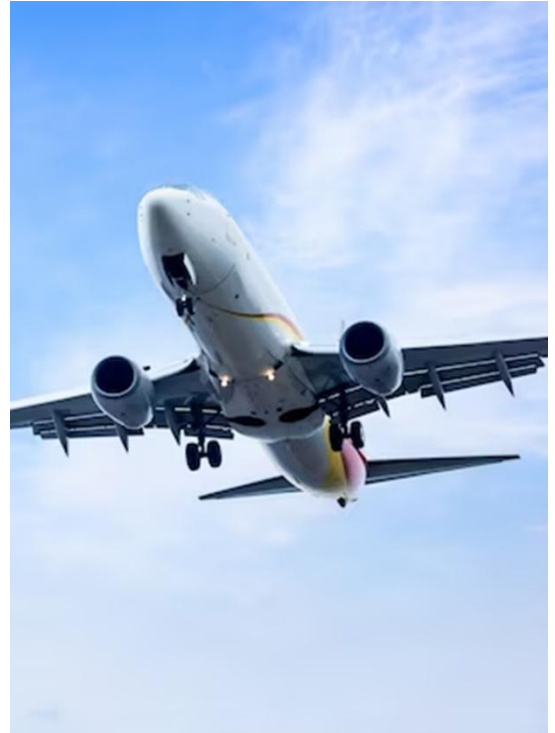
beliefs and ideas that we already hold. This explains why we often react differently to the same situation such as in the example below:

The Plane Crash Example: Sully: Miracle on the Hudson

In 2009 a passenger airliner made an emergency landing in the Hudson River shortly after taking off from LaGuardia Airport in New York City. Five people were seriously injured, but there were no fatalities, and all 155 people came out alive.

Take a moment to imagine how those 155 people felt as they stood on dry land realising what had just happened?

Its unlikely that they all had the same reaction. Many would have felt distressed and upset at the thought of nearly losing their life. These people might decide never to fly again believing it is too dangerous.



Others might have felt an overwhelming sense relief and happiness at having survived. These people might decide to live life to the full because of their experience and be determined to fly even more.

There could be 155 different reactions to the same experience.

This example illustrates that it is not the event that directly impacts on emotion, but the meaning given to those events. Those who interpreted the event as terrifying may think that all planes are dangerous and feel too anxious to fly again. Others might think they were incredibly lucky to survive meaning they should make the most out of life which makes them feel fortunate, happy, and optimistic.

Take a moment to think about what this means for you. How would you feel in this situation? Is this related to your thoughts about what happened?

Let's review some other situations to consider how different people might think, feel, and behave to the same event:

Situation/Trigger: Notice heart racing

Thought	Emotion	Physical Sensation	Behaviours
I am having a heart attack Images of being in a hospital bed Image of funeral	Fear	Butterflies in stomach, sweating, difficulties catching breath	Present in A&E. Monitor symptoms.
I just had a strong coffee	Neutral	Butterflies in stomach, sweating, difficulties catching breath	Drink some water
I am excited about the weekend and going to see my favourite band	Excited	Butterflies in stomach, sweating, difficulties catching breath	Watch video of band, imagine what are going to wear

These examples highlight how you think is important in determining how you feel and how you behave.

In relation to health anxiety, there is often a preoccupation with worrying about having a serious illness or something bad happening which will produce negative thoughts or images. These negative thoughts/worries in relation to your health activate your threat system which causes you to engage in safety behaviors or avoidance.

Therefore, in order to reduce anxiety, it is important to develop a different relationship with your thoughts and images.

Below is a list of common thoughts of people who are concerned with their health/have health anxiety. Do you recognize any of these thoughts?

Common thoughts in health anxiety

- My mother had cancer so there's a pretty good chance I'll get it too.
- My heart is racing - I am going to have a heart attack
- I could get a serious illness and die
- I'm sure I have diabetes as I've been to the bathroom four times today
- My side is aching - this could be ovarian or stomach cancer
- I've been having weird thoughts - I could be schizophrenic and not know it
- This operation could kill me
- I've never seen this mole before - it could be a melanoma
- I've had diarrhoea for three days - this could be colon cancer
- I have a headache - this could be a brain tumour or an aneurism
- My knees hurt - I must have arthritis
- I keep forgetting things - this could be the start of dementia
- I've been feeling really weak lately - this could be a sign of multiple sclerosis

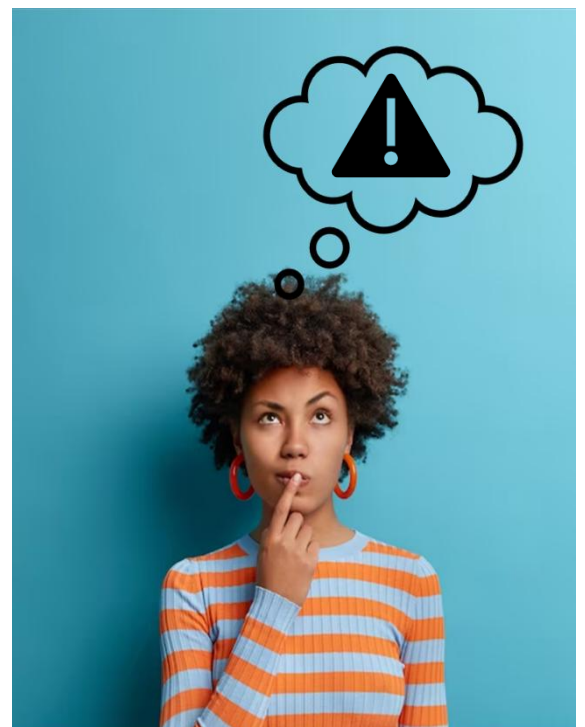
Did you notice that many of these thoughts were extremely pessimistic, focusing on the worst case?

Thoughts such as these will likely trigger feelings of anxiety. The more anxious you feel, the greater the physical sensations and the more you worry.

Unfortunately, this can then become a vicious cycle of worrying about health.

The good news is that by becoming more aware of your thoughts, steps can be taken to consider how helpful they are and if necessary, change them.

Learning to replace unhelpful thinking with more helpful, balanced thinking, can in turn, helps us to feel better, and to behave differently.



Take a moment to consider common thoughts you have, particularly in relation to your health. What thoughts are you having?

Do you believe these thoughts are helpful or unhelpful and why do you think that is?

Thought Suppression

If you believe that your anxious thoughts about your health are unhelpful you have probably tried suppressing them or you have probably asked yourself “Why can’t I just tell myself to “stop it” and the thoughts go away?”.

Unfortunately, this tends to have the consequence of increasing the frequency of these thoughts, sometimes leading to increased anxiety.

Trying to stop/suppress thoughts is often likened to trying to constantly hold an enormous inflatable beach ball under the water - it keeps popping up! It can also be exhausting trying to suppress thoughts – much like the effort of keeping an inflatable ball under water.



In Session Experiment

For the next 30 seconds DO NOT think about a blue polar bear. What happened?



The learning from this experiment for most people is that it is counterproductive to try to suppress the image as it keeps popping up! The reason for this is because to not think about something, requires having to think about it!

When thoughts are threat focused the mind is even more reluctant to allow the thought to be dismissed – part of self-preservation.

Experiment

If you are not convinced whether thought suppression is helpful or unhelpful to you, you could try the following experiment:

- **Day 1:** Carry on with your life in the usual way, including your thinking. Record the frequency of your health anxious thoughts and the distress this causes you.
- **Day 2:** Try as hard as you can to suppress/get rid of your thoughts. Record the frequency of your health anxious thoughts and the distress this causes you.
- **Day 3:** Repeat Day 1. Record the frequency of your health anxious thoughts and the distress this causes you.
- **Day 4/Final day:** Repeat day 2, Record the frequency of your health anxious thoughts and the distress this causes you.

What did you notice?

When you are feeling anxious about your physical wellbeing, it is very common to become more aware of your physical sensations and at times monitor them. It is also very common to interpret physical sensation as a negative sign, such as a symptom of a feared illness such as cancer. From the list of common thoughts of people with anxiety about their health, catastrophizing a physical symptom is very usual.

Thought challenging covers multiple techniques that help you to consider things from multiple angles or perspectives, using actual evidence from your life and/or weighing up this evidence to help you see the bigger, more objective picture.

It is NOT simply “thinking positively”.

Thought Evaluation – Considering Alternative Explanations

One way to reduce catastrophizing is to understand there may be an alternative explanation for these physical sensations. For example, many of the physical sensations that are interpreted as evidence of a serious health problem is a symptom of anxiety – see diagram on page 49

Below is a table demonstrating common physical sensations, how we may interpret the sensation if we have health anxiety, and an alternative interpretation.

Physical Sensation	Catastrophic Interpretation	Alternative Explanation
Racing heart	I am having a heart attack	My heart is racing due to adrenaline caused by stress, caffeine, or anxiety
Stomach cramps	I have stomach cancer	Discomfort in stomach caused by acid entering stomach from feeling anxious
Tinging sensations in hands	I have lost sensation due to diabetes	Sensations resulting from anxiety in relation to diabetes – see diagram on page 49
Red mark on skin	I have skin cancer	Marks left on skin surface from daily body scanning/checks – this is nothing to be concerned with
Feeling tired all the time	I have an autoimmune disorder or cancer	I have been up worrying about my health therefore do not sleep well

Try thinking of your physical symptoms and possible alternative explanations: -

Physical Sensation	Catastrophic interpretation	Alternative Explanation

Things to Consider

There is every chance that there is an alternative explanation for physical experiences/sensations than the catastrophic interpretation you are used to thinking. It can help to consider the following:

- Sensations maybe symptoms of a minor illness
- Sensations might be the result of your emotions such as anxiety, stress, panic or depression.
- Sensations maybe the result of activity or lifestyle choses – alcohol, food, caffeine, substances, change in diet, exercise.....
- Sensations are normal bodily functions that appear heightened because you are focusing on them

Thought Evaluation – Pie Chart

Many people, but particularly those concerned with their health can believe they should do all they can to keep well....otherwise it is their fault they are ill.

What thoughts does this conjure for you?

A pie chart is one way to challenge you thinking

1. Think of a physical sensation you experience that causes you anxiety e.g. a headache

2. Then make a note of the catastrophic reason you think you are experiencing the symptom e.g., a brain tumor.

3. Make a note of how much you believe this to be the reason for your symptom as a percentage e.g., 90%.

Please Note: You are likely to give the reason a high percentage!

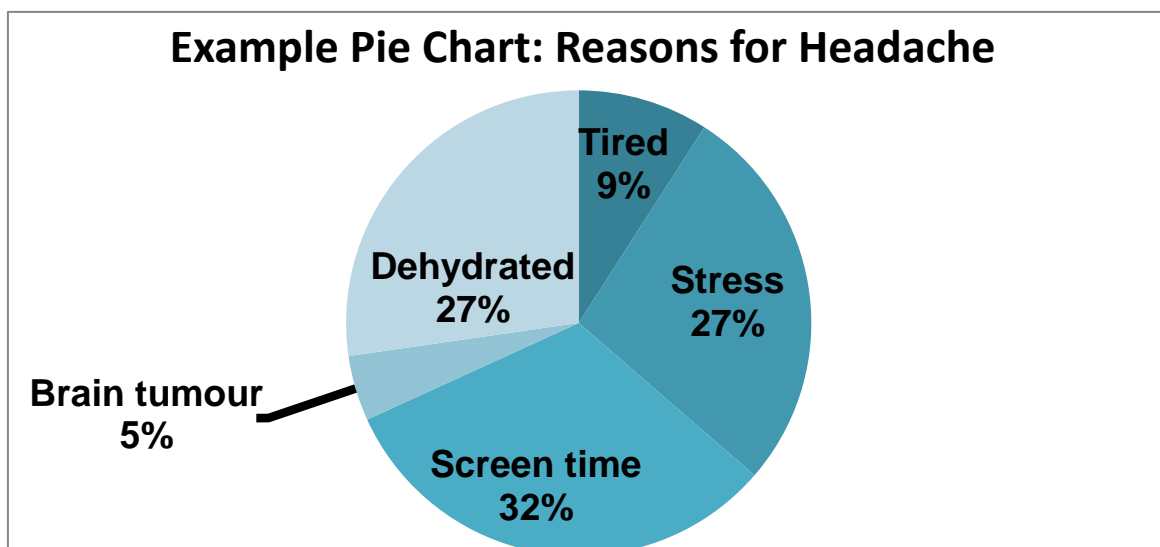
4. Now list all the other possible factors that could be causing this physical sensation.

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

1. Assign each possible contributing factors a rough percentage based on how likely it is to be causing your physical sensation

Important: this time leave your original catastrophic reason until last

2. Draw a circle or pie chart like the one below and divide the circle up roughly in line with the percentages for each reason (smaller section for smaller percentage and larger section for larger percentage)



3. Consider your new percentage for the original catastrophic reason/belief. Has it changed at all? What might be the reason for this?

