

Understanding panic and phobias

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Overcoming Anxiety: A Five Areas Approach

Section 1:

Introduction.

The workbook will cover:

- How to use this workbook.
- The key elements of anxiety, panic attacks and phobias so that you will understand how anxiety can affect you.
- The impact of how what you think can affect how you feel and unhelpfully alter what you do.
- The *Five Areas of Anxiety*: the situations, relationship and practical problems faced, and the altered thinking, emotional and physical feelings and behaviour that occur as part of panic and phobias.
- The areas you need to tackle to overcome your own problems of anxiety, panic and phobias.

Don't be concerned if any of these words seem new or difficult to understand. All the terms will be described clearly as you read through the workbook.

How to use this workbook.

Take time to read the workbook at your own pace. You don't have to sit down and read it in one go. You might find it most helpful to set yourself the target of reading the workbook one section at a time.

- Try to **answer all the questions** asked. The process of having to *stop, think and reflect* on how the questions might be relevant to you is crucial to getting better.
- **Write down** your own notes in the margins or in the *My Notes* area at the back of the workbook to help you remember information that has been helpful. **Plan to review** your notes regularly so that you apply what you have learned.
- Once you have read through the entire workbook once, **put it on one side** and then **re-read it** again a few days later. It may be that different parts of it become clearer, or seem more useful on second reading.
- Use the workbooks to build upon the help you receive in other ways such as other helpful reading, talking to friends, or self-help organisations and support groups.
- Remember that although change can seem difficult at first, it is possible.

Discuss the workbook with your health care practitioner and those who give you helpful support so that you can work together on overcoming the problems.

Understanding anxiety.

Anxiety, tension, stress, and panic are all terms that are used to describe what is a widespread problem for many people. Anxiety can affect everyone and anyone. Very high levels of anxiety and fear are described as feelings of panic.

Can anxiety be helpful?

Anxiety is a common and normal emotion, which can be helpful even though it can feel unpleasant. For example, at lower levels it can help motivate us to prepare for events such as interviews or exams. Anxiety is also helpful in situations of sudden danger where it helps us to respond and get away as rapidly as possible. The problem is when we feel anxious in situations that are not dangerous at all. Another problem is feeling extremely anxious well beyond what is helpful in the circumstances. For example, being so anxious that you cannot cross the road or enter a shop.

What are panic attacks and phobias?

What is a panic attack?

Sometimes anxiety can rise to such a high level that we feel so mentally and physically tense and unwell that we stop what we are doing and try to leave or escape the situation. Sometimes we may feel paralysed into inactivity like rabbits caught in the headlamps of a car and freeze, expecting disaster to strike at any moment. This feeling of acute fear, dread or terror is called a *panic attack*. Panic attacks rarely last longer than 20-30 minutes.

During panic, there are strong beliefs that something terrible or catastrophic is happening right now. Common fears are "*I'm going to faint*", "*I'm going to suffocate*" "*I'm going to collapse*", "*I'm going to have a stroke*", or "*I'm going to have a heart attack*". Sometimes the fear is of *going mad* or *losing control*. The key point is always that the fear is immediately threatening, scary and catastrophic. We become overly aware of the anxiety and quickly stop what we are doing, and hurry away from the situation.

Sometimes we don't have a specific fear or anxiety. Instead, anxious worries build up and up in our minds. Sometimes what starts as anxious worrying about difficulties can build up over time until a state of panic develops.

Panic attack checklist:

- Q Do I notice anxiety that rises to a peak? Yes No
- Q. Do I feel mentally very scared and physically unwell during the panic? Yes No
- Q. Do I fear that something terrible/catastrophic will happen during the panic? Yes No
- Q. Do I become overly aware of the things that I fear might happen during panic? Yes No
- Q. Am I downplaying my own ability to overcome these problems? Yes No
- Q. Do I stop what I am doing and try to immediately escape or leave when I feel like this? Yes No

If you have answered **Yes** to any of these questions, then panic may be a problem for you.

How common is panic?

Because people often don't want to talk about mental health problems, you may think you are the only person to have these difficulties. This is not true. You may be surprised to learn that about one in twenty people experience problems of panic attacks at any one time. Think of the people who live in the same street as you. There are likely to be at least one or two people in your street who currently have problems with panic. There will also be people who have experienced problems of panic in the past.

Panic attacks commonly occur as part of other mental health difficulties:

- *Depression*. This often causes or worsens anxiety. Here, depressing thoughts are linked to low mood, a lack of enjoyment and reduced activity. If you think you may be depressed then you should talk to your health care practitioner to find out more.
- *Generalised anxiety*. Here, worries are anxiously gone over again and again in a way that is unhelpful because it does not actually help to sort out the difficulties that are being worried about. Look at the workbook *Understanding worry and generalised anxiety* to find out more.
- *Obsessive-compulsive disorder*. Obsessional thoughts seem senseless and unwanted. They go round and round your mind and focus on fears that some harm or damage may result from something you have done or might do. The workbook *Understanding obsessive-compulsive symptoms (OCD)* addresses this.

What is a phobia?

You may have friends or relatives who are very scared of animals or insects such as spiders, or of situations such as heights. You yourself may have such fears. Sometimes even just thinking about the feared situation can cause strong feelings of panic. We may avoid anything to do with that situation as a result. This can lead to an increasingly restricted lifestyle. It also undermines your confidence and causes additional distress. When this occurs, we have a *phobia*. Phobias, worry, obsessive-compulsive disorder, depression and panic attacks can occur together.

Definition: A *phobia* describes problems of high anxiety (often with panic attacks) that regularly occurs in a particular situation. In phobias, we become overly aware of any possible threats relating to our fear and try to avoid or quickly leave any situation, people or places that cause us to feel anxious. We often know logically that the situation will not harm or kill us, yet we experience the anxiety anyway.

Phobia checklist:

- | | | |
|---|------------------------------|-----------------------------|
| Q. Do I notice strong feelings of anxiety or panic when I face particular situations, people or places? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Q. Does even thinking about these situations/places/people make me feel nervous? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Q. Have I become overly sensitive to anything to do with the phobic fear? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Q. Am I downplaying my own ability to overcome these fears? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Q. Am I avoiding these situations, places or people? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Q. Overall, am I living an increasingly restricted lifestyle as a result? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
- If you have answered **Yes** to any of these questions, then you may have a phobia

In the next section of the workbook, you will find out about the different sorts of phobias that can occur.

Section 2:

What are the different types of phobia?

Remember: A *phobia* describes problems of high anxiety (often with panic attacks) that regularly occurs in a particular situation. We become overly aware of any possible threats relating to our fear and do all we can to escape. We then avoid any situation, people or places that causes us to feel anxious. We know logically that the situation will not harm or kill us, yet we experience the anxiety anyway.

Virtually any situation, places or people can become the focus of a phobia. Each phobia has a specific name. This section summarises the most common types.

a). Avoidance of very particular situations or objects.

Almost any object can become a cause of phobic fear. For example heights and insects (e.g. wasps or spiders). This type of phobia is often called a specific phobia since exposure to this one situation/object results in intense fear, and causes the person to hurry away.

Choice point: if you think that this sort of specific phobia may apply to you, please read the following text. If not, please skip to b) below.

Example 1: Jane has a strong phobic fear of spiders. One afternoon, a spider scuttles across the carpet in front of her. She immediately screams, and feels great anxiety, panic and fear. Her heart speeds up and races in her chest. She feels very physically tense, shaky and weak. The fear not only affects how she feels, but also affects how she reacts:

Avoidance: Jane leaves the room by jumping onto the settee to get to the door. She then runs out and slams the door behind her.

Unhelpful behaviours: Jane asks her neighbour Helen if she will take the spider well away from the house. She steers well clear as Helen does this. Finally, Jane repeatedly checks that Helen has really removed the spider. She is ashamed she had asked Helen to do this. She can't go back into the room until she knows the spider has gone.

The avoidance is unhelpful because:

a). It undermines Jane's confidence in being able to deal with the problem.

b). It reinforces her belief that she can only cope by leaving the situation.

In extreme form, the fear prevents the person living their life normally. They think all the time about the possibility of coming across a spider again. Any possible situations where spiders might lurk are avoided or approached only gingerly. Even pictures of spiders are avoided.

This example summarises some of the key elements of phobic anxiety. A similar situation is seen for any other feared object or situation.

b). Avoidance of specific places from which escape might be difficult.

You may have heard of people who have panic attacks on buses or in shops or other crowded situations. This is called *agoraphobia*. This is one of the most common forms of phobia. The term agoraphobia literally means “fear of the market place” in Greek. The term is now used to describe a focused fear of any specific place where leaving is difficult.

It can include situations such as:

- Being on a bus, train or aeroplane where the doors are closed. It can include being given a lift in a car, or being driven through a situation where stopping would be difficult. For example driving through a long tunnel or across a toll bridge.
- Sitting in a cinema or theatre – particularly if you are not sitting near the exit. Sitting in the middle of the row where you have to pass others to leave may also cause problems.
- Shopping in large (or sometimes smaller) shops, or being in long queues waiting to pay your bill.
- Eating in restaurants, particularly if you are some distance from the exit.

The key element is that these are situations where it is either physically difficult to leave (such as a train where the doors are closed), or it is socially difficult to leave (for example to leave a cinema would mean pushing past people to get out). The result is that the person feels trapped. They notice increasingly catastrophic fears about what might happen if they can’t escape from the place or situation.

Choice point: if you think that agoraphobia may apply to you, please read the following text. If not, please skip to c) below.

Example: Harvinder has developed panic attacks whenever he goes shopping. He has had this difficulty for about 6 months. He starts noticing the anxiety increasing as he plans his weekly shop. On the way to the supermarket he is very aware of his heart thumping. His breathing is faster than usual.

