



Oxford Health
NHS Foundation Trust

Managing Stress, Worry and Low Mood

**A guided self-help booklet
for people with heart conditions**



A low intensity CBT-based intervention to
improve psychological well-being and health
management

Acknowledgements

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Materials consulted during the making of this self help guide

include:

- Rethink Recover Guide for Depression
- Northumberland Tyne and Wear Self-help guides for depression, anxiety, and panic.
- Living Life to the Full (Booklet on health problems) Chris Williams
- The COPD Breathless manual (Hillingdon Hospital)
- Mood Juice Anxiety Self-help Guide.
- Oxford University Hospitals Cardiac Rehabilitation Manual

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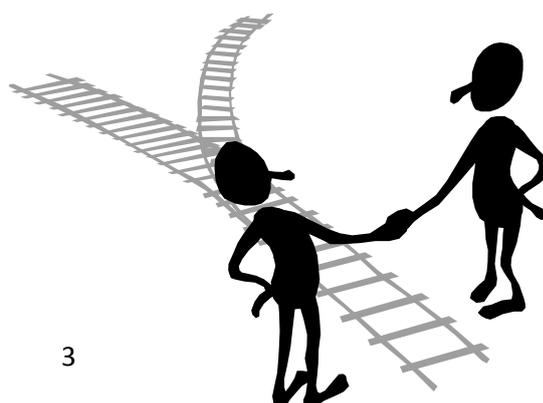
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Introduction

Everyone feels stressed, worries and experiences low mood from time to time. These feelings are normal but can become more intense following a heart attack or other heart condition. In the UK up to 30% of people who have experienced problems with their heart report changes in their mood. Many people find that they become less active, or start experiencing unhelpful thoughts about themselves, their health and the world around them.

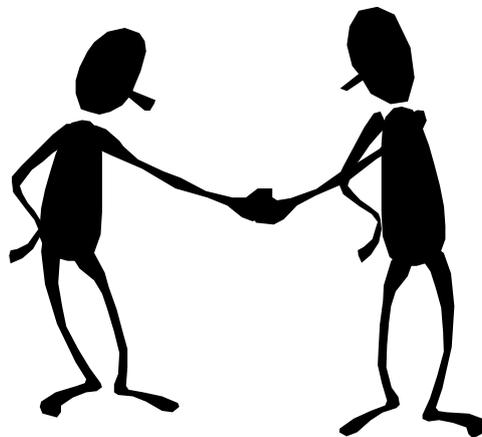
What this booklet is about:

This booklet aims to help you better understand the difficult emotions you might be experiencing as a result of your heart problem and help you to develop better ways to manage them.

How to use this booklet:

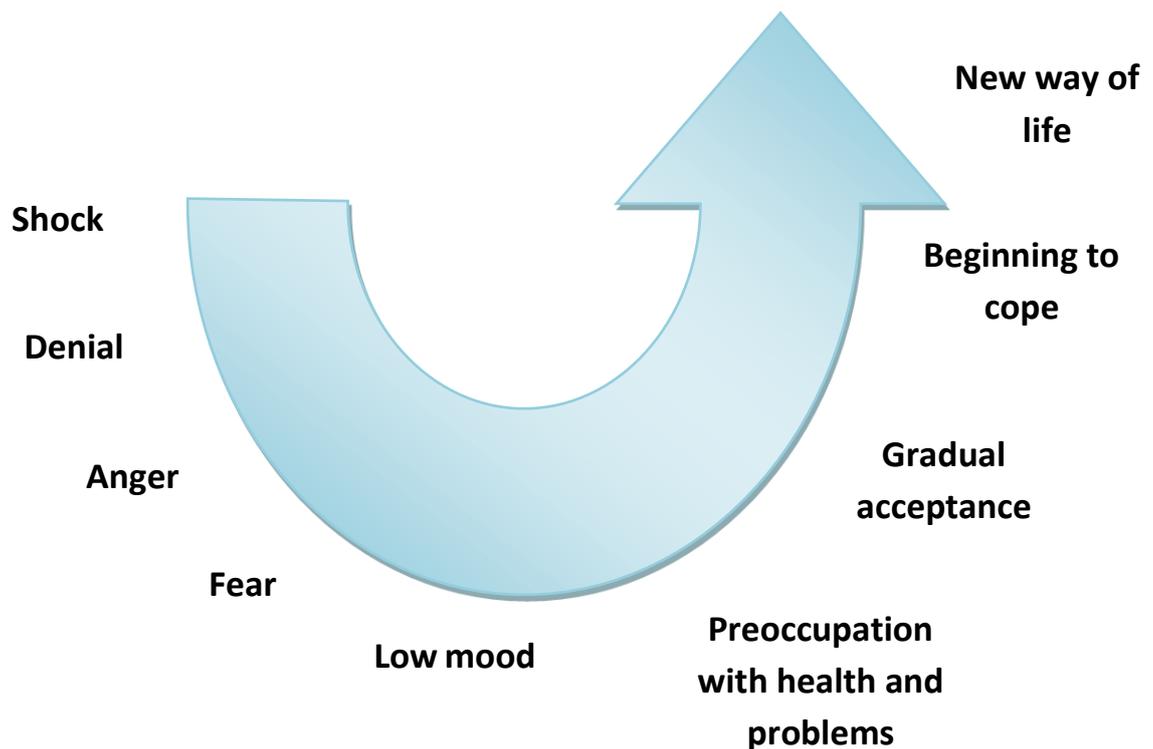
This booklet is interactive. That means that it will ask you to think about how the material is relevant to you. Try to answer all questions and write the answers down in the spaces provided.

Not all chapters may be relevant to your situation but we recommend that you look at each section at the first time of reading this self –help guide. You may find that sections you do not feel are relevant now are quite helpful later on. This booklet is not designed to be completed in one day. Take your time, complete one section at a time. You may also want to show this booklet to a trusted family member or friend to help them better understand how to support you.



Common Responses to Heart Conditions:

When diagnosed with a heart condition people experience many different emotions. The type and strength of emotion varies from person to person. Often people find that the initial emotions they experience can be unpleasant. Overtime these emotions tend become less intense and easier to cope with. The diagram below illustrates this change as well as some of the commonly reported emotions experienced by people with heart problems:



It is important to remember that not everyone will experience all of these emotions and they do not necessarily occur in order as they are outlined above. People can move back and forth between different emotions depending on other situations and events occurring in their lives.

Heart problems for many people cause changes in the following four areas:

- The way they feel (i.e. emotions)
- What goes through their mind (i.e. thoughts)
- The way they feel physically (i.e. physical sensations)
- The things they do (i.e. behaviour)

Have a look at the lists below. Tick any of the commonly reported changes that you recognise within yourself:

Changes to the way we feel:

- Loss of interest in things
- Sadness
- Guilt
- Anxiety
- Irritability/Anger
- Overwhelmed
- Panic
- Fear

Changes to our thoughts:

- Expecting things to go wrong
- Thinking of the worst case scenario
- Being self-critical
- Having thoughts that people are judging you
- Having racing thoughts/not being able to concentrate
- Finding it hard to switch off

Changes to our behaviour:

- Withdrawing from life, avoiding people, and/or previous activities and hobbies
- Avoiding specific places
- Avoiding reminders of the heart attack (e.g. places, people)
- Escaping from situations
- Doing less or too much
- Using substances to cope (alcohol, smoking, comfort food)
- Looking after yourself less
- Avoiding routine activities, e.g. opening post, housework
- Being snappy or irritable towards others

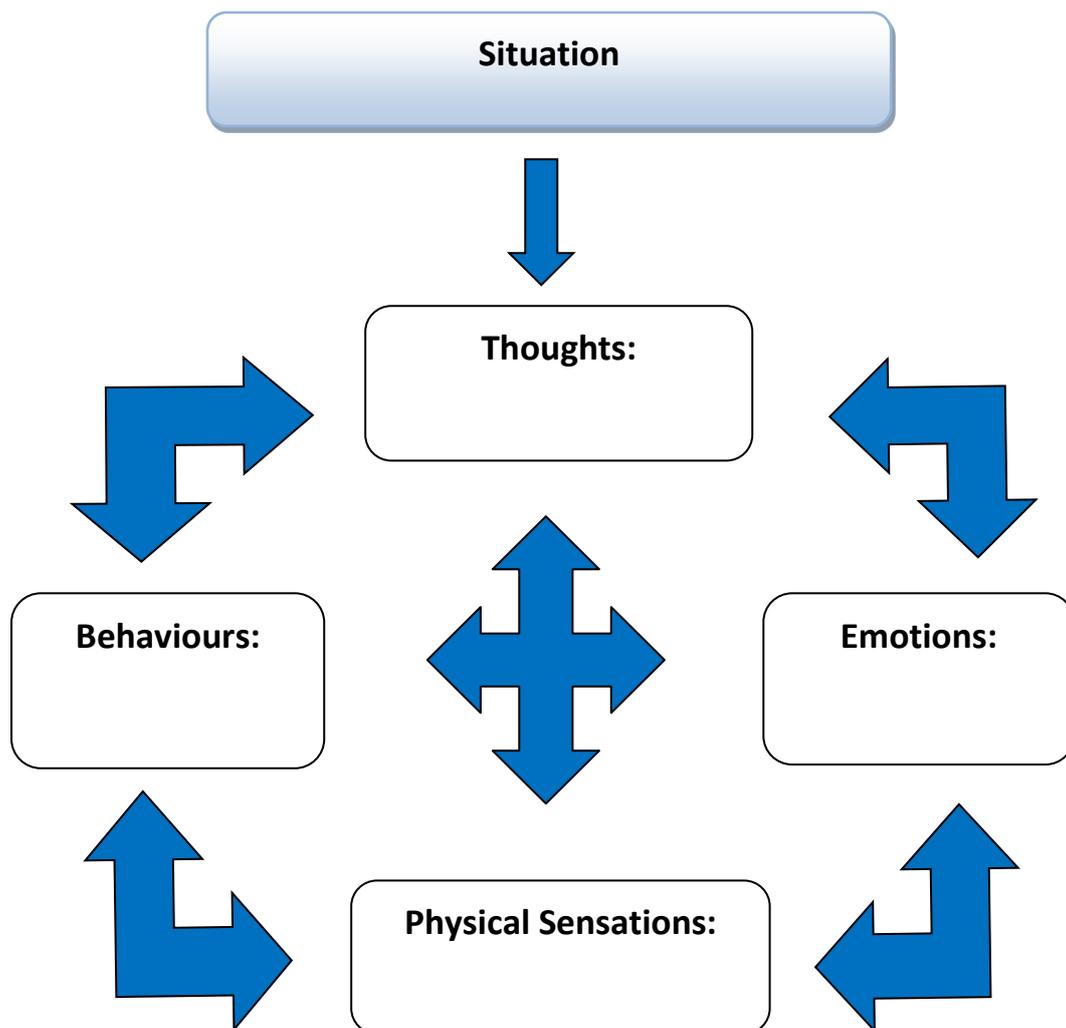
Changes to our physical sensations:

- Poor concentration
- Lack of energy
- Physical tension
- Difficulty sleeping
- Awareness of heart beating
- Sweat
- Nausea
- Changes to breathing
- Feeling jumpy or restless

What is Cognitive Behavioural Therapy (CBT)?

On the previous page we saw that having a heart condition can affect different areas of our lives: our thoughts, emotions, physical sensations and behaviours. Cognitive Behavioural Therapy is based on understanding the link between each of these 4 areas, meaning that they interact.

We can interpret one situation in many different ways. The way in which we interpret (or think about) a situation influences our emotions, our physical sensations and our behaviours. Our feelings, physical sensations and behaviours towards a particular situation in turn influence the kinds of things we are thinking, forming what we call a vicious cycle that can maintain difficulties. This is illustrated in the diagram below:



It is not the situation itself that changes the way that we feel, but how we interpret that situation. For example, if someone you know walked past you in the street and you wave but they don't wave back you might interpret that situation in a number of ways. For example, you might think that they have ignored you on purpose, which can make you feel angry and in turn you might avoid speaking to them in future. You might think that you have offended them in some way, which can make you feel quite upset and lead you to avoid them and worry about what you may have done. You might think that they just didn't see you or they were preoccupied, in which case you might continue with your day and ask them how they are when you next speak to them. It is therefore the way in which we interpret a situation that affects the way we feel and respond to the situation.

How can CBT help me?

CBT aims to equip you with the skills to become your own therapist and work out ways to manage worry, your mood and tackling problems. You will be introduced to skills which will help you manage unhelpful behaviours and to think about situations in more helpful and balanced ways. CBT can help you make sense of problems you may be facing in everyday life by breaking them down into smaller and more manageable segments. As the name suggests CBT focuses on 2 main areas of the vicious cycle; what we think (cognitive) and what we do (behaviour). Making small changes in at least one of these two areas can have an impact on the way we feel emotionally and our body sensations.

How can CBT help people with heart condition?

It can be normal to feel stress, low mood, anxious or worried in response to being diagnosed with a heart condition and overtime these feelings may improve. However, for some these emotions are difficult to manage and can start to impact on day-to-day life. To understand the relevance of CBT we will look at the examples of John and Beth.

John's example

One month ago John had a heart attack whilst in the supermarket with his wife. Since having his heart attack John has become **worried** about leaving the house and in particular he **avoids going to the supermarket**. His mind races with thoughts such as; **"I will have another heart attack"** and **"what if I am on my own when it happens?"** When in the supermarket John notices that his **heart races**, which makes him **fearful** **"there is something wrong with my heart."** When this happens John focuses on his heart beat but then notices he is becoming **short of breath**. John's interpretation of this is **"I am having another heart attack, I am going to die"**. He leaves the shop and sits down outside and after a while his heart beat and breathing returns back to normal.

