

SELF-TREATMENT FOR NEEDLE PHOBIA

and other similar problems

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INTRODUCTION

Are you very fearful of testing your blood or giving yourself injections? Are you avoiding doing these tasks? Are these fears causing you upset and/or worry? Is this problem causing conflict with others? Is this problem getting in the way of you looking after your health (or the health of your baby)? If yes, you may find this self-treatment manual of benefit. If you are unsure if this is a problem for you, talk with your clinician about this issue (e.g., Nursing or Medical staff).

Your clinical team is able to help you with problems with testing your blood or giving yourself injections (and other similar problems). They have a lot of experience at helping people who have these sorts of problems and they understand that it is often not easy for people. They are also able to refer you to a Psychologist, who can spend more time helping you with this difficulty. If you want to tackle this problem yourself, here are some general guidelines. Please feel free to contact your clinical team if you would like more help.

BACKGROUND

Is it just me?

Most people dislike needles. This is entirely normal. For some people though, this dislike is much more intense. Approximately 3.5%-10% of the population are estimated to have a phobia to needles (i.e., a strong aversion that causes significant distress and/or interference with your life). Unfortunately, some people have medical problems which mean that they cannot completely avoid testing their blood or having injections (i.e., they cannot ignore their phobia).

Can I get better?

Yes! This problem is quite fixable. After treatment, people often tell us that at the beginning they didn't really believe that they could get better, and that they are pleasantly surprised at how much better they are.

What am I scared of?

People with this problem are not all the same. When you talk with them in depth about what they dislike, it turns out that people may find quite different things difficult. For example, some people feel OK seeing and handling needles, but they greatly dislike seeing blood. Some people are fearful of pain, while other people feel revolted by the idea of their skin being broken. Some people are not sure exactly what it is that they fear or hate. It is helpful if you can understand better exactly what it is that you find difficult, and what you can manage more

easily. This information will help you come up with a step by step plan for getting on top of your problem.

Why do I have this problem?

We are not sure why some people have these problems, whereas others do not. There is evidence of a genetic component with some of these problems. In particular, blood phobia seems to be clearly heritable. It may even have been adaptive (helpful) at times to have had a 'phobia' of having your skin pierced or seeing your own blood. Perhaps these people were less likely to get in fights and get stabbed, or less likely to get infections.

Some people with needle phobias (and other similar problems) have had bad experiences in their past, that have probably made them more prone to developing a needle phobia (or other similar problems). These are called 'sensitizing experiences.' For example, they may have had a bad experience having a blood test where it hurt and did not go well. Other people may have been unwell as a child, and needed lots of medical procedures in general (even if they didn't mainly involve needles). Others may have had a parent with a medical problem that required lots of invasive procedures. However, for many people they have never had any clear bad early experiences that they can remember. While this may be a bit puzzling, you do not need to understand exactly how or why the problem developed, in order to get better.

What is happening to me?

When we are very frightened, our flight/fight/freeze response is triggered. For example we may feel like running out of the room or knocking away the needle. A small number of people may faint at the sight of blood. These responses feel automatic (i.e., we are not choosing them). Often people feel embarrassed or perplexed by these strong reactions.

The flight/fright/freeze response can show itself in a range of ways, including the following:

Bodily responses: heart races...feel sweaty and clammy...feel nauseated

Thoughts: I hate this...I can't do this...It's going to hurt

Feelings: fear...revulsion...feel vulnerable or weak...anger at people around you

Behaviours: avoidance (e.g., put off doing it, make up excuses not to do it, lie about having done it)...fleeing...crying...shouting...fainting

What needs to happen for me to get better?

With phobias, people know that they are much more anxious than they logically need to be. Unfortunately, this does not help them to feel less fearful! When people are very fearful like this, it is the more primitive parts of their brain that are the 'boss' (not the logical part). This is true, regardless of how highly intelligent somebody is. The more primitive parts of the brain are not swayed by logical argument (e.g., "it isn't that bad"). Instead, the more primitive parts of the brain learn by DOING. Essentially, your brain needs to learn that "nothing bad will happen," for you to get over this problem. The only way it learns this, is if you do the feared task over and over and over and over again. If you do the feared task only once and then

stop, you are at risk of your brain simply learning “yeah well that was pretty scary...I was right to avoid that.”