As he enters the store his breathing speeds right up and his heart starts racing. He fears that he will pass out and collapse. As he breaths faster and faster he feels even dizzy. Harvinder changes his behaviour to try to make himself feel better.

He does this in two ways:

- **Avoidance:** Over recent months Harvinder has tended to stop going to supermarkets. He now only rarely visits them and shops at quieter times.
- **Unhelpful behaviours:** He walks faster than usual as he shops. He also holds tightly to the shopping trolley for support. On previous occasions he has persevered and reached the checkouts. He has previously always chosen the till with the shortest queue and had his money ready for a quick escape. Today however he tries to control his breathing by taking rapid breaths. This makes things worse. After only five minutes he abandons the trolley in the middle of the store and walks/runs outside. He sits on a seat outside to recover. He decides next time he will bring someone along with him in case he feels like this again. He pledges that he will never go back into another supermarket.

Harvinder's panicky fears have affected how he feels emotionally and physically. They have also unhelpfully altered what he does. His altered behaviour succeeds in helping him feel safer in the short-term. However in the longer-term this action backfires and further undermines his confidence. Leaving the shop quickly reinforced the underlying beliefs that he can only cope by leaving an anxiety-provoking situation. It prevents him from staying in the store. Staying in the store would have allowed him to test out if his fear of fainting/collapsing would really happen.

c). Avoidance of conversations with people/being in the spotlight.

A degree of shyness affects many people. A *social phobia* occurs where there is an excessive shyness and a very strong fear that others are judging us negatively. This extreme form of shyness affects about one person in 35 at some stage in their lives.

Social phobia causes great difficulty in one to one situations or whenever the person thinks that the spotlight is on them. For example meeting new people, or making small talk over coffee can be desperately difficult. Situations such as this lead to mind-reading that others don't like us, or judge us to be unattractive, boring, inferior or stupid. These thoughts lead to symptoms of strong anxiety.

Other situations that people might find difficult include times when others are watching them perform a task, such as giving a talk or doing karaoke. Here the fear is focused on public speaking to a larger group of people. For example a teacher can become very anxious leading a class. Any other situation where the person is the centre of attention can cause similar symptoms.



Sometimes, the person with social phobia starts to drink far more than usual to help them cope with social situations. This can lead to drink problems and alcohol dependency.

Choice point: if you think that social phobia may apply to you, read the following text. If not, please skip to the next section of the workbook.

Example: Dawn becomes very anxious in social situations. This has worsened since she was a teenager when she had bad acne. Even though the acne has now cleared her anxiety in social situations has got worse and worse. During these occasions she notices strong bodily symptoms of anxiety. She feels hot and flushed, sweaty and slightly shaky. She is very aware of her dry mouth and notices a frog in her throat. She is overly sensitive to these physical symptoms, She constantly predicts that the person she is speaking to will be aware of her discomfort and judge her negatively.

To try to cover these symptoms up she alters what she does by:

- **Avoidance.** Dawn chooses to avoid social situations where possible. She tends to say no to invitations to meals out or parties, and tries to keep all social encounters as short as possible.
- **Unhelpful behaviours.** Dawn tries to avoid eye contact with people. She only makes eye contact briefly and for as short time as possible. She finds herself constantly tempted to cut conversations short and leave abruptly. She is especially aware of feeling hot, flushed and sweaty and uses her handkerchief to repeatedly dab her forehead. She also tries to cool down by fanning herself with her hand and by blowing air from her mouth directed up at her forehead. Finally, she keeps swallowing hard and coughing to try to clear her throat.

Here again, what Dawn *thinks* affects how she *feels emotionally and physically*, and can also *unhelpfully alters what she does*. The altered behaviour is designed to help Dawn cope with the anxiety of social contact. However her actions and avoidance can backfire and undermine her confidence even more. Hurrying away will reinforce her underlying beliefs that she can only cope by leaving a situation. Mopping her brow reinforces the fears that others will have judged her negatively because she is overly aware that she has acted differently to the people around her. Finally, the actions she takes might actually draw more attention as a result. This is quite the opposite of what she wished.

Section 3:

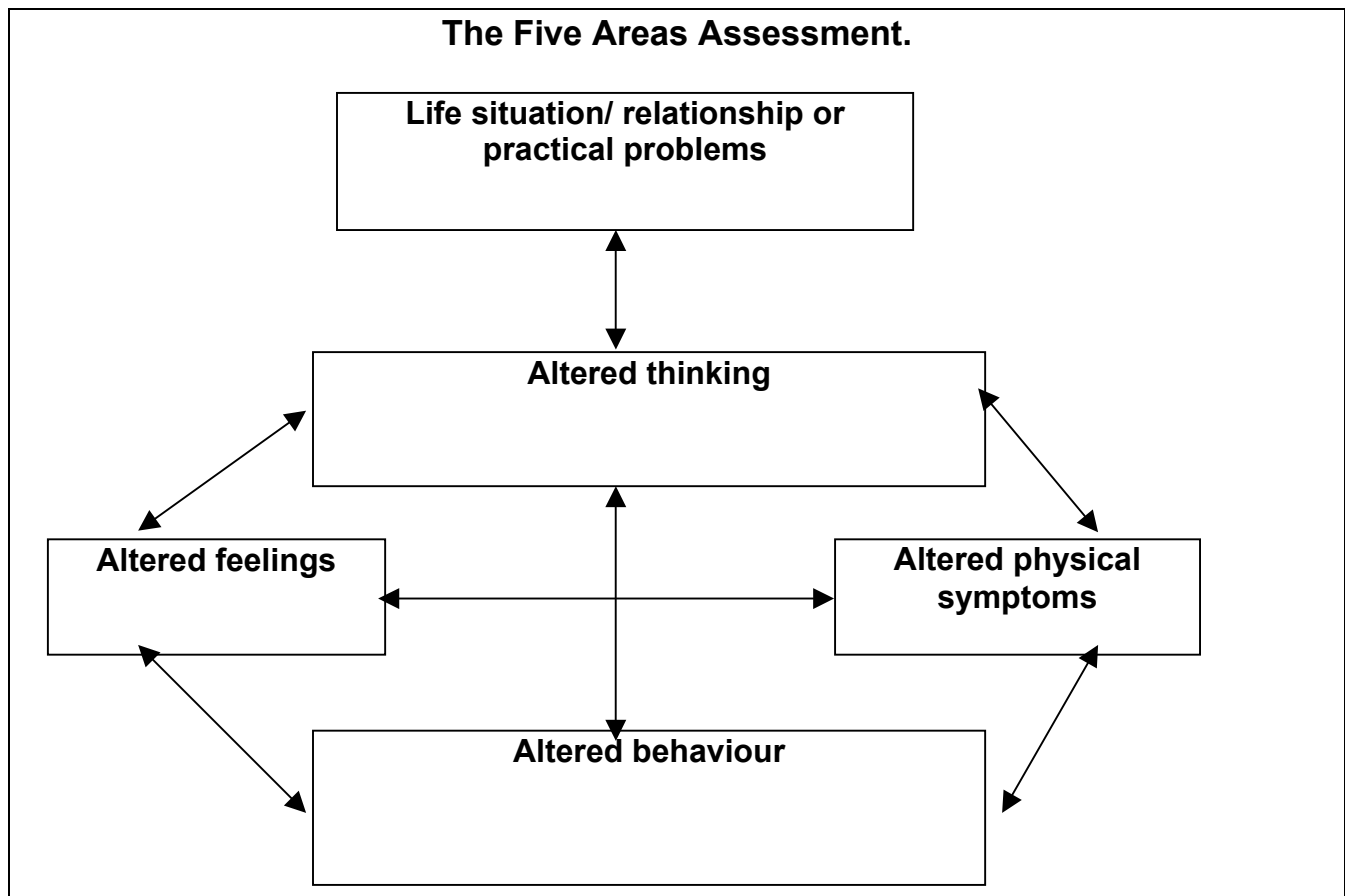
Understanding panic and phobias: My own Five Areas Assessment.

A **Five Areas Assessment** can be helpful in understanding your own symptoms of anxiety, and in choosing targets to change how you feel.

The five areas are:

1. Life situation, relationships, practical problems and difficulties (e.g. problems at home or work).
2. Altered thinking (with extreme and unhelpful thinking)
3. Altered feelings (also called moods or emotions).
4. Altered physical symptoms/feelings in the body.
5. Altered behaviour or activity levels (with avoidance, or unhelpful behaviours).

The Five Areas Assessment indicates that what a person thinks about a situation or problem may affect how they feel emotionally and physically, and also alters what they do. Look at the arrows in the diagram. Each of these five areas affects the others and offers possible areas of change to reduce anxiety.



A key point is that what we think about a situation affects how we feel physically and emotionally. It also affects what we do. You will now have the chance to consider how this approach can help you understand your own anxiety.

Key point: As you go through the five areas assessment, please think about how anxiety has affected you in the last week. Try to answer all the questions and really think about how they apply to you. By doing this you will be able to identify possible target areas for change.

In order to break down the task, the first four of the five areas will be covered in this section. The final area, altered behaviour will be covered in the next section.

Area 1: Situation, relationship and practical problems.

All of us from time to time face practical problems or difficulties in relationships. When we face a large number of problems we may begin to feel overwhelmed. Difficult situations include everyday events such as comments from family, friends or others that we take personally.

Practical problems may include:

- Debts, housing or other difficulties.
- Problems in relationships with family, friends or colleagues etc.
- Other difficult situations that you face such as problems at home or work (or lack of work - for example unemployment).

The following table summarises several common factors that may be associated with anxiety. Are any of these relevant to you?

Situation, relationship and practical problems.

I have relationship difficulties (such as arguments).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I can't really talk and receive support from my partner.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
There is no one around who I can really talk to.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
My children won't do what I tell them.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have difficulties with money problems or debts.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
There are problems with my flat/house.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am having problems with my neighbours.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I don't have a job.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I have difficulties with colleagues at work.

