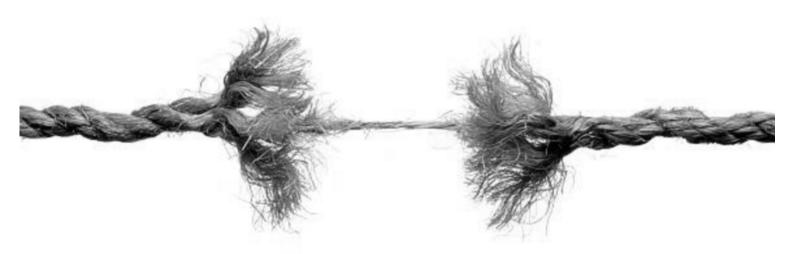


Dealing with anxiety after traumatic brain injury *a self-help guide*



Contents

What is anxiety?	р.З
What causes anxiety?	р.5
How is anxiety treated?	р.7
Strategies for overcoming anxiety:	
Identifying the triggers of your anxiety	p.8
Identifying the negative thoughts	p.9
Challenge the negative thoughts	p.11
Building up your self-confidence	p.13
Avoid perfectionistic tendencies	p.14
Exposure therapy	p.15
Distraction and relaxation	p.18
Further information	p.20

Who is this guide for?

This guide is for people with brain injuries, their relatives, caregivers, and professionals working in this area. The guidance has been developed by psychological practitioners at Headwise Ltd and is based on best clinical practice guidelines and psychotherapeutic approaches to anxiety. Some individuals are more likely to gain benefit than others. In particular, those with difficulties around memory, language, and abstract reasoning may struggle to complete the exercises. This guide should not be seen as a replacement for therapy. If you would like to discuss the appropriateness of psychological therapy, then please contact your GP or alternatively speak to one of the Headwise team.

What is anxiety?

Anxiety is an emotional and physiological state that we have all experienced at some time in our lives. Think about speaking in public or standing on the edge of a tall building and you may start to experience some of the symptoms of anxiety. It is characterised by unpleasant physiological changes in our body such as breathing quickly, increased heart rate, sweating, shaking, and feeling hot. These unpleasant bodily sensations are accompanied by feelings of panic and worry. It is our mind's way of warning us about danger and preparing our body to take action. Whilst it is common for us all to feel these symptoms to a degree, for the person with clinical levels of anxiety it can have a significant impact on their ability to undertake their daily life.



"I hated leaving the house. I couldn't really work out why but every time I thought about it I felt panicked. I would try and find any reason not to go out. If I did go out my heart would be pounding. I'd be terrified in case I bumped into someone I knew in case I came across all weird"

"I used to hate going to appointments. For days leading up to them I'd be thinking about it; the anxiety rising as it got closer to going. On the day of the appointment I'd be all over the place, unable to focus. My thoughts would be racing: 'What's going to happen' 'What will they think of me'?! A lot of the time the anxiety got too much and I refused to go. I felt like such a failure."



What is anxiety?

Anxiety can take many forms and no two individuals have the exact same worries. However, clinicians that work in this area have found it helpful to differentiate the following types of anxiety disorders:

- **Panic disorder** this is characterised by the sudden onset of panic symptoms and the fear of this occurring.
- **Phobias** these anxieties can be very varied and are characterised by fear of a particular place, object or person.
- Social phobia this is a particular form of phobia in which a person becomes anxious at the prospect of social encounters.
- **Generalised anxiety** in this condition the sufferer shows excessive worry about a range of situations and issues.
- Health anxiety individuals with health anxiety continually worry about their health and magnify the threat posed by minor symptoms.
- **Obsessive Compulsive Disorder (OCD)** individuals with OCD feel they must perform certain behavioural repertoires in order to prevent something negative occurring.
- Post-Traumatic Stress Disorder (PTSD) individuals with PTSD experience intrusive thoughts about a past trauma and avoid things that remind them of the trauma. They continually feel on edge. Treatments for PTSD are not addressed in this leaflet.

What causes anxiety?

Anxiety is an emotional response that is built into all of us. It has existed in humans since the earliest stages of our evolution and helps us respond to threat. The physiological changes that occur in our body when we are anxious help make us stronger and faster. It is known as the 'fight-flight response' - it helps us either fight better or flee from a threat. In modern society we don't face the same kind of threats as our ancestors. Instead of being faced by an angry bear or warring cavemen, we are more likely to face worries about how we will be judged by our friends/colleagues or how we will perform at work. However, the fight-flight response continues to be how our bodies respond to this threat, despite it being unhelpful.