John has discussed his experiences with his GP and after a full examination and further tests; the GP concludes that John has been experiencing anxiety and panic. John has since become increasingly concerned about leaving the house in case he has another panic attack. His main concern is that **"a panic attack would be too much for my heart, I don't want to die."**

Beth's example

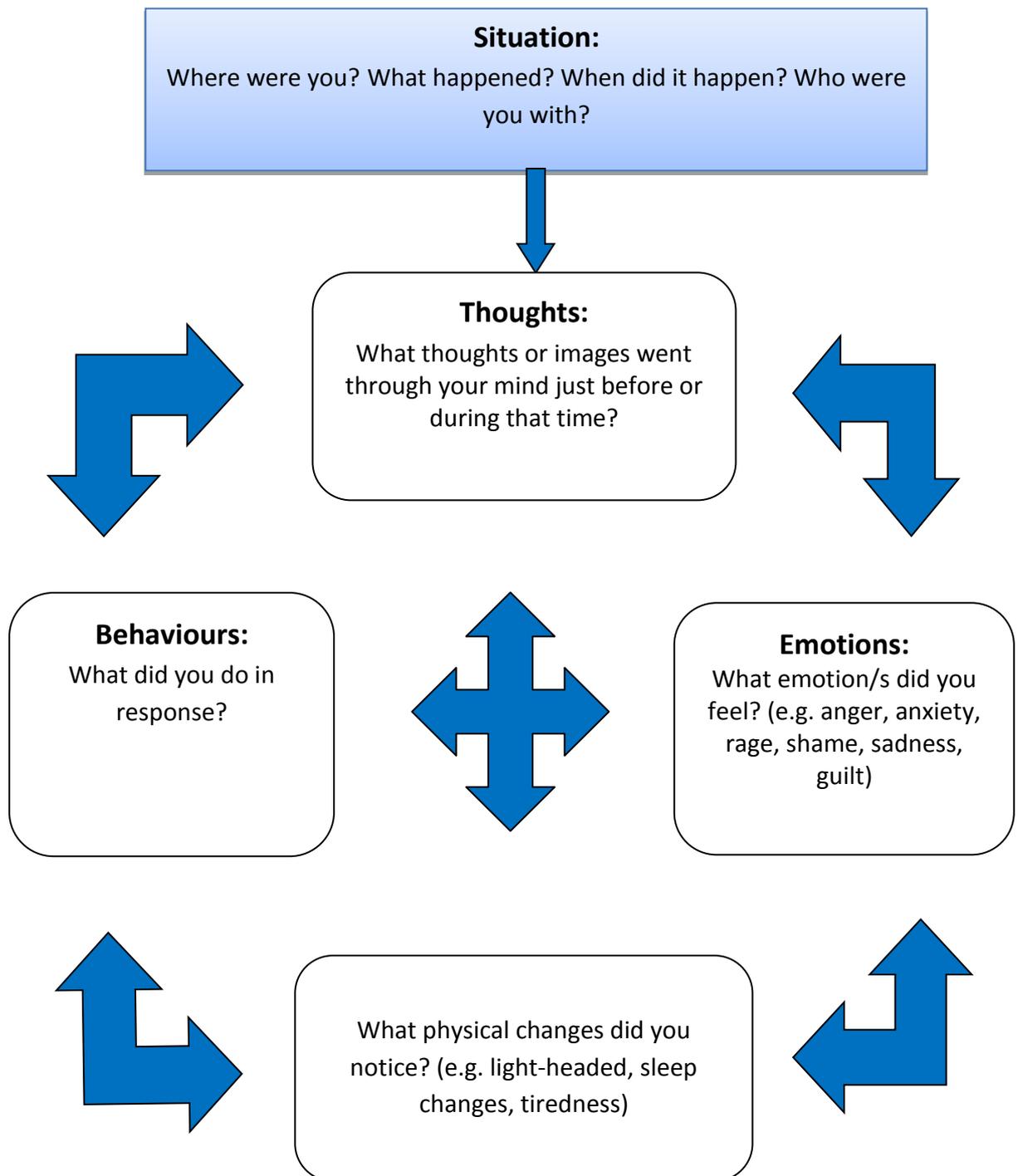
Beth was diagnosed with heart failure two months ago. Since her diagnosis she has become increasingly concerned about how much activity she can do without straining her heart. Recently, she has **stopped going for her usual morning walk**, has been **socialising less** and **neglecting household tasks**. She worries that **“these activities are too much for my heart to cope with.”**

As a result Beth has been **spending most of her day lying down, resting in bed, or watching television**. Her housework has built up and the house has become untidy which has made her feel **guilty** and **low** about not doing her usual chores.

The more Beth rests and stays in bed, the less motivated she becomes to tackle the build-up of tasks around the home. When she has tried to do bits of housework she has noticed that it is becoming increasingly difficult to do so, finding that she quickly becomes **tired** and **breathless**. To manage this Beth **goes back to bed** and feels that there is nothing she can do anymore. Overtime she has noticed that her **mood has become lower**, she has started to see herself as **useless** and ultimately has become very isolated from her friends and family.

Now have a think about your own example:

The first important skill to learn in CBT is to identify your own thoughts, feelings, physical sensations and behaviours. This will help you to understand how they interact with each other to maintain your difficulties. Have a go at completing your own vicious cycle by answering the questions in the diagram below. This will help you to think about where you can start making changes. You can find a blank copy of this diagram in appendix 1 (page 68).



Goal Setting

Now that you know what CBT is and how it may be relevant to you, the next step towards feeling better is to set goals for you to achieve. You can start by thinking about your lifestyle and what you would like to change. Goals can be set in a number of different areas, for example: your activities (e.g. you might want to get more structure in your day, take up an old hobby), your social life (e.g. go out more, plan a holiday), or your health (e.g. stop smoking, do more exercise).

When you are setting your goals make sure your goals are **SMART**:

Specific:

Be clear about what you want to achieve. For example, “I will go for a walk” rather than “I will do more exercise.”

Measurable:

How will you measure or assess whether you have achieved your goal? “I will walk for 15 minutes every morning” is easier to measure than “I will walk more”

Achievable:

Make sure your goal is realistic for you at the moment. If you want to be more active, what is within your current limits? Speaking to healthcare professionals such as your GP or cardiac nurse can help you think about what is achievable for you now.

Relevant:

If you choose goals that are relevant to your current difficulties, you will be more likely to be motivated and experience the benefit from achieving that goal.

Time-focused:

When you create a goal, have an end date for when you want to complete it by.

SMART goals are a great way of making a general goal (“I want to feel better”) into something more specific.

Have a go at setting your own SMART goal by answering the questions below:

What am I going to do?

When am I going to do it?

How long am I going to do it for?

Where am I going to do it?

Top tips!

- Try to be as specific as possible! Saying I want to feel better or I want to be happy is not very helpful. A good question to ask yourself when trying to identify your goal is 'What would you be doing differently if you felt better?'
- Think about what might get in the way of you achieving your goal and how you might overcome this.
- Be flexible, remember minor setbacks are not catastrophes; they are not evidence that you have failed in some way and a reason to give up making changes.



Managing Low Mood

What is low mood?

Low mood is a term that can mean different things to different people. Generally low mood is characterised by feeling down, depressed or hopeless as well as lack of interest or pleasure in doing things. When feeling low it is common for people to experience a lack of energy and motivation, find it more difficult to concentrate and experience changes in appetite (either eating too much or not enough) and sleep disruption.

In some cases people can experience thoughts of self harm and suicide. These types of thoughts are common when feeling low but if you are experiencing them please speak to your GP or another healthcare professional for further advice and support.

Common causes of low mood:

Some heart conditions can disrupt day-to-day life and limit what people are able to do (or feel they are able to do). For example it may mean adopting a different lifestyle such as:

- Attending more medical appointments
- Having to reduce working hours or giving up work completely
- Stop smoking, eat more healthily, reduce alcohol intake
- Limiting what you can do physically
- Taking multiple medications on a daily basis

When having to make a number of changes it can be hard to see the positives and instead people can become focused on what they have to give up or do differently. People often compare life now to what it used to be like and have a sense of loss. Some may feel they are a burden to others and find this thought distressing. These experiences may lower your mood and you may find you want to withdraw from others and activities. The degree to which low mood is experienced varies from person to person. It depends on factors such as how significantly the heart problem has impacted on lifestyle and the amount of support and resources people have available to help them cope.

Some heart conditions can change the way people feel physically and reduce motivation and make tasks seem harder to achieve. Commonly reported physical sensations are:

- Tiredness or fatigue
- Palpitations or racing heart beat
- General aches and pains
- Breathlessness
- Pains or tightening sensation in the chest

It is often the case that when people experience unpleasant physical sensations they avoid doing things until they feel better. They may feel a sense of relief at first but overtime as tasks build up this initial feeling becomes replaced with negative feelings such as guilt, frustration and low mood.

The first step towards managing low mood is replacing unhelpful behaviours with more helpful alternatives. Whether low mood is the result of changes to lifestyle, increase in unpleasant physical sensations, or something else, the result for many people is to reduce or avoid activities. This then leads to further lowering of mood. By making changes to unhelpful behaviours to instead increase activities and reduce avoidance, people can experience a sense of achievement and improvements in the way they feel, the way they think and how they feel physically. Again it might help to discuss what you can do with your doctor or nurse to get advice about what is reasonable for you to do taking into account your heart condition.

Top Tips

When setting goals don't try and push yourself beyond your limits. Think SMART – what is manageable and achievable for you to do?

If you don't know what your limits are talk to a healthcare professional such as your GP or cardiac nurse.

Tackling avoidance is about making changes and thinking about what we can do rather than what we can't do.

By withdrawing from activities, it limits the opportunity to experience positive emotions such as pleasure, achievement and enjoyment. Although at the moment you may not enjoy activities as much as you used to, or you don't feel you are achieving as much as before, it is often better to do a bit of something than do nothing at all. It may be the case that you don't always enjoy everything you do. Activities such as making the bed, cooking a meal, or paying the bills, don't by their nature feel pleasurable but people often tend to feel a sense of achievement by completing these activities.

Behavioural Activation:

The next part of this section outlines a useful technique to help reduce avoidance called "Behavioural Activation". When trying to make changes to behaviour, it is helpful initially to think about the different types of activities you do and what you have stopped doing. Generally, activities fall into 3 main categories:

Routine activities:

These are activities that give structure to the day, such as washing, cleaning and cooking. When not doing these activities they tend to affect how well people look after themselves. Although routine activities are not enjoyable to everyone, people tend to feel better for doing them rather than continually avoiding them.

Pleasurable activities:

These activities are what people do for enjoyment. These could be activities such as hobbies, socialising, reading or gardening. When feeling low, there tends to be a loss of pleasure in the things that were previously enjoyed. When these activities are reduced or avoided, it limits the opportunity for people to experience pleasure and enjoyment in their day.

Necessary activities:

These are activities that need to be done such as attending medical appointments, paying bills or taxing the car. Although these may not be enjoyable activities, often people experience a sense of achievement when these activities are completed or resolved.



Five steps to activating yourself:

Step 1:

Start by keeping a diary of what you do over the coming week even if you don't think you do anything. You can find a copy of a diary in appendix 2 (page 69).

By completing a diary, it will help to show you what you are currently spending your time doing, as well as help you to identify where changes could be made.

An example of Beth's diary is illustrated below:

	Monday	Tuesday	Wednesday
Morning	7am got up, washed and dressed	10am woke up and watched T.V in bed	8:00 woke up and had a shower
	10:00 Watched T.V alone	11:00 Went to see my GP	09:30 Walked to Newsagents to buy a newspaper
Afternoon	13:00 Had lunch	13:00 Had lunch	12:30 Had lunch
	13:30 Watched T.V for the rest of the afternoon alone	14:00 Did some washing up	14:00 Daughter came to see me. Gave her my grocery list for the supermarket
Evening	18:00 Had dinner and tried to read a book	18:00 Had dinner and watched a film	18:00 Had dinner and watched T.V
	23:00 Went to bed but couldn't sleep	23:00 Went to bed	23:30 Went to bed

When you have completed your diary, have a go at answering the following questions:

What types of activities did you do? (*E.g. routine, pleasurable and necessary*)

Was anything missing from your diary? (*E.g. routine, pleasurable and necessary*)

Upon reflection, what could you do differently?

Step 2:

Make a list of the routine, pleasurable and necessary activities that you have not been doing, or finding difficult to do.