Yes No

You may notice that different situations, places or people also seem to worsen your anxiety. Write these here:

You will find out more about these as you complete your own five areas assessment.

Summary for Area 1: Situation, relationship and practical problems.

Having answered these questions:

Q. Overall, do I have any problems in this area?

Yes No

These difficulties are potential targets for change. You will find out more about what steps to take to tackle these in section 5 of the workbook.

Area 2: Altered thinking in panic and phobias.

Thinking can alter in various ways when panic or phobias occur.

a). The unhelpful thinking styles.

During panic, there are strong fears that something terrible or catastrophic is happening right now. You may **jump to the very worst conclusion** (catastrophic thinking) that things will go very badly wrong. Common fears are "*I'm going to faint*", "*I'm going to suffocate*" "*I'm going to collapse*", "*I'm going to have a stroke*", or "*I'm going to have a heart attack*". You may fear that you are *going mad* or *are losing control*. You may overlook your own strengths and be very self-critical. You may be prone to **mind read** and second-guess that others think negatively of you and rarely check out whether these fears are true. Overall, your thinking becomes extreme, unhelpful and out of all proportion. By focusing on problems that are taken out of all proportion, your own strengths and ability to cope are overlooked or downplayed. Things are seen as being out of control.

Key point: All these unhelpful thinking styles occur in each of us from time to time. However during times of high anxiety they become more frequent and are harder to dismiss from the mind.

Now, think about your own thinking over the last week:

My anxious thinking.

- Q1. Am I being my own worst critic? Yes No
(bias against myself)
- Q2. Am I focusing on the bad in situations? Yes No
(putting a negative slant on things – a negative mental filter)
- Q3. Am I making negative predictions about the future? Yes No
(make negative predictions)
- Q4. Am I jumping to the very worst conclusion (*catastrophic thinking*)? Yes No
- Q5. Am I second-guessing that others think badly of me without actually checking? (*mind-reading*)
 Yes No
- Q6. Am I taking unfair responsibility for things that aren't really my fault? Yes No
(bearing all responsibility/taking all the blame)
- Q7. Do I have unhelpfully high standards and use the words "*should, must, ought and got to*" a lot, or make statements such as "*Just typical*" when something goes wrong (*Unhelpfully high standards/rules*)
 Yes No

If you have answered yes to the question about catastrophic thinking, try to identify what sort of thoughts pop into your mind when you feel panicky.

Common catastrophic thoughts during panic:

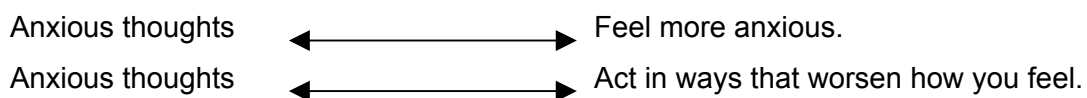
Catastrophic thought.	Tick here if you notice this thought.
"I'm going to faint or collapse/pass out".	
"I'm going to suffocate".	
"I'm going to collapse".	
"I'm going to have a stroke".	
"I'm going to have a heart attack".	
I'm going to go mad".	
"I'm going to lose control".	
"I'm going to show myself up/make a fool of myself".	

Write any other catastrophic fears you have here:



Why are these unhelpful thinking styles so unhelpful?

These extreme thinking styles are called unhelpful because believing them worsens how we feel and unhelpfully alters what we do.



Think about a recent time when you have felt more anxious or panicky. Were any unhelpful thinking styles present? Did they have an impact on how you felt and what you did at the time?

Read the table below to find more about the links between situations, thoughts, feelings and behaviour.

Situation, relationship or practical problem.	Immediate catastrophising.	Unhelpful thinking style (s).	Emotional and/or physical impact.	Behaviour change.
1). Jane is sitting in her main room when suddenly a spider runs across the carpet.	<i>"It's horrible, it will bite me. I can't deal with this."</i>	<i>Catastrophic thinking and bias against yourself.</i>	Anxiety and feel physically tense.	Avoidance: <i>Jumps onto the settee and runs away.</i> Unhelpful behaviours: <i>Asks neighbour to remove the spider, and repeatedly checks that she has done so.</i>
2). Harvinder has had fears of going shopping for over 6 months and these are gradually getting worse. He is now in the middle of a long queue at the supermarket.	<i>"I'm going to collapse and pass out".</i>	<i>Catastrophic thinking.</i>	Anxiety and physical symptoms of a faster heart rate and rapid breathing.	Avoidance: <i>tending to avoid supermarkets, and only shops when it is quieter.</i> Unhelpful behaviours: <i>Walks round the store faster than usual, gripping tightly to the trolley. Abandons the trolley and quickly leaves the store to sit down.</i>
3). Dawn is someone with strong social anxiety. She has just been introduced to an attractive stranger.	<i>"He thinks I'm boring and unattractive".</i>	<i>Mind-reading - second-guessing that others don't like her.</i>	Anxiety and physical symptoms including going red and feeling hot, sweaty and shaky. Notices a dry mouth and a frog in her throat.	Avoidance: <i>She is generally avoiding speaking to people resulting in social isolation. Saying no to invitations out.</i> Unhelpful behaviours: <i>Dawn avoids eye contact as she talks. She brings conversations to an abrupt end. She is clearing her throat and swallowing to excess.</i>

The unhelpful thinking styles can therefore worsen how you feel emotionally and physically, and unhelpfully alter what you do in both the short and the longer-term.

Other thinking changes also occur in anxiety.

b). Becoming overly aware of things that seem scary.

High anxiety causes us to watch out for anything that is particularly scary to us. This can include difficult situations such as going into shops, seeing a spider, or the reactions of other people.

You may be overly aware of:

- *Scary thoughts*: (e.g. that you might die), and try very hard not to think this.
- *Scary physical symptoms in our body*. During times of high anxiety, all sorts of physical symptoms occur. This is a standard bodily response in times of threat or danger. Your heart rate and breathing both speed up. This allows more blood to get to your muscles to defend yourself or run away. These intense physical reactions can reinforce underlying fears that something terrible is about to happen. You will find out more about this later in this workbook.

c). Images and mental pictures – an important part of anxiety.

Another way that we think is often as a mental picture. Some people (although not everyone) notice mental pictures or images in their mind when they become anxious. Images are a form of thought and may be “still” images (like a photograph), or are moving (like a video). Images may be in black and white or be in colour. They may include a mental picture of some catastrophic event occurring such as collapsing, suffocating, or of your own funeral. As with all extreme and unhelpful fears, the images add to feelings of anxiety.

Summary for Area 2: Altered thinking.

Having answered the questions in this workbook about altered thinking:

Q. Overall, do I have any problems in this area? Yes No

These difficulties are potential targets for change. You will find out more about what steps to take to tackle these in section 5 of the workbook.

Area 3: Altered feelings in anxiety.

In times of high anxiety and panic, the following are common altered emotional feelings:

Anxiety (also often called words like “stress” or “tension”).

In anxiety, the person feels troubled, unsettled and uneasy in himself or herself. At high levels of anxiety this can reach the level of intense fear seen in panic. Such high levels of anxiety are unpleasant but not dangerous.

Anger or irritability.

Little things that normally wouldn't bother you may now seem to really irritate or upset you. Anger tends to happen when you, or someone else, break a rule that you think is important, or acts to threaten or frustrate you in some way.

Shame.

Feelings of shame occur when you see yourself as having undesirable qualities which if revealed to others will result in ridicule and humiliation. For example this might be of your:

- *Physical appearance (e.g. how your nose, ears, face, bottom, breasts etc appear to others).*
- *Emotions (e.g. shame at being anxious).*
- *Personality (e.g. that you are not confident in everything you do),*
- *or Actions (e.g. that you lied and avoided going to the party because of anxiety).*

These concerns lead to behaviours to hide these perceived "faults" from others.

Low mood.

Depression may occur at the same time as panic or phobias. It can either start or worsen symptoms of anxiety. Common terms that people use to describe low mood include depression, or feeling low/sad/blue/upset/down/miserable or fed up. Typically in severe depression the person feels excessively down and few if any things cheer them up. If you feel like this, speak to your health care practitioner.

My altered feelings.

- | | | |
|---|------------------------------|-----------------------------|
| Q. Do I feel very anxious or fearful/panicky at times? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Q. Do I get easily angry, frustrated or more irritable than previously? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Q. Do I feel shame about aspects of my actions or myself? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Q. Am I feeling depressed, upset or low in mood and no longer enjoy things as before? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Summary for Area 3: Altered feelings/emotions.

