Phobias self-help guide

1. Introduction

This self-help guide is intended for people with mild-to-moderate phobias. If you're feeling distressed, in a state of despair, suicidal or in need of emotional support you can phone NHS 24 on 111. For an emergency ambulance phone 999.

This guide aims to help you:

- find out if you have a phobia
- understand more about phobias – what they are, what causes them, and what keeps them going
- find ways to manage and overcome phobias

This guide is based on Cognitive Behavioural Therapy (CBT). CBT helps you to examine how you think, and challenge the negative automatic thoughts and unhelpful habits that keep phobias going.

How to use the phobias self-help guide

Working through this guide can take around 30 to 40 minutes, but you should feel free to work at your own pace.

To type in a graphic or diary, click or tap the part you'd like to fill in and use your keyboard as usual.

You can save and print this PDF guide on your device at any time.

2. What is a phobia?

Do you have an intense fear of a particular object, situation or animal?

Do you avoid coming into contact with your phobia wherever possible? For example, taking a different route to work to avoid crossing a bridge.

Do you feel anxious, nervous, or panicky if you have to think about or be around the object, situation, or animal that you're afraid of?

Do you use 'safety behaviours' to cope with your phobia? For example, always having a friend with you if you have to go into a supermarket.

Do you feel extremely uncomfortable when you come into contact with your phobia?

Understanding phobias

Almost everyone is afraid of something even though they know that, in reality, it's not actually threatening or dangerous. Common fears include insects and spiders, heights, small or closed spaces, blood, vomit, busy environments, mice and rats, and needles – although it's possible to develop fears about almost anything.

A fear becomes a phobia when you become so anxious about it, and so focused on avoiding it, that it starts to interfere with your daily life. For example, if you've had to change your lifestyle to avoid coming into contact with your phobia – like always ordering food online instead of going to the supermarket, or avoiding visiting the park in case there are dogs there.

For a lot of people, their phobia causes them to experience intense physical reactions, such as shaking, a fast heartbeat, and tense muscles. This happens alongside overwhelming negative thoughts about their phobia and the idea that it's dangerous and they can't cope.

Sometimes these reactions are caused just by thinking about your phobia. It's common for people to know that the thing they're afraid of isn't harmful, but feel unable to control their fear or the reactions they have.

3. Symptoms of a phobia

There are a number of different symptoms you might experience if you have a phobia. Not everyone will have the same symptoms, and some might be more severe than others.

If you're trying to overcome a phobia it's important you know what these symptoms are, and how to manage them.

Emotions you might have

- scared
- terrified
- panicky
- anxious

How your body might feel

- palpitations (fast heartbeat)
- sweating
- chest feeling tight or painful
- tense muscles
- tingling or numbness in your toes and/or fingers
- hyperventilating (breathing too fast)
- dizzy
- stomach churning
- nauseated (sick, as if you might vomit)

Things you might do

When you're around the thing you have a phobia of:

- have an intense startle reflex, where you scream, jump or twitch to try to get away
- get out of the situation as quickly as possible
- try to avoid being close to it
- freeze and feel unable to move

In general:

- you might avoid situations where you could come into contact with your phobia
- you might ask others to do things for you that help you avoid your phobia, like asking someone else to remove a spider from the house

Thoughts you might have

When you're around the thing you have a phobia of:

- "Something terrible will happen if I don't get away from this."
- "I can't cope with this anxiety."
- "I'm going to lose control of myself."

In general:

- "No one else has these problems."
- "I only coped because my friend was with me."
- "If I'd gone near the thing I'm afraid of something terrible would have happened."
- "This is going to be really painful/unpleasant."

Please note:

People who have a phobia of blood, injuries, hospitals, or needles often have different physical symptoms to the ones listed above. Instead of your heart beating faster, you might find it slows down. This results in less blood being pumped around your body, and can make you feel dizzy or light-headed.

4. What causes phobias?

People can develop phobias for a number of different reasons.