Routine

Pleasurable

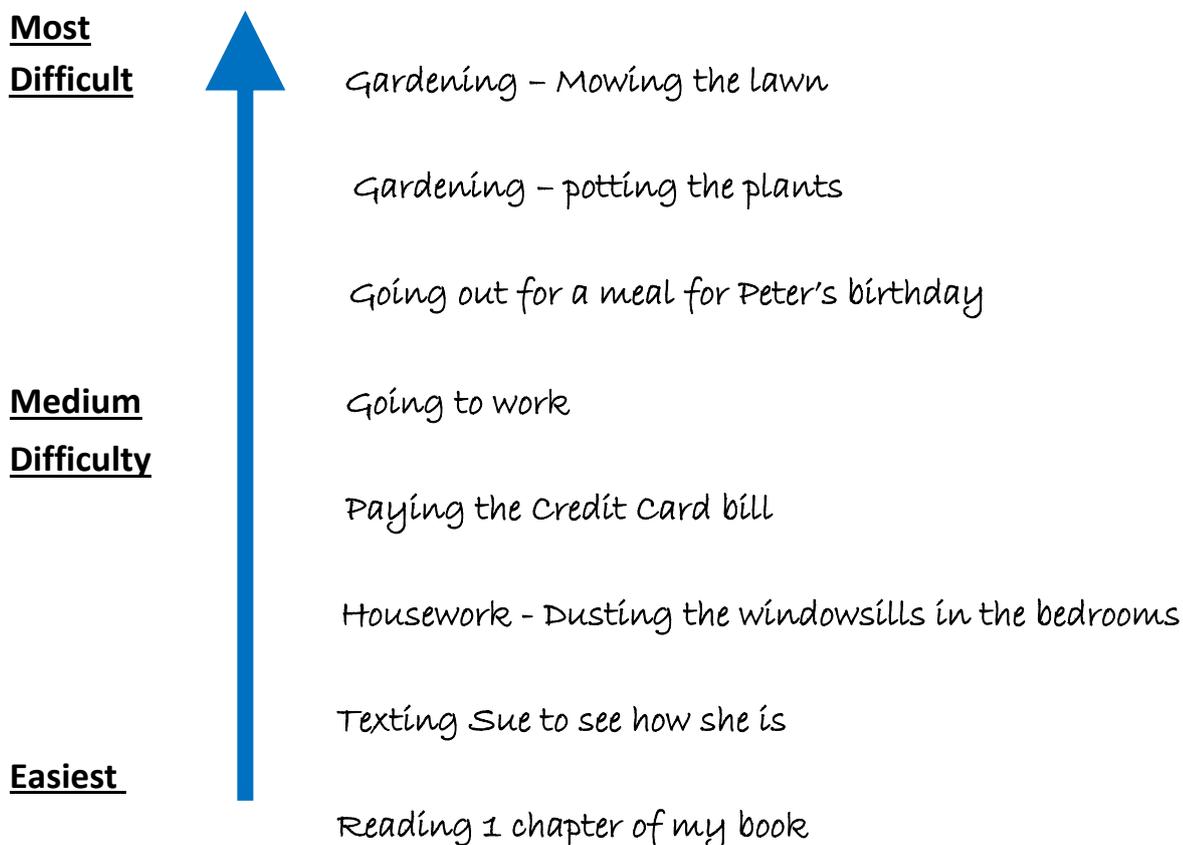
Necessary

Step 3:

Using the lists you created of the routine, pleasurable and necessary activities you have stopped doing on the previous page, try putting them into an order from what would be easiest for you to do right now, through to what would be most difficult. There is a worksheet in appendix 3 (page 70) that will help you do this.

You may feel that some of the activities you have listed on the previous page feel overwhelming or difficult to do, so try breaking them down. How could you make them more manageable? For example, instead of “housework,” what specifically is it that you want to do? It is more helpful to think about it in its component parts (such as vacuuming, dusting, and mopping particular items) and then place the individual tasks into the hierarchy.

To help you do this, have a look at Beth’s example below:



Step 4:

Using a diary again from appendix 2 (page 69), take one or two of the activities from the bottom of your hierarchy (i.e. the easiest activities) and plan when you are going to do them; then do them. Use the diary you have kept over the previous week to help you identify where you can plan activities. Try to have a mixture of routine, pleasurable and necessary activities within your week to provide a balance of activities you are doing.

When planning your activities **be specific:**

- a. What are you going to do?
- b. When are you going to do it?
- c. Where will the activity take place?
- d. Does it involve anyone else, if so who?
- e. How long will it take?

See below for an example of Beth's diary:

	Monday	Tuesday	Wednesday
Morning			
	10:00 Dust the windowsills downstairs (10 mins)		11:00 Pay the Credit Card using online banking (15 mins)
Afternoon			
		14:00 Text Sue and ask how she is (5 mins)	
Evening			

It is important that you try to keep to the times you have set yourself to complete your activity and use them as motivation. In Beth's diary you will also notice that not every box is filled. Reactivating behaviour is not about filling every minute of your day, it is about breaking that negative cycle of avoidance.

Step 5:

Review and reflect on your diary at the end of one week.

What did you achieve over the past week?

What difficulties did you experience?

What could you do to overcome these difficulties in future?

Based on what you learnt and achieved, have a go at planning your next week. Do likewise on each following week; review that is working well to include and start adding other activities from your hierarchy into your diary always working up the hierarchy (from the easiest to the most difficult to achieve).

If you are not sure what activities you can do at the moment, speak to your GP or cardiac nurse for further advice and support.

Adapting the way you think:

Different heart conditions can affect how people think and feel in similar ways. They may find they have negative thoughts about them themselves and their abilities. Commonly reported thoughts include:

- I can't do anything
- I am useless
- I have no purpose anymore
- What if things never get any better

Thoughts are generally **automatic** meaning they often occur without you being aware of them. Thoughts can take many forms such as pictures, images, statements or memories and are a normal part of everyday life. Although everyone experiences negative automatic thoughts from time to time, when feeling low in mood, thoughts tend to focus on the negative and become hard to put aside. These thoughts can seem real and believable at the time, which can lower mood further. Thoughts can be distorted, exaggerated and biased. As mood becomes lower, automatic thoughts can become more negative and in turn get in the way of completing tasks and lead to avoidance of activities.

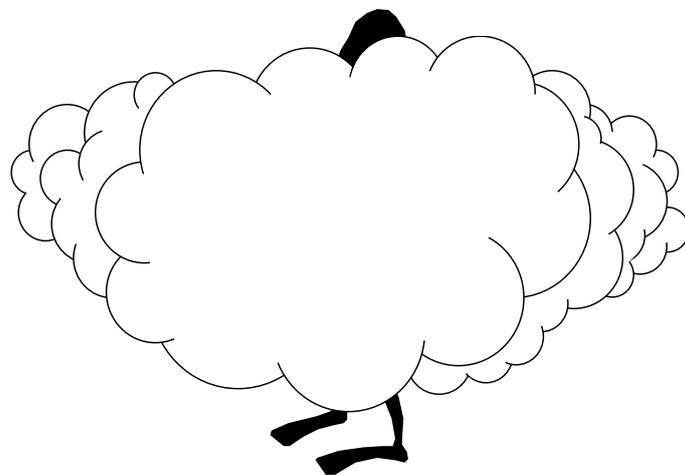
Thoughts are quite powerful and over time they can become more negative in nature. **Therefore it is important to remember that thoughts are just thoughts; they are not facts. Just because we think something, does not make it true.**

The next page illustrates examples of common unhelpful thinking styles that people often report. You may recognise some of these as ways that you often think. Some people may recognise that they have adopted several unhelpful thinking styles. This is quite common as thinking styles tend to overlap and often we don't just think negatively in one area; when feeling low this can become generalised to other areas of life.

By noticing and identifying negative thoughts and unhelpful thinking styles, you can start to question them and explore alternative, more helpful perspectives. Recognising and identifying our thoughts can be difficult as they are often automatic and we don't always realise what we are thinking. Once you have noticed how your thoughts may be biased, challenging them can help you stand back and reassess the situation. This process can help improve our mood and reduces avoidance.

More information is provided on page 44 about how to challenge negative automatic thoughts and unhelpful thinking.

On the next page you can get to see what common thinking styles you may have. You may also recognise other peoples' common thinking styles as well. Place a tick in the boxes of the thinking styles you recognise in yourself that can be unhelpful.



<p><input type="checkbox"/> <u>Mind Reading</u> Assuming we know what other people are thinking</p> <p>“People think I am lazy” “My family don’t say it but I know they are getting fed up with me.”</p>	<p><input type="checkbox"/> <u>Mental Filter</u> Only focusing on the negative or unpleasant things and ignoring the positives.</p> <p>“Nothing I do is ever any good.” “My heart has stopped me doing anything enjoyable.”</p>
<p><input type="checkbox"/> <u>What if...?</u> Questioning what might happen in the future.</p> <p>“What if my health gets worse?” “What if my partner leaves me?”</p>	<p><input type="checkbox"/> <u>Predicting the future</u> Making an assumption of what will happen in the future.</p> <p>“This is my life now, nothing will change” “Something bad is going to happen.”</p>
<p><input type="checkbox"/> <u>Catastrophising</u> Seeing something as far worse than it actually is. Looking for the worst case scenario.</p> <p>“My partner is late; they must have had an accident.” “My heart condition means that I will be incapacitated ”</p>	<p><input type="checkbox"/> <u>Over generalising</u> Making the generalisation that if something has happened in one situation, then this will be the case in all other situations</p> <p>“I didn’t enjoy myself going out to the cinema last week so I don’t think I will like it seeing films anymore”</p>
<p><input type="checkbox"/> <u>Taking things personally</u> Believing that something someone says or does is aimed at you.</p> <p>“My wife is really quiet today, I have obviously done something to upset her.”</p>	<p><input type="checkbox"/> <u>Labelling</u> Making global statements about ourselves or the world around us.</p> <p>“I am useless” “No one understands how I am feeling.” “I am boring”</p>
<p><input type="checkbox"/> <u>Should or must statements</u> Statements which make us feel guilty or self-critical</p> <p>“I should be able to do it.” “I must be more confident”</p>	<p><input type="checkbox"/> <u>Black and White Thinking</u> Seeing things as either wholly good or bad, right or wrong</p> <p>“If I have a bad day, I will have failed myself” “If I don’t achieve I am not good enough”</p>

Managing Anxiety

What is anxiety?

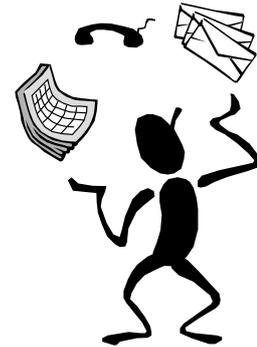
Anxiety is an umbrella term that covers a number of feelings and experiences. For example, people who describe themselves as 'stressed', 'worried', 'uptight', 'nervous', 'irritable', 'tense', or 'panicky' are all experiencing a form of anxiety. It is very common for people who have heart problems to experience feelings of anxiety.

Below are general definitions of the different types of anxiety:

Stress:

Feelings of stress often occur when people are faced with difficult situations in which they feel they are not able to cope.

This can be due to lack of time, lack of support or unrealistic expectations.



Worry and General Anxiety:

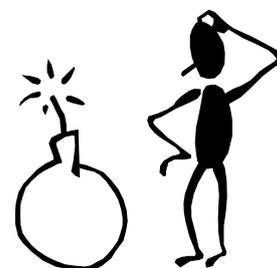
Worry is a focus on things that have happened in the past or things that could happen in the future. General anxiety occurs when people find themselves worried about many different things and these worries are hard to control. Often these worries are an apprehension or expectation that something bad will happen.



Panic:

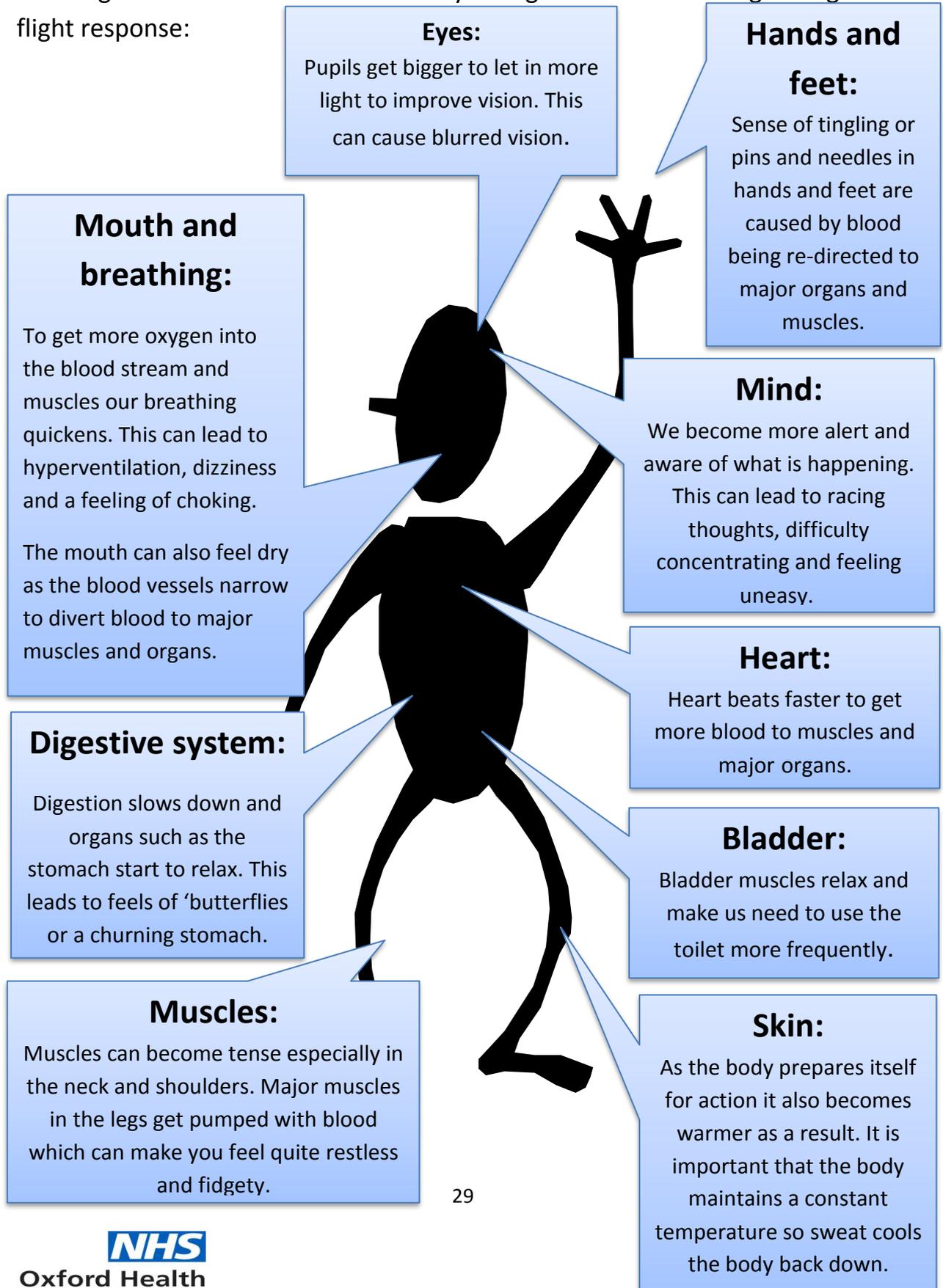
Panic is the body's alarm system to real or perceived threat or danger. It is often described in terms of physical symptoms, such as sweaty, dizzy, breathless and racing heartbeat. These symptoms are referred to as **the Fight or Flight Response** and are caused by a substance called adrenaline being released within the body. Sometimes

people experience feelings of panic in the absence of threat or danger which feels uncontrollable and frightening. This is referred to as a panic attack.