Having answered these questions:

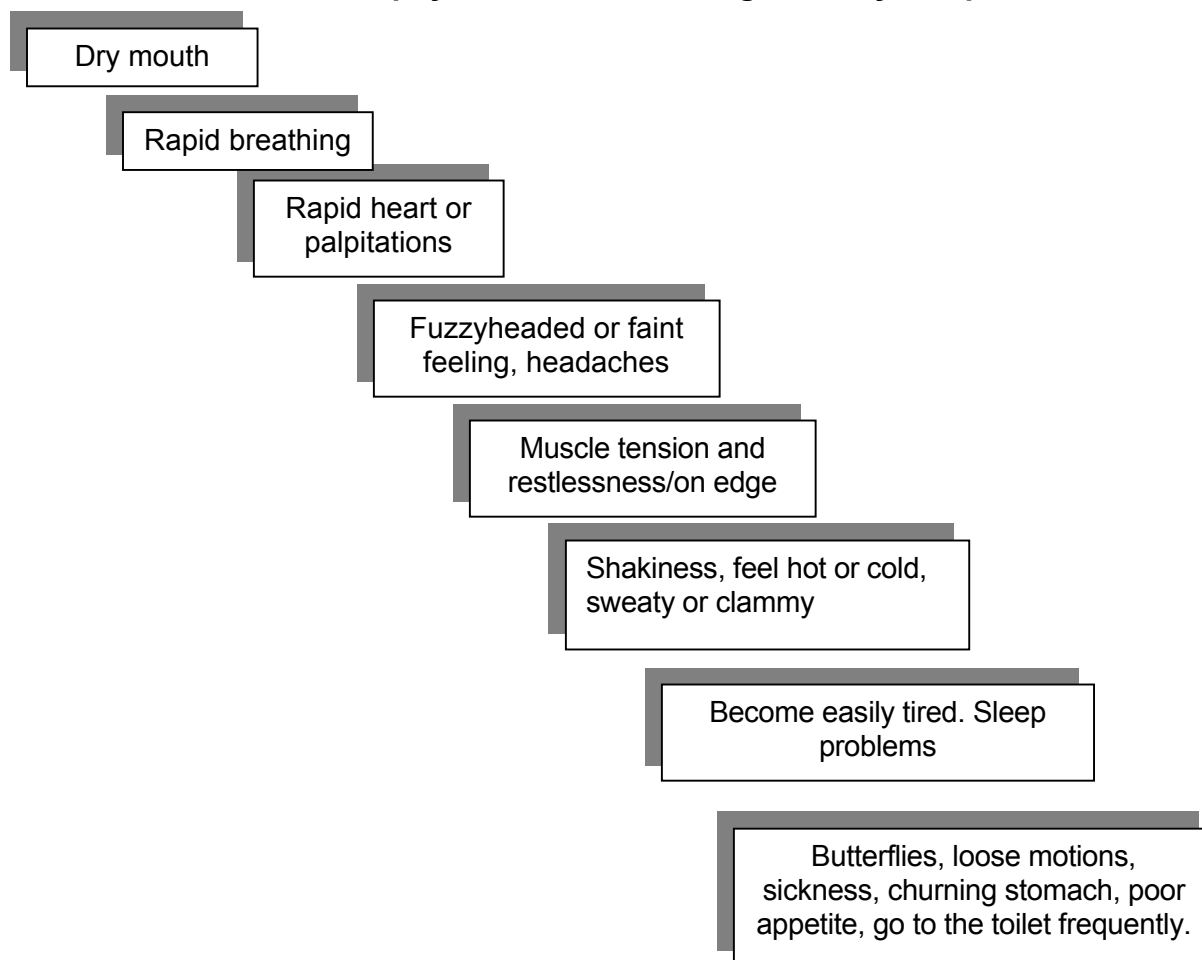
- | | | |
|--|------------------------------|-----------------------------|
| Q. Overall, do I have any problems in this area? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

These difficulties are potential targets for change. You will find out more about what steps to take to tackle these in section 5 of the workbook.

Area 4: Altered physical reactions in high anxiety and panic.

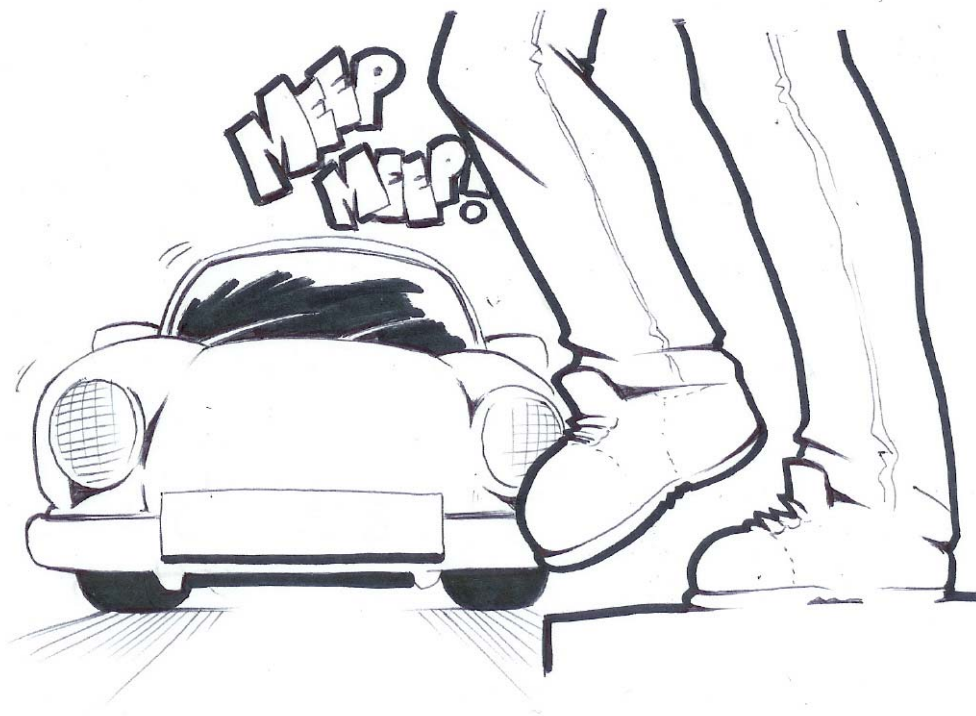
When a person becomes anxious, they may notice altered physical sensations such as feeling restless and unable to relax. Feelings of **mental tension** can also cause **physical tension** in your muscles and joints. This may cause feelings of shakiness, pain, weakness or tiredness. It can be surprising how tiring anxiety can be and some people may feel completely exhausted when they have felt anxious for a time. This muscle tension can cause problems such as tension headaches, stomach or chest pains. Sensations of being hot or cold, sweaty or clammy are common. Your heart may seem to be racing, and you may feel fuzzyheaded or disconnected from things.

Common physical reactions to high anxiety and panic.



What causes these physical symptoms?

Your body reacts to extreme and unhelpful frightening thoughts just as it would to a physical danger. The **Fight or Flight Adrenaline Response** creates all of the symptoms described above. Your heart rate and breathing both speed up so that your muscles are ready to react to defend yourself or run away. This is very useful when the danger is real. Think about a time when you have had a sudden shock – perhaps you have stepped into the road when a car was coming and didn't realise till you heard the car horn. Your body releases Adrenaline which makes your heart beat faster. The fight or flight adrenaline response causes the person to pay particular attention to any potential threats around them. There may be other physical responses such as feeling sweaty or restless and tense. Blood is pumped faster round the body so that the muscles are ready to react. Breathing may speed up to allow more oxygen to get to the muscles. Sometimes rapid breathing continues long enough to cause a state of anxious over-breathing – also known as *hyperventilation*.



How do these physical changes and catastrophic fears relate to each other?

The fight or flight adrenaline response causes us to pay particular attention to any potential threats around us. Each of us will focus on different specific threats that are especially scary for us. For example, the experience of a very rapid heart or chest pain in panic may reinforce fears that “*I’m having*

a *heart attack*". Feelings of dizziness and blurred vision caused by overbreathing can reinforce fears that "*I am about to faint/collapse*" or that "*I'm having a stroke*".

It is important to recognise that although these sensations are unpleasant, they are not harmful.

What is hyperventilation?

In hyperventilation, fast breathing with the upper part of the chest occurs so that rapid shallow breaths are taken through the mouth.

It is important to distinguish between the sudden-onset (so-called acute) hyperventilation that occurs during panic, and the problem of longer-term low-key hyperventilation. Low-key hyperventilation reflects "bad habits" of breathing. In acute hyperventilation the person begins to over-breathe very quickly with rapid shallow breaths. It is this sort of breathing that tends to occur in times of high anxiety and panic. Even though the person is getting more than enough oxygen into the blood supply, they begin to notice a range of unpleasant physical symptoms.

Important information: When somebody develops sudden onset hyperventilation, this makes him or her feel even more breathless. It causes other symptoms such as blurred vision, a dry mouth, and also sensations of tension or tightness in their chest. This may create a "choking" sensation. We may notice tingling in the tips of the nose, feet, fingers or hands and this can occasionally lead to muscle spasms in the hands or face. Finally, it can make us feel dizzy or fuzzyheaded so that we feel "spaced out", distanced, or strangely disconnected from things.

The symptoms occur because you breathe out too much of a gas called carbon dioxide. You may have heard that some people who hyperventilate are given paper bags to place over their mouths for a few minutes while they overbreathe¹. This helps them to slow their breathing and re-capture some of the carbon dioxide so that they quickly begin to feel better again.

Action point: if you would like to find out more about hyperventilation, please read the Worksheet *Overcoming hyperventilation/overbreathing*.

¹ The use of a paper bag is not suggested in this course. Some useful and handy tips for dealing with hyperventilation are included in the worksheet "*Overcoming hyperventilation/overbreathing*".

Depersonalisation: feeling cut-off and disconnected from things.

An important difficulty caused by anxiety is that from time-to-time we can feel mentally disconnected and cut-off from things. The technical term for this is *depersonalisation*. It can sometimes be quite difficult to describe exactly what this feels like. Many people feel a *fuzzyheaded, spaced-out* sort of sensation. We may know that we are fully awake and also exactly where we are, yet in spite of this we feel distanced from things. It can seem as if we are a robot functioning on automatic. Sometimes we feel like an observer looking at everything from a distance as if we are watching television. We may feel not really connected – as if we or the things around us are not completely real. This feeling can be disturbing and often has a clear “start”. It then just as suddenly stops.

Action point: If you would like to find out more about depersonalisation, please read the Worksheet *Understanding depersonalisation*.

My altered physical symptoms in times of high anxiety:

Q. Do I notice a dry mouth when I feel very anxious?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q. Do I sometimes over-breathe with rapid, shallow gasping breaths?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q. Do I notice my heart racing at times when I am anxious?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q. Am I restless and unable to relax?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q. Do I notice a fuzzy-headed/disconnected feeling when I am anxious?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q. Am I noticing physical tension or pain in my chest or head when I feel anxious?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q. Do I feel shaky, hot, cold, sweaty or clammy when I feel anxious?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q. Do I feel physically drained and weak after a period of high anxiety?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you over-breathe, which symptoms do you notice at that time?