Learned responses

If you have an unpleasant experience with an object, animal, or situation, your brain can quickly learn to expect the same thing to happen again. This may cause you to automatically feel anxious when you're faced with the same thing again.

For example:

If you're bitten by a dog, the pain will likely be unpleasant, and you might learn to expect something similar to happen again when you're near a dog. This means you could automatically become frightened when you see a dog.

If you've ever had a bad fall from a height, or even a slip that caused significant fear, being up high again can cause you to automatically feel like you're going to fall again and cause the same anxiety.

Social learning

Social learning is when you learn beliefs and habits observing people around you, and this affects how you see the world and react to different situations and objects. Most social learning comes from your parents when you're a child. This means that if your parent has a phobia of an object, animal, or situation, you could learn to also react to it with fear.

For example:

If your parent is afraid of dogs and is clearly scared every time they see one, you could become scared of dogs because you've learned that's how to react to them.

If your parent is afraid of plane travel and becomes distressed in airports and on planes, you could develop a fear of flying because you've learned that it's a frightening and unpleasant experience.

Biological reasons

Some phobias are thought to have descended from reasonable and useful fears that protected our ancient ancestors at a time when the word had particular types of dangers and threats.

For example:

In the past small, fast-moving, unpredictable creatures may have been dangerous. This means we might be more likely to fear similar things now, such as spiders - even if they aren't poisonous.

Being afraid of dogs isn't usually helpful now, but thousands of years ago it made sense to fear and avoid wolves, lions, and other creatures that might look similar to them.

Thousands of years ago people might have had to to climb dangerous mountains or terrains where slipping and falling would have caused significant harm, so being afraid of heights made sense. In certain situations today, it still does. But for some people, their brain might have the same fear reaction when up high, even if they're on the top floor of a safe building.

The symptoms you experience when faced with a phobia would have been very

helpful thousands of years ago, but they aren’t as necessary or useful in the modern world.

It’s most likely that your phobia comes from a combination of some or of all of these factors.

5. What keeps phobias going?

The main challenges when it comes to overcoming a phobia are usually avoidance and safety behaviours. Avoiding your phobia, or using safety behaviours, feels like a way of coping. However, doing these things actually keeps the problem going. Learning to manage these issues is an important part of overcoming a phobia.

Avoidance

Avoidance is when you try to ensure you’re never exposed to the object, situation, or animal that you have a phobia of. It can also mean that when you are exposed, you leave the situation as soon as you can.

People use avoidance because it reduces their anxiety as quickly as possible, but it actually keeps phobias going. If you're never around the source of your fear, you never get the chance to change your beliefs about how harmful and dangerous it is.

You also never get the chance to find out that when you are exposed to your phobia, you might be able to cope better than you expect. This means when you're confronted with your phobia, you have a fear reaction like the ones described in Section 3.

If you can be exposed to your phobia without anything bad happening, the experience will teach you - and your brain’s alarm system - that there isn’t anything to be afraid of. This takes time, and it can be a gradual process.

There’s more information on how to reduce avoidance later on in the guide

Safety behaviours

When you’re unable to avoid your phobia, you might try to manage your fear by using what are called ‘safety behaviours’. These are behaviours that can make you feel less anxious at the time, but can actually keep the phobia going in the long term.

Here are some examples of safety behaviours:

- if you have a phobia of rodents, asking someone else to check a room to ensure there are no mice or rats before going in
- if you have a phobia of heights, gripping a friend's arm tightly and avoiding the edge, even if there's a safety barrier, if you're up a large hill or mountain
- if you have a phobia of vomit, repeatedly asking a friend if they feel unwell on a night out
- if you have a phobia of cats, carrying a spray bottle when you go into the garden in case a cat comes in

A more general safety behavior can involve using drugs and alcohol to try to cope when you may have to come into contact with your phobia.

Safety behaviours can make you believe you coped with a frightening situation because you used them. This makes you think you need to keep using them, and you'll feel more anxious if you don't. You never get the chance to learn that you can cope without these behaviours, or that the situation wasn’t actually dangerous. (Also, it's unlikely that you'll always be able to use safety behaviours.)