The physical symptoms of panic can be particularly unpleasant to experience. For example, experiencing a racing heart beat often makes people feel as though they are having a heart attack. This then can lead to avoidance of places or activities that are associated with that experience.

The diagram below illustrates the bodily changes that occur during the fight or flight response:

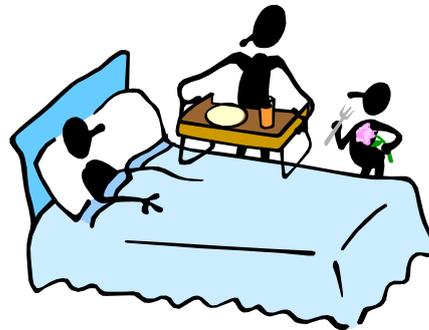


Common causes of anxiety:

There are a number of factors which can lead to feelings of anxiety, the most common of which are outlined below:

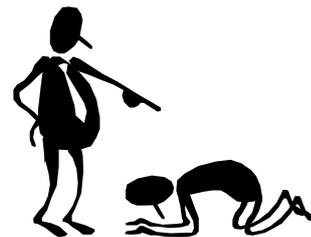
- **Health:**

Whether it is your own health or that of a loved one, physical health difficulties can lead to feelings of anxiety. People who have experienced a heart attack may become worried that they will have another. Others with conditions such as heart failure may fear that their condition will worsen or worry about putting strain on their heart. Anxiety related to health can create a preoccupation with looking for possible signs of ill health.



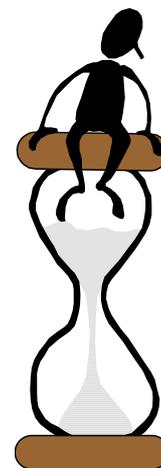
- **Life events:**

Difficult situations such as death of a loved one; financial concerns; problems at home, at work or with relationships for example can take over our thoughts. Preoccupation with a difficult situation can make doing other every day activities seem more challenging.



- **Previous life experiences:**

The experiences people gain throughout life influence the way that they respond to events in the here and now. In other words, if you have experienced something unpleasant or threatening in the past, it can affect how you will feel about being in a similar situation in the present or future.

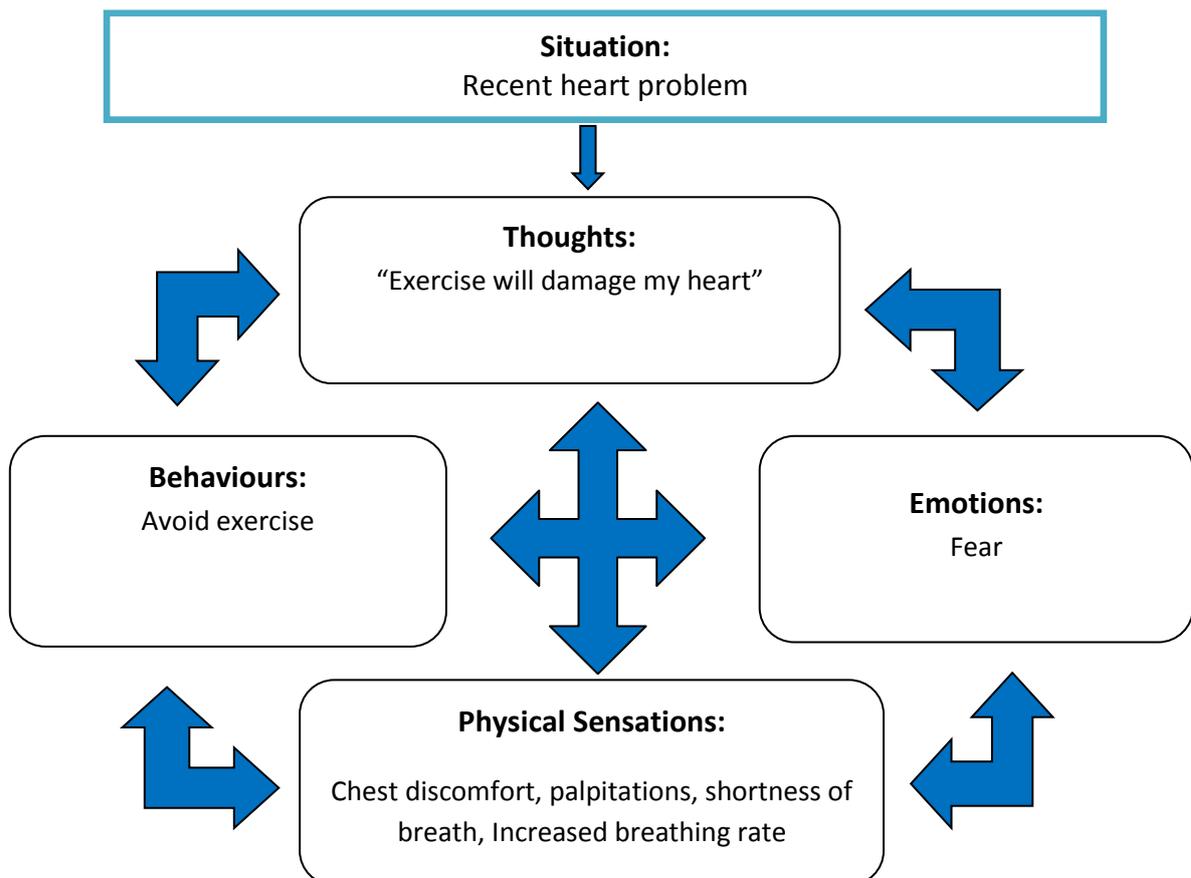


- **Who we are?**

Some people are more prone to being a worrier and generally anxious and others may have learned to respond to life events in an unhelpful way. This however does not mean that people cannot change!

What maintains anxiety?

Anxiety is a natural human emotion that serves an important function. It helps to keep people safe (fight or flight) and in small amounts can provide motivation to complete difficult tasks. However, when anxiety is present for long periods of time it becomes unhelpful. As you saw in the previous sections, thoughts, emotions, behaviours and physical symptoms all interact and combine to form vicious cycles. If, for example, you have had a recent period of ill health, this might make you focus on body sensations and anxious thoughts relating to your health. Focusing on these body sensations and thoughts can often produce unhelpful behaviours which tend to maintain the unhelpful thoughts. This is described as a maintenance cycle and an example is shown in the diagram below:

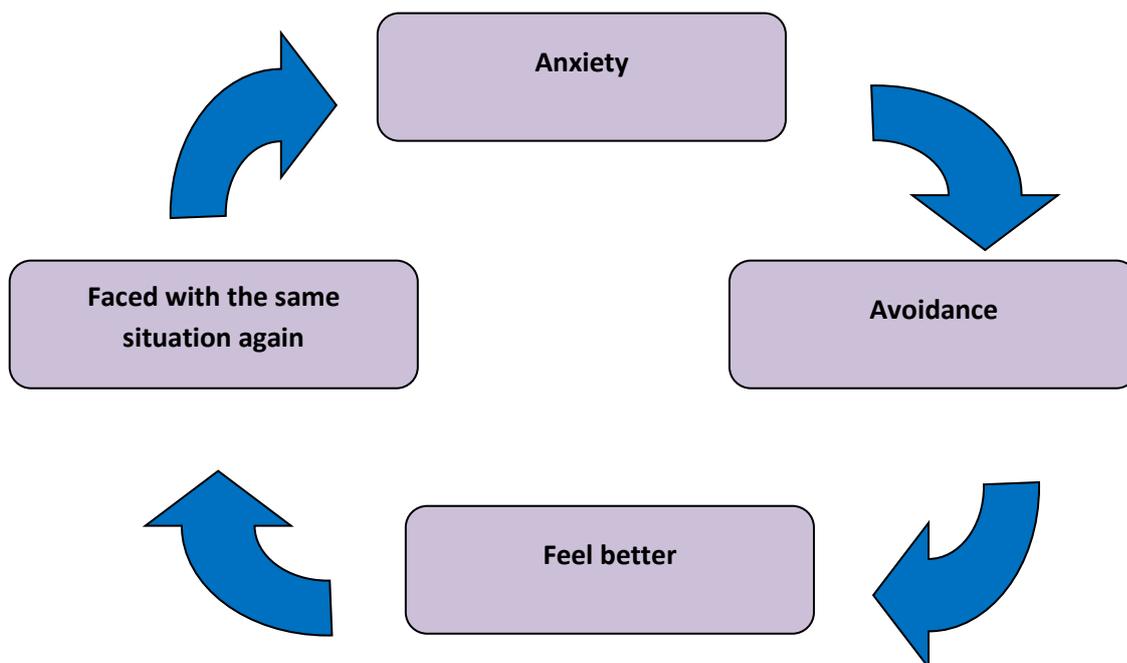


Managing anxiety: Adapting what you do

Clinical evidence tells us that when experiencing symptoms of anxiety, the first step towards feeling better is to make helpful changes to behaviours. This is achieved using a technique called Graded Exposure Therapy.

Graded Exposure Therapy: Reducing avoidance

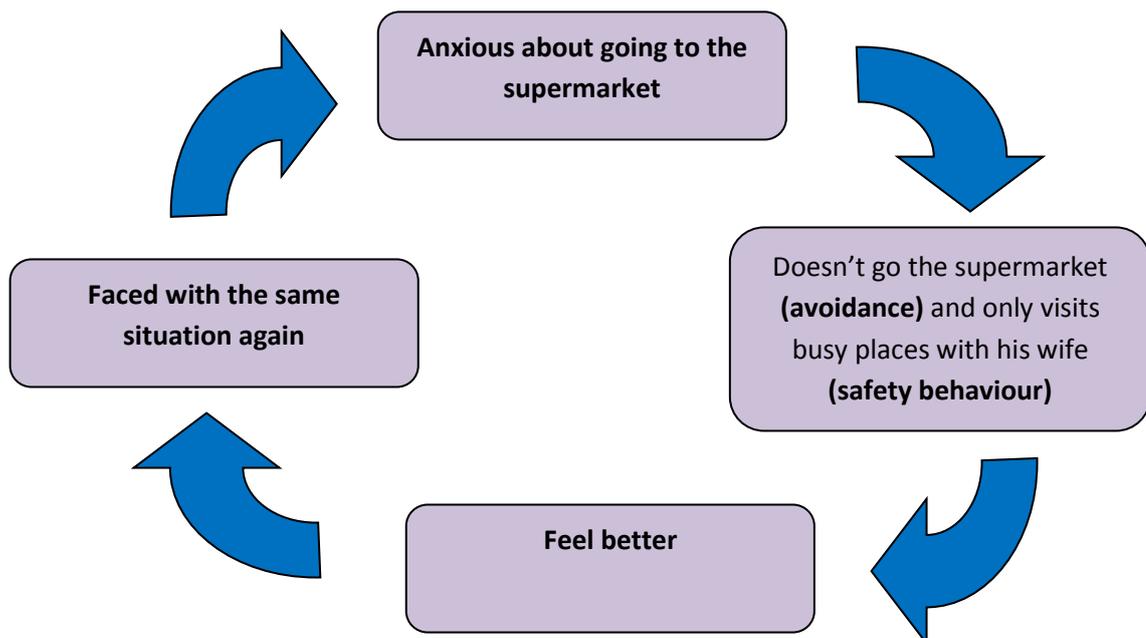
As the name suggests this is about gradually increasing your exposure to your feared or avoided situations. People often get into the habit of avoiding situations that they find difficult. This coping strategy can unfortunately make the problem worse. While in the short term it has the benefit that you don't feel anxious as you avoid the difficult situation, in the long term it can make things worse by making your feared situation seem worse still. By avoiding situations, you don't get the opportunity to learn that the situation may not actually be as bad as you thought or see that you could cope with it. As a result, anxiety about the situation continues and confidence remains low. This is demonstrated in the diagram below



Often if people cannot avoid a place or situation that makes them feel anxious, they will do something that reassures them. For instance they may only go out if they have someone with them; or they walk extra-slowly; always carry a bottle of water; or chew gum to prevent their mouth from going dry. These are known as **safety behaviours**.

Although it may feel that safety behaviours help to manage the anxiety, in the long run they can maintain the anxiety. For example, what happens if you forget to take the bottle of water, or there is no one to go with you? If the safety behaviour is not available then this in turn creates anxiety.