1. A sensation of not getting enough air into my body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. A dry mouth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Blurred vision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Sensations of increased chest tension?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Tingling in the nose, mouth, fingers or hands?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Feeling jelly-legged or faint/dizzy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. A strange fuzzy-headed/disconnected feeling where everything seems to go quite distant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Summary for Area 4: Altered physical symptoms.

Having answered these questions:

Q. Overall, do I have any problems in this area?

Yes

No

These difficulties are potential targets for change. You will find out more about what steps to take to tackle these in section 5 of the workbook.

You have now completed thinking about how anxiety is affecting you in four of the five key areas.

The next section will help you to consider the final area – how anxiety has affected your behaviour.

Section 4:

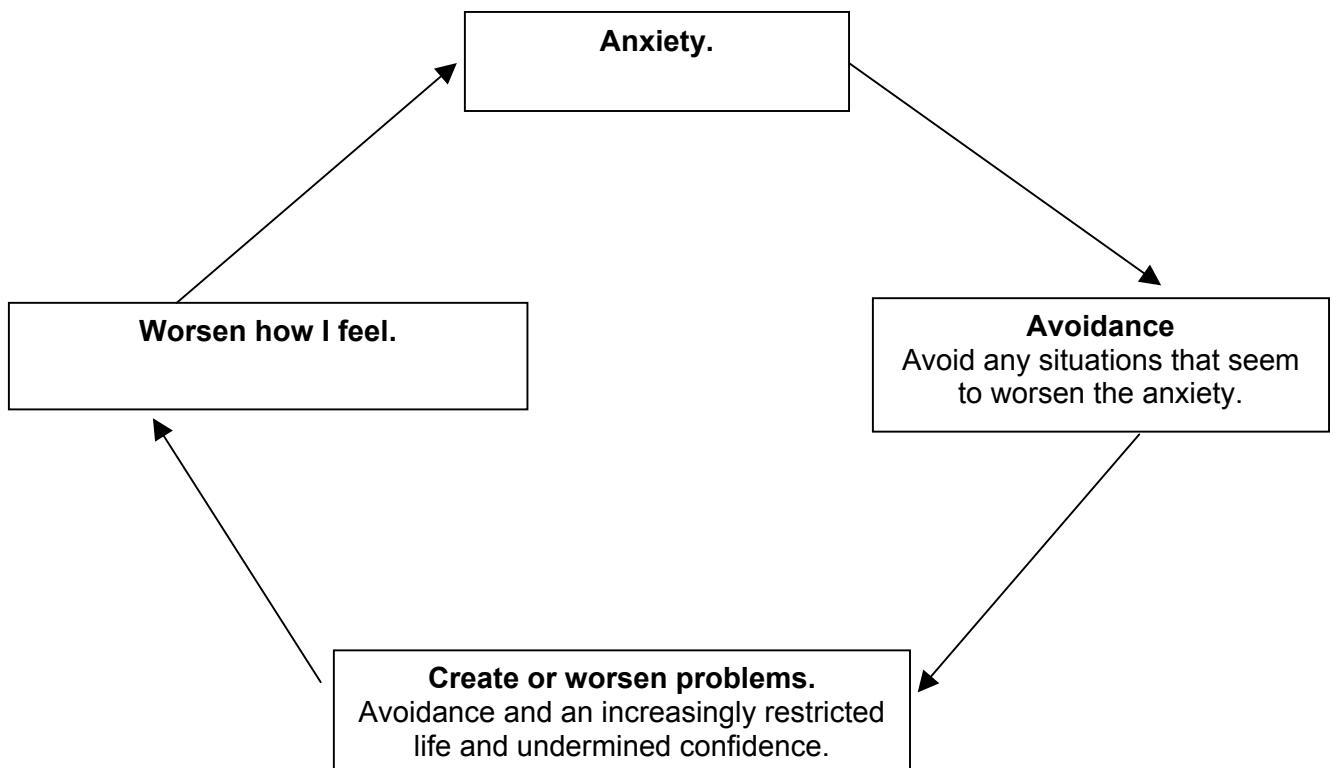
Unhelpfully altered behaviour in panic and phobias.

This section moves on to consider the fifth and final area of your Five Areas Assessment – altered behaviour. Altered behaviour may add to anxiety in two key ways – avoidance and unhelpful behaviours.

Altered behaviour 1: Avoidance.

When somebody develops anxiety, it is normal for him or her to try to avoid difficult situations, people or places. This avoidance can make matters worse by making the person lose even more confidence. The result is often an increasingly restricted lifestyle and additional distress. A *Vicious Circle of Avoidance* may result. This is summarised below:

The Vicious Circle of Avoidance.



For example, someone who has panic attacks in shops may begin to avoid going there, or will only go into smaller shops when they are likely to be empty. To help you see if this applies to you, ask yourself *“What have I stopped doing because of my anxiety?”*

Question:

You may find yourself avoiding certain situations, people or places because of how you feel. Try to identify ways in which you might be avoiding things as a result of anxiety. For example, do you avoid going out or mixing with others? Consider what you are avoiding because of anxiety.


What situations at home, work or in my relationships with others am I avoiding tackling/putting off?



If I didn't have this anxiety, what things would I like to be able to do?




What have I stopped/reduced doing that I used to enjoy because of my anxiety?



Remember, sometimes avoidance can be quite subtle. For example, choosing a time or place when you think the anxiety-provoking situation will be easier to deal with, or choosing the easiest option when making decisions.

The following checklist will help you consider any areas of avoidance in your life.

Checklist: Identifying the vicious circle of avoidance.

As a result of feeling anxious am I:	Tick here if you have noticed this.
Avoiding dealing with important practical problems (both large and small)?	
Not really being honest with others. For example saying yes when I really mean no?	
Trying hard to avoid situations that bring about upsetting thoughts/memories?	
Brooding over things and therefore not longer living life to the full?	
Avoiding opening or replying to letters or bills?	
Sleeping in to avoid doing things or meeting people?	
Avoiding answering the phone, or the door when people visit?	
Avoiding sex?	
Avoiding talking to others face to face?	
Avoiding being with others in crowded or hot places?	
Avoiding busy or large shops, or finding that I have to think about where and when I go shopping etc.?	
Avoiding going on buses, in cars, taxis etc., or any places where it is difficult to escape?	
Avoiding walking alone far from home?	
Avoiding situations, objects, places or people because of fears about what harm might result?	
Avoiding physical activity or exercise as a result of concerns about my physical health?	
Q. Am I avoiding things in other ways? Write in here how you are doing this if this is applicable to you. 	

Having completed these questions, reflect on your answers using the three questions below:		
1). Am I avoiding doing things as a result of anxiety?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2). Has this reduced my confidence in things and led to an increasingly restricted life?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3). Overall, has this worsened how I feel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered Yes to all three questions, you are experiencing the vicious circle of avoidance.		

Before moving on, think back on what you have learned and think about how avoidance may be affecting your life. Take time to think this through and take a break now if you wish to.


Altered behaviour 2: Unhelpful behaviours.

When somebody becomes anxious or depressed, it is normal to try to do things that make him or her feel better. This altered behaviour may be *helpful* or *unhelpful*. The purpose of both types of activity is to reduce anxiety – at least in the short-term.

Helpful activities may include:

- Talking with friends or relatives and receiving helpful support.
- Reading or using self-help materials to find out more about the causes and treatment of the problems.
- Doing activities that provide pleasure or support such as meeting friends, playing sport, and attending religious activities.
- Challenging anxious thoughts by stopping, thinking and reflecting rather than accepting them as true.
- Going to see your doctor or health care practitioner or attending a self-help support group.

Write down any *helpful* things you have done here.



You should aim to try to maximise the number of helpful activities you do as part of your recovery plan. Sometimes however, the person may try to block how they feel with a number of *unhelpful behaviours*.

Unhelpful actions designed to make you feel safer.

Unhelpful behaviours include leaving situations where you feel anxious, or rushing through things as quickly as possible so as to minimise the amount of time spent there. Sometimes the person may carry out a mental task such as counting things a set number of times, repeating positive statements such as “*I won't panic*”, or saying a prayer again and again. These are sometimes called *distraction techniques* – because the person is trying to distract from how they feel. They may also try to do this by