Ways of thinking

When it comes to the thing you have a phobia of, the way you think about it can increase your anxiety and keep the phobia going.

This thinking habits often involve thinking about what will happen if you come into contact with the thing you're scared of. People overestimate how harmful or unpleasant it will be, while underestimating their ability to cope.

In some situations people may also overestimate how likely it is they'll come into contact with the thing they have a phobia about.

When people do encounter the thing they have a phobia of, they can misinterpret what helped them to cope – especially if they've used safety behaviours or escaped from the situation.

Examples of these include:

When someone with a phobia of dogs sees a dog, they might think: "the owner won't be able to control it. It's going to run too fast and I won't be able to get away, and it'll jump up and bite me." When someone thinks like this, they're both overestimating the danger of a situation, and underestimating their ability to cope.

If someone has a phobia of spiders, they might think: "if I go to the park there'll be thousands of spiders there, and they'll get on me." When someone thinks like this, they're overestimating the chances of coming into contact with their phobia.

If someone with a phobia about travelling in elevators had to take one, they might think: "the only reason the lift didn't crash was that I went on it with one person. If there'd been a few of us, or if we'd had to stay in it for longer, it would've crashed." When someone thinks like this, they're misinterpreting a situation because they used a safety behaviour – in this example, only travelling in a lift with one person at a time.

As well as making you feel more anxious, these ways of thinking can often lead people to increase their use of avoidance and safety behaviours, as described above.

Learning to manage how you think can help you to manage phobias. There's more information about this in Section 12 of this guide.

6. How phobias keep going

Phobias keep going because avoidance, safety behaviours, and unhelpful thinking patterns link together with how you feel both emotionally and physically.

When you're confronted by your phobia, the thoughts you can have make the feelings of anxiety worse. These thoughts then cause you to use avoidance or safety behaviours to try to cope with the anxiety.

In the short term this will make you feel less anxious, but in the long term it interferes with daily life. Using avoidance and safety behaviours means that you'll experience the same anxiety every time you encounter your phobia - so it keeps the problem going in the long term.

For example:

Someone with a phobia of needles who has to attend a GP appointment might feel very anxious about it. They could experience physical symptoms, like a fast heartbeat, feeling light-headed, and shaking.

They could also experience unhelpful thoughts, like: "the GP will have a needle on their desk and they'll want to give me an injection. The pain will be too much and I'll faint."

This combination of feelings, physical symptoms, and thoughts could lead them to cancel their GP appointment in an attempt to cope and feel better.

In the short term, their anxiety would reduce and the symptoms and thoughts would

go away. But they also wouldn't get to find out that the GP didn't have a needle, and that they wouldn't have received an injection. Even if they had needed an injection, they could have learned that their GP is used to helping people with needle phobias. They could have built up to the injection gradually with the GP, and found out it wasn't as painful as they imagined. By cancelling the appointment, they missed the chance to learn that it was a situation they could handle. It's also a problem for anyone to miss out on a GP appointment when they need care.

Here's another example:

Someone with a phobia of spiders may become extremely anxious when they see one. They could experience physical symptoms like muscle tension and shortness of breath.

They could also have unhelpful thoughts, like: "this spider is going to move really fast and crawl all over me. It might bite me."

This combination of feelings, physical symptoms, and unhelpful thoughts could lead them to cope by running out of the room, and not going back in until someone else has removed the spider.

