



Helping Health Anxiety

Module 7

Challenging Avoidance and Safety Behaviours

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Introduction

In Module 6, we identified how health related behaviours exist on a continuum, where too much or too little of a behaviour may be unhelpful for us. While Module 6 explored behaviours we might be doing *too much*, this Module will explore behaviours that we may be avoiding or putting off due to feelings of anxiety.

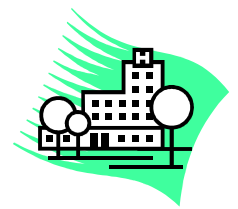
In Module 3, we introduced the notion of avoidance and safety behaviours. In this Module, we will revisit the common types of avoidance and safety behaviours, and introduce a way to gradually start to challenge and overcome these behaviours.

What are Avoidance and Safety Behaviours?

When we feel anxious or expect to feel anxious, we often act in one of two ways to try to control our anxiety. One way is to engage in **avoidance**, where we stay away from those situations or activities that we associate with feared illnesses or that remind us of our mortality. This could include avoiding:

- people (e.g., medical staff, ill friends or relatives),
- places (e.g., hospitals, public restrooms, funeral homes), or
- activities (e.g., attending medical appointments, thinking about death, writing a will)

Also, because people with health anxiety tend to worry more than usual about physical symptoms in their bodies, we may also avoid activities that bring about changes in our physiological state (e.g., exercise, having sex, eating spicy foods, drinking caffeinated drinks).



Alternatively, we may engage in **safety behaviours**, where we may not outright avoid a situation or activity, but we will only do so if certain precautions are in place. For example, someone who is fearful of contracting an illness may only visit a friend with a non-infectious disease if they are taking a preventative course of antibiotics and plan to minimise touching objects within the friend's house. Safety behaviours are often thought of as a more subtle form of avoidance because you are not fully testing out your fears or engaging with the situation.

Avoiding situations or activities, or using safety behaviours to cope with them, may reduce the anxiety we feel in the short term, but is likely to have some less helpful long term effects. In the long term, our health worries and concerns will continue, because we haven't given ourselves the opportunity to face our fears and see how things really play out. We will also feel the need to continue to use avoidance and/or safety behaviours, as we haven't learnt whether we can survive without them. Over time, using avoidance and safety behaviours can deplete our sense of self confidence. These behaviours may also stop us from doing things we would like to do and lead to a very restricted and unsatisfying life.

Ultimately, you will need to face and confront your fears if you want to overcome health anxiety. Overcoming the fears that drive avoidance and safety behaviours can seem daunting at first. Some people might encourage you to tackle your biggest fear first – to “jump in the deep end” and get it over and done with. If, however, you try to tackle your biggest fear straight away, it can end up being too overwhelming and may even leave you more anxious than when you started. Many people therefore prefer to take it “step-by-step, like climbing up a stepladder. We call this stepladder approach “graded exposure”.

Graded Exposure

Graded exposure consists of *structured* and *repeated* exposure to anxiety-provoking situations or activities. These are presented in levels of difficulties, starting with the situation or activity that provokes the least amount of anxiety, and then moving towards more challenging ones. There are a number of benefits to engaging in exposure.

Exposure gives you the chance to continue to challenge your fears. People with health anxiety often overestimate the likelihood that they have or will develop a serious health problem, and underestimate their ability to cope with such health problems. Exposure gives you the opportunity to confront your fears regarding potential illness, and by doing so develop more realistic appraisals of the true likelihood of a serious illness and your true coping abilities.

Exposure gives you the chance to get used to anxiety sensations. While in the short term it can feel uncomfortable to experience anxiety sensations, in the long term you will feel more in control of your anxiety. By continuously bringing on your anxiety sensations you will also become more tolerant and less bothered by them.