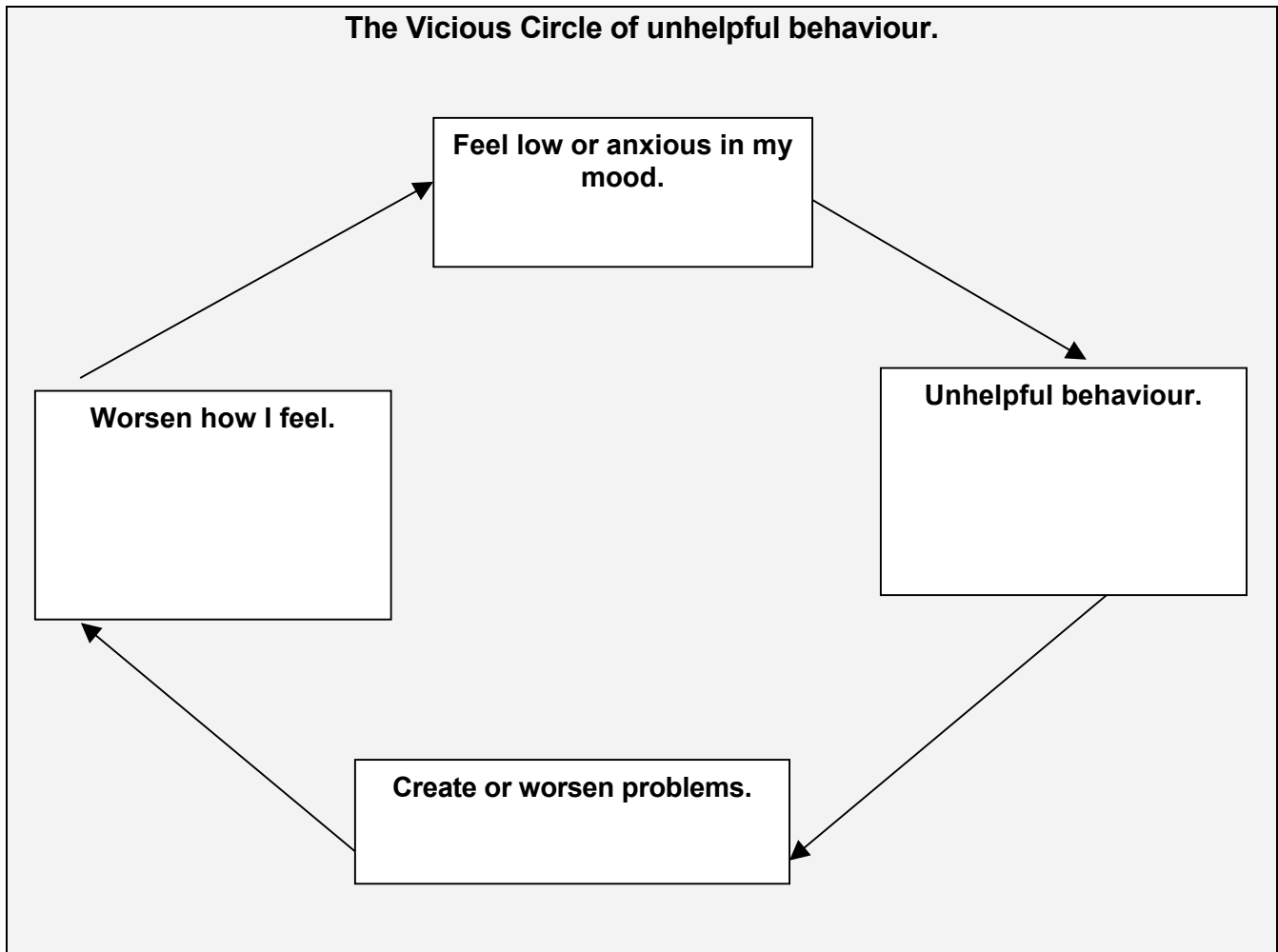
clenching their muscles tightly, digging their nails hard into their hands, or gripping onto things such as a shopping trolley as tightly as they possibly can to distract from how they feel.

Other ways that we block how we feel may include over-eating, using illegal drugs or mis-using prescription medication by taking tablets at times when they are not prescribed to try to relax. Alcohol misuse is very common in anxiety. This may start out as just having an extra drink to help us get off to sleep. The danger is of escalating amounts being taken more and more frequently. The risk is alcohol or drug dependency.

Reassurance-seeking and asking others to accompany you whenever you do anything that causes anxiety also commonly occurs. This is a good example of an action that in moderation can be *helpful* and a source of support, but which can become *unhelpful* when taken to excess. The result is a feeling of dependency on others and a further loss of confidence in yourself.

It can sometimes be tempting to throw yourself into excessive activity at home or at work. The intention is to “work” through the distress. By filling every part of the day with non-stop activity the hope is to avoid noticing how bad you feel. This may involve other ways of avoiding emotional distress such as deliberately staying up late watching films, or sleeping in during the day to avoid seeing others. It also could include spending hours on computer games or watching television. Other common activities are listening to music, chatting/surfing on the Internet or texting others all the time. This is not to say that such activities are all unhelpful – more about why they are done. Doing these things because they can help us to avoid life is a very different motivation than doing them because they are fun.


The purpose of all the unhelpful behaviours is to feel safer/better at least in the short-term. They are sometimes therefore called *safety behaviours* as a result. Although they lead to a short-term relief in symptoms, this doesn't last. **The anxiety returns to the same or even higher level.** For example, if we rely on alcohol or sedative drugs to give us false courage, we may find they cause us additional problems of their own. A **Vicious circle of unhelpful behaviour** can occur. This can further worsen how you feel by increasing self-blame and confirming negative beliefs about you or others as a result.



A useful question to identify unhelpful behaviours is to ask yourself "*What am I doing differently to cope with how I feel?*"

The following checklists will help you to identify any unhelpful behaviour in your life. At times these actions can be quite subtle and often revolve around **avoidance** of people, places or events.

Unhelpful behaviours leading to avoidance of anxiety-provoking situations. Am I:	
Quickly leaving anxiety-provoking situations?	
Rushing through a task as quickly as possible? (E.g. walking or talking faster).	
Trying very hard not to think about upsetting thoughts/memories? Trying to distract myself to improve how I feel?	
Only going out and doing things when others are there to help?	
Taking the easiest option (for example joining the shortest queue in the shop as a result of anxiety, or turning down opportunities that seem scary)?	

Deliberately looking away during conversations and avoiding eye contact? Bringing conversations to a close quickly because of not knowing what to say?	
Q. Am I avoiding things in other subtle ways? Write in what you are doing here if this applies to you. 	

In addition, a number of other unhelpful behaviours may occur as a means of blocking or improving how you feel.

Checklist: Identifying the vicious circle of unhelpful behaviour.

As a result of how I feel, am I:	Tick here if you have noticed this.
Misusing drink/illegal drugs or prescribed medication to block how I feel in general or improve how I sleep etc.?	
Eating too much to block how I feel (" <i>comfort eating</i> "), or over-eating so much that this becomes a "binge"?	
Trying to spend my way out of how I feel by going shopping (" <i>retail therapy</i> ")?	
Becoming very demanding or excessively seeking reassurance from others?	
Looking to others to make decisions or sort out problems for me?	
Throwing myself into doing things so there are no opportunities to stop, think and reflect?	
Pushing others away and being verbally or physically threatening/rude to them?	
Deliberately harming myself in an attempt to block how I feel?	
Taking part in risk-taking actions for example crossing the road without looking, or gambling using money I don't really have?	
Compulsively checking, cleaning, or doing things a set number of times or in exactly the "correct" order so as to make things "right"?	
Carrying out mental rituals such as counting or deliberately thinking "good" thoughts/saying prayers to make things feel "right"?	
Being overly aware and excessive checking for symptoms of ill health?	
Excessively changing the way I sit or walk to reduce symptoms of physical discomfort? The altered posture then creates or worsens the physical problem.	
Sleeping with a number of people as a means of blocking how I feel or to feel needed, attractive or relaxed?	

Having completed these questions, reflect on your answers using the three questions below:

- 1). Am I doing certain activities or behaviours that are designed to improve how I feel?
Yes No
- 2). Are some of these activities unhelpful in the short or longer-term either for me or for others?
Yes No
- 3). Overall has this worsened how I feel?
Yes No

If you have answered **Yes** to all three questions, you are experiencing the vicious circle of unhelpful behaviour.

Key point. The purpose of both the avoidance and unhelpful behaviours is to feel safer/better at least in the short-term. Although they lead to a short-term relief in symptoms, this doesn't last. **The anxiety quickly returns to the same or an even higher level.** These actions also teach an unhelpful lesson - *that it is only by avoiding/leaving the situation/harming yourself/drinking too much/seeking reassurance etc. that you managed to cope.* In the longer-term this behaviour therefore backfires and adds to your problems. This can further worsen how you feel by increasing self-condemnation and confirming negative beliefs about you or others.

Summary for Area 5: Altered behaviour (avoidance or unhelpful behaviours).

Having answered these questions:

Q. Overall, do I have any problems in this area? Yes No

These difficulties are potential targets for change. You will find out more about what steps to take to tackle these in section 5 of the workbook.

You have now finished your five areas assessment. Before you move on, please stop for a while and consider what you have learned. How does what you have read help you to make sense of your symptoms?

Q. How well does this assessment summarise how you feel?

Poorly ————— Very well
0 10

Your summary of how anxiety has affected you in the last week.