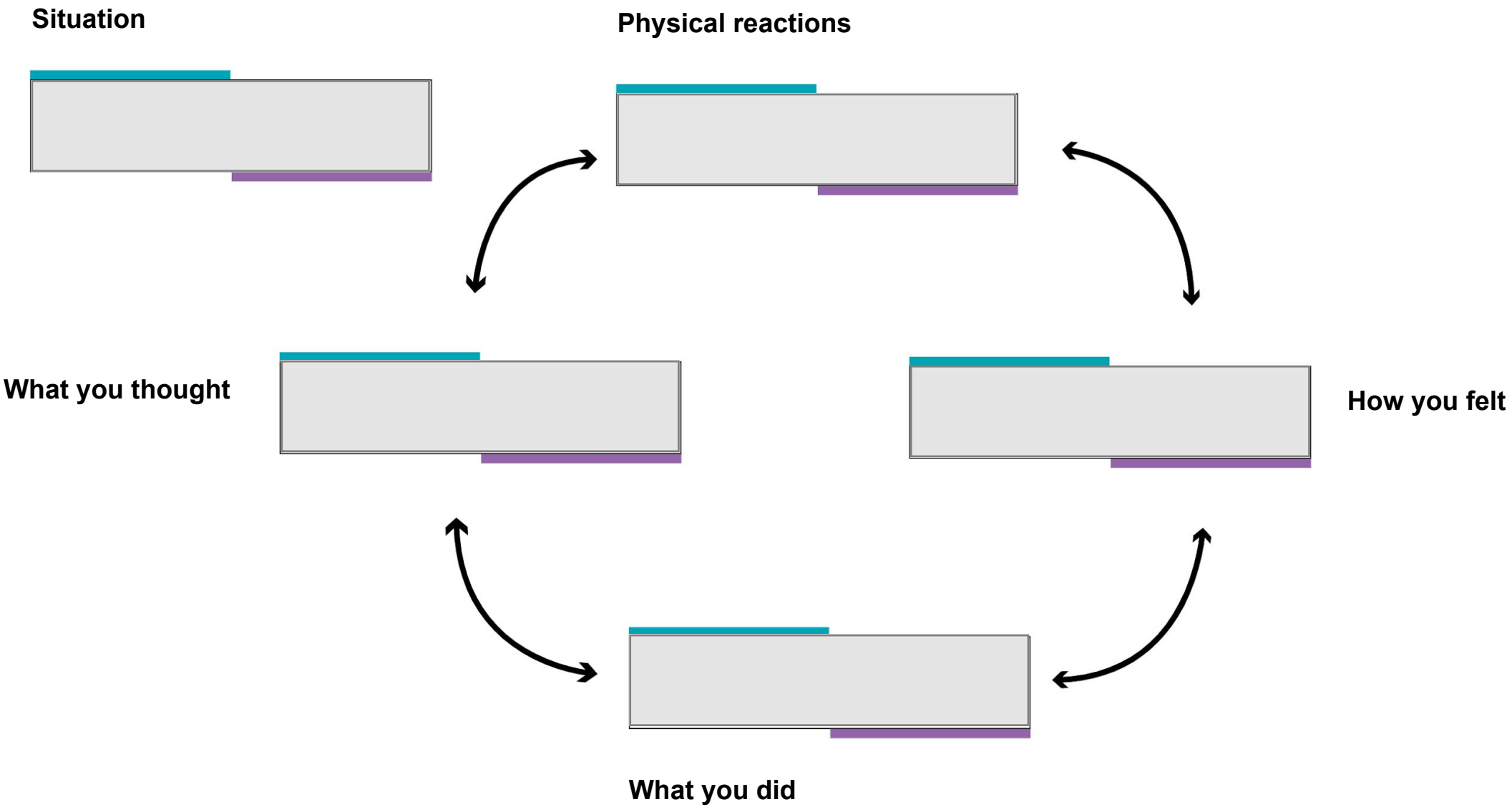
In the short term, running out of the room would reduce their anxiety and the symptoms would go away. Unfortunately it also means they aren't able to use the room if they need to, especially if there isn't anyone else around who can remove the spider.

In the long term, it keeps the phobia going because the person doesn't get the chance to learn that a spider is unlikely to come close to them, crawl on them, or injure them. This means they never have the chance to find out that being around a spider isn't as distressing as they imagine, and they will feel the same amount of anxiety and experience the same symptoms the next time they encounter one.

Knowing how phobias keep going can make it easier to overcome your own phobia.