Exposure gives you the chance to use your skills. By repeatedly confronting feared situations and activities, you will gradually become more used to them. Feeling comfortable in these situations is not instantaneous though. First of all you need to stay in the situation long enough so that your body adjusts your anxiety downward. Then you can use the strategies you have learnt so far to help you cope with anxious thoughts and feelings (e.g., using thought diaries to challenge unhelpful health related thoughts).

Exposure gives you the chance to improve your confidence. If you plan these steps carefully, you will build up your confidence and this will allow you to take further steps forward. With increased confidence, you are more likely to face your other 'fears'.



My Avoidance & Safety Behaviours

The first step towards graded exposure is to identify the situations and activities you tend to avoid, or any safety behaviours you may be engaging in. You can list these on the next page.

You can look back to Module 3, where you may have already listed some of your avoidance and safety behaviours. If you have been working through your thought diaries, you've probably mentioned a few situations that you've felt anxious about and avoided, or where you have employed safety behaviours to cope, so it might be worthwhile looking at those for ideas.

To help you along, we have provided some examples of situations and activities that often cause distress for people with health anxiety. If you see any that seem familiar to you, you can rephrase them on your "My Avoidance & Safety Behaviours" list, so that they are more relevant to you.

Make sure that you think about any possible safety behaviours, as these may often be quite subtle (e.g., carrying medications "just in case", carrying a mobile phone so that you can call for help). Also, make sure you include those activities that might bring on feared physical sensations, such as exercising or eating spicy foods, if this is relevant for you.



You will also need to consider whether you are avoiding *thinking* about illness or death. It is quite common that people experiencing health anxiety will try to avoid thinking about those things that they are most fearful of, especially thoughts of death and dying. This is called *thought suppression*. Unfortunately, trying not to think about something can have the opposite effect by making us think about it even more!

Can you remember back in Module 4, we asked you to try to not think of a pink elephant for 60 seconds? Can you remember how well you did? If not, you may wish to try this again now to see how well you do. Generally, most people find that the more they try not to think about something, the more our mind tends to think about it. If this type of avoidance is familiar to you, record the things you avoid thinking about on your list too.

Commonly avoided people, places and activities:

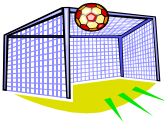
- medical professionals
- doctors' surgeries
- using public restrooms
- walking past funeral homes
- writing a will
- phoning for test results
- eating foods close to the used by date
- medical check-ups or follow-ups
- watching the news or reading the newspaper
- visiting a relative who has recently been sick
- leaving the house without medications or a mobile phone "just in case something happens"
- thinking about your funeral
- watching medical dramas on TV
- reading information provided by a doctor
- exercising
- walking up stairs
- drinking coffee
- having sex
- eating spicy foods
- drinking fizzy drinks
- visiting a friend who has a non-infectious disease
- reading the obituaries
- going out in public without hand-sanitiser
- taking a medication prescribed by your doctor
- telling your doctor about concerning symptoms
- thinking about how others will cope with your death

Take a moment to record your own examples below:

My Avoidance & Safety Behaviours

Now that you have identified a number of situations that you fear and avoid, how do you build a stepladder to where you want to get to? First of all, let's take a look at where it is that you do want to get to by *planning your goals*. After that you can start thinking about the steps you'll need to take to reach those goals by *building your exposure stepladder*.

Planning Your Goals



Let's think about how you can turn those situations that you fear and avoid into specific goals that you would like to achieve.

To start with, you might want to just choose one or two behaviours to work on, rather than trying to do it all at once. When you're planning goals for exposure you should focus on those behaviours that you want to change, rather than planning goals that are not very important to you. By setting a goal that is important to you, you will be more likely to put in the effort, and to put up with some of the discomfort that is natural when doing exposure exercises.

It is also important to think about setting specific goals. Think about what your behaviour looks like now, and what it would look like if you met your goal. For example, if your current behaviour is "avoiding doctors' surgeries" then your goal might be "attending an appointment at my doctor's surgery". If your current behaviour is "avoiding exercise" then your goal might be "engaging in exercise so that I can feel my heart beating and am out of breath".