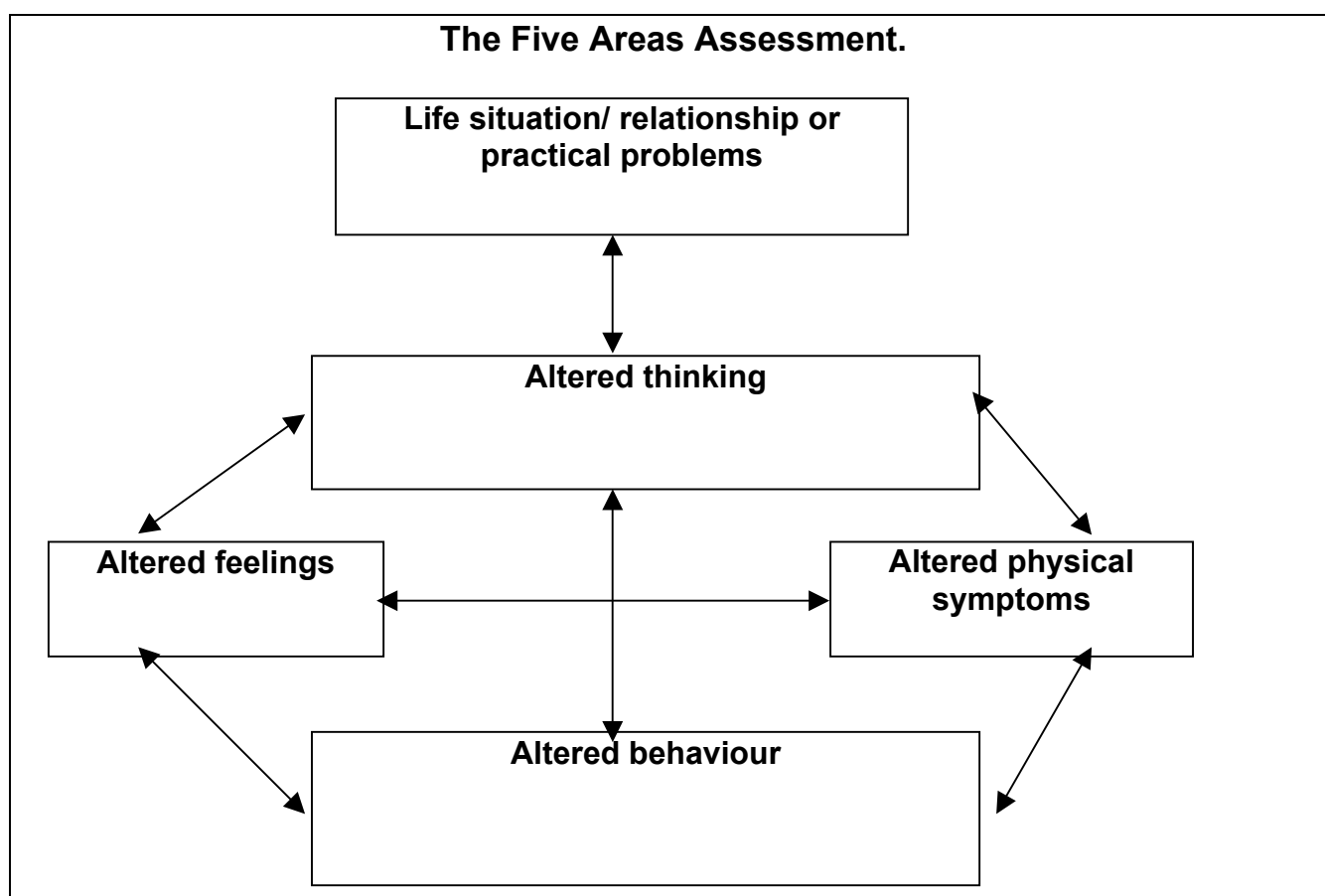
The purpose of the five areas assessment is to help you plan the areas you need to focus on to bring about change. The workbooks in the Overcoming Anxiety Course can help you begin to tackle each of the five problem areas of anxiety.

Section 5:

Choosing your targets for change.

The main problem areas seen in high levels of anxiety, panic and phobias are the:

- Current situations, relationship or practical problems.
- Altered thinking (with extreme and unhelpful thinking).
- Altered feelings/mood/emotions.
- Altered physical symptoms.
- Altered behaviour (with avoidance or unhelpful behaviours).



You have previously answered questions about each of these five areas. Look again at the answers to your questions in your own Five Areas Assessment you have carried out in the last two sections of the workbook. This summarises the problems you identified in each area. Links can occur between each of the areas. Because of this, aiming to alter any of the areas can help improve how you feel.

Key point: By defining your problems, you have now identified possible target areas to focus on. The key is to make sure that you do things **one step at a time**. Slow steady steps are more likely to result in improvement than very enthusiastically starting and then running out of steam.



Short, medium and longer term goals.

You may have tried all sorts of previous attempts to change, but unless you have a clear plan and stick to it, change will be very difficult. Planning and selecting which targets to try and change first is a crucial part of successfully moving forwards. By choosing some specific areas to focus on to start with, this also means that you are actively choosing at first **NOT** to focus on other areas.

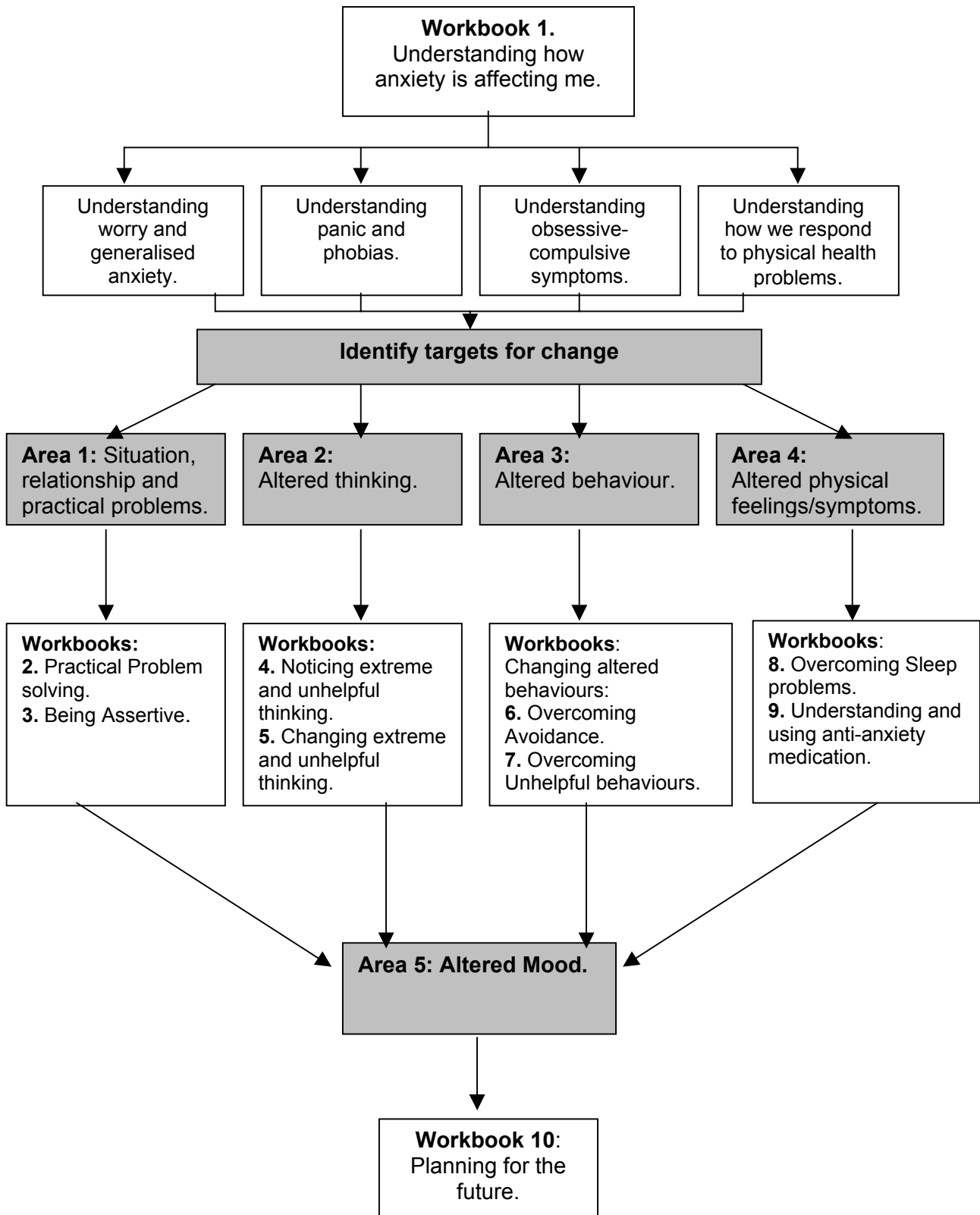
Setting yourself targets will help you to focus on how to make the changes needed to get better. To do this you will need to decide:

- Short-term targets: changes you can make today, tomorrow and next week.
- Medium-term targets: changes to be put in place over the next few weeks.
- Long-term targets: where you want to be in six months or a year.

The questions that you have answered in this workbook will have helped you to identify the main problem areas that you currently face. The *Overcoming Anxiety* course can help you to make changes in each of these areas.

The Workbooks can be used either alone or as part of a complete course of workbooks. The first **Understanding ...** workbook is designed to help you to identify your current problem areas. This will help identify which of the **Workbooks 2-9** you need to read. Finally, you can summarise what you have learned and plan for the future by completing **Workbook 10**. This will help you keep putting what you have learned into practice.

Overcoming Anxiety Course: Overview.



The Overcoming Anxiety Course.

The Understanding Workbooks.

The workbook *Understanding how anxiety is affecting me*, provides an introduction and overview of anxiety problems. It is recommended that you read this workbook first to give you an overview of how anxiety can affect you. The five **Understanding workbooks** together cover the common anxiety disorders - worry, panic, phobias, obsessive-compulsive disorder and also how we respond to physical health problems. They will help you identify which of these areas you need to focus on changing and will help you decide which of the remaining workbooks you need to read.

Area 1: Dealing with difficult situations, relationship and practical problems.

Workbook 2: Practical Problem solving.

In this workbook you will learn a step-by-step plan that you can use to deal with practical problems. It will provide you with the tools to tackle any practical problems that you face. This will help you to take more control of your life and the decisions that you make. By feeling more in control of your life, you will improve your self-confidence.

Workbook 3: Being Assertive.

Have you ever thought that no one listens to you, and that other people seem to walk all over you? Have others commented that they think that you always walk over them? You will find out about the difference between passive, aggressive and assertive behaviour and learn how to develop more balanced relationships with others where your opinion is listened to and respected, and you listen to and respect other people.

Area 2: Changing extreme and unhelpful thinking.

Workbook 4: Noticing extreme and unhelpful thinking.

What you think about yourself, others and the situations that occur around you, can alter how you feel and affect what you do. This workbook will help you to learn ways of identifying extreme and unhelpful ways of thinking. You will learn how to notice such thoughts and to understand the impact these have on how you feel and what you do.

Workbook 5: Changing extreme and unhelpful thinking.

This workbook will teach you the important skill of how to challenge extreme and unhelpful thinking. With practice this will help you change the extreme and unhelpful thinking that is often a major problem in anxiety or depression.

Area 3: Changing altered behaviours.**Workbook 6: Overcoming Avoidance.**

You will find out more about how avoidance keeps problems going. You will learn ways of changing what you do in order to break the vicious circle of avoidance.