7. Activity 1

Use the boxes on the next page to write about a time you were exposed to your phobia, and how you reacted and behaved. Filling this in helps you see how your behaviour and your emotions are linked, and how they affect each other.


Situation
Physical reactions
What you thought
How you felt
What you did

8. Feeling calmer

Phobias cause a lot of anxiety, usually because they make you think that something terrible is going to happen. As discussed earlier, these thoughts and feelings make people want to avoid the thing they have a phobia of.

When avoidance isn't possible, the physical symptoms you experience are how your body gets ready to deal with possible danger - this is called the "fight or flight" response. Symptoms like muscle tension for example, or a rush of adrenaline that makes you feel shaky, would be helpful in the face of real danger where you had to either fight back or run away. In the case of phobias, where there isn't a real danger, they're less helpful.

Learning to manage these physical symptoms and feel calmer will make it easier to manage the phobia and its effects, especially as you start to reduce avoidance.

Practice relaxation exercises often, so that when you're exposed to your phobia you're more confident about using them to reduce the intensity of your anxiety. These techniques can help with the strategies for gradually confronting your phobia that are covered later in this guide.

Calming breathing exercise

This controlled breathing technique involves focusing on and slowing down your breathing. It’s particularly helpful if you feel dizzy or light-headed when you get anxious.

1. Get into a comfortable position – you could lie on your bed, or sit on a comfortable chair.
2. Try to breathe in a steady rhythm. Perhaps try to breathe in for three seconds, hold this breath for two seconds, and then breathe out for three seconds. It can be helpful to count as you do this – for example, “in, 1,2,3... out, 1,2,3”.

4. Repeat the steady breathing for a few minutes.

5. You should soon begin to feel more relaxed. If you were feeling dizzy then this should also get better after a few minutes.

People with phobias of blood, injuries, hospitals, or needles

If your phobia causes your heartbeat to slow down, instead of speed up, you can do another exercise to reduce feelings of dizziness or light-headedness.

1. Choose a part of your body where you can easily tense and release the muscles – many people choose to use their hands, so they can make fists.
2. Tense and release the muscles several times – for example, by clenching and unclenching your fists.
3. Repeat for a few minutes.

This exercise helps keep the blood flow in your body at the right level and will make you feel better.

We have a number of other breathing and relaxation exercises on NHS inform that can help with anxiety and stress.

Try more breathing and relaxation exercises on NHS inform

9. Reducing avoidance - graded exposure part 1

As discussed earlier in the guide, reducing avoidance is an important part of managing and overcoming phobias. In order to do this, you can work on gradually facing your phobia in small, manageable steps. This is known as graded exposure.

Graded exposure is a way of training yourself to stay in the situation you have a phobia about for a period of time that's long enough for your mind and body to learn you're not in danger, and nothing bad will happen.

After you've been able to stay in a situation that triggers your phobia long enough for

the anxiety to reduce, the feelings of fear and physical symptoms are likely to reduce. This helps you to stop feeling the need to avoid your phobia.

Graded exposure is especially useful when it's not possible for you to reduce avoidance of a situation in one step – instead, you can break it down into more manageable steps, starting with the ones that cause you the least anxiety. You would start by making a list known as a 'graded hierarchy', which you can do in the next section.

Here's an example of a graded hierarchy, based on someone with a phobia of needles:

Task	**Difficulty score (0 = no distress, 10 = extreme distress)**
Looking at a picture of a needle	2
Watching a video of someone getting an injection	4
Handling a needle (if you do this, please ask your GP for advice on getting one that's safe to use)	5
Holding a needle next to your skin	7
Thinking about getting an injection – picturing the needle going in	9

Giving blood or getting an injection	10

10. Reducing avoidance - graded exposure part 2

This activity will help you make your own graded hierarchy and start to expose yourself to situations that you've been avoiding, or perhaps using safety behaviours to cope with. As you get more comfortable with these situations, your phobia will have less of an impact on your day-to-day life.

You can download a graded exposure table to fill out in the next section.