Clinical levels of anxiety affect about 10% of the general population. However, rates of anxiety are much higher in people who have suffered a brain injury. A number of factors appear to cause anxiety. There is some evidence that it has a genetic component. Many believe that anxiety is linked to a neurochemical imbalance in the brain. Life events also seem to trigger episodes of anxiety, particularly events focusing on loss and the need to protect oneself from future loss.

When understanding the reasons why people with brain injury are more likely to have high anxiety it is helpful to think about it using the *biopsychosocial* model ...

Bio – this refers to the physical/biological changes in the brain and body that contribute to anxiety.

Psycho – this refers to the psychological changes (i.e. changes in how the person thinks about things) that contribute to anxiety.

Social – the changes to a person's environment that contribute to anxiety.

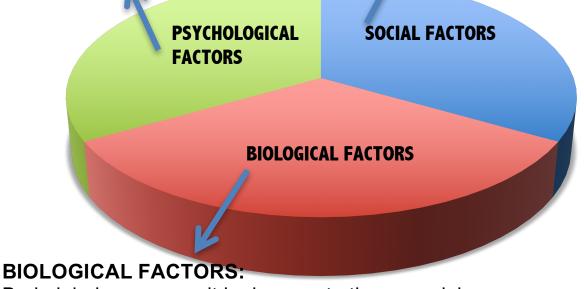
The diagram below shows the biological, psychological and social changes that are often seen after brain injury that may be contributing to your difficulties with anxiety.

PSYCHOLOGICAL FACTORS:

Disability from brain injury can lead to a person feeling more vulnerable. Cognitive difficulties may lead them to feel confused and disorientated. They may struggle to formulate solutions to perceived threats.

SOCIAL FACTORS:

After brain injury an individual may find they have fewer coping strategies, have fewer people to turn to for support, or may find they have to do activities that push them outside their comfort zone.

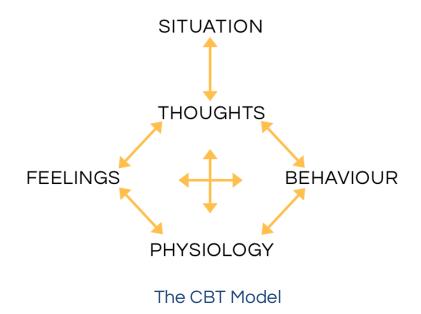


Brain injuries can result in damage to the amygdala, hypothalamus, and/or prefrontal cortex, all of which are essential to how our brain processes and responds to fear.

How is anxiety treated?

The National Institute for Health & Care Excellence (NICE) recommends that medication, talking therapies, or a combination of both, are the most effective approaches to addressing anxiety. You may want to speak to your GP about whether medication (primarily anti-depressants or benzodiazepines) is right for you. Your GP may want to gain a second opinion and so may refer you to see a Neuropsychiatrist.

Talking Therapies refer to a range of counselling approaches, usually undertaken by a psychologist. The most effective talking therapy in the treatment of anxiety is called Cognitive Behavioural Therapy, or CBT for short. It involves understanding how our emotions are influenced by the way that we think about things and the way we react to these thoughts and feelings. Through modifying our thoughts and our responses it is possible to improve our emotional well-being. This booklet will outline a number of self-help strategies that come from the CBT approach.



1. Identify the triggers of your anxiety

Identifying *when* you get anxious provides some insight into *why* you are getting anxious. People find that their anxiety rises in certain places, with certain people, at particular times of the day, etc. The best way to ascertain this information is to keep a thought diary, making a record of all the times during the day you feel worried and what is going on at or just before this time. Try and note down when this occurs for you.

Walked into work and was hit with a sudden feeling of panic.	"You're not up to the task" "You're going to get	Worry Panic
<u> </u>	found out"	Fear

2. Identify the negative thoughts that fuel anxiety

In order to understand why we are getting anxious it is essential to reflect on our thoughts during episodes of anxiety. Our thoughts are the thing that fuels our emotions. They are the ideas that go through our head when we try to make sense of a situation. They are our appraisals and our explanations. As we'll see in the next chapter, by challenging the accuracy of our thoughts we can improve our emotional well-being.

Below are some examples of the types of thoughts we might have to explain a situation. See if you can identify some anxious thoughts that might go in the empty spaces ...

Date / Time	Trigger	Thoughts
Friday 7pm	Meant to be going out for drinks with some friends.	"What if I have nothing to say?! They'll think I'm so boring".
Monday 10am	Have had a cough for a few days that hasn't gone away	
Wed 12pm	Have to give a presentation in front of my work colleagues	
Thurs 8pm	Just finished at the gym and my heart is pounding like crazy.	