The hope is that having considered all the other possible factors, the percentage for your original catastrophic interpretation has reduced. The reason being is that we typically overestimate the possibility of the catastrophic outcome and/or are not able to see of possible explanations

If the percentage has remained the same or you were unable to identify other factors,

there are other techniques that may be more helpful for you.

Theory A vs Theory B

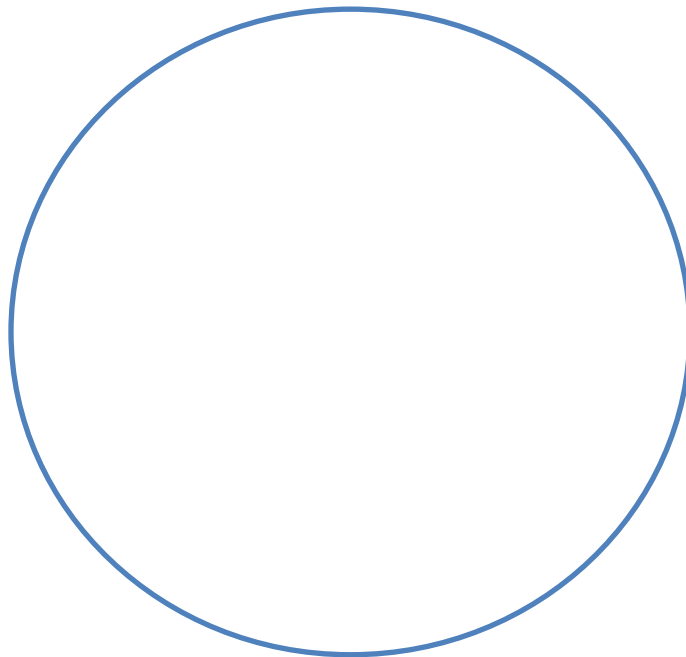
Is there anything you have taken from today's session that you can add to the table below identifying **what do I need to do if Theory A/B is true?** Are your beliefs about Theory A/B changing?

Theory A: I have a health problem “There is something wrong with me”	Theory B: My worry about my health is the problem or causes anxiety which exacerbates my physical health symptoms.
<i>What are your thoughts about Theory A? How much do you believe this to be true?</i>	<i>What are your thoughts about Theory B? How much do you believe this to be true?</i>
Evidence that supports theory A: <i>(What are your reasons for believing that theory A is true? / What has happened that has led you to think this way?)</i>	Evidence that supports theory B: <i>(Are there any reasons to think Theory B is true? / What has happened that could provide evidence that theory B is true?)</i>
If Theory A is true, what do I need to do? <i>(what are you already doing as a result of believing this theory / what would others do who believed this?)</i>	If Theory B is true, what do I need to do? <i>(What would you have to do instead if Theory B is true? / What would others do who believed this? / How can I find out whether Theory B is true?)</i>
If Theory A were true, what would it mean for me and my future? <i>(If you carry on living by Theory A, what impact will it have on your life?)</i>	If Theory B were true, what would it mean for me and my future? <i>(If Theory B were true, how would you be able to live your life differently?)</i>

Session 5 Home Practice

- Read through this week's booklet.
- Practice thought suppression exercise on page 9.
- Practice evaluating your thoughts by considering alternative explanations to your thoughts on page 11.
- Complete your own pie chart using the blank pie chart below and the questions from page 12-13
- Continue to practice soothe techniques.

Home Practice





Session 5 Review:

What was the most important thing I learnt today?

What did I find helpful about today’s session?

What is something I am going to try between now and next session?

Anything else?

Reducing Health Anxiety



Cognitive Behavioural Therapy for Health Anxiety Course Handbook

Session 6

Course Timetable

Session Number	Teaching Topic
Session 1	Introduction to the course and understanding health anxiety
Session 2	The development and maintenance of health anxiety
Session 3	Understanding our threat system and finding ways to soothe it
Session 4	Intolerance of uncertainty and attention training
Session 5	Understanding thoughts and finding ways to evaluate them
Session 6	Further thought evaluation
Session 7	Behavioural Experiments
Session 8	Behavioural Experiments continued
Session 9	Understanding worry and reducing it
Session 10	Understanding and adjusting rules about health
Session 11	Understanding and adjusting core beliefs
Session 12	Relapse prevention and moving forward

Sessions 6: Further Thought evaluation.

Plan for Today's Session

Check in

Review of homework

Thought evaluation.

Challenging the Likelihood of Your Fears

Home practice



Check In



How has my healthy anxiety been this week and why?



Questions and reflection on Session 5's homes practice

Thought Evaluation – Court Room Technique

Another option to evaluate our thoughts is to take them to court!

To begin, it can be helpful to firstly remember that thoughts are just that, thoughts.

Sometimes they will be accurate,
sometimes they will be partially accurate,
and sometimes they will not represent the reality of the situation at all.

The only way we can work out how accurate our thoughts really are, is to question, dissect and evaluate them, otherwise known as the court room technique

In order to take your thoughts to court, you will need to become a thought detective.



As a thought detective it is your job to look for the thought that causes the most emotional distress in a specific situation. This is known as the “hot thought”, “gut punch thought” or “sticky thought”. Identifying this is an efficient way to challenge your thoughts as it is the one most linked to your emotional state and therefore challenging it will bring about the greatest change.

Your other job as the thought detective is to identify the factual evidence that supports your hot thoughts (for) and does not support your hot thoughts (against).

Finally, you will present the evidence for both sides (for and against) to the court room to be weighed up and a final verdict will be made.

The final verdict must consider the evidence from both sides and come up with a balanced perspective.

Here are some useful video links to help you prepare for thought court

Facts vs Opinion - <https://www.youtube.com/watch?v=IkNs08T8fcA>

and

Court Room technique - <https://www.youtube.com/watch?v=OVx5ofyVdsQ> -

Here are some useful questions and prompts you can ask yourself when you are looking at evaluating your thoughts

Situation/Trigger	<ul style="list-style-type: none"> * What happened? * Where? * When? * Who with? * How?
Feelings/ Emotions and Physical Sensations Rate Emotion out of 100 0 = Did not feel the emotion at all 50 = Emotion was moderately intense 100 = Emotion was extremely intense	<ul style="list-style-type: none"> * What emotion did I feel at the time? * What else? * How intense was it? * What did I notice in my body? * Where did I feel it?
Thoughts	<ul style="list-style-type: none"> * What went through my mind? * What disturbed me? * What did those thoughts/images mean to me, say about me or say about the situation? * What am I responding to? * What “button” is this pressing for me? * What would be the worst case scenario?
Hot Thought	<ul style="list-style-type: none"> * Out of the thoughts listed above, which one makes me feel my emotion the most intensely? * Which one keeps coming back? * Which one feels like a “gut punch” or produces that sinking feeling?
Facts That Support The Hot Thought (For)	<ul style="list-style-type: none"> * What are the facts? * What facts do I have that the hot thoughts are totally true?
Facts That Do Not Support The Hot Thought (Against)	<ul style="list-style-type: none"> * What facts do I have that the hot thought is not totally true? * Is it possible that this is an opinion rather than a fact?
Alternative, More Realistic and Balanced Perspective Based on the evidence in the for and against boxes, what balance conclusions can you make	Looking at the evidence for and against: <ul style="list-style-type: none"> * What would someone else say about this situation? * What advice would I give to someone else? * What is the bigger picture? * Is there another way of seeing it? * Is my reaction in proportion to the actual event? * Is this really as important as I think?
Outcome Re- rate emotion	<ul style="list-style-type: none"> * What am I feeling now? * Re-rate the emotion (0-100%) * What could I do differently now and moving forward? * What would be more effective? * What will be most helpful for me or the situation? * What will the consequences be?

Now you can use the blank version of the thought evaluation diary below to try this for yourself:

Situation/Trigger	
Feelings/ Emotions and Physical Sensations Rate Emotion out of 100 0 = Did not feel the emotion at all 50 = Emotion was moderately intense 100 = Emotion was extremely intense	
Thoughts	
Hot Thought	
Facts That Support The Hot Thought (For)	
Facts That Do Not Support The Hot Thought (Against)	
Alternative, More Realistic and Balanced Perspective Based on the evidence in the for and against boxes, what balance conclusions can you make	
Outcome Re- rate emotion	

Thought Evaluation - Challenging the Likelihood of Your Fears

It was discussed earlier that often anxious thoughts are catastrophic. The feared event or situation can also seem very likely. To combat this element of health anxious thinking, it can be useful to calculate the perceived likelihood of your fear materializing.

Questions	Example	Your Example
Identify you catastrophic thought	My headaches means I have a brain tumour	
As a percentage, how likely do you think this is currently?	90%	
How many people do you think there are in you local population?	Southampton 260 000	
Out of that population, how many people do you think experience the same symptom as you?	100 000	
Out of that population how many do you think have a physical illness rather than an occasional symptom?	40 000	
Out of that how many do you think will have a dangerous but not life threatening problem?	15 000	
Out of that how many do you think will have the condition you focused on?	5 000	
Out of that how many do you think have it but haven't been diagnosed?	2000	
Out of that how many do you think will be terminal or have an unsuccessful operation?	500	
So out of a total population of (X) the number of people likely to die from it is (Y)	Out of 260 000, I think 500 people are like to die from a brain tumour in southampton	
What does this tell you about the probability your feared situation will occur? How high is your risk?	$500/260\ 000 = 0.0019$ $0.0019 \times 100 = 0.19\%$ (add reflections when you do your own example)	

Thought Evaluation - Challenging the Perception of Coping & Resources

Can you think of a time when you haven't coped at all?

Can you think of a time you haven't gotten through a situation one way or another?

The probability is that you can't because you are still here, taking part in this course.

Being emotional isn't a sign of not coping when it's a natural response to challenging circumstances. Reality is usually easier to deal with than imagination; a good example is the phrase "anticipation is worse than the event".

In reality a situation will run its course with a finite number of options and outcomes.

After the event, you might consider what you might do differently in a future in a similar situation – this doesn't mean that you didn't cope!

What do you make of this?

Looking back at your previous answers on this page, write down what you did to cope or what resources you used. This might include things like having a good cry, asking for support from your support network or professionals or something else.

Theory A vs Theory B

Is there anything you have taken from today's session that you can add to the table below identifying **what do I need to do if Theory A/B is true?** Are your beliefs about Theory A/B changing?

Theory A: I have a health problem “There is something wrong with me”	Theory B: My worry about my health is the problem or causes anxiety which exacerbates my physical health symptoms.
<i>What are your thoughts about Theory A? How much do you believe this to be true?</i>	<i>What are your thoughts about Theory B? How much do you believe this to be true?</i>
Evidence that supports theory A: <i>(What are your reasons for believing that theory A is true? / What has happened that has led you to think this way?)</i>	Evidence that supports theory B: <i>(Are there any reasons to think Theory B is true? / What has happened that could provide evidence that theory B is true?)</i>
If Theory A is true, what do I need to do? <i>(what are you already doing as a result of believing this theory / what would others do who believed this?)</i>	If Theory B is true, what do I need to do? <i>(What would you have to do instead if Theory B is true? / What would others do who believed this? / How can I find out whether Theory B is true?)</i>
If Theory A were true, what would it mean for me and my future? <i>(If you carry on living by Theory A, what impact will it have on your life?)</i>	If Theory B were true, what would it mean for me and my future? <i>(If Theory B were true, how would you be able to live your life differently?)</i>

Home Practice

Session 6 Home Practice

- Read through this week's booklet.
- Consider and record thoughts you experience related to your health anxiety. Please note: You can refer to the 5 areas or monitoring diaries you have completed during previous weeks or tune in and record thoughts over the coming week.
- Experiment using at least one of the thought evaluation techniques from this week (if possible, more than once!), these include:
 - * Court Room Technique
 - * Evaluation the Likelihood of Your Fears
 - * Evaluating the Perception of Coping and Resources
- Continue to practice soothe techniques.

Session 6 Review:



What was the most important thing I learnt today?

What did I find helpful about today's session?

What is something I am going to try between now and next session?

Anything else?