1. Make a list of situations or activities related to your phobia that cause you distress and make you want to either avoid the situation or use a safety behaviour.
2. Give each situation a 'difficulty score' out of 10. If a situation causes you no distress, rate it 0. If it causes extreme distress, rate it 10.
3. Try to put the situations in order, from least distress to most distress.

Here's an example, based on someone having a phobia of dogs:

Task	**Difficulty score (0 = no distress, 10 = extreme distress)**
Looking at a picture of a friendly dog	2
Looking at a picture of a snarling dog	4
Looking at a video clip of a large dog	5

Visiting a friend with a dog behind a fence in the garden	7
Touching a friend's dog while it’s on a lead	8
Staying in a room with a friends dog while it’s off its lead	9
Being left alone with a dog while it’s off its lead	10
Visiting a park where there are dogs	10

7. Start with the lowest-ranked item on your list to expose yourself to. This should be the one that causes you the least anxiety.
8. Keep repeating the lowest-ranked item on your list until the distress you experience has reduced to a manageable level, and you can repeat the step without feeling significant fear or the urge to keep avoiding this step. This may mean having to stay in the situation for 30-40 minutes at a time, and repeat the step a number of times, before the anxiety reduces.
9. Move onto the next situation and repeat the process, practicing staying in the situation until your anxiety reduces and then repeating the situation until you stop feeling significant fear or the urge to avoid or leave.
10. Gradually work your way through the list, remembering to not move to the next step until the level of distress at the previous step has reduced to a manageable

level. This may mean practicing each step several times, and staying in each situation long enough for your anxiety to reduce.

Tips for managing avoidance

When you're working through your list, try your best to avoid engaging in safety behaviours. Safety behaviours take away your chance to find out you can face these situations without them.

Add an item to your list that focuses on avoiding safety behaviours – for example, you could say "I always ask my partner to get things from the garage", and challenge yourself to overcome that fear.

Some situations that make you feel uncomfortable are ones that go on for a long time - for example, being at the zoo or in a pet shop where you know there are spiders. Try to remain in these situations for as long as you can – it can take up to 45 minutes for the anxiety to begin to reduce.

As discussed in the previous section, try and focus on the situation itself and concentrate less on how you're feeling. This might help you get information to change your negative beliefs - for example, if you see a spider in the garage, it will most likely run past without coming anywhere near you.

If you're struggling to cope with being around your phobia, try using the calming breathing exercise from Section 8 of this guide. This will help you feel less anxious and better able to manage the situation.

11. Reducing avoidance - graded exposure part 2

To get the best out of your exposure exercise, it has to meet these 5 conditions:

1. Graded

Graded means that you don’t jump into the scariest situation right away. Start with the activity that causes you the least anxiety and work your way up to the most distressing.

2. Prolonged

Prolonged means that the activity has to go on long enough for you to start feeling less distress. You need to stay in the situation until your anxiety has dropped by at least 50% from its level at the start of the exercise. This can take up to 40 minutes.

If you start doing something and stop too quickly, it's unlikely your anxiety will reduce enough for you to fully benefit from the activity. If you do stop too quickly, try to go back to the task as soon as you can and try to do it for longer.

3. Repeated

It’s important to face the situation that causes you anxiety over and over, until it stops making you feel distress or compelled to perform safety behaviours. Ideally, performing the task should start to become boring. It’s best to do the activity that causes you the least anxiety repeatedly, every day if possible, until this has happened. Then you can move onto the next activity on your list.

4. Without distractions

When you’re performing the activities that make you anxious, it’s important to make sure you’re paying attention to the distress you’re feeling. This is an important part of overcoming phobias. In order to do this, avoid doing anything during the exposure activities that could distract you from how you’re feeling – for example, listening to

music, talking to someone, or thinking about something else. Focus on the activity and try to ‘push through’ the discomfort.

5. With reduced safety behaviours

While you’re performing the activities that make you uncomfortable, you should try to reduce the use of safety behaviours until you reach a point where they're no longer needed. Exposing yourself to activities and situations you’d normally avoid is helpful, but using safety behaviours or other coping methods prevents you from learning how to cope with the discomfort.