What happens to my anxiety as I face my fears?

When people face something that they fear, it is normal that their anxiety rises, levels out, and then eventually comes down, EVEN WITHOUT ESCAPING from the thing that they fear.

If they do the feared task over and over again, then what happens is that over time their anxiety goes up much less at the start, the time that it is levelled off is shortened, and their anxiety drops off sooner. This is the basis of how many phobias are treated.

FAINTING

A small group of people suffer from fainting at the sight of blood or after an injection. These problems benefit from a somewhat **different treatment approach**, to what is describes in these notes. For example for these people, relaxing at a key moment may make fainting more likely (i.e., not helpful). People with these problems may benefit from using a technique called Applied Tension. If fainting is a problem for you, seek help from a Psychologist so that you can learn this technique. When you do start testing your blood (or when you have an injection), it makes sense to do this somewhere where you are safe in the event of you fainting (e.g., where you won't bang your head on a coffee table).

TREATMENT

Consider asking someone to help you

It is often very helpful to have somebody support you in trying to get over this problem. Choose somebody who is understanding, cares about you and is sensible. It is helpful if you give them this information to read for themselves, so that they can understand how to help you. Their role is similar to being a coach. They will support and encourage you, but you need to have control over the pace of treatment.

Understand your problem better

- 1) Which task/s are you finding especially difficult to do? (circle) Ignore tasks that aren't applicable to you.

For example,

- finger pricking
- giving myself an injection
- inserting my insulin pump
- other _____ (explain)

- 2) What exactly do you find difficult? (circle) Ignore tasks that aren't applicable to you.
0=not at all difficult, 10 =extremely difficult

For example,

- Seeing the equipment

0 1 2 3 4 5 6 7 8 9 10

- Touching the equipment 0 1 2 3 4 5 6 7 8 9 10
- Watching the skin being broken 0 1 2 3 4 5 6 7 8 9 10
- Seeing blood 0 1 2 3 4 5 6 7 8 9 10
- Other _____ (explain) 0 1 2 3 4 5 6 7 8 9 10
- Other _____ (explain) 0 1 2 3 4 5 6 7 8 9 10
- Other _____ (explain) 0 1 2 3 4 5 6 7 8 9 10
- Other _____ (explain) 0 1 2 3 4 5 6 7 8 9 10

3) What have you tried to do to make this easier? How well have these strategies worked for you?

For example,

- Not watching (e.g., looking away)

Tried it?	Yes / No
How well did it work?	a little / a lot / not at all

- Having somebody else do it for you

Tried it?	Yes / No
How well did it work?	a little / a lot / not at all

- Active distraction (e.g., having the radio on, listening to Ipod, watching TV)

Tried it?	Yes / No
How well did it work?	a little / a lot / not at all

- Using relaxation techniques (e.g., slow deep breathing, imagining a calming image). Don't use these relaxation if you faint at the sight of blood or after an injection.

Tried it?	Yes / No
How well did it work?	a little / a lot / not at all

- Saying or thinking helpful things to yourself (e.g., "I can do this...it will get easier the more I do it...I will feel proud of myself for doing this...this will help me and my baby stay healthy...")

Tried it?	Yes / No
How well did it work?	a little / a lot / not at all

- Writing down successes (e.g., put tally marks on the calendar in the kitchen/bathroom each time you test, so others can share your successes too)

Tried it? Yes / No
How well did it work?
 a little / a lot / not at all

- Giving yourself a reward.

Tried it? Yes / No
How well did it work?
 a little / a lot / not at all

Understand how you get better

People get over fears, through facing them. Unfortunately there are no short cuts. While this may sound scary, there are ways of making this easier for yourself. It helps a lot if you start with the EASIEST tasks first, and then take small steps when YOU feel ready to.