Reducing Health Anxiety



Cognitive Behavioural Therapy for Health Anxiety Course Handbook

Session 7

Course Timetable

Session Number	Teaching Topic
Session 1	Introduction to the course and understanding health anxiety
Session 2	The development and maintenance of health anxiety
Session 3	Understanding our threat system and finding ways to soothe it
Session 4	Intolerance of uncertainty and attention training
Session 5	Understanding thoughts and finding ways to evaluate them
Session 6	Further thought evaluation
Session 7	Behavioural Experiments
Session 8	Behavioural Experiments continued
Session 9	Understanding worry and reducing it
Session 10	Understanding and adjusting rules about health
Session 11	Understanding and adjusting core beliefs
Session 12	Relapse prevention and moving forward

Sessions 7: Behavioural Experiments

Plan for Today's Session

- Check in
- Review of home practice
- Negative Predictions
- Safety Behaviours and Avoidance
- Introducing Behavioural Experiments



Check In

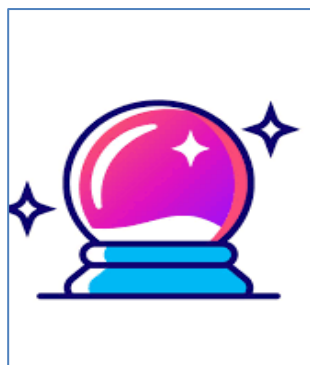


How has my healthy anxiety been this week and why?



Questions and reflection on Session 6's home practice

Negative Predictions



Many people who experience anxiety tend to make negative predictions about how certain situations will turn out. These predictions often include:

- **Overestimating risk:** Believing that something bad is highly likely to happen.
- **Catastrophising:** Assuming that the consequences will be far worse than they actually are.
- **Underestimating coping ability:** Doubting your ability to manage if things go wrong.
- **Ignoring positive evidence:** Overlooking factors that suggest the situation may not be as bad as feared.

When you jump to negative conclusions about the future, you may engage in unhelpful behaviours such as avoidance or safety behaviours:

- **Avoidance:** Completely staying away from the situation.
- **Partial engagement:** Trying but leaving when it feels too difficult.
- **Safety behaviours:** Being overly cautious to feel safer.

The problem with these strategies is that they prevent you from testing your predictions. As a result, your fears remain unchallenged, reinforcing the cycle of anxiety. Today, we will explore these behaviours in more detail and introduce techniques to break this cycle using behavioural experiments.

Avoidance and Safety Behaviours

Direct Avoidance

When feeling anxious, it's natural to want to avoid situations or activities that feel threatening. This can lead to direct avoidance, where you stay away from anything associated with your fears.

Examples of direct avoidance include:

- Avoiding people (e.g., medical staff, ill friends or relatives).
- Avoiding places (e.g., hospitals, public restrooms, funeral homes).
- Avoiding activities (e.g., attending medical appointments, thinking about mortality, writing a will).
- Avoiding physical sensations (e.g., skipping exercise, sex, or spicy foods to avoid triggering physical changes).



What situations do you currently avoid?

Indirect Avoidance (Safety Behaviours)

Sometimes, the situation may not be avoided entirely but you may engage in safety behaviours to feel more in control. These are subtle strategies that provide a sense of safety but often prevent you from fully addressing your fears.

Examples of safety behaviours include:

- Seeking reassurance (e.g., asking others for opinions or repeatedly consulting a doctor).
- Avoiding contact (e.g., not touching door handles, lift buttons, or objects others have touched).
- Cancelling plans if you think you might encounter someone who's been ill.
- Excessive research (e.g., Googling symptoms repeatedly).
- Over-monitoring (e.g., checking your body for signs of illness).



What safety behaviours do you rely on?

In what way do you think they help you?

Cost and Gains

At first glance, avoidance and safety behaviours may seem helpful because they reduce anxiety in the short term. It's natural to think:

- “Why put myself in a situation that makes me feel awful?”

- “Why not do everything I can to feel safer and more in control?”

However, the relief these strategies provide is only temporary. In the long term, they:

- Reinforce your fears.
- Prevent you from testing your predictions.
- Block opportunities to build confidence in your ability to cope.

To evaluate whether our fears are accurate, we need to overcome the avoidance and test them. This can be tricky, especially as it appears that what we are doing is keeping us safe.

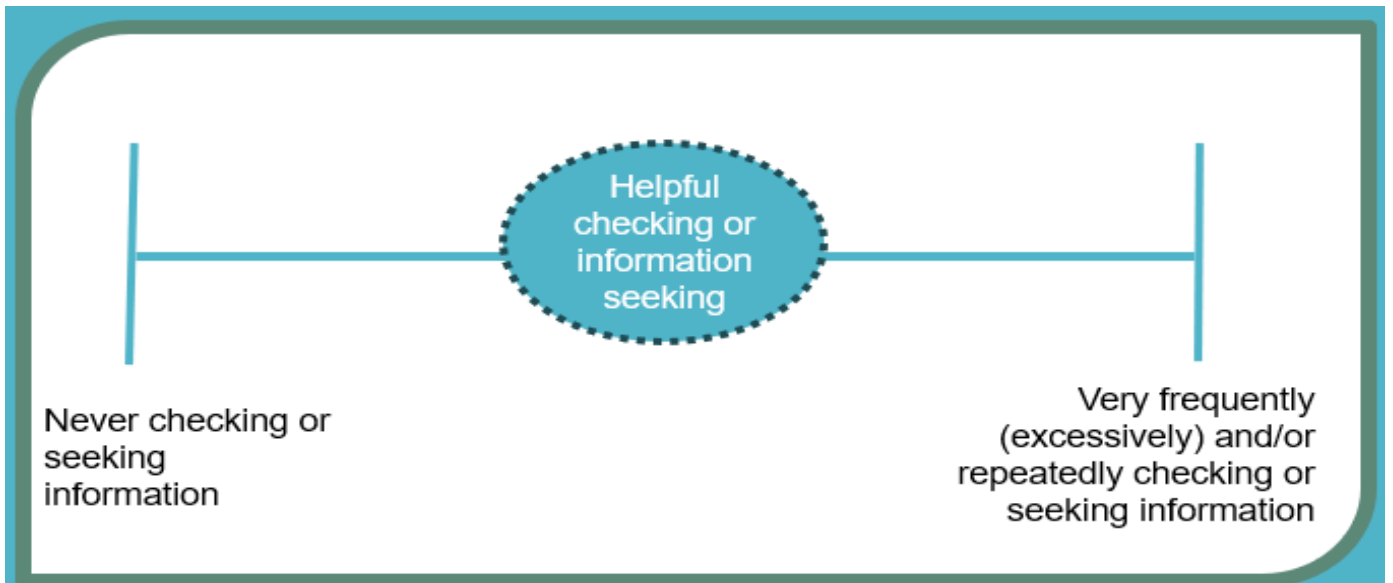
The Continuum of Behaviours

It can be helpful to think of behaviours on a continuum, with extremes at both ends.

For example:

- **Never checking** (e.g., not examining your health at all).
- **Over-checking** (e.g., daily or multiple times a day).

The goal is to find a balanced middle ground. For instance, conducting a monthly breast examination is helpful for monitoring changes without creating the unnecessary stress or soreness, that checking multiple times per day could cause.



1. Where do your behaviours fit on the continuum? (place an x above)
2. What are you aiming to achieve with the behaviour and are they achieving this?

3. How does this behaviour impact on you? (Your time, how you feel etc.)

4. Could you stop, decrease, or change them?

Testing Out Predications: Behavioural Experiments

“Behavioural Experimentation is widely regarded as the single most powerful way of changing cognitions.” Waller, 2009.



We often think our fears and negative thoughts are just facts of life, but behavioural experiments let us test them out in real life. By trying something different, we can gather evidence and see if things are really as bad as we expect. This hands-on approach helps us evaluate beliefs and build more balanced and helpful ways of thinking. It's all about learning by doing, which often leads to longer-lasting changes than just thinking things through.

Changing behaviours can feel daunting because it takes us out of our comfort zone and challenges the ways we've been coping. Those strategies might feel like they're keeping us safe, so stepping into the unknown can feel scary or overwhelming. Behavioural experiments focus on directly testing those fears to see if they hold true.

Planning your Behavioural Experiment:

1. **Identify what you are testing:** What negative prediction or belief are you testing?

2. **Rate your belief:** On a scale of 0-100, how strongly do you believe this prediction?
3. **Design the experiment:** Be specific. What will you do? When? How long will it take? Will you need support?
4. **Start where you can:** Behavioural experiments can happen at any level you feel ready for, the most important part is the learning you take from it. If it feels too hard, there's always a way to adapt the step and make it more manageable.

Behavioural Experiment Examples:

Here are a few examples of how you can test out the thoughts related to health anxiety using behavioural experiments:

- **Thought:** "If I feel a symptom, it must mean something is seriously wrong."
Behavioural experiment: Allow yourself to experience a mild symptom (e.g., slight headache or muscle ache) without immediately seeking reassurance or Googling symptoms. Observe if the symptom worsens or if any catastrophic outcomes occur over time.
- **Thought:** "If I don't check my body for signs of illness, I will miss something important."
Behavioural experiment: Set a timer for a specific period (e.g., 24 hours) and avoid checking for symptoms. After the time is up, assess if you feel less anxious or if any new symptoms appear without your awareness.
- **Thought:** "If I don't seek reassurance from others, something bad will happen."
Behavioural experiment: Challenge yourself to refrain from asking others (e.g., family, friends, doctors) for reassurance about your health. Observe if your anxiety decreases or stays the same.
- **Thought:** "The more I monitor my symptoms, the better I can prevent illness."

- **Behavioural experiment:** Limit your symptom checking to a set number of times per day (e.g., once). Note whether your anxiety increases or decreases as you reduce checking and compare it to previous experiences when you checked more frequently.
- **Thought:** "If I don't immediately act on a potential health issue, it will get worse."
- **Behavioural experiment:** When you experience a mild health concern, delay taking action (e.g., not booking an appointment immediately). Record whether your anxiety levels change and whether any actual deterioration occurs.

Example of Planning your Behavioural Experiment:

<u>Belief/thought to be tested</u> Rate the belief (0-100%)	<u>Experiment</u> What am I going to do?	<u>What are my predictions of this experiment?</u> Rate belief out of 100%	<u>Possible Problems</u>	<u>Solutions</u>	<u>Outcome</u> What happened and what have I learnt?
"If I don't check my pulse at least every hour, I'll miss a serious heart problem." Belief 80%	<i>I am going to alternate checking behaviour on a daily bases. On the first day, I will refrain from checking my pulse (if I have the urge, tell I will tell myself that I am delaying it until tomorrow and engage in another planned</i>	<i>I will become highly anxious when I do not check. I will miss something important and regret not checking.</i>	<i>I want to check on a day I'm not supposed to and it is hard not to.</i>	<i>Stop, take a few deep breaths, tell myself "I will check first thing tomorrow" and do another activity to distract myself and occupy my hands such as drawing, as this is something I</i>	<i>I felt more anxious the more I checked. The more I checked the more I believed I had missed something and needed to check more. Checking is making me more anxious and if something important</i>

	<i>activity). The next day I will check my pulse as often as I can. At the end of each day I will rate my anxiety and belief that I have a serious heart problem or have missed signs of this.</i>			<i>enjoy and value.</i>	<i>changes in my body I will be able to pick it up without checking my pulse so frequently.</i>
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1. **Keep it simple:** Start with a manageable experiment that feels realistic to try. You're more likely to follow through with something straightforward. Avoid testing multiple ideas at the same time, as it can be overwhelming and dilute the learning process.
2. **Expect some anxiety:** Pushing yourself out of your comfort zone can feel uncomfortable, and it's normal to experience anxiety. Stay focused on your goal and remind yourself why this experiment is important. Use the coping strategies you've practiced in previous sessions to manage the discomfort without resorting to new safety behaviours.

3. **Be aware of safety behaviours:** Safety behaviours can sometimes help you approach situations you've been avoiding and gather valuable information. For example, in health anxiety, suppose you fear that standing up too quickly will cause you to faint because of a serious undiagnosed illness. To test this belief, you could set up a behavioural experiment by ensuring you're near a sturdy surface (a safety behaviour) and then practice standing up quickly multiple times.

By doing this, you approach the feared situation and observe the outcome. If you do not faint, this provides evidence against your catastrophic belief. Over time, as your confidence builds, you may feel ready to repeat the experiment without the safety behaviour (e.g., standing up quickly without needing to be near a surface). However, if you conclude that "I only didn't faint because I was near a surface," the safety behaviour may reinforce your anxiety. Aim to reflect on the experiment to fully understand and challenge your original fear.

4. **Record what happened:** Use the behavioural experiment monitoring sheet to document your experiment. Include details such as:

- What you predicted would happen.
- What you actually observed.
- How this evidence supports or challenges your belief.

5. **Reflect on the learning:** After completing the experiment, take time to review what you learned. What did you discover about your feared outcome? How has your confidence changed? Use this reflection to inform future experiments and continue challenging unhelpful beliefs.

Behavioural Experiment Planning:

<u>Belief/thought to be tested</u> Rate the belief (0-100%)	<u>Experiment</u> What am I going to do?	<u>What are my predictions of this experiment?</u> Rate belief out of 100%	<u>Possible Problems</u>	<u>Solutions</u>	<u>Outcome</u> What happened and what have I learnt?