2. Identifying negative thoughts continued...

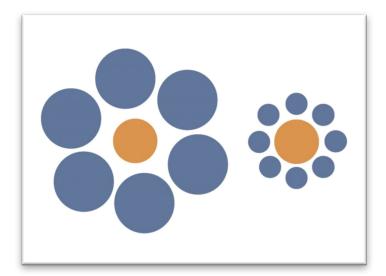
When people are anxious often their thoughts are marked by a perception of threat/danger and a lack of confidence in their ability to respond appropriately to that threat. Often the individual will feel that unless they are in full control of the situation then something bad will happen.

Use the blank spaces below to record some of the thoughts you have when you are feeling anxious ...

1.	
2.	
3.	
4.	
4.	

3. Challenging the negative thoughts

Our thoughts are not always accurate. There can also often be more than one way to see a situation. Take the pictures below. Most people believe the orange circle on the right to be larger than the orange circle on the left, yet they are in fact the same size. This shows that **our perceptions can be fallible and influenced by other things going on around it**. Now look at the picture on the right. Do you see a young lady looking away, or an old lady with a headscarf? The truth is that both images are present, but most people only see one picture until they know to look for the other. Therefore **there are at least two ways to see the same situation**. Both of these principles are crucial when we seek to challenge our negative thoughts.





A. Which orange circle is larger?

B. Old or young lady?

3. Challenging our negative thoughts continued...

In order to challenge our negative thoughts there are a number of strategies that can be helpful:

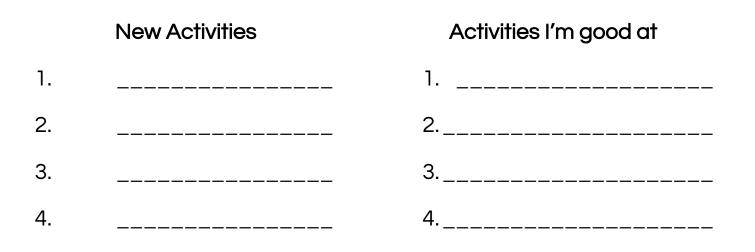
- a. Could you be overestimating the likelihood that something bad will occur? Have there been past instances when it has gone well?
- b. Even if something bad did occur, what's the most likely outcome? Are you focusing on the worst possible outcome and, if so, how likely is that?
- c. If the feared outcome did occur, how might you respond to minimise its impact?
- d. If a friend was to read over your negative thoughts would they agree with your conclusions? If they disagree then what is this based on?

Negative thought	Evidence for	Evidence against	More balanced thought
"If I mess up this presentation then I'll lose my job."	Being able to present is an important part of my job	I have done lots of presentations that have gone well. They can't sack me on the basis of one bad presentation. Even if I did get sacked then I know there are lots of other jobs out there.	"If the presentation does go badly then it won't reflect well on me, but people are just as likely to see it as me having an off day."

4. Building up your self-confidence

As noted on the previous page, anxiety is partly fuelled by a belief that we won't be able to cope if something bad happens. It's often the case that people with anxiety lack self-belief. It can therefore be helpful to engage in activities and hobbies that can build self-confidence. Often there is a temptation to focus on activities that we feel that we struggle with, to try and improve our competence. However, it's just as important to identify the things that we excel at and try and enhance our skills. It is also important to take on new activities that cause us to challenge ourselves.

In the spaces below write down some activities that you'd like to spend more time doing. Half of the activities should be things you excel at; the other half should be new activities. Schedule in some time to engage in these pursuits.



5. Avoiding perfectionistic tendencies

When people are anxious they often feel that they need to be entirely in control of a situation in order for it to go well. This can lead to people developing perfectionistic tendencies whereby they micro-manage their environment. Psychologists refer to these as 'safety behaviours'. However, the more we try to control all aspects of our environment, the more things can potentially go wrong and the more stressed we feel. Instead it is helpful to test out the assumption that 'we need to be in control for things to go well'. Try identifying areas of your life that you seek to control and ask yourself if the benefits of being in control outweigh the stress and anxiety associated with it. Set yourself a more realistic compromise.