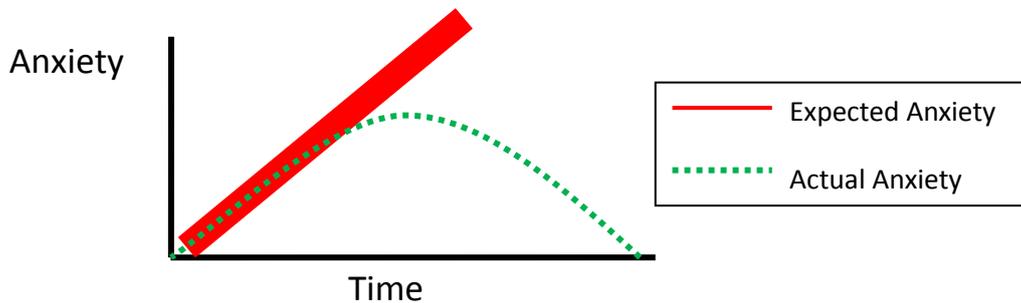
Let's look at the example of John.



It is easy to see how using avoidance as a strategy to cope can soon begin to have a negative impact on people's lives as they start to avoid more and more situations. If instead you confront difficult situations then it is possible to build up your confidence. This will help your anxiety to reduce significantly.

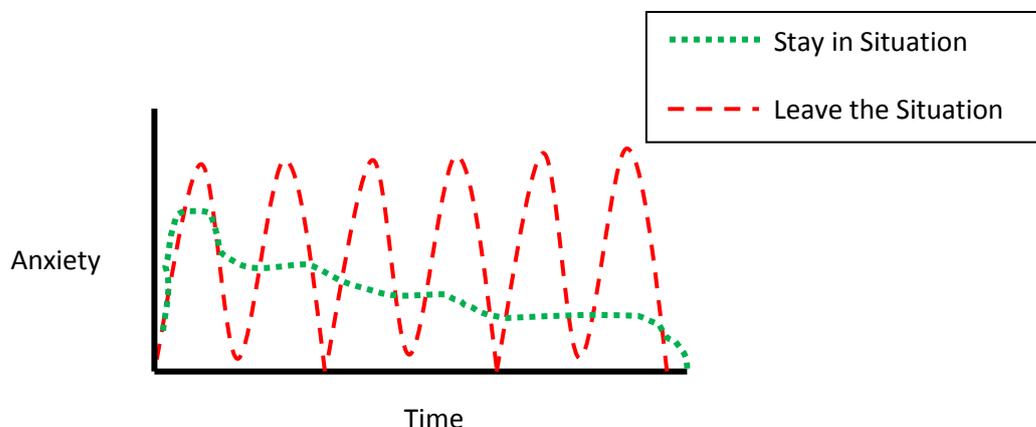
What if I get too anxious and cannot cope?

Most of us imagine that anxiety will keep increasing, so we escape the situation to prevent ourselves from feeling worse as shown by the solid line in the graph below. However, in reality anxiety naturally reduces after a certain period of time as shown by the dotted line.



Anxiety naturally reduces over time because our bodies cannot stay on high-alert for long periods. Think about if you were running. If you were to start running now, eventually you would become tired, your muscles would begin to ache and ultimately you would need to stop. Adrenaline works in much the same way. It can only be released at high volumes into the blood stream for approximately 40-50 minutes. It is after that time that the physical feelings of anxiety begin to reduce.

If you escape or leave a situation where you feel anxious, your anxiety reduces and you start to feel better. This is because you have removed yourself from the trigger of your anxiety. However, if you are then presented with the same situation again in the future, you will experience that same level of anxiety. By escaping from the situation you never experience the natural reduction in anxiety that takes place. Therefore, the longer you stay within the situation, over time the less anxious you will feel. The dashed line on the graph below illustrates what happens to our anxiety levels if you repeatedly avoid or escape situations. The dotted line shows what happens to your anxiety levels overtime if you stay in the situation.



Reducing anxiety: The anxiety diary

To help you understand more about your own anxiety, it is helpful to keep a diary. For one week record all the situations where you have experienced feelings of anxiety. You should only add something to this diary if and when you experience anxiety. It is not designed to be completed each day unless there is something to record.

The diary asks you to note the situation you were in when you experienced anxiety; how you felt; the thoughts that were going through your mind at the time; how you felt physically; and what you did in response to these feelings. It is also helpful to record the level of belief you have in your thoughts on a scale from 0-100%. *Here 0 would mean that you do not believe your thoughts at all, whereas 100 would mean that you couldn't possibly believe anything else.*

Top tips:

- If you do experience feelings of anxiety then it is best to complete the diary as close to the event as possible to prevent you from forgetting the details of the situation later on.
- Understandably this may not always be possible, but if you can make a note of the situation and what you experienced, this may help to jog your memory for completing the diary at your next available opportunity.
- Remember as you discovered in chapter 2, it isn't always easy to know what you are thinking. Thoughts can come and go in a second and are often automatic. They may be so familiar that they feel like a part of you.
- If you find it hard to identify your thoughts initially don't worry; practice makes perfect.

Below you can see an example of John's anxiety diary. You will find a blank diary for you to complete in appendix 4 (page 71).

Situation: What happened and when?	Physical sensations: How did your body feel?	Thought: What was going through your mind? How strongly do you believe these thoughts? (0-100%)	Behaviour: What did you do in response?
Tuesday at 14:00 Went to the supermarket on my own	Racing heart beat, Dizzy, Breathless	There is something wrong with my heart. (80% belief rating) I am having a heart attack (90% belief rating) I am going to die (95% belief rating)	Left the supermarket and went home
Friday at 07:30 My wife had just left for work and I was getting out of bed	Felt sick Dizzy	I am here on my own and I might have another heart attack. (65% belief rating) There is no one to help me (70% belief rating)	Rang my daughter to ask her to come and stay with me until my wife comes home.

Based on what you now know about anxiety and avoidance, the next step is to tackle avoidance in a gradual way. You can do this by creating an **anxiety ladder**. How to do this is outlined in the next section.





Six steps to reducing avoidance



1) List the situations you avoid because of your anxiety.

Write down a list of the situations that you often try to avoid or escape from because of the anxiety you experience. Use your anxiety diary to help you do this.

2) Identifying a goal:

Using the list you created order them from the top the most avoided/feared situation to the bottom of the list and the least avoided/feared situation. What is it that you would like to stop avoiding first? Choose one near the bottom of the list which would be an easier goal to start with. You can always move up the list to set new goals once these ones have been achieved. Below is John's example, but have a go at your own underneath.

John's goal:

To be able to go to the supermarket on my own

My goal:

3) Rate your anxiety:

If you were to go into that situation now, how anxious would you expect to feel? (Rate this on a scale of 0 – 100 where 0 = no anxiety at all; 100 = worst possible anxiety you could experience). Below is John's example.

Goal	Predicted anxiety (0-100)
<i>Going to the supermarket alone to do the weekly shop</i>	<i>95%</i>

My Goal	Predicted anxiety (0-100)

4) What steps could you take towards achieving your goal?

Break down your ultimate goal into smaller and more manageable steps. What would be easiest for you to do now? Have a go at identifying your steps and rate how anxious you would expect to feel at each step. Below is John's example to help you:

Steps	Predicted anxiety (0-100)
Driving to the supermarket	75%
Being in the supermarket car park	80%
Being at the supermarket entrance	85%
Walking around the supermarket (not buying anything)	90%
Going to the supermarket alone	95%

My Steps	Predicted anxiety (0-100)

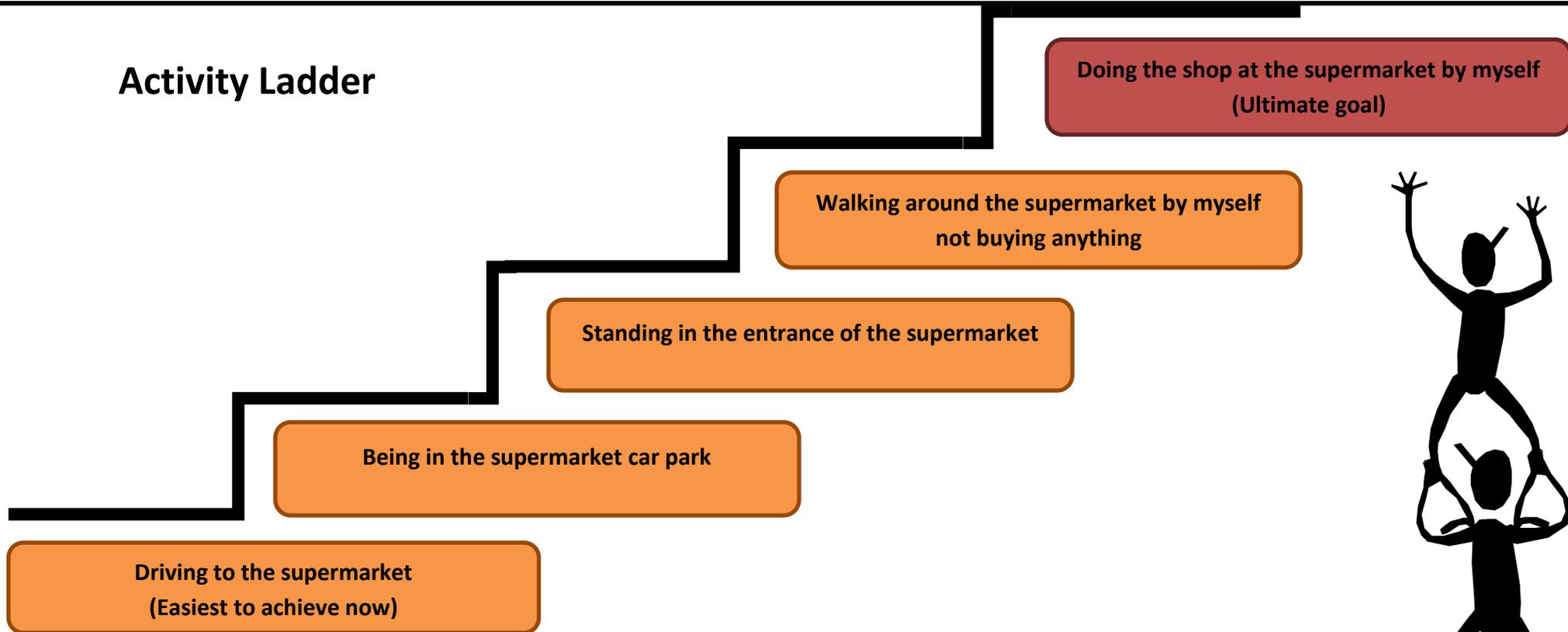
Top Tip:

- Some people prefer to start by imagining the situation. For example, imagine you are walking outside the supermarket before actually going there.

5) Organise your activities from your least anxiety provoking to most anxiety provoking.

Using the rating of how anxious you expect to feel in each of your identified situations, you can create a rank from the least difficult and feared situation for you at the moment to your most feared situation. Think about this as a ladder. The next page shows how John planned his anxiety ladder.

Activity Ladder



Now have a go at creating your own ladder. When constructing your ladder, each step should be no more than 20% higher on your anxiety scale than the previous one. There should be at least 5 steps to your ladder, each gradually increasing in intensity. If you have less than 5 steps and/or a greater than 20% increase in your expected anxiety between steps, try thinking about the steps you could take in between to break this down. It is also important that the first step on your ladder is something that would make you feel anxious. It should be the step that would create the lowest amount of anxiety but it is important that you experience some anxiety in order to experience the natural reduction in anxiety. You can find a blank copy of the graded exposure therapy worksheets and anxiety ladder in Appendix 5 (page 72-73).

6) Now start confronting the steps in your ladder.

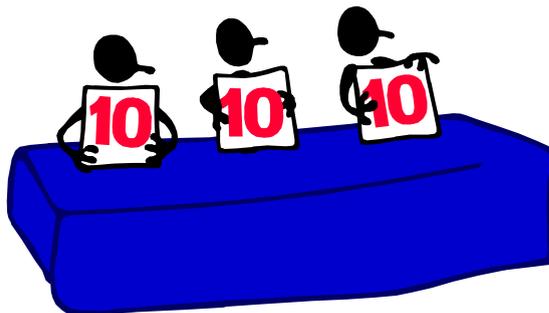
Start with the situation at the bottom of your ladder. This will be the item that you think will cause you the least anxiety. Try to stay within the situation for at least 40 to 60 minutes or until you feel your anxiety has reduced by half. You will feel anxious to begin with, but as you have learnt, this feeling will naturally reduce overtime.

Top Tips:

- Always make sure that the steps within your ladder are **graded**. Do not push yourself beyond your limits by increasing the difficulty of the situation too much.
- Always stay in the situation for at least **40 to 60 minutes** or until your level of anxiety you are experiencing reduces by half
- **Repeat your exposure** to the situations. Approximately 4 to 5 times per week is usually manageable for people. Try not to leave too long between exposures. This is because the more you confront something, the more your fear will reduce. You should notice your anxiety getting less and less each time you do so.
- **Do not distract yourself**, this includes talking to others and listening to music. You need to experience the anxiety in order to be able to feel the natural reduction in anxiety
- **Do not move onto the next step on your ladder until you are comfortable with the previous step.** When you feel comfortable, try to move on to the next item on your list. Working through your list you will begin to feel anxious in fewer and fewer situations. You should find that your confidence grows as you move on from each item. Higher ranked tasks should start to seem more manageable as you progress.

Top Tips:

- Allow yourself to experience feelings of fear, anxiety and stress. Don't try to block them out.
- Say to yourself something like 'I feel anxious but I can cope'.
- Try not to remove yourself from the situation too early (this could reinforce your anxiety and make things more difficult in the future).
- Don't push yourself too far too fast.
- Reward yourself for what you achieve and for giving it a try. You may confront an item on your list which doesn't go as well as you had hoped. Try not to give up. Persevere, and it should eventually get easier.
- If an item on your list seems too hard, see if you can put in an extra step or two before it. This will allow your confidence to rise further before you face it.
- **Make a list of your safety behaviours.** Note down all the things you do to keep yourself safe. Making a note of them will help you gradually cut them down.