Experiment outcome:

How did you feel? Rate intensity. 0 – 100%	What did you think?	How did you cope with negative thoughts? (If you had them)	How did you feel after the experiment? Rate intensity. 0 – 100%

Theory A vs Theory B

Is there anything you have taken from today's session that you can add to the table below identifying **what do I need to do if Theory A/B is true?** Are your beliefs about Theory A/B changing?

Theory A: I have a health problem “There is something wrong with me”	Theory B: My worry about my health is the problem or causes anxiety which exacerbates my physical health symptoms.
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If Theory A were true, what would it mean for me and my future? <i>(If you carry on living by Theory A, what impact will it have on your life?)</i>	If Theory B were true, what would it mean for me and my future? <i>(If Theory B were true, how would you be able to live your life differently?)</i>

Session 7 Home Practice

- Read through this week's booklet.
- Have a go at your own behavioural experiment and record the outcome on your monitoring form.
- Continue to practice evaluating thoughts, soothe techniques and attention training.

Session 7 Review:



What was the most important thing I learnt today?

What did I find helpful about today's session?

What is something I am going to try between now and next session?

Anything else?

Reducing Health Anxiety



Cognitive Behavioural Therapy for Health Anxiety Course Handbook

Session 8

Course Timetable

Session Number	Teaching Topic
Session 1	Introduction to the course and understanding health anxiety
Session 2	The development and maintenance of health anxiety
Session 3	Understanding our threat system and finding ways to soothe it
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Session 12	Relapse prevention and moving forward

Sessions 8: Graded Exposure and Imaginal Exposure

Plan for Today's Session

Check in.

Review of homework

Continuation of behavioural experiments.

Imaginal Exposure



Check In



How has my healthy anxiety been this week and why?



Questions and reflection on Session 7's home practice

Recapping on Testing Out Predications: Behavioural Experiments

“Behavioural Experimentation is widely regarded as the single most powerful way of changing cognitions.” Waller, 2009.



How did you get on with your behavioural experiment?

Reflecting on your recent behavioural experiment, it's important to acknowledge the effort you've invested in challenging your comfort zones. Engaging in such experiments is a significant step toward managing anxiety and altering thought patterns.

For Those Who Found Success:

If your experiment got positive results, it's natural to feel encouraged. This can serve as motivation to either repeat the experiment or explore new ones. Consistent practice reinforces new behaviours and thought patterns.

For Those Who Faced Challenges:

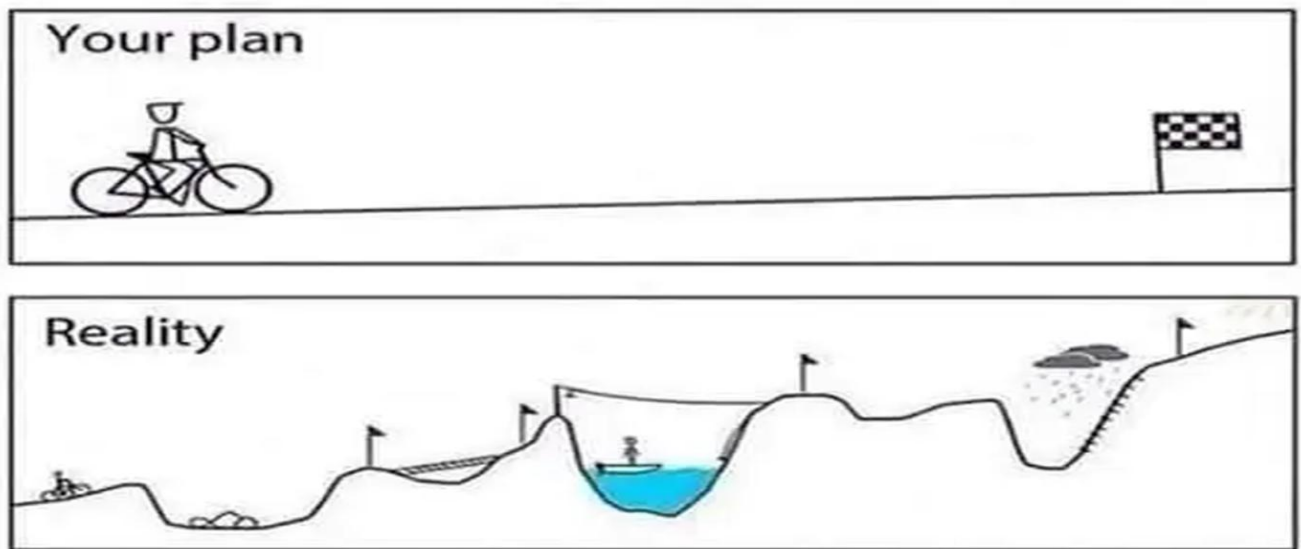
Encountering difficulties is a common part of the process. Stepping out of your comfort zone can be uncomfortable, and setbacks are a natural aspect of growth. It's essential to view these moments not as failures but as opportunities for learning. Reflecting on these experiences can help identify triggers and areas for further development.

Embracing the Journey:

Recovery is a journey with its own set of ups and downs. There will be times when progress is evident, and other times when you might feel stuck or regressing. Learning often occurs during challenging periods. They provide opportunities to:

- Identify specific triggers.
- Apply new techniques.
- Strategize on different approaches for future situations.

Remember, each step, whether perceived as forward or backward, contributes to your overall growth and understanding. Embrace the process, and be compassionate with yourself as you navigate this path.



Here's a reminder of the guidelines for behavioral experiments:

- **Keep it simple:** Choose a manageable experiment to test one idea at a time.
- **Expect anxiety:** Feeling discomfort is normal—stay focused on what you want to achieve and use your coping techniques.
- **Be mindful of safety behaviours:** Safety behaviours can sometimes help you approach a situation initially but aim to drop them over time to fully test your belief.
- **Record and reflect:** Use the monitoring sheet to document predictions, observations, and learning. Focus on how the results challenge your fears.

Behavioural Experiment Planning:

<u>Belief/thought to be tested</u>	<u>Experiment</u>	What are my predictions of this experiment?	<u>Possible Problems</u>	<u>Solutions</u>	<u>Outcome</u>
Rate the belief (0-100%)		Rate out of 100% how much you think this prediction will come true			How much does the outcome support the original thought/belief? (0-100%). What have I learnt?

Experiment outcome:

How did you feel?	What were you thinking?	What did you do to manage the negative thoughts if you had them?	How did you feel after the experiment?
Rate intensity 0 – 100%			Rate intensity 0 – 100%

The Power of Imagery

Imagery involves creating mental pictures to evoke emotions and meaning. It can inspire, motivate, and alter perceptions, often having a profound effect on the body. Let's explore this:

- Imagine you're in a Sicilian lemon grove.
- You see the trees before you, their green leaves glistening.
- Bright yellow lemons hang abundantly from the branches.
- You feel the warm sun on your face.
- The red earth feels sticky under your shoes.
- You reach up and pick a lemon, still warm from the sun.
- Feel its knobbly skin and the weight in your hand.
- Now, imagine slicing the lemon in half, the segments glistening with fresh, sharp juice.
- You anticipate the intense lemon flavour.
- Intrigued, you tilt your head back and squeeze a few drops onto your tongue, tasting the delicious, sweet, yet intensely sharp juice.



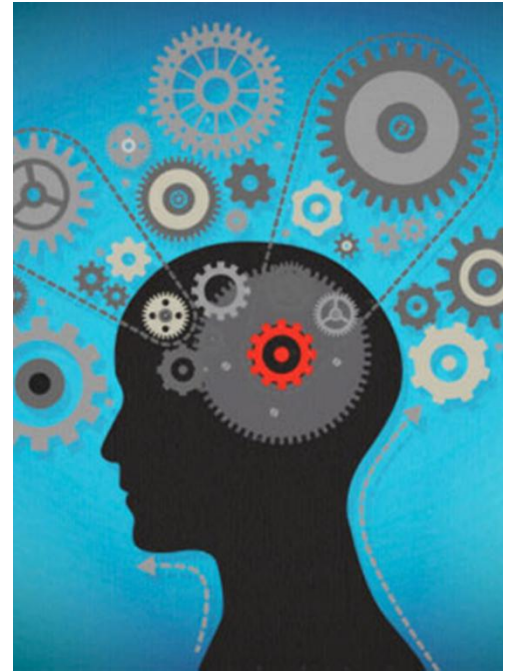
What did you make of this? Did you feel that the image was strong/powerful? Did you almost taste the lemon or wince at the sourness?

Imaginal Exposure

The purpose of Imaginal Exposure is that you purposefully think uncomfortable, fear-provoking thoughts and hold these in your mind until you become habituated, and your distress diminishes.

One way of doing this is using an **imaginal exposure script**.

This is a helpful tool for managing hypothetical worries and intrusive thoughts that you have little or no control over. This might include thoughts about you or a loved one being unwell, getting injured, catching a dangerous disease etc. By engaging in an imaginal exposure script, you can learn to tolerate anxiety and decrease distress over time.



How to write an imaginal exposure script:

REMEMBER: Writing it down or imagining it, will not make it come true!!

1. Identify fears:

Consider what you fear the most, and how it might play out in the worst possible way.

2. Write the script:

Describe the scenario in vivid detail, including how you might feel physically.

Remember: the purpose of the exercise is to feel anxious. If you are feeling anxious, upset, tearful whilst writing your imaginal exposure script you are on the right track.

At first you might find it hard to focus on your fear. This is natural but try and bring your mind back to the task, try to avoid trying to distract yourself or “neutralising” your thoughts as you go through the exercise.

3. Read or record the script:

Listen to the script while focusing on the thoughts, images, and physical sensations it evokes.

For imaginal exposure to be most effective, you should re-read (or listen to) the scenario every day for a prolonged period (approximately 30-60 minutes) or at least until your anxiety ratings go down to 20-30%.

Imaginal exposure script: Use this space to write out your own imaginal exposure script:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



The goal of the imaginal exposure script is to reduce anxiety and to spend less time worrying about fears. It does not mean that you don't care about yourself and others, rather you are just not spending as much time and energy worrying or feeling anxious about hypothetical worries and hopefully gaining more time to do be present and engage in enjoyable activities.

Below are some useful, evidence-based guidelines for you to apply to help you progress through your imaginal exposure script:

1. **Graded:** Starting with an easier example presents you from feeling flooded with difficult emotions. An example of this is writing a script about catching the flu, and then gradually writing about more negative and distressing scenarios when it feels more manageable. Graded exposure builds confidence and momentum step by step and allows you to overcome fear with reduced anxiety longer term.
2. **Repeat:** If you do something differently once, the brain says, "well it was sheer luck nothing happened this time, but it still might next time". When you repeat the experiment, the brain begins to accept that you are safe without using your safety behaviour/s. The more you do it, the more likely you are to feel the benefits.
3. **Without distraction:** To make exposure work effectively, you need to ensure that you do not use things that may distract you from feeling your distress or make you feel better during the exercise. This includes things like listening to music, talking to a friend, saying a "soothing mantra" like "I can do this" or "I am safe" and not seeking reassurance from others as you want to experience the anxiety in order to habituate to it.

4. Theory A vs Theory B

Is there anything you have taken from today's session that you can add to the table below identifying **what do I need to do if Theory A/B is true?** Are your beliefs about Theory A/B changing?

Theory A: I have a health problem "There is something wrong with me"	Theory B: My worry about my health is the problem or causes anxiety which exacerbates my physical health symptoms.
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If Theory A were true, what would it mean for me and my future? <i>(If you carry on living by Theory A, what impact will it have on your life?)</i>	If Theory B were true, what would it mean for me and my future? <i>(If Theory B were true, how would you be able to live your life differently?)</i>

Home Practice

Session 8 Home Practice

- Read through this week's booklet.
- Complete your Imagery exposure script and practice it.
- Continue with behavioral experiments.
- Continue to practice evaluating thoughts, soothe techniques and attention training.



Session 8 Review:



What was the most important thing I learnt today?

What did I find helpful about today's session?

What is something I am going to try between now and next session?

Anything else?

Reducing Health Anxiety



Cognitive Behavioural Therapy for Health Anxiety Course Handbook

Session 9

Course Timetable

Session Number	Teaching Topic
Session 1	Introduction to the course and understanding health anxiety
Session 2	The development and maintenance of health anxiety
Session 3	Understanding our threat system and finding ways to soothe it
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Session 10	Understanding and adjusting rules about health
Session 11	Understanding and adjusting core beliefs
Session 12	Relapse prevention and moving forward

Session 9: Understanding Worry

Plan for Today's Session

Check in

Review of homework

Understanding Worry and how to reduce it

Reducing rumination



Check In



How has my healthy anxiety been this week and why?



Questions and reflection on Session 8's homes practice

What Is Worry?