Workbook 7: Overcoming unhelpful behaviours.

You will learn some effective ways of overcoming unhelpful behaviours such as drinking too much, reassurance seeking and trying to spend your way out of how you feel.

Area 4: Physical symptoms and treatments.**Workbook 8: Overcoming Sleep problems.**

Often when someone is anxious, they not only feel emotionally and mentally low, but they also notice a range of physical changes that are a normal part of anxiety. This workbook will help you find out about these common changes, and in particular will help you to deal with problems of poor sleep.

Workbook 9: Understanding and using anti-anxiety medication.

When someone is anxious, sometimes their doctor suggests they take an anti-anxiety medication. You will find out why doctors suggest this, and also learn about common fears and concerns that people have when first starting to take these tablets so that you can find out for yourself whether this medication may be helpful for you.

Area 5: Altered mood.

The fifth and final area, anxious mood, will improve if you work at the other areas where you have problems (the altered thinking, behaviour, physical symptoms and the situations, relationships and practical problems that you face). Once you feel better, the final workbook of the series can be read to help you to summarise what you have learned.

Workbook 10: Planning for the future.

You will have learned new things about yourself and made changes in how you live your life. This final workbook will help you to identify what you have learned and help you plan for the future. You will devise your own personal plan to cope with future problems in your life so that you can face the future with confidence.

The work you do using the workbooks can supplement the help you receive from your doctor or other health care practitioner or friends. Sometimes more specialist help is needed to help how you

feel and your doctor may suggest that you see a trained specialist such as a clinical psychologist, occupational therapist, social worker, psychiatric nurse or a psychiatrist.

Use the following table to help you decide which workbooks are right for you to read now, and over the next few weeks and months. You have already read the current workbook, and it is recommended that you also read the workbook “*Understanding how anxiety is affecting me*”. You may find it helpful to discuss this with your health care practitioner or other trusted supporter.

Workbook Name	Short-term goals (plan to read in the next week or so)	Medium term goals (plan to read over the next few weeks)	Long-term goals (plan to read over the next few months)	Tick when completed
The Understandingworkbooks				
Understanding how anxiety is affecting me.	✓			
Understanding worry and generalised anxiety.				
Understanding panic and phobias.	✓			
Understanding obsessive-compulsive symptoms (OCD).				
Understanding how we respond to physical health problems.				
Workbook 2: Practical Problem solving.				
Workbook 3: Being assertive.				
Workbook 4: Noticing extreme and unhelpful thinking.				
Workbook 5: Changing extreme and unhelpful thinking.				
Workbook 6: Overcoming avoidance.				
Workbook 7: Overcoming unhelpful behaviours.				
Workbook 8: Overcoming sleep problems.				
Workbook 9: Understanding and using anti- anxiety medication.				
Workbook 10: Planning for the future.				
Worksheet: Overcoming hyperventilation/ over-breathing.				
Worksheet: Understanding depersonalisation.				

In order to help you to review your progress, it can be useful to record how you feel at different times as you work on your problems. Your health care practitioner may work with you to decide what

information it might be helpful to record. Don't expect to feel better all at once. Change can take time, however by working at your problems, most people find that improvement is possible.

Key point: In order to change, you will need to choose to try to apply what you will learn regularly **throughout the week**, and not just when you read the workbook or see your health care practitioner. The workbooks will encourage you to do this by sometimes suggesting certain tasks for you to carry out in the days after reading each workbook.

These tasks will:

- Help you to put into practice what you have learned in each workbook.
- Gather information so that you can get the most out of the workbook.

Experience has shown that you are likely to make the most progress if you are able to put into practice what you have learned.

Summary.

In this workbook you have learned about:

- The key elements of anxiety, panic and phobias.
- How what you think can affect how you feel and unhelpfully alter what you do.
- The *Five Areas of Anxiety*: the situations, relationship and practical problems faced, and the altered thinking, emotional and physical feelings and behaviour that occur as part of panic and phobias.
- The areas you need to tackle in order to overcome your own problems of anxiety. You should now be able to identify the workbooks you will read next in the short, medium and longer-term.

Putting into practice what you have learned.

Please can you:

- Read through the current workbook again. Think in detail about how anxiety is affecting your thinking, emotional and physical feelings, and behaviour. Decide which areas you want to change.
- Choose **two episodes** over the next week when you feel more anxious. Use the blank Five Areas Assessment that follows this section to record the impact on your thinking, mood, body and behaviour at that time. Try to generate a summary of your own anxiety in each of the five areas (life situation, relationships and practical problems, altered thinking, feelings, physical

symptoms and behaviour). Use this workbook to identify whether you showed any of the unhelpful thinking styles during these occasions. What impact did your thoughts have on how you felt and what you did during these two episodes? Can you identify any examples of avoidance or unhelpful behaviours? Please photocopy or draw out additional copies of this diagram as you need it and keep the sheet handy.

- Finally, review your list of which workbooks you will choose to use next and move on to work through these in your own time.

If you have difficulties with these tasks, don't worry. Just do what you can. If you have found any aspects of this workbook unhelpful, upsetting or confusing, please can you discuss this with your health care practitioner or someone else whose opinion you trust.

A request for feedback.

An important factor in the development of all the Five Areas Assessment workbooks is that the content is updated on a regular basis based upon feedback from users and practitioners. Please let us know if you have found the content helpful or unhelpful. If there are areas within it that you find hard to understand, or seemed poorly written, please let us know and we will try to improve things in future. We are sorry that we are unable to provide any specific replies or advice on treatment.

To provide feedback, please contact us via:

a). Email: Feedback@fiveareas.com

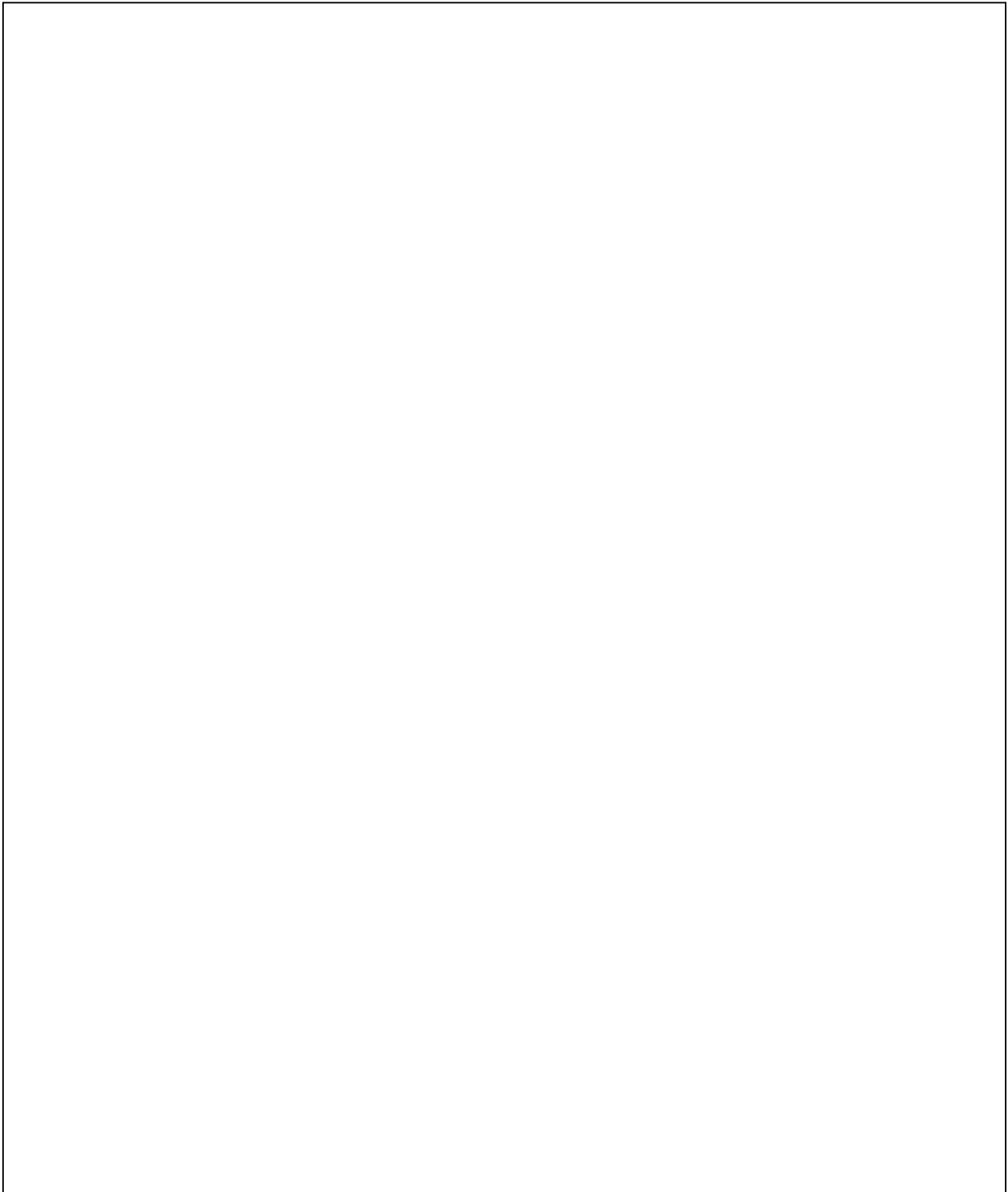
b). Mail: Dr Chris Williams, Department of Psychological Medicine, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

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The cartoon illustrations in the Workbooks have been produced by Keith Chan, kchan75@hotmail.com and are copyright of Media Innovations Limited.

My notes:

A large, empty rectangular box with a thin black border, intended for the user to write their notes. It occupies most of the page's vertical space below the 'My notes:' label.

A Five Areas Assessment of a specific time when I feel more anxious.