Form a hierarchy

Take the task that you need to do (e.g., finger pricking or giving yourself insulin), and break it down into small steps. Put these steps in order, from easiest to hardest.

Below are some examples of what a hierarchy of steps might look like.

Example 1: Hierarchy for fear of finger pricking (using a lancet)

Easiest task

- Look at the finger pricker with the lancet either **removed or covered**
- Hold and handle the finger pricker with the lancet either **removed or covered**
- Watch your support person hold the finger pricker with the lancet **present and uncovered**
- Hold and handle the finger pricker yourself with the lancet **present and uncovered**
- Make as if to use the finger pricker by placing it on your skin, but do not break your skin
- Use the finger pricker yourself to break your skin and test your blood

Hardest task

Example 2: Hierarchy for fear of injecting insulin

Easiest task

- Look at the pen injector **without the needle attached**
- Hold and handle the pen injector **without the needle attached**

- Insert the cartridge of insulin into the pen and attach the needle, and hold and handle (do not administer)
- Dial up your insulin (do not administer)
- Lift up your clothes, and place the needle on your belly as if to inject (do not administer)
- Dial up your insulin, lift up your clothes, place the needle on your belly, and push the needle in to administer insulin.

Hardest task

Understand how to use the hierarchy

Treatment will involve you starting with the EASIEST task. Keep practicing that task until you feel reasonably comfortable, and you feel ready to move onto the next step.

If you find that a step is too hard, drop back to the previous level, and when you feel ready to progress, try think of an *easier* next step.

Treatment still works well if you start straight in with the hardest task, but many people just find this too difficult to do.

You decide which is the best approach for you.

Set it up for success

Think about anything that you can do that might make this all a little easier for you. When you are ready to start working on the steps, think about the following:

- Who can be with me to help me? (e.g., ? partner, ? family member, ? friend, ? neighbour, ? Nurse Maude);
- What is the best time of day for me to try this? (e.g., maybe you will feel less stressed if you start this in the weekend, rather than during the working week);
- Start with low stress times (e.g., not when you are running late for work);
- Where would I feel most comfortable doing this task? (e.g., ? bathroom, ? bedroom);
- What else has helped in the past, or what else do you think might be worth a try (e.g., slow deep breathing to help you feel relaxed [not if you faint though]).

When you make a start, commit to it

Once you decide to start with self-treatment, make a commitment to keeping on going until you are over this problem. When you try and do a feared task, stick with it until your fear comes down naturally, without escaping. Practice each step regularly and frequently. Once you start, the more practice that you do, the quicker you will get over the problem. For example, if you practice the step you are on several times per day, you are likely to find your fear dropping off quickly. If you only do a practice once per week (or less), you are not likely to see quick progress. It is also possible that you may even find you feel a little more anxious, if you only rarely practice.

Monitor it

Monitor what is happening to your anxiety each time that you tackle one of your steps. For example, take a rating before you start (baseline), pre-task, and repeatedly through the task until your anxiety starts to come down, and right through until the end. Don't be surprised if your anxiety does not come down to zero at the end.

0= not at all fearful

10 =extremely fearful

Review the pace of treatment

The pace of treatment is a personal thing, and it is hard to predict exactly how many steps you will need and how long you will need at each step. Some people find it best to stay on one step until they feel really quite comfortable. Other people begin to feel like this is just dragging the whole thing out, and that they will feel better sooner if they just get on with facing their fears and moving up to the hardest task. The key thing is that you are in control of the pace of treatment.

Evaluate your progress

How well do you think things are going for you? Have you been able to start on self-treatment? Have you made as much progress as you need to make, to look after your health? Are there still some things that you find quite difficult to do or feel fearful about?

Consider getting extra help and support

Many of the Nursing staff have a lot of experience with needle phobias (and other similar problems), and are happy to help. Consider asking for (or accepting) a referral to a Psychologist. If you are considering this, talk with the clinicians involved in your care about this possibility (e.g., nursing and/or medical staff)

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Feedback

Feedback is welcomed on this new resource. Please forward any feedback to the Manager at the Diabetes Centre.