Worry is often described as a self-talk activity, an activity in which you 'talk to yourself' repetitively about possible future negative events that are fear inducing.

Often this thinking includes thoughts about what would happen should the event occur.

Worrying can therefore be seen as a type of vigilance for threat, and an 'attempt' at mentally problem solving difficulties that haven't happened yet and might never happen.

The word 'attempt' is used here because often a solution doesn't arise leaving people thinking they will not be able to cope should their worst fears materialise. Often worries start with 'what if'.

Can you identify any 'what if' health worries you have?

Is worrying normal?

Everyone can worry from time to time for all manner of reasons such as finances, test results, having an unpleasant procedure, the weather.

Worry can become problematic due to the amount of time spent worrying as well as the difficulty disengaging from worry which causes our worries to become excessive.

When we think about outcomes as being potentially negative, when we doubt our ability to cope and underestimate factors such as support from other people, we experience anxiety.

Although worries can be about a number of different topics, each person will tend to experience recurring worry themes that are commonplace for them.

Worries always involve a tendency to mentally time-travel into the future. The mental process of worrying produces the emotional consequence of anxiety. The more excessive the worry, the more distressing the levels of anxiety that is experienced.

Noticing your most intense levels of anxiety is a good way to draw attention to your most recurrent worry themes.

Where do you think you are on the worry scale?



Attention on worry.



One of the dilemmas of overcoming health anxiety, is the belief that it is reasonable to worry about your health. Is it therefore possible to have a balanced approach?

Could you have some concern for yourself but not excessively worry? If not, why do think this is not possible?

Understanding you worry

To understand your worry, it can be useful to consider the function of your worry.

It is common for people to believe that worrying helps prepare them for the worst, that they worry because they care or that it helps with problem solving.



Consider the following questions:

What do you hope to achieve from your worry?

What is the function of worry for you?

Do you feel prepared?

Do you achieve what you hope to achieve from worrying?

When the worst has happened, has it been helpful to worry beforehand?



The chances are you have identified a couple of times when worry has helped but lots of times when you have worried with no positive or useful outcome. It may seem odd that you keep worrying when there are far more times when worry has not been helpful or productive.

The process maintaining this is similar to that of playing the lottery i.e. “I might win the next time – the worry might help me this time”. This causes the brain to focus on the times when the worry has been helpful and dismiss all the times it hasn’t which creates an unhelpful habit. Therefore, it can give the illusion of helping but actually it’s a short-term gain for a long-term cost.

Does this sound familiar to you?

If the opposite is true, that worrying about your health has been unhelpful, has not achieved what you hoped it would or instead this has led to inactivity, seeking reassurance or any other unhelpful behavior, then learning to reduce your worry maybe useful.

If you are not sure if your worry is helpful or unhelpful, it might be helpful to keep a record of your worry to test this out using the cost-benefit analysis below.

Cost-benefit analysis

A cost-benefit analysis is a way of weighing up the advantages and disadvantages of worrying about your health by using the table below. You could also ask yourself the following questions:

- What are the advantages and disadvantages in the short term?
- What are the advantages and disadvantages in the long term?
- What are the advantages and disadvantages to you in worrying?
- What are the advantages and disadvantages to other people in worrying?

COST OF WORRYING ABOUT MY HEALTH	BENEFITS OF WORRYING ABOUT MY HEALTH	COST OF REDUCING MY WORRY ABOUT YOUR HEALTH	BENEFITS OF REDUCING MY WORRY ABOUT YOUR HEALTH
E.g., I feel it make same more anxious and overwhelmed. I am often not present	E.g., Worrying mentally prepares me for the worst	E.g., I might miss something	E.g., I will feel less anxious and overwhelmed and more present

What did you discover?

Motivation to worry.

If you believe there are benefits to worrying about your health, then it is understandable that you continue to worry about your health. It is also likely that you hold some beliefs that worry is positive.

Can you identify what these beliefs are?

When considering these positive beliefs about worry it can be useful to consider the following:

- Does this belief about worry help me to overcome my health anxiety?
- Whilst having this belief about worry, am I more or less pre-occupied with my health?
- Does my worry reduce unhelpful behaviours such as reassurance seeking or bodily checking?
- Would I teach these beliefs about worry to another person such as a child? If not, why is that?

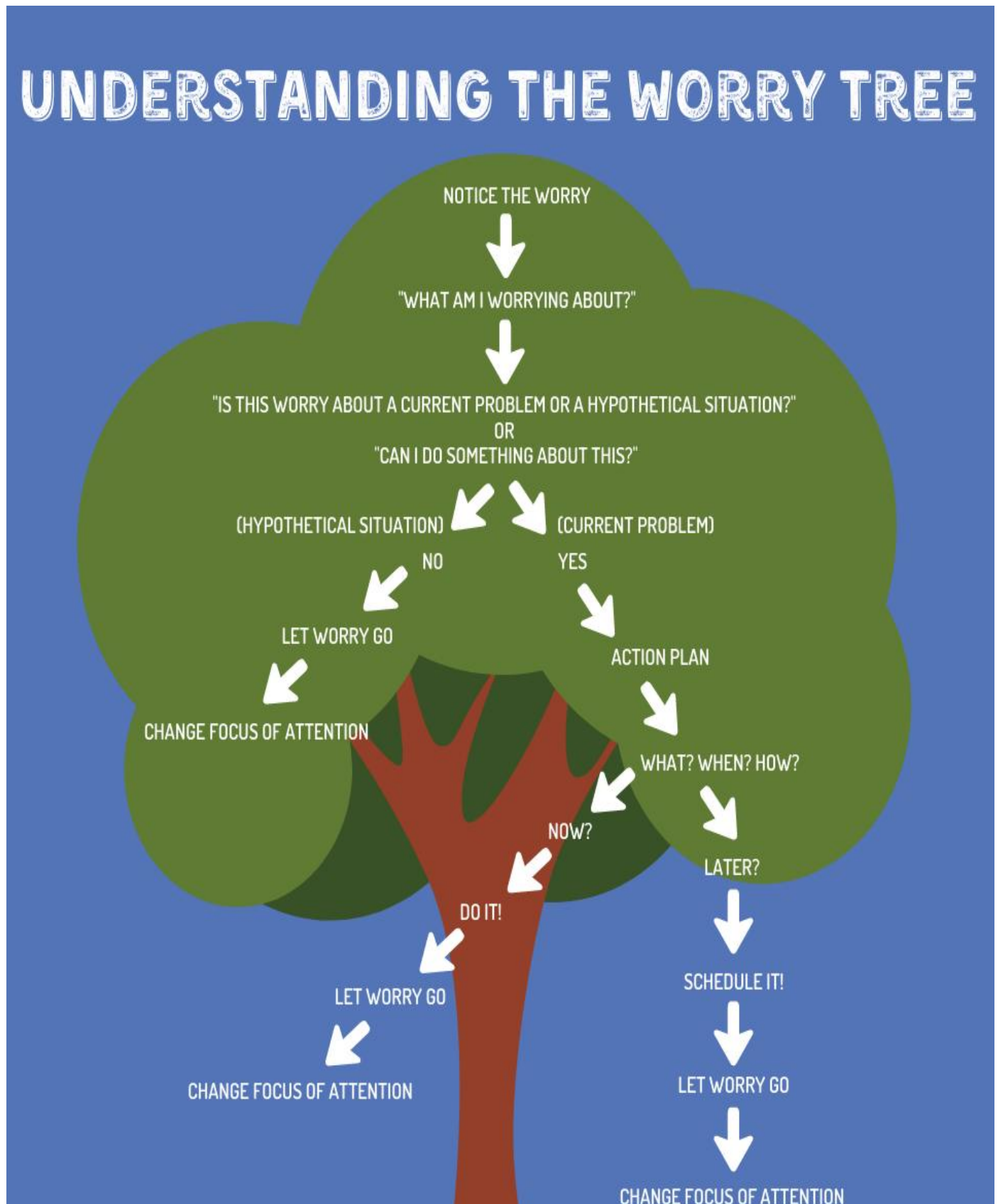
What are your reflections on the usefulness of worry, on your positive beliefs of worry?

Reducing worry

The next section will cover several strategies we can use to help reduce and manage our worry. They can be used separately or in a combination depending on your needs.

The Worry Tree

The worry tree effectively helps deal with worrying thoughts by separating out our worries into hypothetical situations (what if worries) versus current problems.



Hypothetical situations are the ones we identified earlier that usually start with a 'What If...?'

Current problems are those worries that relate to a real situation, that we CAN do something about. In which case, we can decide what to do, when and how - which will be much more helpful than just continually worrying about it.

Once you have worked out whether your problem is hypothetical or a current problem, the tree indicates what to do with it.

If the problem is hypothetical, focus on letting the worry go by changing your focus of attention. This can be done in lots of different ways including the soothe techniques we learnt in session 3, the attention retraining work we covered in session 4, doing something you enjoy, focusing on a task.

If the problem is a current problem, then the worry tree advises that you create an action plan to tackle this. Some people may feel confident creating an action plan, however, if this can be difficult for you, the next strategy will help you to create a problem-solving action plan for current problems.

Once you have completed your action plan – either immediately or at the time you have scheduled, it will be time to refocus your attention.

Problem Solving

Step One: Define the Problem

Be clear about what the problem is e.g., not just 'work problems' but 'my workload feels unmanageable at the moment' Set Goal e.g. 'I want my workload to feel more manageable'.
Goals need to be realistic.

Step Two: Identify ANY Possible Solutions

This is often the most important part. Take your time to come up with as many possibilities as you can, even if they seem unlikely or illogical. It's important to tap into our creative side of the brain, so write down solutions even if you wouldn't ever put them into action. Don't judge solutions at this stage.

Step Three: Strengths vs Weaknesses.

Cross out solutions that you wouldn't do, for the remainder consider pros and cons of each and note down below:

Solution	Pros	Cons

Step Four: Select the Best Sounding Option / First Step

Consider these questions for each of your possible solutions:

- Will this solve the problem?
- How much time and effort will this solution take?
- How will I feel if I choose this solution?
- What will the short term and long-term consequences be if I choose this solution?

Step Five: Plan Solution

- When will you do this?
- Where will you do this?
- Who will be there?
- Is there anything you need to do before?

Step Six: Carry out the Plan!

Step Seven: Review it

You may not have solved the whole problem, but have you been able to take steps towards helping?

- Did the solution work?
- What went well?
- Did anything not go so well?
- What have I learned?
- Do I need to take further steps?

Go back to list of solutions if needed!

Worry Time



A strategy to deal with this problem is to postpone your worry to a particular worry period. By learning to postpone your worry, it will be less intrusive in your life, and you will be managing your worry effectively, giving you a greater sense of control. The steps to postpone your worry are outlined below. Be prepared to practice this approach over and over again. It does take some time and patience.

1. Create a worry time:

- To begin, choose a particular time, place, and length of time for worrying. This time, place and duration should be the same each day (e.g., 6pm, study, 20 min)
- Make this place unique and comfortable, free from distractions. It should not be somewhere you go to regularly, like a lounge room chair. Rather somewhere you assign for the worry period only.
- The time should be convenient so you can regularly follow through with the task, and not close to bedtime.

2. Postpone your worry:

- As soon as you become aware of a worry, postpone it to the worry period.
- Note your worry briefly on paper (in a couple of words only). Carrying a small notebook with you may be useful.
- Remind yourself that you will have time to think about it later, no need to worry about it now; you will be in a better position to deal with the worry in the worry period; and there are more important or pleasant things to attend to right now, rather than worry.
- Turn your focus to the present moment and the activities of the day to help let go of the worry until the worry period has arrived. Tip: see the What is mindfulness? or use the Letting go of Worry with Mindfulness sheets for help in doing this.
- Finally, decide what is the most important and best thing you can practically do for yourself right now. Take immediate action to do something that is either practical, positive, pleasant, active or nurturing.

3. Come back to your worries at the designated worry period:

When your worry period comes around, settle yourself down at the place you had planned and take some time to reflect on the worries you had written down from the day. Some points to remember are:

- Only worry about the things you have noted if you feel you must.
- If all or some of the worries you wrote down are no longer bothering you or no longer seem relevant, then no further action is required.
- If you do need to worry about some of them, spend no longer than the set amount of time you specified for your worry period. It may also be helpful to write your thoughts on paper rather than worrying in your head. You can do this in whatever way feels right to you.

You can use the table below during your worry time.

What was the worry? (Did you notice any triggers, such as places, times or events linked to your worry?)	Were you able to postpone the worry? (How did you cope?)	What happened in the worry period? Did you still need to worry?	What did you learn from postponing your worry? Could you control your worry? How did you feel after the worry period?

At the end of the week, review what are your reflections and what happened to the worries.

Rumination



What is rumination?