You should also avoid seeking excessive reassurance – for example, if you’re about to get an injection, you shouldn’t ask the clinician multiple times about the safety of the procedure, or whether or not it will hurt.

You'll find a graded exposure table and checklist below.

Tips for exposure exercises

Here are some more tips that will help with exposure.

If you have a number of different phobias, you can create two separate lists of exposure exercises. You might find this less challenging than combining both phobias in one list. You can save multiple copies of the exposure table you choose to make this easier.

If you stop an exposure activity, like holding a needle, after a short time, aim to expose yourself again as soon as you can. The next time, try to stay exposed for longer.

For steps that you’re finding particularly difficult, try to break them down into smaller steps. For example, if your next step is getting an injection, break it down into the process of making an appointment, booking time off of work if needed, and so on.

Focus on one task at a time. Once you know you can complete one task without

leaving the situation or performing a safety behaviour, you can move on to the next one.

If you start feeling distressed during exposure, try using the breathing and relaxation exercises from section 8 to help you feel calmer and stay in the situation.

Task	
How is it graded?	
How long can you stay in the situation?	
How often can you repeat the situation?	
How will you avoid distractions while performing the task?	
How will you avoid safety behaviours while performing the task?	

Use the table below to record the steps that make up your task, and how much distress you experienced at each step.

Task:	
Step	**Difficulty score (0 = no distress, 10 = extreme distress)**

Step	Difficulty score (0 = no distress, 10 = extreme distress)

12. Managing how you think about your phobia

In order to overcome a phobia, you should work on the patterns of unhelpful thinking that have formed in your mind. Recognising and challenge these unhelpful thoughts will help you to overcome the avoidance and fear caused by the phobia.

Patterns of unhelpful thinking

Here are some common patterns of unhelpful thinking:

Predicting the future

People who have phobias often predict what will happen when they come into contact with the thing they're afraid of, and the predictions are always negative.

For example:

- "If I see a spider it'll be fast and get on me."
- "If I get in a lift it'll break down and I'll be stuck."

Over-generalising

Based on one isolated incident, people with this thinking pattern assume all future events will follow a similar pattern. It becomes hard to see a negative event as a one-off. This means that if your phobia developed following an unpleasant experience, you think any other encounters with your phobia will be the same.

For example:

- "All dogs are vicious and try to bite people."
- "All types of injection cause unbearable pain."

Catastrophising

This is similar to the ‘predicting the future’ pattern of unhelpful thinking. It means that as well as predicting the future, you imagine the worst possible outcome.

For example:

- “If I have an injection it’ll be the worst pain I’ve ever experienced, and my arm will be in agony for months.”
- “If I open the garage door, there will be hundreds of spiders everywhere.”

Underestimating their ability to cope with fear and anxiety

Anxiety and fear can feel awful, but these feelings won’t actually harm you. People who believe that anxiety is dangerous and harmful usually find it harder to expose themselves to their phobias. For example:

- you might believe that a lot of anxiety will damage your mind or body
- you’re afraid that if you’re around your phobia, the anxiety you feel will get ‘out of control’ and you won’t be able to calm down

Do any of your unhelpful thoughts follow these patterns? Make a list of the ones you have most often, and try to put them in one of the categories above.

It's important to remember that anyone can experience thoughts like this, and that patterns of unhelpful thinking can be managed so they don't bother you as much, or at all.

13. Challenges to an unhelpful thought

Now you can challenge your unhelpful thoughts by asking these questions. Work through the questions below, using the examples to give you ideas.

Example:

“I’m starting work in a new place and I’ll need to use the lift to get to the office. The lift’s going to break down and get stuck, then crash to the bottom of the building and I’ll be badly hurt.”

1. Is there any evidence against this thought?

“That building has been around for years and I’ve never heard of there being an accident in the lift.”

“Lots of people use that lift every day and nothing goes wrong.”