Gradually allowing yourself to have thoughts about illness and even death may also be an important part to your recovery. While it may seem strange, if your current behaviour is "avoiding thinking about my death" then your goal might be "to write a will" or "to plan my funeral". Or, if your behaviour is "to not let myself think about having Multiple Sclerosis", then your goal may be "to read a book about Multiple Sclerosis" or "to write a story about being diagnosed with Multiple Sclerosis". Working on goals such as these allows you to gradually confront your feared thoughts, and to reduce the unhelpful thought suppression that often accompanies such thoughts.



My goals

With these ideas in mind, record one or two goals below that you would like to work on. Also, take a moment to think about and record why it is important to work on this goal. You may need to review this later if you find your motivation is waning or you are uncertain about continuing on with your stepladder.

Specific Goal #1: _____
Why is it important for me to work on this goal?

Specific Goal #2: _____
Why is it important for me to work on this goal?

If you would like to work on more goals, it is usually best to come back and work through these steps again rather than trying to do too much at once and feeling overwhelmed.

Building Your Stepladders

You can now start building a stepladder of situations and activities that you can begin to climb as you work towards your goal. Remember that by taking a step-by-step approach you can get through the smaller challenges, which will in turn help you feel more confident.

Many people who have engaged in exposure exercises have found that breaking their overall goal down into small, specific steps helps them feel more comfortable by knowing what's coming up. It also means that you'll be able to make sure the steps are small enough to take, but big enough that you believe you're heading in the right direction.

Try to think of a set of situations and activities you can engage in, starting with the least anxiety provoking then building up in intensity until you reach your main goal. Just like in the last module, each step on the stepladder can be given a "Distress" rating between 0 and 100, where 0 = this step is not distressing at all, and 100 = this step is highly distressing. Your stepladder might have fewer or more "in between" steps than the example provided. In general, a very difficult goal may need lots of small achievable steps so that you don't feel overwhelmed and discouraged while working up the stepladder.



You can break your overall goal into smaller steps by changing WHO is there, WHAT you do, WHEN you do it, WHERE you do it, and HOW long you do it for. Sometimes your goals will be opportunity-specific, that is, there might not always be a steady stream of medical follow-ups where you can practise your steps. So you need to think of situations that can act as steps that will still help you to climb the ladder to your goal.

The following case illustrates how you can set a goal and build a stepladder to work towards it. You can then use the *Exposure Stepladder Worksheet* to complete the steps for your own goal.

Phil avoids places associated with people who are unwell. He avoids medical facilities because he is fearful of catching something from the other people who are there for appointments or procedures. He is especially reluctant to attend his doctor's surgery on weekends when the clinic is at its busiest, even though he works full time and finds it difficult to attend during the week. He also sometimes avoids the medicinal aisle at his local supermarket. He worries that people who are unwell have been there before him and possibly touched and "contaminated" items on the shelves. He no longer feels that he can go to larger shopping centres as he feels the risk of contamination is higher at these. Phil is aware that he is well overdue for a check-up and is becoming frustrated with himself each time he has to shop.

Phil identified a goal of "attending an appointment at my doctor's surgery". He recognised that this was important because he was well overdue for an annual check-up and putting it off was adding to the amount he worried about his health. In developing his Exposure Stepladder, Phil was able to identify that any steps that involved directly attending his doctors surgery would be quite challenging (Distress = 80). He therefore developed some steps around visiting the medicinal aisle at various supermarkets, visiting a pharmacy, and attending a walk-in clinic so that he could gradually build up his confidence to engage in the harder step of visiting his own doctor's surgery for an appointment. Phil also identified that he would need to gradually reduce his safety behaviour of not touching things in these situations, so that he could truly confront his fear that he would contract an illness. Here is Phil's stepladder:



Exposure Stepladder – Example

GOAL: *Attending an appointment at my doctor’s surgery*

	STEP	DISTRESS (0-100)
1	<i>Attend local supermarket, stand in medicinal aisle for five minutes, not touching anything</i>	25
2	<i>Attend local supermarket, stand in medicinal aisle for ten minutes, touching a range of items (e.g., picking up different boxes of tissues, reading the information on a packet of cough lozenges)</i>	35
3	<i>Attend larger supermarket store, stand in medicinal aisle for ten minutes, not touching anything</i>	40
4	<i>Attend larger supermarket store, stand in medicinal aisle for ten minutes, touching a range of items</i>	50
5	<i>Attend local pharmacy, on a weeknight, stay for ten minutes, touching a range of items</i>	55
6	<i>Attend local pharmacy, on a weekend, stay for ten minutes, touching a range of items</i>	65
7	<i>Attend local after hours walk-in clinic, sit in waiting room for 15 minutes, not touching anything</i>	70
8	<i>Attend local after hours walk-in clinic, sit in waiting room for 15 minutes, touch items in waiting room (e.g., read magazines)</i>	75
9	<i>Attend my doctor’s surgery without appointment booked, sit in waiting room for 15 minutes, touch items in waiting room (e.g., read magazines)</i>	80
10	<i>Attend my doctor’s surgery with appointment booked, touch items in waiting room (e.g., read magazines)</i>	90

Exposure to feared thoughts

Your exposure stepladder can also include exposure to feared thoughts about illness and death. The following activities could be built in to your stepladder to help gradually start to confront, rather than avoid, feared thoughts about illness and death.

- Reading the obituaries to trigger thoughts about how loved ones feel when someone passes away
- Writing the word “death” repeatedly on a piece of paper to trigger thoughts of death
- Preparing a will to confront the reality of death
- Visiting a funeral home or cemetery to confront the processes involved with death and dying
- Planning your own funeral. Discussing this plan with others.
- Reading a story written by someone else who has been diagnosed with a terminal illness
- Watching a movie or reading a book where the central character has the same condition you are fearful of
- Writing your own obituary to confront the reality of death. Writing it as though you died this week, at your current age.

It can also be helpful to confront your greatest fears head on by writing out a Worry Story. Your story could be about being diagnosed with a terminal illness, about your own death, or about how others would cope if you were to die. If you are going to try this, be sure to write stories about diagnosis and your own death in the first person, and as though it is happening here and now. Focus on how you are feeling and what you are thinking about or doing. Here is an example:

I am at the doctor's surgery and he calls me in. He is normally quite happy to see me but this time he looks grim and serious. I already know that something is wrong but try to convince myself that this can't be happening to me. I sit down in the chair and he starts to say that he has received my test results back. As he is saying the words I am nodding and saying "ok" but inside my heart is beating so fast and I am feeling so sick that it is hard to focus on what he is saying. He hands me a brochure on motor neuron disease and is talking about a referral to a specialist.

I'm not really listening because my head is full of the words "two to five years". For the first time in my life, I truly know that I am going to die. I'm thinking about how bad it will get and whether I'll go quickly or suffer in pain. I then think about my kids. All I can focus on is that they are going to see me deteriorate and that is all they will remember of me because they are too young. I feel so stuck and helpless, knowing there is no cure.

How did you feel reading through the story above? Most people will find this at least a little upsetting to read, even if you are not worried about motor neuron disease, or don't have children. How many times per day do you think you would need to read this story over the next week so that it no longer affects you the way it did today?

Remember that with any exposure exercises, once is often not enough. You will need to repeat your exposure exercises multiple times to truly confront these feared thoughts and to see a reduction in the anxiety and distress associated with these thoughts. You may need to read your Worry Story several times per day, over one or two weeks, before you see a noticeable change in how upsetting it is to you.

Taking a Step

So, you've selected a goal that you want to work on first. Where do you go from here? First, let's have a look at how to take a step on the stepladder. Then we will explore how to climb up your stepladder.