The word “ruminate” comes from the Latin phrase for chewing cud — the cyclical action of digestion that cows do when they eat. Obviously as humans we are not chewing cud but instead tend to chew over our thoughts in an attempt to problem solve or learn from past events by:

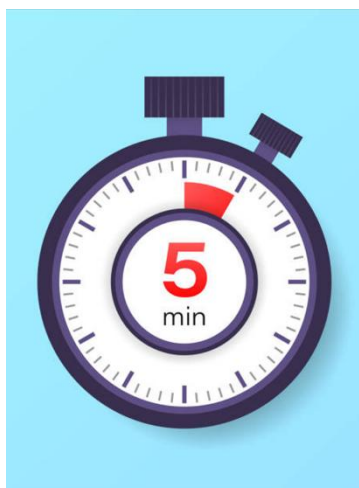
- Repeatedly thinking about events from the past
- Dwelling on difficult things you find distressing.

Is rumination problematic?

Sometimes thinking about an event can help to problem solve or learn. However, rumination is often unhelpful because:

- It is not solution focused.
- The focus is on what has gone wrong.
- Excessive rumination can lead to depression.
- It can lead to avoidance and inactivity.

Introducing the 5-minute rule:



To help manage rumination it can be useful to use the 5-minute rule strategy as outlined:

1. Notice that you are ruminating.
2. Continue ruminating for 5 minutes.
3. After 5 minutes, ask yourself:
 - Do I feel better in my mood
 - Has any anxiety reduced?
 - Have I problem solved?

If the answer to the above questions is no, refocus your attention using the attention training exercises from session 4.

What did you notice?

Theory A vs Theory B

Is there anything you have taken from today's session that you can add to the table below identifying **what do I need to do if Theory A/B is true?** Are your beliefs about Theory A/B changing?

Theory A: I have a health problem “There is something wrong with me”	Theory B: My worry about my health is the problem or causes anxiety which exacerbates my physical health symptoms.
<i>What are your thoughts about Theory A? How much do you believe this to be true?</i>	<i>What are your thoughts about Theory B? How much do you believe this to be true?</i>
Evidence that supports theory A: <i>(What are your reasons for believing that theory A is true? / What has happened that has led you to think this way?)</i>	Evidence that supports theory B: <i>(Are there any reasons to think Theory B is true? / What has happened that could provide evidence that theory B is true?)</i>
If Theory A is true, what do I need to do? <i>(what are you already doing as a result of believing this theory / what would others do who believed this?)</i>	If Theory B is true, what do I need to do? <i>(What would you have to do instead if Theory B is true? / What would others do who believed this? / How can I find out whether Theory B is true?)</i>
If Theory A were true, what would it mean for me and my future? <i>(If you carry on living by Theory A, what impact will it have on your life?)</i>	If Theory B were true, what would it mean for me and my future? <i>(If Theory B were true, how would you be able to live your life differently?)</i>

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Session 9 Home Practice

- Read through this week's booklet.
- Practice reducing worry using techniques learnt today.
- Continue with the next steps on your step-by-step plan.
- Keep practicing thought challenging, soothe techniques and attention training.

Home Practice

Session 9 Review:



What was the most important thing I learnt today?

What did I find helpful about today's session?

What is something I am going to try between now and next session?

Anything else?

Reducing Health Anxiety



Cognitive Behavioural Therapy for Health Anxiety Course Handbook

Session 10
Course Timetable

Session Number	Teaching Topic
Session 1	Introduction to the course and understanding health anxiety
Session 2	The development and maintenance of health anxiety
Session 3	Understanding our threat system and finding ways to soothe it
Session 4	Intolerance of uncertainty and attention training
Session 5	Understanding thoughts and finding ways to evaluate them
Session 6	Further thought evaluation
Session 7	Behavioural Experiments
Session 8	Behavioural Experiments continued
Session 9	Understanding worry and reducing it
Session 10	Understanding and adjusting rules about health
Session 11	Understanding and adjusting core beliefs
Session 12	Relapse prevention and moving forward

Sessions 10: Understanding and adjusting rules about health.

Plan for Today's Session

Check in.

Review of homework

Understanding rules

Adjusting rules



Check In



How has my healthy anxiety been this week and why?



Questions and reflection on Session 9's home practice

Understanding and Identifying Your Rules

At this point in the course, you will have learnt strategies to decrease the amount of time spent worrying and focussing on your health symptoms, to directly evaluate your unhelpful health related thoughts, and to decrease your unhelpful health related behaviours.

Hopefully you are finding these strategies helpful in improving how you think and feel about your health, and how you behave in relation to your health on a day-to-day basis.

To liken this to the iceberg image, so far, we have addressed the part of the iceberg that is above the water (unhelpful thoughts and behaviours) and now that you have some experience in working with strategies to manage your health anxiety, we can start to tackle the part of the iceberg that is hidden beneath the surface and harder to access. This will cover some of the more difficult underlying reasons you started to worry about your health to begin with. This will include underlying health rules and assumptions in this session and core beliefs in the next session.



What are rules?

Rules are a set of guidelines that govern our behaviour and influence our thinking. They are like instructions about how to live our life. It is unlikely you would have been specifically taught “your rules” in relation to your life or health as these are learnt through experiences and from observing other people who influence you. You may not even be aware that you developed rules or assumptions, however they consistently influence your thoughts and behaviour.

We often learn our rules from our parents/caregivers who pass these to us as children to assist us to live life safely and independently e.g., be kind to others, always look and listen before you cross the road, don’t put your hand under boiling water, don’t leave your bag unattended.

We also learn our rules through close observation of our parents/caregiver's emotions and behaviours. For example, we will notice what is praised and what is criticised, what brings a smile to a parent's or carers face and what causes a frown.

We notice connections (e.g., 'If I don't tidy my room, then mum will do it for me') which can become a basis for more general rules (e.g., 'If things go wrong, someone will be there to pick up the pieces').

All these experiences can become a basis for personal rules e.g., if I share emotions I am nurtured and supported, it's not safe to show my emotions otherwise I make myself vulnerable, all spiders are scary, the world is unsafe, so we always need to be on our guard, the world is a wonderful place to explore.

The rules we learn from our earlier experiences have a lasting impact on how we live their lives.

In general rules tend to start with:

If I ... then ...

If I don't do ... then ...

I should / must always ... or else ...

I should / must / ought to

Helpful Rules Versus Unhelpful Rules

As previously mentioned, rules are a set of guidelines for living to help make sense of the world and to cope with everyday life. So having rules, is not a bad thing however sometimes they can become unbalanced and inflexible. Let's consider helpful rules as well as unhelpful rules:



Helpful Rules

We have already identified some helpful rules above such as don't put your hand under boiling water, always look and listen before you cross the road etc. These rules can help navigate the world and teach us to act safely and independently. Rules can also help to make sense of your experiences and recognise repeating patterns e.g., if I am kind to others, others are more likely to be kind in return or if I always give others my things when they ask, people tend to take advantage of me, so a helpful rule might be, it's ok to say no to others if it negatively impacts on me.

Helpful rules tend to be more flexible.

An example of a helpful flexible rule is “it is good to try to eat healthy food” because there is evidence to support that you are more likely to have fewer health problems if you eat healthy foods. This rule is also flexible by considering occasions when it may be preferable to eat foods that are less healthy without feeling guilty (e.g., having a piece of cake for a treat, having a biscuit with your cup of tea, having a 3-course meal out as a celebration).



Unhelpful Rules

Unhelpful rules are those that are inflexible and unreasonable, this often leads to them being more likely to be broken.

An example of these from above are 'it's not safe to show my emotions otherwise I make myself vulnerable, all spiders are scary, the world is unsafe we always need to be on our guard.

An unhelpful rule related to your health might be “I need to check every bodily sensation in case it is something life threatening”. Or ‘my doctor should have all the answers to explain any changes to my bodily sensations’.

This is unreasonable because it is not possible to expect your doctor to know exactly what is always happening within your body. Unfortunately, there are unknowns in medical science and your GP may not have specialist knowledge.

This rule is also likely to keep you worried about your health and dissatisfied or even frustrated with your doctor. Therefore, this rule can be unhelpful.



Lets look at an example

Abi aged 33 is an only child. She grew up with her parents and maternal grandparents. She felt loved and cared for but observed her parents feeling anxious about their parents' health and taking care of them. From a young age Abi also cared for her grandparents as their health deteriorated. She often had to come home from school and help them with daily tasks.

At aged 11 her mum got breast cancer and needed chemotherapy. She was quite unwell throughout and the responsibility for caring for her and her grandparents was mostly on her when her dad was working. Abi learnt to cook and clean and take care of the family. She often missed out on social events with her peers and had to catch up on schoolwork later in the evening. She often felt tired and worried about her mum and grandparents. Thankfully, her mum recovered, however later she lost both her grandparents to cancer.

As an adult she frequently worries about her own health and her parents' health. She seeks reassurance frequently from health professionals and often checks on her parents. Abi doesn't have many hobbies or friends outside of work as she worries about taking time away from her parents in case, they need her.

What rules/assumptions might Abi hold for themselves?
What impact has this rule (and/or assumption) had on her life?
Where does this rule come from?
In what is this rule unreasonable?

What are the pros and cons of her rules?	
Pros:	Cons:
What is an alternative rule that is more balanced and flexible? Consider using less extreme terms such as “sometimes,” “some people,” “prefer,” “would like,” “it would be nice if,” compared with “must” and “should.”	
What can she do to put this rule into practice on a daily basis?	

Rules About Your Health



Your experiences may have led you to develop some unhelpful rules and assumptions about your health. Keep in mind that your rules and assumptions have developed as a way of attempting to protect you, it is only when they become inaccurate and/or inflexible that they become a problem.

Below are some further examples of health anxiety rules:

- “I must take all symptoms and bodily changes seriously”.
- “I must be symptom free to be healthy”.
- “I must report all new bodily sensations to a health professional”.
- “My doctor should be able to explain each of my bodily sensations and changes”.
- “If my doctor orders a test, then there must be something wrong”.
- “If my doctor doesn’t know exactly what the problem is, then it must be really serious”.
- “If I don’t keep checking / having tests, I could miss something really important”.

What rules do you have about your health?

To identify these, it might be useful to ask yourself the following questions:

- What standards do I expect myself to meet regarding my health?
- What standards do I expect my doctor or other health professionals to meet?
- What symptoms do I allow myself to experience without worrying?
- What symptoms or sensations do I never allow myself to experience?

What are the pros and cons of your rules?



Consider how helpful or unhelpful these rules are for you. For example, think about your formulation and see if you can identify the impact your rules have on your behaviour. Would you advise or expect others to follow your rules and if not then why not?

What are the pros and cons of your rule?	
Pros:	Cons:

Adjusting unhelpful rules



The goal of adapting unhelpful rules/assumptions is not to get rid of them, but rather to adjust them into more realistic and flexible rules that are helpful. When adapting your rules, it can be helpful to firstly consider the following:

1. Identify the health rule or assumption you would like to adjust. You may have several rules or assumptions that you would like to work on.

There is no right or wrong place to start with this.

Some people like to tackle the one that is impacting on them the most. Others like to start on the rule or assumption they think will be easiest to challenge, so that they can build up some confidence. Either of these strategies is fine.

2. Consider where might this rule / assumption have come from? Why is it still here? The purpose of this question is to think about why you developed this rule or assumption.

As previously mentioned, rules and assumptions have often developed as a way to protect ourselves and to make ourselves feel less vulnerable. It is therefore quite possible that the rules or assumptions made sense at the time you developed them.

This question also encouraged you to examine why you are still holding on to these rules or assumptions. Ask yourself, “What advantages are there to living by this rule or assumption? What benefits do I obtain? What do these rules or assumptions protect me from now?”

3. Consider what impact this rule/assumption has on my life. Take a moment to record how holding this rule or assumption has affected your thinking, feelings, and behaviours. How has it impacted on your relationships with others, including with health professionals? How has it impacted on your ability to do things that you value, and that give you a sense of enjoyment or satisfaction?
4. Lastly reflect on what ways this rule/assumption is unreasonable, unrealistic, or unhelpful. E.g., if you believe “I must be symptom free to be healthy” – can you ever be symptom free? Do the disadvantages of this rule / assumption outweigh the advantages? If there are more advantages than disadvantages, then maybe you don’t need to challenge this rule/assumption.

One of the best ways to update your unhelpful rules is to consider if they are realistic, needed for your current circumstances and whether they are too rigid. Consider the wording you have used; unhelpful rules tend to be very brief and use all/nothing language. This means the most effective way of updating them is to soften the language you have used and/or increasing the content of the rule. The aim is to find a more balanced rule and broaden your options to cover variable circumstances.

You may find that your new rule starts with the same 'if'....then', but it now ends with a different 'then...' for example, replacing 'If someone criticises me, then it means that I have failed' with 'If someone criticises me, it's unlikely to be my fault. If I have done something worthy of criticism, that's not failure, it's all part of being human, and there's nothing wrong with that'.