Four steps to challenging unhelpful thoughts



Some events in life are unpleasant, but often how we interpret these events can make them seem more difficult. By their very nature, problematic events tend to generate unhelpful thoughts. In this section we will look at how to challenge unhelpful thoughts that help to maintain anxiety.

Step 1: Identify your unhelpful thoughts.

Use the anxiety diary you created and you can also go back to the unhelpful thinking styles you identified on page 27. If we refer back to John's anxiety diary we can see that he experiences the following unhelpful thoughts:

John's unhelpful thoughts:

- There is something wrong with my heart
- I am having a heart attack
- I am going to die
- I am here on my own and I might have another heart attack.
- There will be no one to help me

John assumes that the normal physical symptoms of anxiety are something more serious i.e. another heart attack. This causes John to feel anxious which worsens his physical symptoms because of the body sensations of anxiety (e.g., heart racing, increased breathing rate) which then maintains his unhelpful thinking "there is something wrong with my heart".

Step 2: Identify the hot thought

When challenging unhelpful thoughts you need to decide on one thought to challenge. The way that you do this is by identifying the thought that causes you the most distress. This thought is then referred to as the **Hot Thought**. You can decide which thought is the **Hot Thought** by rating your thoughts by how strongly you believe each one. This is why you were asked to rate your thoughts for strength of belief. The Hot Thought is therefore the thought with the highest belief rating. In John's case this would be "*I am going to die.*"

Step 3: Challenge your hot thought

In order to “test” how realistic our **Hot Thought** is, we use the following evidence gathering sheet. Here you are trying to gather factual evidence to support or weaken your belief in your thought. It is useful to imagine that you are putting your thought on trial. John’s example is illustrated below to demonstrate how to do this.

Hot Thought		Belief Rating	
"I am going to die"		95%	
Evidence for		Evidence against	
I have had a heart attack		I have felt like this before and didn't die	
My heart is beating too fast		How fast is too fast - when you run it goes fast?	
I feel like I am going to collapse		My GP tells me that my heart is okay	
		I am taking medication now and have improved my health and lifestyle.	
		My cardiologist has told me that my heart is in better condition now than before my heart attack	

Now try doing this with your own **Hot Thought**. You can use the blank worksheet in Appendix 6 (page 75) to help you do this.

Step 4: Revise your thought

Having evidence for and against your **Hot Thought** helps you to see if your thought is realistic. You can use this to try to come up with a more helpful thought based on the evidence you have gathered. This will help to reduce your anxiety and help you to make changes in the behaviours that are maintaining your anxiety.

John's revised hot thought:

I am distressed by the physical symptoms of anxiety, BUT this does not mean I am having a heart attack AND does not mean I am going to die.

Belief rating = 40%

If you find it difficult to revise your **Hot Thought** use words like 'AND', 'BUT' and 'OR' to link your evidence for and against together to create an alternative thought. Try rating your belief in your new thought just as John did above. You may not believe your revised thought 100% but it demonstrates an alternative, more balance way of interpreting the same situation which is more helpful.

Revised thought:

Belief rating =

Generalised anxiety and worry

Graded exposure and thought challenging are very helpful for managing anxiety where there is a specific trigger. However, sometimes anxiety is more general and these techniques are less helpful. Generalised anxiety, which is more commonly referred to as worry, tends to focus on situations over which you think you have little or no control. These are normally things that have happened in the past or what you think could happen in the future. These types of thoughts are often characterised by ‘what if’ statements.

Managing generalised anxiety and worry:

Worry tends to occupy large amounts of time and can prevent you from enjoying other things. By turning over a problem in your mind you may think that you are problem solving. However, worrying only serves to maintain anxiety and does not resolve problems.

A highly effective technique for the management of worry is to allow yourself to attend to your worries within a specific time period. In other words you are setting yourself a “worry time”. This helps to reduce the amount of time you spend worrying and feel more in control of worry. It is important to bring your worries to your worry time and not focus on them during the rest of the day.

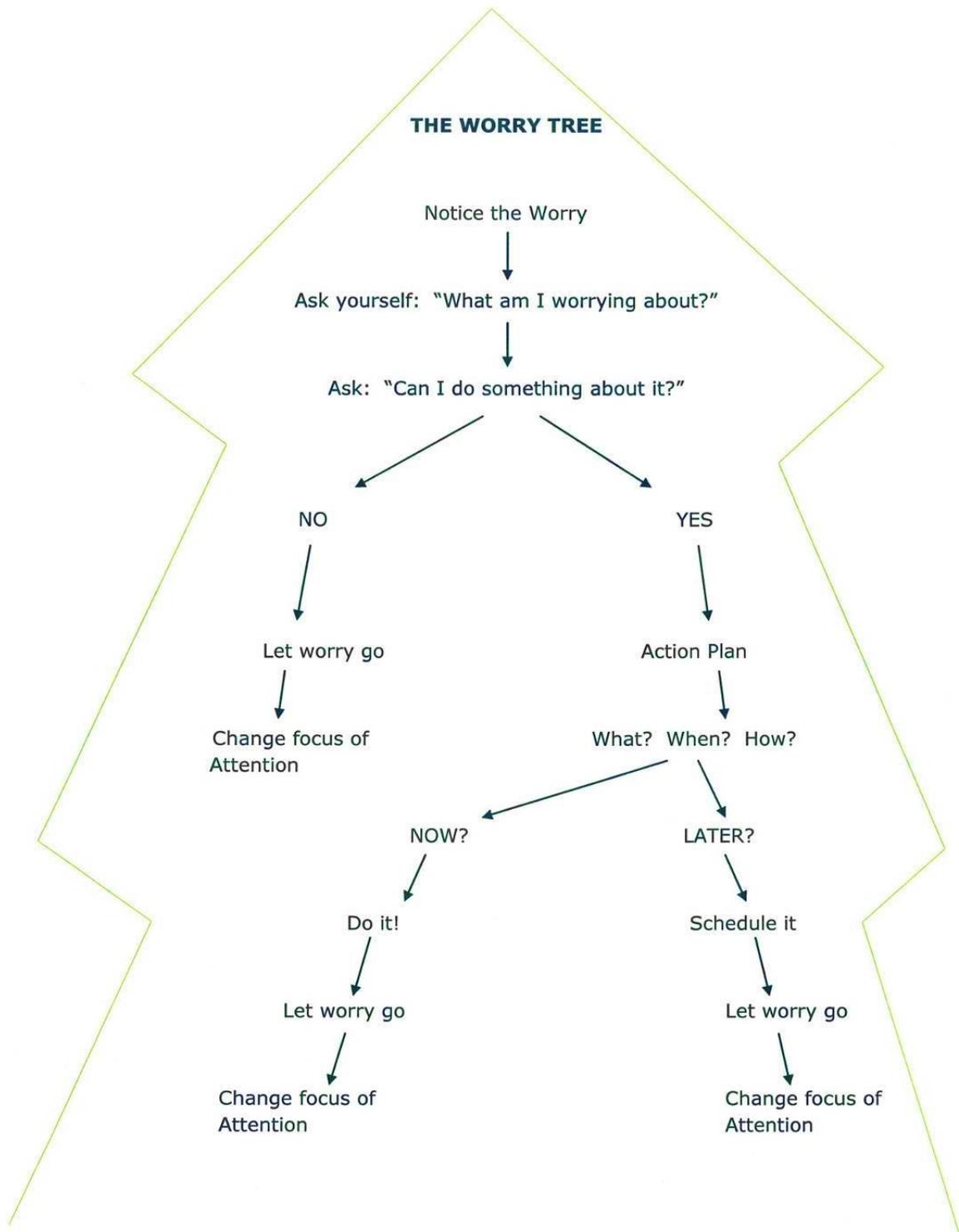
Top Tips:

1. Keep your worry time short. No longer than 15-20 minutes each day.
2. It is important to keep your worry time to the same time every day. Choose a time of the day when you will not be disturbed.
3. Keep to the same place for your worry time; even have a worry chair if this is possible.
4. Write down your worries in a notebook or worry book
5. End your worry period with a distracting activity
6. Do not extend your worry period to accommodate more worry.

What to do in your worry period:

It is useful during worry time to have a technique to use to manage the worries you bring. The diagram on the next page shows a very simple technique for dealing with worry. Start with your worry at the top of the tree. Ask yourself “what am I worrying about” and “can I do something about it”? Then think of all the things that you can do something about and all the things that you can’t do anything about. For the ones you can do something about, develop an action plan like the example shows. This helps you to identify changeable parts of the problem you are worrying about and to generate an action plan.

THE WORRY TREE



www.getselfhelp.co.uk

Adapted from Butler & Hope 2007

www.get.gg

Problem Solving

As you now know, worries are mostly about the past or future over which you have little or no control. However some worries will be solvable. Problem solving is a practical technique which breaks problems down into steps. It will also help you to stand back and gain perspective on your problems. This often helps to reduce feelings of being overwhelmed and can also enable you to regain a sense of control.

Problem Solving involves seven steps. This section will guide you through each step using the example of John. After John's heart attack he had to take time off work. However after 2 weeks John felt under pressure from his line manager to return to work. Although John enjoyed his work he worried that he was not well enough to return so soon.

A blank copy of the problem solving worksheets can be found in appendix 7 (page 76).

Step 1: Identify the problem

Start by writing down the problem. Define it as clearly as you can. Be careful that you are identifying the main problem. For example if your washing machine broke down and you had water all over the floor, the main problem is that the washing machine is broken, NOT that the floor is wet.

John's problem:

My problem:

I am currently not well enough to cope with the physical demands of my job

Step 2: Identify possible solutions

Note down as many solutions to the problem as you can. It doesn't matter at this point if the solutions don't seem practical. Try to be as creative as possible.

John's example:

Potential Solutions
1. Quit my job and find a less demanding job
2. Go back to work full time
3. Avoid all contact with my boss
4. Go back to work part time
5. Explore the option of graded return to work with my boss and HR

Step 3: Identify the advantages and disadvantages for each of your solutions:

Solution	Advantages	Disadvantages
1.	I wouldn't have to worry about work	I won't have any income and then. I will have to find another job eventually
2.	I would still have an income I would feel less guilty about having the time off	I think this is too much for me at the moment
3.	I don't have to deal with the problem	I can't avoid my boss forever
4.	It will be easier on me than going back full time It would make my boss happier	I will be on less money I may be able to manage full time hours in the future
5.	It would help me get back into work in a gradual way I am entitled to a graded return to work plan after an extended period of absence	My boss and HR might say no

Step 4: Choose a solution

Based on the advantages and disadvantage of each of your potential solutions, choose your best solution from your list. There may not be a perfect solution that solves everything, but what is your best option?

John's chosen solution:

Explore the option of graded return to work with my boss and HR

Step 5: Make a plan

Plan how you are going to implement your chosen solution. To do this try answering the following questions (a blank copy of these questions can be found in appendix 7- page 76-78).

John's example

What are you going to do?

Speak to my boss initially about the option of a graded return to work

When are you going to do it?

My boss is usually in the office on Wednesday mornings. I will call at 09:30 on Wednesday morning

Where is it going to take place?

I will call from home

Do you need the help of anyone else? If so who?

No I can do this by myself

What might go wrong?

My boss might say no

What can you do if this happens?

I will speak to HR directly

Implement your chosen solution. Have a go at putting your solution into practice with the plan you have outlined.

Step 7: Review

Review the outcome of your chosen solutions. Has it helped you towards overcoming your problem? If not, return to your list of solutions. What other solution could you try? Refine your potential solutions if necessary based on what you have learned and make another plan.

Top tips

- Problem Solving allows us to think about our problems, but it is important to remember not all of our problems are solvable and there may not be a perfect solutions.
- Problem Solving helps you to consider your solutions and implement the most reasonable option that best fits your circumstances now.

Relaxation

Muscular tension often increases when we experience anxiety or stress. The physical effects of muscular tension can be painful and unpleasant, which themselves increase anxiety levels. Progressive Muscle Relaxation (PMR) exercises can help to reduce the physical tension in the body and increase general relaxation. PMR can also help you to be able to recognise and respond appropriately to the onset of tension.

To begin your PMR exercise, select a place which is quiet and warm where you are unlikely to be disturbed. Adopt a comfortable position, sitting or lying down and close your eyes. Once you feel comfortable, concentrate on breathing slowly and calmly. Breathe in for two or three seconds and then out for two or three seconds. Now focus on tensing your muscles one group at a time, focusing on that tension and how it makes you feel and then relaxing and noticing the difference between tension and relaxation.

Follow the step by step guide outlined on the next page to work through PMR

Like any new skill PMR needs to be practiced. It may be useful to identify a specific time of day and an agreed place to practice your PMR. If you are not sure that PMR is appropriate for you to do, check first with your GP or nurse.