Plan your first step

It can be helpful to set a specific date, time and place that you will begin your first step. That way, you are making a firm commitment to yourself to begin the process of change. Usually, you would start at the step on your stepladder that had the lowest 'Distress' rating. If your goal only has a few steps, it is still often useful to gradually work up to this goal, even though it might seem like a "waste of time". These steps give you extra situations for your body to get used to things that are uncomfortable for you. They also give you extra opportunities to gather evidence about any unhelpful health related thoughts you might be experiencing.

Expect some anxiety

When you enter the situation – at any step - remember that you'll probably experience some anxiety or discomfort. That's why it's important to start small, and work your way up. This gives you the chance to adapt to that level of anxiety, so that you aren't overwhelmed by higher levels of distress. After all, the only way to get used to those feelings is by experiencing them.

Remember your realistic health related thoughts

If you haven't completed a thought diary to challenge any unhelpful health related thinking, you may want to complete one prior to taking your first step. If you have completed one, remind yourself of your realistic health related thoughts if you notice any of the unhelpful thoughts coming up.



Stay in the situation

Some anxiety is expected, and it might be tempting to leave if you feel uncomfortable, but try to stay in the situation until the anxiety goes down. In this way you can see that, as frightening as the feelings are, they are not dangerous, and they do subside. If you leave just as the level of anxiety experienced reaches its highest point, it will be more difficult to accomplish the same step the next time. On each attempt, you should try to face as much fear as you can stand and just try to "ride out" the anxiety – like surfing a wave.

Drop those safety behaviours

Some steps on your stepladder might involve recognising and dropping safety behaviours. Regardless of the situation or activity, try to be honest with yourself about whether you are fully participating, or only doing so if there are some precautions in place. Full participation means being fully aware of what is happening within and around you. This also means not taking alcohol or drugs to try and "mentally escape" from the exposure exercise. Remember, if it seems too hard to drop a safety behaviour immediately, you could use your stepladder to gradually decrease it.

Climbing the Stepladder

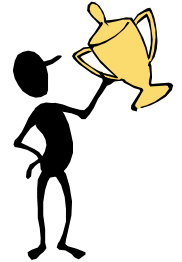
OK, so now that you have some tips on how to get through one step, how do you keep moving onwards and upwards? Here are some guidelines for how you can continue to climb each step to reach your goal.

Take one step at a time

Climbing a stepladder is not about taking one giant leap, it's about taking one small step at a time. You begin with the least difficult step and gradually work your way up the step ladder. As you climb higher up the ladder, your 'Distress' rating becomes higher, but you also get used to the anxiety at each of those steps. Your primary aim at each step is to complete that step and that step alone.

Over and over again

Do a step frequently and repeatedly, and do them in close succession to make sure you are comfortable with the situation before you move onto the next step. This might take 3 or 4 times. If you only enter a situation once, you might be relieved it is over, convince yourself that it was luck that you got through it, and think that if you did it again it wouldn't go so well. If you can, it is best to repeat the step as soon as possible so that you can get used to the situation more quickly and become more comfortable, and so you are truly convinced that the step is no longer a problem for you.



Acknowledge the steps you've made

When you are comfortable with a particular step, admit to your successes and acknowledge the steps that you've made so far. You can even build in some rewards to acknowledge your progress along the way.

Deal with step-backs

We all have our up and down days, and sometimes you might think you've taken a 'step-back' because an exposure exercise didn't go as well as you hoped. Each time we do an exposure exercise is likely to be different. That's why it's important to do a step over and over until you are comfortable with that step. If you are having some trouble with a particular step, you may want to create a "bridging" or in-between step. This would involve planning another step that is slightly less distressing and has a slightly lower 'Distress' rating. Alternatively, you could try going back to the previous step and use it as an opportunity to refresh your skills before attempting to move up again. Don't forget to set a specific date, time and place as to when you will take the next step.

Use the Exposure Diary

On the next page is an Exposure diary for you to record details about the exposure exercises that you make. This is useful because it helps you to acknowledge the steps that you've made, it reminds you of things that helped you to get through this, and it helps you identify what you can do if the step didn't go as well as you hoped.