Let's have a go:

My old rule I would like to adjust is:

This rule has had the following impact on my life:

Old Rule language used.	New rule language to consider
If.... Then..... I must... I should... I ought to... It would be terrible if...	I want.... I enjoy... I prefer... It's ok to.... If I.... then....

I know that rule is in operation because:

It is understandable that I have this rule because:

However, the rule is unreasonable, because:

The advantages of obeying the rule are:

The disadvantages are:

A more realistic and helpful rule would be:

To test-drive the new rule, I need to:



Testing out new rules

To test out new rules we need to change our behaviours and step out of our comfort zone. This can feel a little scary so its important to test it out in slow steps, similar to your step-by-step plan for graded exposure.

It can be helpful to start acting in accordance with your new rule and observing the outcome. Ensure that your new rule is indeed a useful policy and explore its impact on your everyday life.

Use your formulation to help you identify the specific changes that will help you follow the new rules. You may have some things you can do immediately and some things you need some help from the rest of this course to change effectively. If you are unsure of what steps to take, then do ask the course facilitators.

Dealing with the old rule

Even when you have a well-formulated alternative rule and you are beginning to act on it, your old rule may be present, and you may act according the your old rule. After all, it has been around for a long time and may not just slink quietly away as soon as you expose it to the light of day.

If you are prepared for this, you will be able to tackle the old rule calmly when you see it in operation. Negative automatic thoughts are signs that your old rule is in danger of being broken.

Keep using the skills you learned to question your thoughts, find alternatives to them, and experiment with acting in different ways. Over time, you will find that you have less need to do so.



Old rule:

New Rule I am testing:

How I'm testing it:

Reflections and comments:

Theory A vs Theory B

Is there anything you have taken from today's session that you can add to the table below identifying **what do I need to do if Theory A/B is true?** Are your beliefs about Theory A/B changing?

Theory A: I have a health problem “There is something wrong with me”	Theory B: My worry about my health is the problem or causes anxiety which exacerbates my physical health symptoms.
<i>What are your thoughts about Theory A? How much do you believe this to be true?</i>	<i>What are your thoughts about Theory B? How much do you believe this to be true?</i>
Evidence that supports theory A: <i>(What are your reasons for believing that theory A is true? / What has happened that has led you to think this way?)</i>	Evidence that supports theory B: <i>(Are there any reasons to think Theory B is true? / What has happened that could provide evidence that theory B is true?)</i>
If Theory A is true, what do I need to do? <i>(what are you already doing as a result of believing this theory / what would others do who believed this?)</i>	If Theory B is true, what do I need to do? <i>(What would you have to do instead if Theory B is true? / What would others do who believed this? / How can I find out whether Theory B is true?)</i>
If Theory A were true, what would it mean for me and my future? <i>(If you carry on living by Theory A, what impact will it have on your life?)</i>	If Theory B were true, what would it mean for me and my future? <i>(If Theory B were true, how would you be able to live your life differently?)</i>

Home Practice

Session 10 Home Practice

- Read through this week's booklet.
- Practice adjusting your own rules.
- Continue with the next steps on your step-by-step plan.
- Keep practicing managing worry, thought evaluation, soothe techniques and attention training.

My old rule I would like to adjust is:

This rule has had the following impact on my life:

I know that rule is in operation because:

It is understandable that I have this rule because:

However, the rule is unreasonable, because:

The advantages of obeying the rule are:

The disadvantages are:

A more realistic and helpful rule would be:

To test-drive the new rule, I need to:

Session 10 Review:



What was the most important thing I learnt today?

What did I find helpful about today's session?

What is something I am going to try between now and next session?

Anything else?

Reducing Health Anxiety



Cognitive Behavioural Therapy for Health Anxiety Course Handbook

Session 11

Course Timetable

Session Number	Teaching Topic
Session 1	Introduction to the course and understanding health anxiety
Session 2	The development and maintenance of health anxiety
Session 3	Understanding our threat system and finding ways to soothe it
Session 4	Intolerance of uncertainty and attention training
Session 5	Understanding thoughts and finding ways to evaluate them
Session 6	Further thought evaluation
Session 7	Behavioural Experiments
Session 8	Behavioural Experiments continued
Session 9	Understanding worry and reducing it
Session 10	Understanding and adjusting rules about health
Session 11	Understanding and adjusting core beliefs
Session 12	Relapse prevention and moving forward

Session 11: Understanding and adjusting core beliefs

Plan for Today's Session

Check in.

Understanding core beliefs

Adjusting core beliefs



Check In



How has my healthy anxiety been this week and why?



Questions and reflection on Session 10's home practice

Understanding Core Beliefs



In the previous session we started to think about the part of the iceberg that is hidden beneath the surface and harder to access, we did this by learning to identify and challenge your health rules and assumptions. In this session we are going to understand and adjust your core beliefs.

Underneath the vicious flower: Core Beliefs

Another way to consider your underlying rules and beliefs is similar to that of a 'root system' to your vicious flower; the underlying reasons you started to worry about your health to begin with.

Core beliefs are about how we see ourselves, other people, and the world around us. They usually develop over time and have been influenced by our individual experiences, observations, and interactions with others in our immediate world. While they are often rooted in childhood, this is not always the case, and they can develop after significant experiences in adulthood. Core beliefs drive our negative thoughts hence they are part of our root system. Our beliefs help explain why in a particular situation our thoughts and therefore our feelings and consequent actions might be different to someone else's.



The Development of Core Beliefs:



It seems that we all carry our own rucksacks on life's journey. In our rucksack we carry our life's experiences and expectations, and these influence the way we are, what we do, and what we make of our life and how we go about it. Our rucksack – and what we carry in it - affects the way we think, feel and act: towards ourselves, towards others, and towards life in general.

If we think about our problems as a result of our own “rucksacks”, we can take the problem(s) outside of us, which makes it easier to change things in a positive way. Before we can make those helpful changes, we need to understand more about our personal rucksack, and how it affects us.

What is in your rucksack?

Think about what is in your rucksack- past experiences, memories, beliefs, expectations, rules for living, assumptions etc:

What does your rucksack look like? What colour, shape, size, weight, fastenings, straps, and material does it consist of?

Core Beliefs

Core beliefs are about the SELF, OTHERS and THE WORLD. They can be both positive (e.g., I am fair, I am kind and helpful) and negative (I am stupid, I am not good enough). We all have core beliefs, although we may not be aware of them. They are based on our early interpretation of messages received and events during our childhood (and later in our lives) from the people who matter the most to us. Negative core beliefs are deeply ingrained and when activated can cause very strong emotions. They are deeply rooted convictions. They become the lens through which we view ourselves, others, and the world around us. They often cause us to think critically and negatively of ourselves or others.

Core beliefs rule us until we bring them into consciousness and begin to challenge them.

Below is a list of common negative Core Beliefs. Highlight the ones which apply to you, there will be others not listed which you can add in the box at the bottom. (Note that core beliefs look like absolute statements: “I AM...”; “I AM NOT ...” (they are about ‘being’ - not about ‘doing’).

I am helpless	I am not good enough
I am powerless	I am unlovable
I am vulnerable	I am out of control
I am unlikeable	I am weak
I am undesirable	I am alone
I am unattractive	I am needy
I am unwanted	I am trapped
I am uncared for	I am inadequate
I am bad	I am pathetic
I am ineffective	I am unworthy
I am incompetent	I am different
I am a failure	I am bound to be rejected
I am disrespected	I am ignored/not listened to
I am bound to be abandoned	I am defective

Others core beliefs about self:

Core beliefs about others:

e.g., others can be trusted, let you down, are cruel, unable to support me etc.

Core beliefs about the world:

e.g., the world is unsafe, unpredictable, chaotic,

Example

Abi aged 33 is an only child. She grew up with her parents and maternal grandparents. She felt loved and cared for but observed her parents feeling anxious about their parents' health and taking care of them. From a young age Abi also cared for her grandparents as their health deteriorated. She often had to come home from school and help them with daily tasks.

At aged 11 her mum got breast cancer and needed chemotherapy. She was quite unwell throughout and the responsibility for caring for her and her grandparents was mostly on her when her dad was working. Abi learnt to cook and clean and take care of the family. She often missed out on social events with her peers and had to catch up on schoolwork later in the evening. She often felt tired and worried about her mum and grandparents. Thankfully, her mum recovered, however later she lost both her grandparents to cancer.

As an adult she frequently worries about her own health and her parents' health. She seeks reassurance frequently from health professionals and often checks on her parents. Abi doesn't have many hobbies or friends outside of work as she worries about taking time away from her parents in case, they need her.

What core beliefs and rules for living might Abi hold for themselves?

Core Beliefs:

Rules for living?

Modifying Negative Core Beliefs

Now that we have challenged the idea that core beliefs must be correct and true, we can also consider that 'if core beliefs are not true then I don't have to believe them. And most importantly they can be modified!' The work you have been doing on changing your NATs (negative automatic thoughts) together with changing your behaviours, will have already started to help chipping away at your negative core beliefs.

Challenging Core Beliefs

We can develop alternative core beliefs, like setting up a new file in your mind, by gathering and saving the evidence to strengthen updated belief. To identify an alternative belief, think about the opposite (but balanced) to the original core belief e.g., 'I'm vulnerable' would become 'I'm resilient'. Or 'I am not good enough' would become 'I am good enough'. To develop alternative, more balanced core beliefs we use a continuum by following these steps:

1. Write down your core belief that you wish to challenge
2. Write how much you believe it to be true between 100% to 0% e.g. "I am vulnerable" – I believe this 85%.
3. Write down the opposite of your core belief (i.e., I am resilient)
4. Rate how much you believe the opposite of your core belief e.g. I believe 15% that I am resilient.
5. Write down a list of all the qualities /attributes of a person that would be labelled with the opposite core belief. To gather the attributes of such person you can google it or ask others if you can think of only a few attributes. Remember this is not about whether you have such qualities. e.g. The attributes of "a resilient person" are: adaptable, good self-care, good at problem solving etc
6. Once you have written the list of the qualities, read each of the qualities and rate how much you believe you have such qualities.
7. Make an average rate of the qualities (sum up all the ratings and then divide this total by the number of qualities. In our example: $[75+70+50+90] = 285$, $285/4=71$ 71% is my average. 52

8. Now look back at your rating on how much you believed the opposite of your core belief and compare it with the rating when you look at the qualities making up 'being lovable'.

Core Beliefs Continuum Example:

Current Core Belief		I am vulnerable
Belief %		85%
Opposite Core Belief		I am resilient
Belief %		15%
Qualities or traits		Score %
1	Adaptable	80%
2	Able to problem solve	85%
3	Can manage their emotions	65%
4	Positive outlook	50%
5	Good support network	50%
6	Can learn from a mistake or setback	90%
	Good self care:	
7	Eat well.	85%
8	Good sleep hygiene	85%
9	Exercises	30%
10	Has a hobby	0%
11	Self-aware	60%
12		
13		
14		
	Average Score %	62%
	Reflections:	

I have more resilient traits than I realised. I can see the areas I need to work on more such as a hobby, having a bigger support network

In the example, we reviewed the belief “I am vulnerable— belief 15%”. However, when we looked at what it means to be the opposite; resilient, we realised that the outlook is very different (review average score). Going forward whenever the belief of ‘vulnerable’ is triggered, it will be important to remind yourself that you have the qualities of someone who is resilient. By continuing to remind yourself of the attributes of someone who is resilient and that the old core belief is not completely (or at all) true, we will learn to believe in the more balanced and realistic one.

Positive Data Logs

To help remind ourselves of our new positive belief it can be helpful to notice and remember situations around us that reinforce them. In most day-to-day situations we tend to forget or dismiss the positive experiences as these experiences may be obvious, e.g., someone paying us a compliment, or more subtle, e.g., a pet being pleased to see us or a stranger smiling at us.

Keeping a positive data log of these experiences can help us to acknowledge the positive things happening around us and to us. Noticing positive experiences is the first and very important step to gathering evidence. Thereafter we can begin to think about what these experiences say about us.

For example:

Situation/experience/comment	What this says about me
I went for a walk at lunchtime with a colleague.	I am working on improving exercise and being sociable.
My friend called me for a chat.	I am liked and important.
I grew some vegetables.	I like having a hobby and it makes me feel good about myself which makes me more able to cope.
I felt unwell at work today.	I coped and nothing bad happened.
My manager said I made a mistake.	

I went out with some friends	<p>It was fine, I learnt and know how to do it differently next time.</p> <p>I can enjoy myself and nothing bad happened.</p>
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Theory A vs Theory B

Is there anything you have taken from today's session that you can add to the table below identifying **what do I need to do if Theory A/B is true?** Are your beliefs about Theory A/B changing?