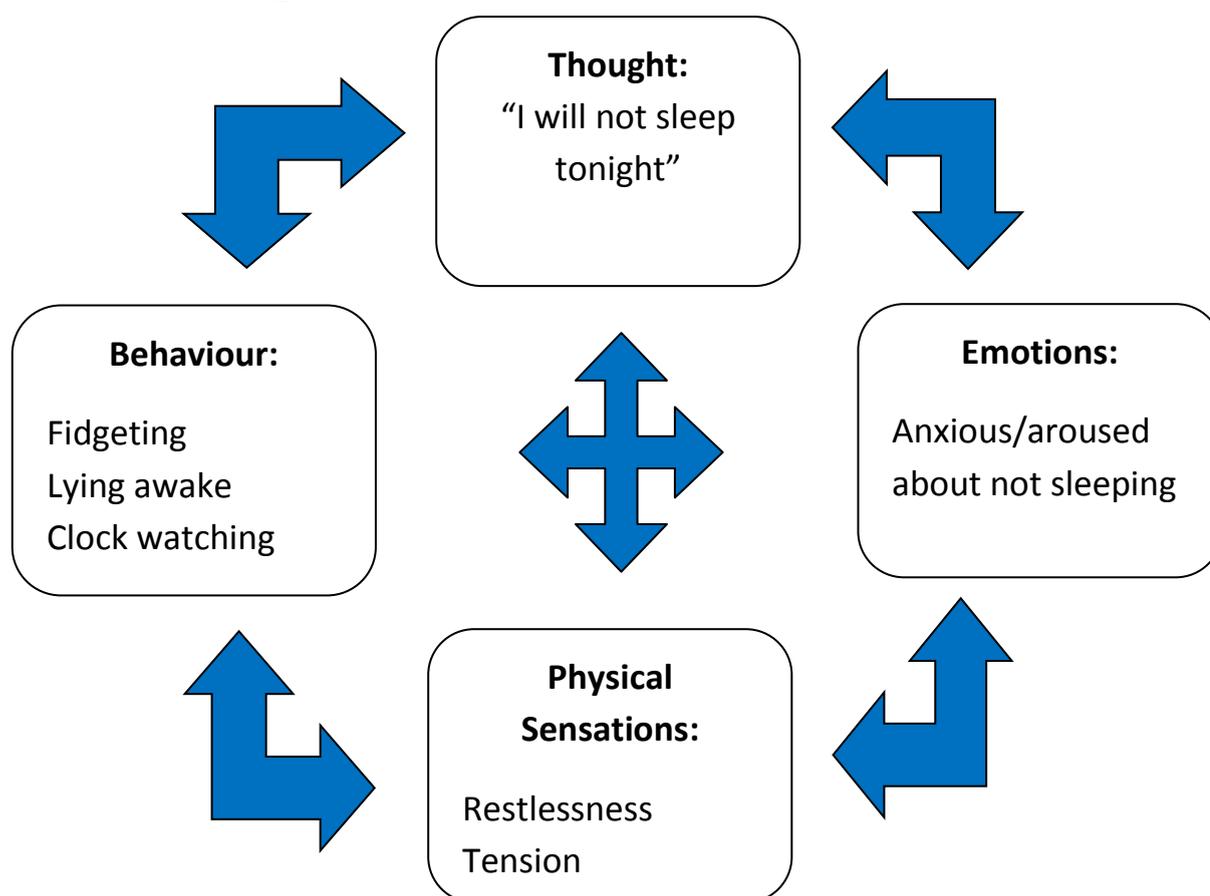
Progressive Muscle Relaxation – Step by Step

1. Firstly clench your fists to increase the tension in your hands and forearms. Feel the tension for a few seconds, and then relax. Notice the difference between tension and relaxation and focus on how your muscles feel when they are relaxed.
2. Now focus on your arms. Bend your elbows to bring your hands up towards your shoulders. Feel the tension in your upper arms and focus on this. Then relax your arms down and focus on the difference between tension and relaxation.
3. Tense your neck and shoulders by raising your shoulders up towards your ears. Hold for about five seconds and focus on the tension. Relax and drop your shoulders slowly down and focus on the relaxation and the difference between tension and relaxation.
4. To relax your face, firstly raise your eyebrows up as far as you can, feel the tension in your scalp and forehead, hold for five seconds and then relax your forehead focusing on the difference between tension and relaxation. Relax the muscles around your jaw by pressing your teeth together as though biting, not too hard but enough to feel the tension in this part of your body. Hold this tension before releasing it and again, attending to the difference between tension and relaxation.
5. Tense the muscles of your chest by breathing in as deeply as you can and holding this tension before slowly releasing it. Again, notice the difference between tension and relaxation.
6. Tense your stomach muscles as though you are expecting a blow to the stomach. Hold the tension for about five seconds and feel the tension. Relax and notice the difference between tension and relaxation.
7. Now tense your legs and hips press your heels down and feel the tension in your legs and hips. Hold the tension and focus on how the tension feels. Relax your legs and hips and concentrate of how it feels to relax and the difference between tension and relaxation
8. You should now have worked through all the major muscle groups in your body. Continue to allow yourself to relax a little more each time you breathe out, concentrate on a muscle group as you exhale and feel the relaxation increase each time you breath out. You should now be aware of a relaxed heavy feeling in your muscles; you may even feel that you are floating. This in nothing to be worried about and is a normal part of deep muscle relaxation.
9. When you have completed this exercise, take a moment or two to allow yourself to become more alert. Open your eyes and move your arms and legs a little before you become fully active again.

Sleep Difficulties

Many people who have health problems find that their sleep is disrupted. For example, they may have difficulty falling asleep, may wake up during the night, or may wake up earlier than they would have liked to in the morning. It can be useful to remember that sleep requirement is linked to wakefulness. That is to say that the longer you have been awake the greater will be your need for sleep. Napping during the day and sleeping longer in the morning to make up for “lost sleep” will reduce your need for sleep the following evening.

It is also important to remember that we cannot sleep on demand. Sleep will happen when we have a high enough need for sleep. Trying to force ourselves to fall asleep will increase arousal which will keep us awake. This process is shown in the diagram below:



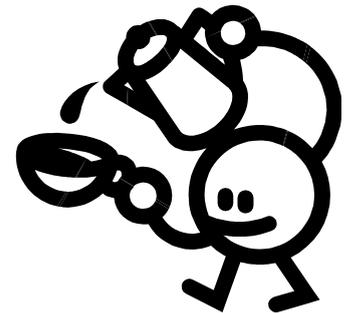
Age is another important factor in sleep; the older people get the less sleep they need. When people feel that they have not had enough sleep they can become very preoccupied with sleep. Most commonly people worry about the effects of lack of sleep. This often leads to adopting unhelpful behaviours such

has consuming higher amounts of caffeine to stay awake, drinking alcohol to help fall asleep, sleeping during the day, staying in bed longer, and lying awake trying to force sleep to happen. It is important to bear in mind that we are almost always able to function the following day after a poor night's sleep.

Ways to improve your sleep

1. Try not to drink caffeine for at least 6 hours before you go to bed.

Caffeine stays in the system for many hours and is found in coffee, green and black tea, cola and some energy drinks. If you have more than 3 or 4 cups a day and struggle to fall asleep then it is worth cutting down to only 1 or 2 in the morning. Try a warm milky drink or herbal tea before bed instead.



2. Avoid smoking around bedtime and when you wake up during the night.

Nicotine is a stimulant and does not help you sleep.

3. Avoid alcohol before bedtime.

Although you may feel that it calms you down, it actually disrupts the quality and quantity of sleep.



4. Establish a sleep routine.

Everyone has a natural body clock known as a circadian rhythm that is one of the driving forces of sleep. By setting a time for going to bed and getting up again this realigns the body clock with our need for sleep.



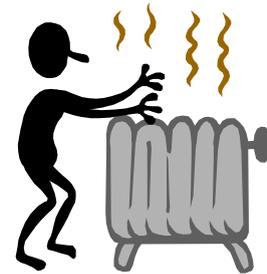


5. Avoid eating heavy meals and having lots to drink before bedtime.

Eating heavy meals and/or having a lot to drink close to bedtime leads to disturbed sleep. You become more likely to experience heartburn, indigestion or a need to use the toilet.

6. Avoid exercise and being active close to bedtime

The 2 hours before bed should be spent doing things that are relaxing and calming. Activities such as exercising, working or housework keep the body active and it will take time to unwind afterwards.

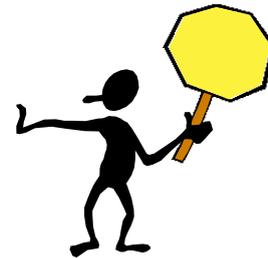


7. Try to keep the bedroom for sleep only.

Avoid doing anything stimulating such as watching TV, listening to the radio or eating in your bedroom.

8. Keep your bedroom dark, quiet and at a comfortable temperature.

If the bedroom is too light, too noisy, too hot or too cold this will affect how relaxed you feel. There may be circumstances that prevent your bedroom being comfortable for you so try to problems solve these. For example if your bedroom overlooks a busy road, does wearing earplugs to bed help you sleep?



9. Don't stay in bed if you are not asleep

If you have been lying awake for 15 minutes or more, get out of bed and do something calming. Only return to bed when you feel tired enough to sleep. The longer you stay in bed trying to force yourself to fall asleep, the longer you will stay awake.

Lifestyle behaviours

You may have been advised by your health care professionals to exercise more, stop smoking, reduce your alcohol intake and improve your diet which is routine advice to reduce risk factors for heart disease. But it is not always easy to change these behaviours as they are often linked to habits we form and to certain situations or triggers. Some people notice that when they feel stressed, or low, they eat “comfort” foods or smoke or drink alcohol more than they usually would. People with low mood often say they find it hard to motivate themselves to make lifestyle changes. Doing the goal setting and activity tasks in this guide can help you increase your healthful activities and reduce the ones that are not so good for your health and wellbeing.

Exercise

You may not be able to do the things you used to and worry about doing activities in case it affects your heart. If you are not sure of what you can do ask your cardiac nurse or GP to explain so you feel confident to be able to include some exercise in your daily routine. This is to increase your stamina and it also improves your mood. Feeling anxious or worried about your health can mean you avoid activities that would help it improve.

The cardiac rehabilitation programmes help you to increase your exercise tolerance and it is important to maintain your activity levels after the programme has ended. Low mood can mean you don't feel like exercising and you may find it helpful to think about positive reasons for doing it and what would help you to exercise e.g., do it with a friend, do it at home, do it whilst watching television etc. As above if you are not sure of what you can do ask your specialist nurse or GP to explain. They can advise you about local services that can help you achieve your goals such as regular exercise, losing weight, stopping smoking etc. There are some resources in the “further advice and support” section at the end of this booklet.

Maintaining change

It is understandable that when making helpful changes you may become worried that you will lose the gains you have made. It is important to remember that **everyone suffers lapses** which are a **temporary return** to old habits and are often triggered by stressful events.

A relapse is a **complete return** to unhelpful thoughts and behaviours and is usually because someone has returned to thinking and behaving in the same way they used to before they had learned new strategies. How then do we prevent a **lapse**, which is perfectly normal and temporary, from becoming a **relapse**, which is more problematic?

Step 1: Be aware of your warning signs

Everyone has triggers/situations they find stressful and are more likely to promote a lapse. Make a list of the warning signs associated with these situations so that you can identify them as early as possible. They may be things such as; spending more time worrying, changes in sleep patterns, arguing more often with those around you, or avoidance of activities

What are my warning signs?

Step 2: Be aware of your triggers?

These are situations or events that evoke a particular feeling or response. Warning signs can often be triggered by events such as ill health; changes in work such as promotion, redundancies; increased work load; or major life events such as births, bereavements, marriage or divorce.

What are my triggers?

Step 3: What can you do if you have a setback?

As soon as you have noticed one of your triggers, have a plan of action which will help you to cope. What have you learnt that will help you?

My plan:

Step 4: Set goals for the future:

A good way to ensure that you do not relapse is to set new challenges, particularly ones which will give you a sense of achievement and allow you to find life more enjoyable. It is of course important to make sure these are appropriate to your current ability. **Remember your SMART Goals.**

My goals for the future:

Step 5: Practice

Just like learning anything new, it is important to practice your new skills. They may feel unnatural or difficult at first but the more you use them the better you will be at responding differently to a difficult situation. It is important to remember change is on-going. Try setting yourself new challenges following your treatment that build on the changes you have already made.

Step 6: Reward yourself

Remember to reward yourself for the hard work you have put in. This will help to motivate you and to reinforce your achievements. It is important to make these rewards appropriate to the work you are doing. They can be things such as a visit to your local coffee shop, a meal out or just some time spent with

friends. Remember, the changes you are experiencing are not just happening; they are directly due to your efforts. That deserves a reward!



Further advice and support

If you would like to get further support you can look at the following resources:

Self-help guides

Type	Name/Website
Online guides	http://www.ntw.nhs.uk/pic/selfhelp/
Online guides	http://www.moodjuice.scot.nhs.uk
Books	Overcoming series (different books on anxiety, depression, panic etc)

Talking therapies

There are talking therapy services offering evidence –based treatments such as CBT in England called ‘IAPT’ services. They often have a local name and you can ask your GP about your local IAPT service and be referred. Many of these services also accept self-referrals and have their own web-sites.

If you are having thoughts that life is not worth living or of harming yourself contact your GP for further support and advice.

Out of Hours GP service: 111

If you need to speak to someone urgently about a deterioration in your mental health and your GP is not available.

Samaritans: 116 123

If you would like someone to listen to your difficulties on the phone during a time of crisis.

Further resources

Age UK

Web: <http://www.ageuk.org.uk>

Email: contact@ageuk.org.uk

Tel: 0800 169 8787

Arrhythmia Alliance

<http://www.heartrhythmcharity.org.uk>

24hr Helpline: +44 (0)1789 867 501

Benefits adviser

<https://www.gov.uk/benefits-adviser>

Tel: Benefit Enquiry Line: 0800 88 22 00

British Dietetic Association

Tel: 0121 200 8080

www.bda.uk.com

British Heart Foundation

Heart helpline: 0300 330 3311

www.bhf.org.uk

British Lung Foundation

73-75 Goswell Road, London EC1V 7ER

Tel: 03000030555

Website: www.blf.org.uk

Carers UK Advice Line.