Exposure Diary

You can use this sheet to record your progress on your stepladders. You can describe what you planned to do, and your 'Distress' ratings for how nervous you both *expected* to be and how nervous you *actually* were. The last column asks you to jot down any comments about the experience – were you able to do what you planned? What helped you to do this? If you experienced a great deal of difficulty, you can note down why you think this might have been the case, and how you might prepare yourself for next time.

Planned exposure exercise	Expected Distress 0-100	Actual Distress 0-100	Did you do it? What helped you complete the step? OR Describe what made it difficult to complete the step and how you can prepare for next time?

Module Summary

- Avoiding situations or activities, or using safety behaviours to cope with them, may reduce the anxiety you feel in the short term, but in the long term can keep your health anxiety going.
- Confronting feared situations and activities, and thoughts about illness and death, is known as exposure. Exposure gives you the chance to:
 - get used to previously feared situations/activities
 - get used to anxiety sensations
 - continue to challenge your fears
 - use your skills
 - improve your confidence
- Grading your exposure allows you to break your planned exposure exercises down in to more manageable steps. These can be recorded on a Stepladder so that you know what steps you need to take to reach your overall goal.
- When taking a step, it is important to remember to:
 - Plan your steps – be specific about what you will do and when
 - Expect some anxiety
 - Remember your realistic health related thoughts from your thought diaries
 - Try to stay in the situation or activity until your anxiety goes down
 - Drop any safety behaviours you are aware of
- When climbing your stepladder:
 - Take it one step at a time
 - Do the step frequently and repeatedly – make sure you are comfortable with that step before trying to move up to the next one
 - Acknowledge the steps you've made
 - Expect to have some step-backs. Recognise that everyone has their up and down days. If you had difficulty completing a step, get yourself back on track by either adding an in-between step, or going back to the previous step and refreshing your skills before trying to move up again.



Coming up next ...

In the next module, we will learn to adjust any unhelpful health rules or assumptions we may hold, and to create more realistic and flexible ones.

About The Modules

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BACKGROUND

The concepts and strategies in these modules have been developed from evidence based psychological practice, primarily Cognitive-Behaviour Therapy (CBT). CBT for health anxiety is based on the approach that health anxiety is a result of problematic cognitions (thoughts) and behaviours.

REFERENCES

These are some of the professional references used to create the modules in this information package.

Abramowitz, J., Taylor, S., & McKay, D. (2010). Hypochondriasis and severe health anxiety. In McKay, D., Abramowitz, J., S., & Taylor, S. (Eds.). *Cognitive-behavior therapy: Turning failure into success* (pp. 327-346). Washington, DC: American Psychological Association.

Asmundson, G., & Taylor, S. (2005). *It's not all in your head: How worrying about your health could be making you sick – and what you can do about it*. New York: The Guilford Press.

Furer, P., & Walker, J. (2006). *Health anxiety treatment manual*. University of Manitoba: Manitoba.

Furer, P., Walker, J., & Stein, M. (2007). *Treating health anxiety and fear of death*. New York: Springer.

Papageorgiou, C., & Wells, A. (1998). Effects of attention training on hypochondriasis: A brief case series. *Psychological Medicine*, 28, 193-200.

Salkovskis, P., Warwick, H., & Deale, A. (2003). Cognitive-behavioural treatment for severe and persistent health anxiety (Hypochondriasis). *Brief Treatment and Crisis Intervention*, 3, 353-367.

Willson, R., & Veale, D. (2009). *Overcoming health anxiety: A self-help guide using cognitive behavioural techniques*. London: Robinson.

“HELPING HEALTH ANXIETY”

This module forms part of:

Anderson, R., Saulsman, L., & Nathan, P. (2011). *Helping Health Anxiety*. Perth, Western Australia: Centre for Clinical Interventions.

ISBN: 0 9757995 6 8

Created: August 2011