2. Is there any evidence for this thought (based in fact)?

“I once read a story about a lift breaking and firefighters having to rescue people from it.”

3. Can you identify any patterns of unhelpful thinking?

“I’m predicting the future – I’m imagining thing going badly before I’ve even gotten to the building.”

“I’m catastrophising – even if the lift got stuck, it’s highly unlikely anyone would get hurt.”

4. What would you say to a friend who had this thought in a similar situation?

“I’d say: ‘lift accidents are really rare, especially when you think about how many people use lifts every day, all over the world, without any problems.’”

5. Is there another way of looking at this situation?

“Although it’s possible that the lift could break down, it’s highly unlikely that it could cause me any harm. It’s understandable that I feel anxious, but this is a good opportunity for me to practice exposure.”

6. Is there a proactive solution to this unhelpful thought?

“I could do some relaxation exercises just now, and then do a calming breathing exercise while I’m in the lift to help me feel less anxious.”

“I could go somewhere else with a lift and practice getting in while doing a breathing exercise, so it’s less scary when I go to my new job.”

14. Activity 3

The aim of this activity is to use these challenging questions to create a helpful thought, and then use it to replace the unhelpful thought. By doing this you can reduce your anxiety about being exposed to your phobia.

You'll also be able to record how much your anxiety reduces, so you can see the process working.

Now complete the table below to challenge your own unhelpful thoughts.

1. What's the situation? You could write who is there, what you're doing, and when and where it's taking place

For example: "I have to clean out the garage, and I know there are going to be spiders in it."

2. What are you feeling? You could write how you feel and rate how strong your feelings are, from 0% to 100%.

For example: "Afraid – 90%"

3. Unhelpful thought

For example: “When I open the garage door, there will be hundreds of spiders and they'll all crawl towards me."

4. Evidence for the unhelpful thought

For example: “There are spiders in the garage."

5. Evidence against the unhelpful thought

For example: “I've never seen hundreds of spiders all together anywhere, and even if there were, spiders don't crawl to people on purpose."

6. Can you identify any patterns of unhelpful thinking?

For example: "I'm catastrophising - predicting the future and imagining the worst possible situation."

7. Alternative/balanced thought - is there a different way of thinking about the situation?

For example: “I might see a spider or two, but even if I do, I can do some breathing exercises and try to ignore them and stay calm. They won't hurt me."

8. After you’ve written the alternative thought, rate how much you believe in the thought from 0% to 100%.

For example: “I believe in this thought 60%."

9. Rate how strong your feelings are now, from 0% to 100%.

For example: “Afraid – 50%.”

15. Next steps

Keep using the techniques you found helpful from this guide – they should continue to benefit you. If there are some things that you didn't find helpful to begin with, stick with them for a few weeks – CBT can take a little time to work.

Further help

If you're feeling distressed, in a state of despair, suicidal or in need of emotional support you can phone NHS 24 on 111. For an emergency ambulance phone 999.

If you feel you need more help with your mental health, try speaking to your GP, or search for mental health and wellbeing services in your area.

For information and advice when you're feeling down, you can phone Breathing Space on 0800 83 85 87.

The Breathing Space phoneline is available:

- 24 hours at weekends (6pm Friday to 6am Monday)
- 6pm to 2am on weekdays (Monday to Thursday)

If you found this guide helpful and would like to do more work like this, Living Life offers a range of structured psychological interventions and therapies to improve mental health and wellbeing. This service is appointment-based and specifically for low mood, or mild/moderate depression or anxiety. Living Life are open Monday to Friday, from 1pm to 9pm, and you can phone them on 0800 328 9655 for an assessment appointment.

Learn more

To learn more about dealing with phobias and related issues, you can visit some other parts of NHS inform:

Learn more about coping with fears and phobias

Learn about coping with a fear of the dentist

Read about 10 ways to fight your fears

Find out more about getting help for phobias

Learn more about anxiety

Complete a self-help guide for anxiety

Complete a self-help guide for social anxiety