Web: <http://carersuk.org>

Tel: 0808 808 7777 Wednesday and Thursday 10-12 & 2-4pm

Citizens Advice Bureau

Web: http://www.citizensadvice.org.uk/contact_us.htm

Tel: 08444 111 444



Diabetes UK

Tel: 0345 123 2399, Monday to Friday 9am to

6pm. email:

supporterservices@diabetes.org.uk:

Website: www.diabetes.org.uk

Driving - DVLA

DVLA medical enquiries for car drivers Telephone: 0300 790 6806 (car or motorcycle),

DVLA medical enquiries for HGV drivers 0300 790 6807 (bus, coach or lorry)

www.dvla.gov.uk (Mon- Fri 08.00- 17.30 Sat 08.00 – 13.00)

Food Standards Agency

www.food.gov.uk

NHS Choices Healthy Eating- www.eatwell.gov.uk

Green Gym

www.tcv.org.uk/greengym

Personal experiences of health & illness

www.healthtalkonline.org

Walking for health initiative (health walks)

www.walkingforhealth.org.uk

Mind – The Mental Health Charity

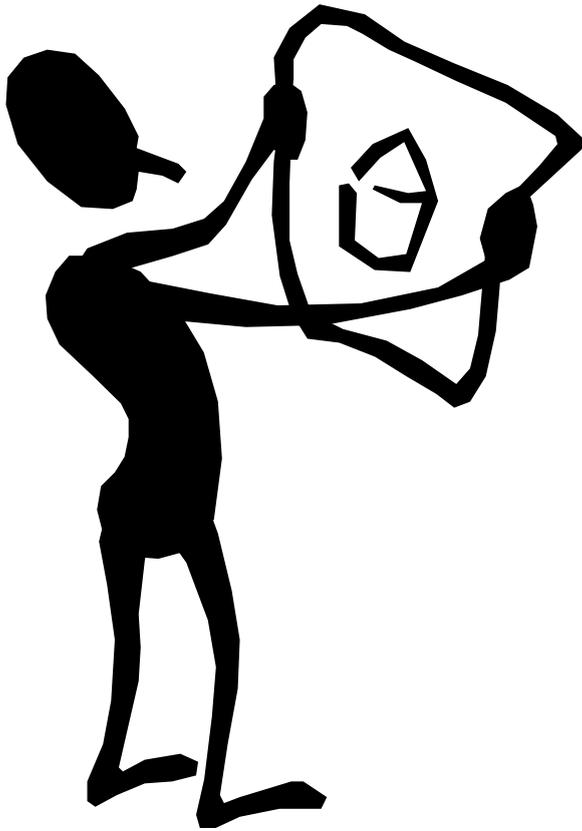
<https://www.mind.org.uk/>

Health Education England: IAPT Services

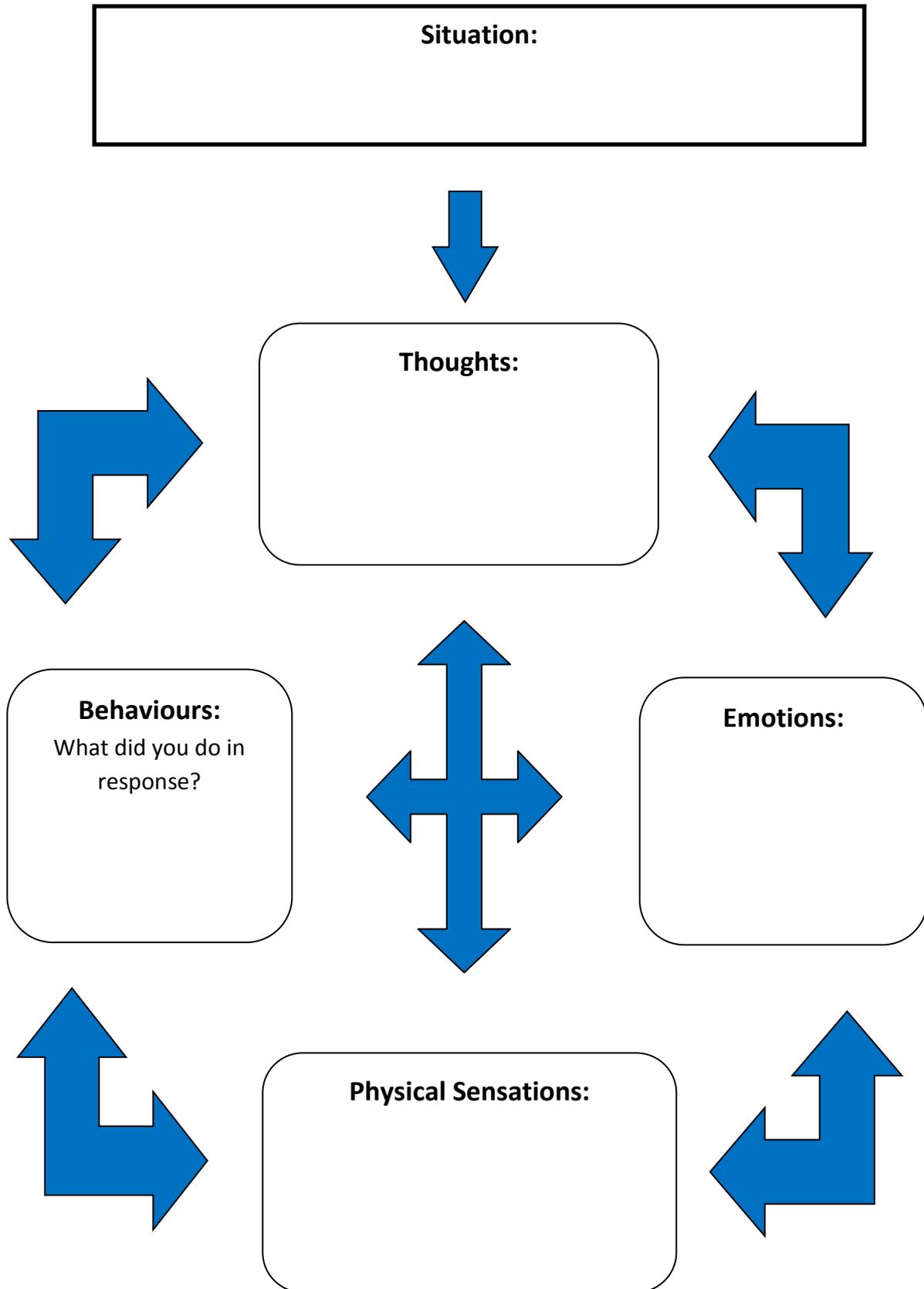
<https://hee.nhs.uk/our-work/hospitals-primary-community-care/mental-health-learning-disability/mental-health/improving-access-psychological-therapies-iapt>



Appendices



Appendix 1



Appendix 2 : Activity Diary

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	What:							
	Where:							
	When:							
	What:							
	Where:							
	When:							
Afternoon	What:							
	Where:							
	When:							
	What:							
	Where:							
	When:							
Evening	What:							
	Where:							
	When:							
	What:							
	Where:							
	When:							



Appendix 3: My activity hierarchy

Most difficult



Moderate difficulty

Least difficult

Appendix 4: Anxiety Diary

Situation: What happened and when?	Physical sensations: How did your body feel?	Thought: What was going through your mind?	Behaviour: What did you do in response?

Appendix 5: Graded Exposure Therapy Worksheets

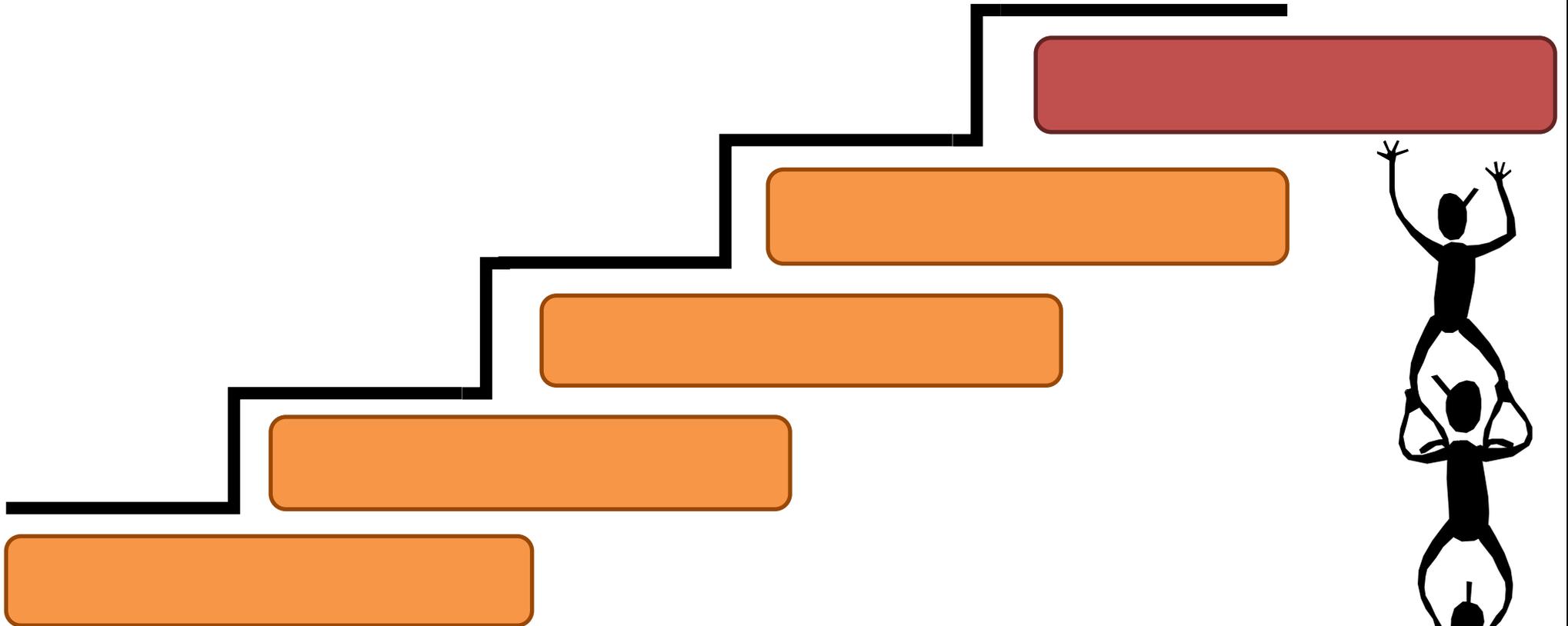
My goal:

My Goal	Predicted anxiety (0-100)

My Steps	Predicted anxiety (0-100)

Anxiety Ladder

End Goal



Easiest step to achieve now

Anxiety Monitoring Sheet

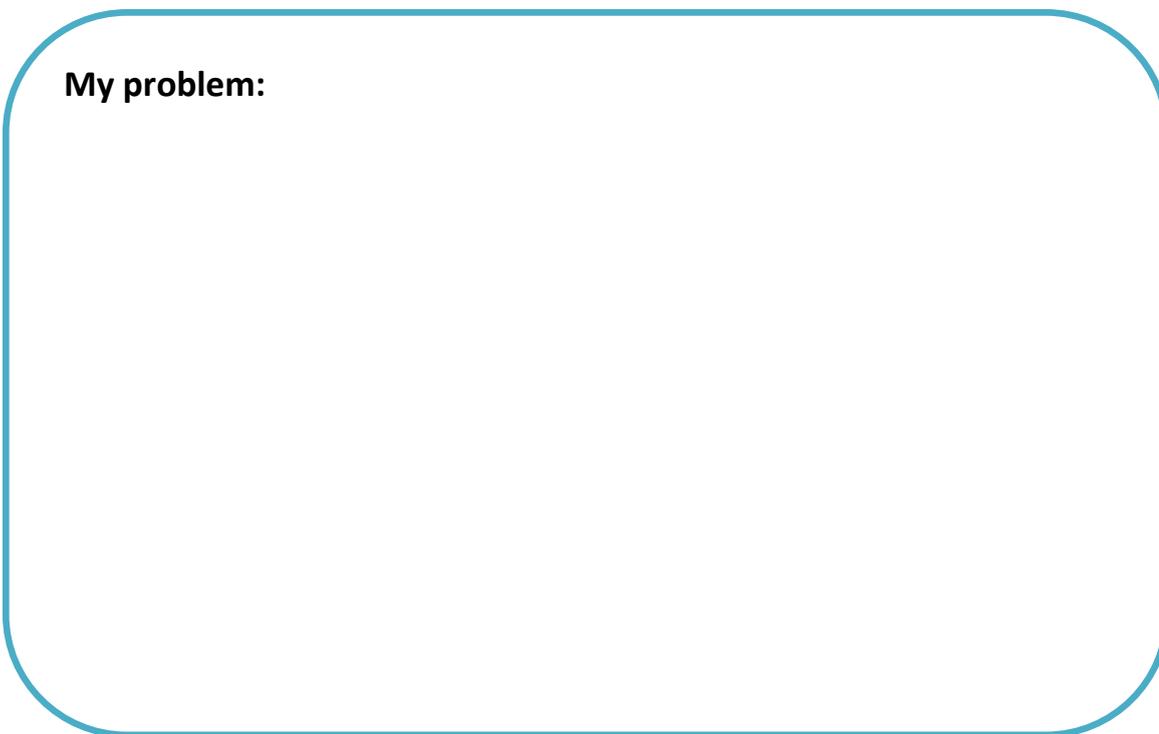
Date	Activity/Situation	Anxiety Rating Before Activity	Anxiety Rating During Activity	Anxiety Rating After Activity

Appendix 6: Thought Challenging

Hot Thought	Belief Rating
Evidence for	Evidence against

Appendix 7: Problem Solving Worksheets

My problem:



Solution	Advantages	Disadvantages

My best solution is:

What are you going to do?

When are you going to do it?

Where is it going to take place?

Do you need the help of anyone else? If so who?

What might go wrong?

What can you do if this happens?



Notes