Theory A: I have a health problem “There is something wrong with me”	Theory B: My worry about my health is the problem or causes anxiety which exacerbates my physical health symptoms.
<i>What are your thoughts about Theory A? How much do you believe this to be true?</i>	<i>What are your thoughts about Theory B? How much do you believe this to be true?</i>
Evidence that supports theory A: <i>(What are your reasons for believing that theory A is true? / What has happened that has led you to think this way?)</i>	Evidence that supports theory B: <i>(Are there any reasons to think Theory B is true? / What has happened that could provide evidence that theory B is true?)</i>
If Theory A is true, what do I need to do? <i>(what are you already doing as a result of believing this theory / what would others do who believed this?)</i>	If Theory B is true, what do I need to do? <i>(What would you have to do instead if Theory B is true? / What would others do who believed this? / How can I find out whether Theory B is true?)</i>

Session 11 Home Practice

- Read through this week's booklet.
- Practice adjusting your own core beliefs using the continuum below as well as keeping a positive data log.
- Continue to test out your new rules.
- Continue with the next steps on your step-by-step plan.
- Keep practicing techniques we have covered on the course.

If Theory A were true, what would it mean for me and my future?
(If you carry on living by Theory A, what impact will it have on your life?)

If Theory B were true, what would it mean for me and my future?
(If Theory B were true, how would you be able to live your life differently?)

Core Beliefs Continuum:

Current Core Belief		I am
Belief %		
Opposite Core Belief		I am
Belief %		
Qualities or traits		Score %
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
Average Score %		
Reflections:		

Positive Data Log blank

Situation/experience/comment	What this says about me

Session 11 Review:



What was the most important thing I learnt today?

What did I find helpful about today's session?

What is something I am going to try between now and next session?

Anything else?

Reducing Health Anxiety



Cognitive Behavioural Therapy for Health Anxiety Course Handbook

Session 12

Course Timetable

Session Number	Teaching Topic
Session 1	Introduction to the course and understanding health anxiety
Session 2	The development and maintenance of health anxiety
Session 3	Understanding our threat system and finding ways to soothe it
Session 4	Intolerance of uncertainty and attention training
Session 5	Understanding thoughts and finding ways to evaluate them
Session 6	Further thought evaluation
Session 7	Behavioural Experiments
Session 8	Behavioural Experiments continued
Session 9	Understanding worry and reducing it
Session 10	Understanding and adjusting rules about health
Session 11	Understanding and adjusting core beliefs
Session 12	Relapse prevention and moving forward

Session 12: Understanding and adjusting core beliefs

Plan for Today's Session

Check in.

Review of homework

Relapse prevention



Check In



How has my healthy anxiety been this week and why?



Questions and reflection on Session 11's home practice

**This is the
last session of the
health anxiety
course**

Well done!

It can be useful at this point to review the hopes and fears identified at the beginning of the course.



What happened to your fears?

What happened to your hopes?

Did what you expected to happen, happen for you?

You are also invited to consider some advance reflections on your health anxiety and any gains you have made through attending the course.

**How are you feeling
in relation to your
health anxiety?**

<p>What changes have you made to your health anxiety?</p>	
<p>What has helped you to make the changes you have?</p>	
<p>Any challenges? How have you overcome these?</p>	
<p>Any ongoing barriers?</p>	

Bringing it all together

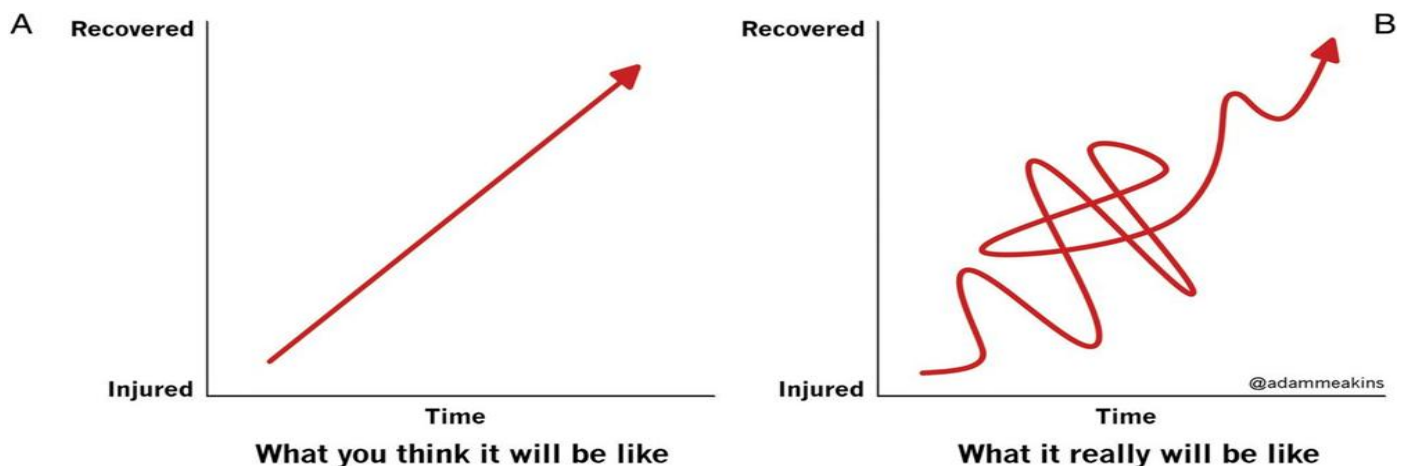


Hopefully you will now feel like you have a toolkit of strategies to help you with your health anxiety. Practice is key, as well as learning what strategies to use when.

Practice



It can be useful to think about maintaining your wellness like learning a new sport. It takes some time for the skills learnt to feel more natural and to remember all the new rules. This is where persistence and practice are KEY! At times, you may come up against some tough competition, but that doesn't mean that you should give up! It just means that you might need some more practice.



You have been introduced to many different concepts in a relatively short space of time on the course. Some of these are the opposite of how you have been thinking and behaving. It will take some time for your new ways of thinking and behaving to feel 'normal' or comfortable for you. This is where practice is recommended but don't forget to normalise your recovery.

What has been the most helpful things you have learnt?
What have been the most helpful techniques you have applied?
How can you use what you have learnt about in the future to maintain gains? E.g., Are there techniques it would be useful to practice regularly or learning if would be useful to remind yourself of at difficult times?

Recognizing Lapses:

Lapse

A brief return to old
unhelpful
behaviours

Relapse

A relapse is a more
prolonged return to
old ways of thinking
and behaving

Although lapses can be disappointing, it is important to remember that lapses are a normal part of recovery! The one step forwards, two steps back can be a common experience.

It is useful here to distinguish between a lapse and a relapse. A relapse essentially means a return to the beginning, where you were before embarking on this course whereas a lapse is a slip back on your recovery journey. Neither are impossible situations BUT catching a lapse early can prevent a relapse.

With this in mind, let's look at making a plan to minimise the chances of a setback (by considering how to build upon your strengths and manage any challenges). Firstly, let think about what your health anxiety symptoms and situations when your health anxiety has been worse:

Early Warning Signs:

What are the early warning signs that tell me I might be heading for a lapse and need to do something? (e.g., certain thoughts, behaviours - checking or avoidance, things others say to me, certain anxiety symptoms)

Triggers: What situations are potential triggers for me? (e.g. times of increased stress, medical check-ups, receiving a diagnosis)

Are there some helpful statements or phrases that I can use to help myself when I am feeling anxious or worried, or have a lapse?
What strategies/techniques have I learned that I could apply when I notice some early warning signs?

Taking a focused approach

Below are some suggested strategies you can try for different symptoms:

Remaining Symptoms	Suggested strategy
Anxious thoughts	Update catastrophic misinterpretations of physical symptoms, Thought challenging, Theory A vs Theory B,
Busy mind	Attention refocusing, 54321, mindful meditation, breathe!
Checking	Evaluate health rules, create new rule and test it out using a behavioural experiment; update.
Worry	Worry tree, worry time, problem solving, attention refocus

Avoidance of medical

Behavioural experiments

Learning from lapses



Another reason lapses can be an important part of recovery is the learning they offer. If this were to happen it can be helpful to complete the following to reflect and learn.

The triggers for my lapse were:

Reflect: What have I learnt from this lapse? What would I do differently next time?

Action Plan: Going forward I am going to do the following:

Further Support:



steps2wellbeing Southampton & Dorset

Steps2Gether Peer Support Group

Steps2Gether is a friendly, non judgemental peer support group for people who have been discharged from Steps2Wellbeing.

The group is run by our Peer Support Practitioners, who have also received treatment from Steps2Wellbeing.


Our Peer Support group meets to:

- Check in on our wellbeing
- Share experiences
- Share helpful techniques for keeping well
- Connect with others

To join Steps2Gether please email or call on:

 dhc.s2w.dorsetpsps@nhs.net  0800 484 0500

NHS Dorset HealthCare University NHS Foundation Trust



steps2wellbeing Southampton

Little Steps Groups

Peer Support

'People helping people'

- Our Little Steps Peer Support groups are friendly and informal, providing a safe, non-judgemental space to meet current or previous service users of Steps2Wellbeing.
- We share our own experiences to help support each other, build our confidence, share coping techniques and reduce the feeling of isolation.
- All of our Peer Support groups are facilitated by staff and volunteers who have previously accessed the service.
- Our groups are currently holding fortnightly meetings together with email support from the group facilitator between sessions.
- We use the session as a chance to check in with each other, offer support where we can and discuss common mental health topics with a focus upon keeping ourselves well.
- There is no expectation for you to use your webcam if you prefer not to.

We have two fortnightly groups:

18:00—19:00 on a Monday evening online
10:30—12:00 on a Thursday in person

If you would like to join Little Steps, please email to let us know which group you would like to attend and we will add you to the mailing list. You will then start to receive our email resources and the link for our webinar sessions.

We look forward to hearing from you soon!

Our email address: dhc.little.steps@nhs.net
Tel: 023 8027 2000 www.steps2wellbeing.co.uk

NHS Dorset HealthCare University NHS Foundation Trust

Dorset Recovery Education Centre:

The Recovery Education Centre (REC) is jointly delivered by Dorset HealthCare and Dorset Mental Health Forum, a local peer-led charity. The REC co-develops and co-delivers educational based courses and resources focusing on recovery, wellbeing, and shared learning, bringing together the expertise of professionals and people with lived experience.

The courses are available to people with personal experience of mental health difficulties as well as carers, friends, family, and supporters including staff. The focus is on shared learning, self determination, and choice. The REC provides opportunity to explore and understand experiences and to recognise and develop skills and tools which may help in your recovery journey.

Dorset Mind:

Dorset Mind provides mental health services in local communities across England and Wales. Dorset Mind is independently funded and relies on local fundraising and donations to continue. All our services are built with the people of Dorset in mind, so we can tailor the needs of our community and best serve them.

Resources

- Overcoming Health Anxiety: A self-help guide using cognitive behavioural techniques. 26 Nov 2009. David Veale (Author), Rob Willson (Author). ISBN-10: 1845298241
- <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself>
- <https://www.nhs.uk/live-well/exercise/strength-exercises/>
- <https://weareundefeatable.co.uk/>
- <https://www.getselfhelp.co.uk/healthanxiety.htm>
- <http://www.dorsetmentalhealthforum.org.uk> Local charity promoting wellbeing and recovery
- <https://www.anxietyuk.org.uk/> A national charity set up to help people experiencing different forms of anxiety.
- www.selfcompassion.org Website of Dr Kristen Neff, includes lots of information and resources relating to self-compassion, including practices to help you develop a more compassionate way of relating to yourself, and guided meditations
- <https://www.mindful.org/meditation/mindfulness-getting-started/> introduction to mindfulness and meditation, including videos to watch
- Smart Phone Apps
 - Catch It – encourages you to record negative thoughts and to look at it from a different perspective
 - Stress & Anxiety Companion- free on the App Store, recommended by the NHS for mild-moderate anxiety and stress, includes tools such as breathing exercises and relaxing music
 - Calm – meditation app with sleep stories and relaxing music, £36 per year's subscription
 - Breathe2Relax- breathing exercises app
 - Relax Melodies – Music for sleep and relaxation
 - Headspace – Guided meditation and mindfulness, free trial available, see App Store, Google Play or www.headspace.com

Thank you for attending the course.



Well done! You have made it to the end of the course! We hope that by the time you come to read this section of the booklet that you have started to feel differently and are building the life that you want to live. We wish you all the best for the future.

Once the final day is completed, you will be given the opportunity to have a brief telephone call with one of the therapists running the group to review your progress. We will also be asking you for feedback on the health anxiety course and a form will be sent with your final review appointment. We really value your thoughts of what we could alter or add for the benefit of future attendees.

Thank you!