Areas that I over-control	Compromise
1	
2	
3	
4	
5	

6. Exposure therapy

Anxiety typically involves a desire to avoid certain situations, people or places. We believe that something bad will happen if we cannot avoid that thing. If we attempt to do the thing that makes us anxious (e.g. go to a social event) then we find that our levels of anxiety continually rise in anticipation of the event. For most people with anxiety there comes a point when the anxiety, and the unpleasant physiological reactions associated with it, becomes too much and they decide they can't go ahead with the event. It is this refusal to experience the feared event that leads to anxiety remaining a problem. In fact in situations where the individual does push himself or herself to get through the event they normally recognise three important things:

- a. Anxiety peaks just before the start of the event but quickly improves thereafter
- b. The event is never nearly as bad as anticipated
- c. Levels of anxiety reduce every time the feared event is undertaken

The challenge is therefore to muster the courage to begin tackling our anxieties and avoidance. The ability to do so is improved if we address our anxieties a bit at a time. We call this *graded exposure*.

6. Exposure therapy continued ...

Consider the example of a man who hates public speaking. He might rate the prospect of delivering a speech in public as being 10/10 in terms of how much anxiety it causes. He would never agree to try this out. However, the prospect of doing a short presentation to his close work colleagues might be only 6/10 on the anxiety scale. Even better, doing a small presentation in front of his friends might be only 4/10 on the anxiety scale. And the prospect of doing the presentation in front of his family might be only 2/10, meaning that whilst he'd rather not do it he could probably muster up the courage to try it.

What Psychologists find when they do graded exposure is that the individual's willingness to try more anxiety provoking situations improves once they have successfully completed less anxiety provoking scenarios. In the above example we would encourage the man to try presenting to his family, then his friends, and then his close work colleagues. Each time he did this his level of anxiety would improve. Eventually the prospect of undertaking public speaking wouldn't seem nearly as scary as at the outset of the work and he'd probably agree to give it a go.

Have a go at breaking your anxiety down into smaller challenges. Use the table on the following page to build a graded hierarchy of challenges ...

6. Exposure therapy continued ...

Fear hierarchy

Most anxiety provoking

10/10	
9/10	
8/10	
7/10	
6/10	
5/10	
4/10	
3/10	
2/10	
1/10	

Least anxiety provoking

7. Distraction and relaxation

When we feel anxious it is common for us to mull over our thoughts concerning whatever is troubling us. As we do this, our anxiety increases and increases until it may eventually boil over into panic or refusal to do the thing that worries us. One way to stop this happening is to break this negative thought spiral by finding something that can distract our thoughts. This should be something that is mentally engaging. Common strategies include:

- Completing puzzles, quizzes or crosswords
- Watching a film or television programme
- Listening to music
- Watching videos on YouTube
- Reading jokes online
- Going for a walk
- Speaking to friends

Have a think about strategies you have found helpful in the past in taking your mind off things and list them below:

1.	 5
2.	 6
3.	 7
4.	 8

7. Distraction and relaxation continued ...

Another way to take our mind off whatever is worrying us is to engage in relaxation exercise. Like the above distraction strategies, relaxation exercises help us focus our thoughts on something other than what we are worrying about. However, they have the additional benefit of creating a pleasant and relaxed physiological sensation in our body; the opposite of how it feels when we are anxious. Relaxation exercises fall into the following categories:

- **Breathing exercises:** These exercises focus on slowing down the rate of breathing and being increasingly aware of the physiological sensation of breathing.
- **Progressive muscle relaxation exercises:** These exercises involve tensing and relaxing various muscle groups across the body.
- Visual imagery exercises: These exercises involve listening to a scene being described and picturing that pleasant scene in your head.
- Mindfulness exercises: These exercises are based on meditation and encourage the listener to become increasingly aware of the 'here & now'.

There are numerous examples of each of these exercises available for free on the internet.

Further information

Headwise Ltd

www.headwise.org.uk / 0121 222 5342 Headwise provides therapy services for people with brain injury.

MIND

www.mind.org.uk / 020 8519 2122 MIND provides information and support for people with mental health difficulties.

Headway

www.headway.org.uk / 0808 800 2244 Headway provides information and support for people with brain injury.

The British Psychological Society www.bps.org.uk / 0116 254 9568 The BPS provides a directory of psychological therapists in your area.

Anxiety UK www.anxietyuk.org.uk / 08444 775 774 Anxiety UK provides information and support for people suffering with anxiety.







the brain injury association



The British Psychological Society



This information leaflet was developed by Dr Alan Gray (Clinical Psychologist) through Headwise Ltd. It should not be reproduced or altered in any way. This guide is designed to inform people about psychotherapeutic approaches to anxiety after brain injury; it is not designed to act as a replacement to therapy.

Headwise Ltd is a leading national independent provider of specialist services to adults, children and families. We deliver rehabilitation and assessments to individuals with cognitive, physical, emotional and neurobehavioural impairments resulting from brain injury and other neurological conditions. If you would like to learn more about our services or if you wish to make a referral then please contact the Headwise team at the following address:

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